

Fort Worth Independent School District



Employee Benefit Guide

EFFECTIVE 0- /01/2015 - 8/31/2016



www.mybenefitshub.com/fortworthisd

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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/fortworthisd

Program	Vendor	Phone Number	Website/Email
Fort Worth ISD Benefits	Financial Benefit Services	(866) 914-5202	www.fbsbenefits.com
	Higginbotham	(817) 347-7031	www.higginbotham.net
FWISD Benefits Office		(817) 814-2240	Web: www.fwisd.org
Login Help Desk		(817) 814-HELP (4357)	Email: benefits@fwisd.org
Medical	Aetna/Caremark	(800) 222-9205	www.trsactivecareareaetna.com
	First Care	(800) 884-4901	www.firstcare.com/trs
	Scott & White	(800) 321-7947	www.trs.swhp.org
Dental Indemnity	United Concordia	(800) 332-0366	www.ucci.com
Dental			
Advantage	Humana	(800) 979-4760	www.humanadental.com
DHMO			
Vision	Humana	(866) 537-0229	www.humanavisioncare.com
Disability	The Hartford	(800) 583-6908	www.thehartfordatwork.com
Optional Life and AD&D	MetLife	(800) 638-6420	www.metlife.com
Permanent Life	Texas Life	(817) 545-3900 ext. 102	www.texaslife.com
Flexible Spending Accounts	Higginbotham	P: (866) 419-3519 F: (817) 882-9267	www.higginbotham.net
Health Savings Account	HSA Bank	(800) 357-6246	Website: www.hsabank.com Email: askus@hsabank.com
COBRA (Dental, Vision)	National Benefit Services	(800) 583-6908	www.nbsbenefits.com
COBRA (Medical)	TRS	(844) 752-5146	www.trsactivecareareaetna.com
403(b) Tax Sheltered Annuity Plans	JEM Resources	(800) 943-9179	www.jemtpa.com
457 Deferred Compensation Plan	JEM Resources	(800) 943-9179	www.jemtpa.com

Your Benefit Enrollment

Financial Benefit Services and Higginbotham & Associates partner together as the Third Party Administrators of the Fort Worth ISD benefits plans.



What You Need to Know:

- **Important!** Aetna remains the carrier for TRS ActiveCare Medical Plans. All eligible employees, including active, contributing TRS members and employees regularly working 10 hours per week MUST either enroll for coverage or decline coverage in the Benefits HUB. There are three plans: ActiveCare 1 HD, ActiveCare 2 and ActiveCare Select. For comprehensive TRS medical information, please visit the TRS website at www.trsactivecareaetna.com.
- Benefit elections will become effective the first of the month following your date of employment. Your Benefit Election must be completed within 31 days of your employment date. Note that elections requiring evidence of insurability, such as life Insurance, may have a later effective date, if approved. After your enrollment period ends, benefit changes can only be made if you experience a qualifying event (and changes must be made within 31 days of event.) See page 3 for more information about Qualifying Events.
- Health Savings Accounts are administered by HSA Bank. While HSA funds rollover and accumulate, they do REQUIRE ANNUAL ENROLLMENT.
- Rates for Disability, Optional Life, Humana Dental and Vision, United Concordia PPO Dental remain unchanged for the plan year effective 9/1/15-8/31/16.
- Healthcare Flexible Spending Accounts and Dependent Care Flexible Spending Accounts REQUIRE ANNUAL ENROLLMENT. If you enroll in a Flexible Spending Account, use your funds by August 31, 2016 which is the end of the current plan year. There is a 60 day grace period and a 90 day run out. The Grace Period allows you to use your funds until 10/31. The run out period allows you to submit claims incurred within the plan year and grace period until 11/30. You will receive a debit card with your elections preloaded on your card two to three weeks after you enroll.
- If you have questions regarding any benefit offered by Fort Worth ISD or any of your benefit elections, submit your question or concern on your benefit website at www.mybenefitshub.com/fortworthisd. Click on the "ContactUs" Link.
- Benefits Open Enrollment will begin on July 8, 2015 and end on August 31, 2015. This was an unforeseen circumstance beyond the control of the Fort Worth Independent School District and Financial Benefit Services.

Don't Forget!

- Login and complete your benefit enrollment between July 8- August 31, 2015.
- Enrollment assistance is available by using the "ContactUs" link on the website or by calling Financial Benefit Services at (866) 914-5202 Monday-Friday, July 20th through August 31st from 10am - 7pm to speak to a representative. Spanish speaking representatives will be available.
- Social security numbers are required for you, your spouse and your dependents to enroll in any benefit.



Employee Benefits HUB: www.mybenefitshub.com/fortworthisd

Benefit Information access / Online Enrollment Access / FBS Contact Information

Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change or continue benefit elections each year. Changes are not permitted during the plan year unless a Section 125 qualifying event occurs.

- Changes, additions or drops may be made only during the annual enrollment period without a qualifying event.
- Employees must review their personal information and verify that dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- Employees must confirm on each benefit (medical, dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit.

New Employee Enrollment

New employee enrollment elections must be completed online at www.thebenefitshub.com/fortworthisd within the first 31 days of employment. Failure to complete elections during this time frame will result in the forfeiture of coverage.

Q&A

Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefits Office or you can call Financial Benefit Services at 866-914-5202 for assistance. For additional information please refer to the Table of Contents page of this benefit guide. For enrollment questions, contact the FBS at 469-385-4685 (local) or 866-914-5202 (long distance).

Where can I find forms?

Go to your benefit website: www.mybenefitshub.com/fortworthisd Click on the benefit plan you need information about (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

How can I find a Network Provider?

For benefit summaries and claim forms, go to your benefit website: www.mybenefitshub.com/fortworthisd Click on the benefit plan you need information about (i.e., Dental.) You can find provider search links under the Quick Links section.

When will I receive ID cards?

If the insurance carrier provides ID cards, you can expect to receive those 3-4 weeks after your effective date. For most dental and vision plans, you can login to the carrier website and print a temporary ID card or simply give your provider the insurance company's phone number. Your provider can call to verify your coverage if you do not have an ID card at that time. If you do not receive your ID card, you can call the carrier's customer service number to request another card.



This is a general overview of your plan benefits. Additional details on covered expenses, limitations and exclusions are included in the summary plan description located on the FWISD Benefits Website: www.mybenefitshub.com/fortworthisd

Section 125 Cafeteria Plan Guidelines

A Section 125 Cafeteria Plan includes health plans, dental plans, vision plans, flexible spending accounts, and health savings accounts. This enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Changes in benefit elections can occur only if you experience qualifying event. You must present proof of a qualifying event to your Benefit Office within 31 days of your qualifying event and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event. For changes in other plans, refer to the FWISD Benefit site at www.fwisd.org, click on Departments, click on Benefits, select Making Changes.



Changes In Status (CIS):	Qualifying Events
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
Gain/Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
Judgment/Decree/Order	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Eligibility for Government Programs	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

Employee Eligibility Requirements

Medical and Supplemental Benefits: Employees who are active contributing TRS members are eligible for benefits. Certain employees who are not active contributing TRS members may be eligible to participate in TRS Active Care. Eligibility criteria may be found at www.fwisd.org. Click on departments, click on benefits, then select Eligibility.



Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2015 benefits become effective on September 1, 2015, you must be actively-at-work on September 1, 2015 to be eligible for your new benefits.

Dependent Eligibility Requirements

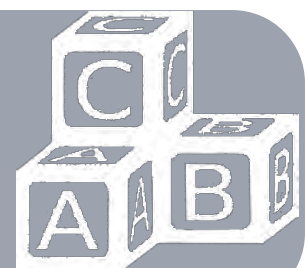
Dependent Eligibility: You can cover eligible dependent children under a benefit that offers dependent coverage, provided you participate in the same benefit to the maximum age listed below:

Plan	Carrier	Maximum Age To	Continuation
Medical	Aetna	26	COBRA – Aetna
Dental	United Concordia	26	COBRA – NBS
Dental	Humana	26	COBRA – NBS
Vision	Humana	26	COBRA – NBS
Disability	The Hartford	N/A	N/A
Basic Life	MetLife	N/A	Conversion*
Voluntary Life	MetLife	26	Conversion*
AD&D	MetLife	26	N/A
Permanent Life	Texas Life	Can apply prior 17	Contact TX Life for direct pay*
Medical Flex	Higginbotham	IRS Dependent	COBRA – NBS
Dependent Flex	Higginbotham	12 or younger or qualified individual unable to care for themselves & claimed as a dependent on your taxes	N/A
Health Savings Account	HSA Bank	IRS Dependent covered on your HDHP	Contact HSA Bank for direct pay

* Contact Carrier within 30 days of loss.



If your dependent is disabled, coverage can continue past the maximum age under certain plans. If you have a disabled dependent who is reaching an ineligible age, you must provide a physician's statement confirming your dependent's disability. Contact your HR/Benefit Administrator for the appropriate forms.



Helpful Definitions

www.mybenefitshub.com/fortworthisd

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Actively at Work

You are performing your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work beginning 9/1/15, please notify your benefits administrator.

Annual Enrollment

The period during which existing employees and their dependents are given the opportunity to enroll in or change their current elections.

Annual Deductible

The amount you pay each plan year or calendar year (dependent on your plan design) before the plan begins to pay covered expenses.

Calendar Year

January 1st through December 31st. Plan year definition below.

Co-insurance

The percent of eligible charges that the plan pays and you pay after your deductible is met.

Guaranteed Issue

The amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed coverage is only available during Initial Enrollment and other times as approved and is subject to limitations and exclusions.

In-Network

Doctors, hospitals, optometrists, dentists and other providers who have contracted with the plan.

Out-of-Pocket Maximum

The most an eligible or insured person can pay in coinsurance for covered expenses in their plan or calendar year (dependent on your plan design.)

Plan Year

September 1st through August 31st.

Pre-Existing Condition

Applies to any illness, injury or condition for which the participant has been under the care of a health care provider, taken prescription drugs or is under a health care provider's orders to take drugs, or received medical care or services (including diagnostic and/or consultation services within the designated period immediately preceding the effective date of change).





About this Benefit Guide

This Benefit Summary provides highlights of your Fort Worth Independent School District employee benefits program. It is not a legal document and will not guarantee benefits through Fort Worth ISD. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. Detailed benefit plan documents will be available on the Fort Worth ISD benefits website.



Employee Benefits HUB: www.mybenefitshub.com/fortworthisd

Benefit Information access / Online Enrollment Access / FBS Contact Information

Fort Worth Independent School District

TRS Active Care Rates

September 1, 2015 through August 31, 2016

12 Checks	1-HD	Select	Plan 2	Scott & White HMO
Employee Only	\$104.00	\$236.00	\$377.00	\$266.60
Employee Spouse	\$677.00	\$885.00	\$1,241.00	\$898.62
Employee Child(ren)	\$378.00	\$525.00	\$755.00	\$561.30
Employee Family	\$994.00	\$1,094.00	\$1,284.00	\$1,022.76
Spousal-Both Employees of FWISD	\$757.00	\$857.00	\$1,047.00	\$785.76
Spousal-One Employee of FWISD and one Other District	\$378.50	\$428.50	\$523.50	\$392.88

18 Checks	1-HD	Select	Plan 2	Scott & White HMO
Employee Only	\$69.34	\$157.34	\$251.34	\$177.73
Employee Spouse	\$451.34	\$590.00	\$827.34	\$599.08
Employee Child(ren)	\$252.00	\$350.00	\$503.34	\$374.20
Employee Family	\$662.67	\$729.34	\$856.00	\$681.84
Spousal-Both Employees of FWISD	\$504.67	\$571.34	\$698.00	\$523.84
Spousal-One Employee of FWISD and one Other District	\$252.34	\$285.67	\$349.00	\$261.92

24 Checks	1-HD	Select	Plan 2	Scott & White HMO
Employee Only	\$52.00	\$118.00	\$188.50	\$133.30
Employee Spouse	\$338.50	\$442.50	\$620.50	\$449.31
Employee Child(ren)	\$189.00	\$262.50	\$377.50	\$280.65
Employee Family	\$497.00	\$547.00	\$642.00	\$511.38
Spousal-Both Employees of FWISD	\$378.50	\$428.50	\$523.50	\$392.88
Spousal-One Employee of FWISD and one Other District	\$189.25	\$214.25	\$261.75	\$196.44

6/17/15--FWISD Employee Benefits

2015-2016 TRS-ActiveCare Plan Highlights

Effective September 1, 2015 through August 31, 2016 | Network Level of Benefits*



Type of Service	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select – Aetna Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2
Deductible (per plan year)	\$2,500 employee only \$5,000 employee and spouse; employee and child(ren); employee and family	\$1,200 individual \$3,600 family	\$1,000 individual \$3,000 family
Out-of-Pocket Maximum (per plan year; does include medical deductible/any medical copays/coinsurance/any prescription drug deductible and applicable copays/coinsurance)	\$6,450 employee only \$12,900 employee and spouse; employee and child(ren); employee and family	\$6,600 individual \$13,200 family	\$6,600 individual \$13,200 family
Coinsurance Plan pays (up to allowable amount) Participant pays (after deductible)	80% 20%	80% 20%	80% 20%
Office Visit Copay Participant pays	20% after deductible	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist
Diagnostic Lab Participant pays	20% after deductible	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility
Preventive Care See reverse side for a list of services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Teladoc® Physician Services	\$40 consultation fee (applies to deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
High-Tech Radiology (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
Inpatient Hospital (preauthorization required) (facility charges) Participant pays	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
Emergency Room (true emergency use) Participant pays	20% after deductible	\$150 copay plus 20% after deductible (copay waived if admitted)	\$150 copay plus 20% after deductible (copay waived if admitted)
Outpatient Surgery Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
Bariatric Surgery Physician charges (only covered if performed at an IOQ facility) Participant pays	\$5,000 copay plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
Prescription Drugs Drug deductible (per plan year)	Subject to plan year deductible	\$0 for generic drugs \$200 per person for brand-name drugs	\$0 for generic drugs \$200 per person for brand-name drugs
Retail Short-Term (up to a 31-day supply) Participant pays • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible	\$20 \$40*** 50% coinsurance	\$20 \$40*** \$65***
Retail Maintenance (after first fill; up to a 31-day supply) Participant pays • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible	\$25 \$50*** 50% coinsurance	\$25 \$50*** \$80***
Mail Order and Retail-Plus (up to a 90-day supply) Participant pays • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible	\$45 \$105*** 50% coinsurance	\$45 \$105*** \$180***
Specialty Drugs Participant pays	20% after deductible	20% coinsurance per fill	\$200 per fill (up to 31-day supply) \$450 per fill (32- to 90-day supply)
Monthly Premium Cost • Employee only • Employee and spouse • Employee and child(ren) • Employee and family	\$341 \$914 \$615 \$1,231	\$473 \$1,122 \$762 8\$1,331	\$614 \$1,478 \$992 \$1,521

2015-2016 TRS-ActiveCare Plan Highlights

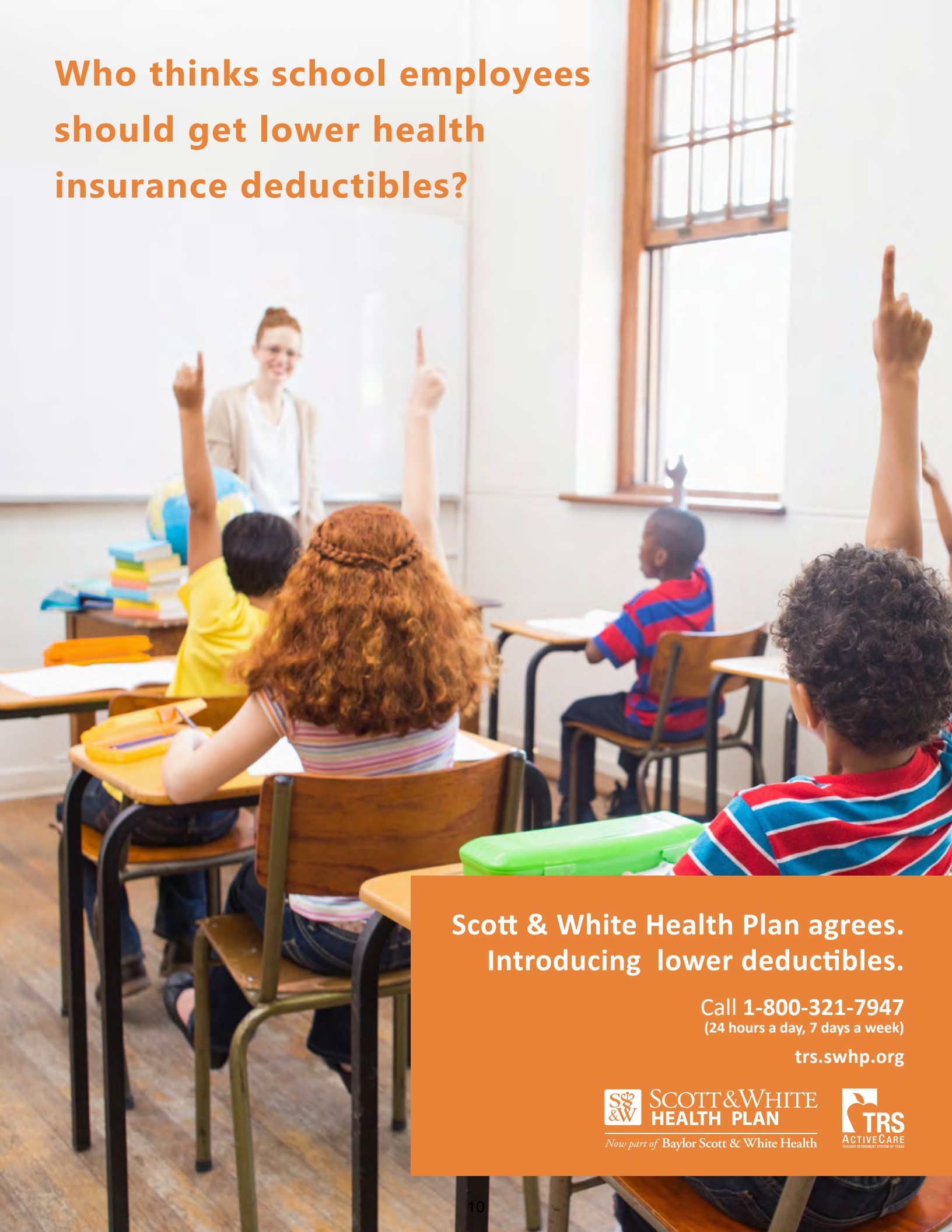
TRS-ActiveCare Plans – Preventive Care

Preventive Care Services	Network Benefits When Using Network Providers (Provider must bill services as “preventive care”)		
	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select – Aetna Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor & White Quality Alliance; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2 Network
<p>Evidence–based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (USPSTF).</p> <p>Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved.</p> <p>Evidence–informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents. Additional preventive care and screenings for women, not described above, as provided for in comprehensive guidelines supported by the HRSA.</p> <p>For purposes of this benefit, the current recommendations of the USPSTF regarding breast cancer screening and mammography and prevention will be considered the most current (other than those issued in or around November 2009).</p> <p>The preventive care services described above may change as USPSTF, CDC and HRSA guidelines are modified.</p> <p>Examples of covered services included are routine annual physicals (one per year); immunizations; well-child care; breastfeeding support, services and supplies; cancer screening mammograms; bone density test; screening for prostate cancer and colorectal cancer (including routine colonoscopies); smoking cessation counseling services and healthy diet counseling; and obesity screening/counseling.</p> <p>Examples of covered services for women with reproductive capacity are female sterilization procedures and specified FDA-approved contraception methods with a written prescription by a health care practitioner, including cervical caps, diaphragms, implantable contraceptives, intra-uterine devices, injectables, transdermal contraceptives and vaginal contraceptive devices. Prescription contraceptives for women are covered under the pharmacy benefits administered by Caremark. To determine if a specific contraceptive drug or device is included in this benefit, contact Customer Service at 1-800-222-9205. The list may change as FDA guidelines are modified.</p>			
	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived; no copay required)	Plan pays 100% (deductible waived; no copay required)
Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments) Participant pays	After deductible, plan pays 80%; participant pays 20%	\$60 copay for specialist	\$50 copay for specialist
Annual Hearing Examination Participant pays	After deductible, plan pays 80%; participant pays 20%	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist

Note: Covered services under this benefit must be billed by the provider as “preventive care.” If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the ActiveCare 1-HD and ActiveCare 2. There is no coverage for non-network services under the ActiveCare Select plan or ActiveCare Select – Aetna Whole Health.

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician. *Illustrates benefits when network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the Aetna Select Plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which maybe considerable. **Includes prescription drug coinsurance ***If the patient obtains a brand-name drug when a generic equivalent is available, the patient will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.

TRS-ActiveCare is administered by Aetna Life Insurance Company. Aetna provides claims payment services only and does not assume any financial risk or obligation with respect to claims. Prescription drug benefits are administered by Caremark.

A photograph of a classroom. A female teacher with red hair and glasses stands at the front, smiling. Several young students are seated at wooden desks, with their hands raised in the air. The room has large windows with wooden frames. The text 'Who thinks school employees should get lower health insurance deductibles?' is overlaid in the top left corner.

**Who thinks school employees
should get lower health
insurance deductibles?**

**Scott & White Health Plan agrees.
Introducing lower deductibles.**

Call 1-800-321-7947
(24 hours a day, 7 days a week)

trs.swhp.org



**SCOTT & WHITE
HEALTH PLAN**

Now part of Baylor Scott & White Health



Scott & White Health Plan

Summary of Benefits for TRS-ActiveCare

Plan Provisions	Co-Payment
Annual Deductible	\$800 Individual/ \$2,400 Family
Annual out-of-pocket maximum (including medical and prescription co-pays and co-insurance)	\$5,000 Individual/ \$10,000 Family (excludes deductible)
Lifetime Paid Benefit Maximum	None

Fully Covered Health Care Services	Co-Payment
Preventive Services	No Charge
Standard Lab and X-ray	No Charge
LiveWell! Condition Guidance and Wellness Programs	No Charge
Well Child Care Annual Physicals	No Charge
Immunizations (age appropriate)	No Charge

Outpatient Services	Co-Payment
Primary Care	\$20 co-pay
Specialty Care	\$50 co-pay
Other Outpatient Services	20% after deductible ¹
Diagnostic/Radiology Procedures	20% after deductible
Eye Exam (one annually)	No Charge
Allergy Serum & Injections	20% after deductible
Outpatient Surgery	\$150 co-pay and 20% of charges after deductible

Maternity Care	Co-Payment
Pre-Natal Care	No Charge
Inpatient Delivery	\$150 per day ² and 20% of charges after deductible

Inpatient Services	Co-Payment
Overnight hospital stay: includes all medical services including semi-private room or intensive care	\$150 per day ² and 20% of charges after deductible

Diagnostic & Therapeutic Services	Co-Payment
Physical and Speech Therapy	\$50 co-pay

Equipment and Supplies	Co-Payment
Diabetic Supplies and Equipment	Same as DME or Rx, as appropriate
Durable Medical Equipment/Prosthetics	50% after deductible

Home Health Services	Co-Payment
Home Health Care Visit	\$50 co-pay

Worldwide Emergency Care	Co-Payment
LiveWell! Nurse On Call	1-877-505-7947
LiveWell! Online Services	No Charge — go to trs.swhp.org
After Hours Primary Care Clinics	\$20 co-pay
Ambulance and Helicopter	\$40 co-pay and 20% of charges after deductible
Emergency Room	\$150 co-pay and 20% of charges after deductible
Urgent Care Facility	\$55 co-pay

Specialty Medications	Co-Payment
Tier 1	10% after deductible
Tier 2 (Preferred)	20% after deductible
Tier 3 (Premium preferred)	30% after deductible
Tier 4 (Non-preferred)	50% after deductible ³

Prescription Drugs	
Annual Benefit Maximum	Unlimited
Deductible	\$100
Does not apply to generic drugs	

Ask a SWHP Pharmacy representative how to save money on your prescriptions.	Retail Quantity (Up to a 34-day supply)	Maintenance Quantity SWHP Pharmacies Only (Up to a 90-day supply)
Preferred Generic ⁴	\$3 co-pay	\$6 co-pay
Preferred Brand	30% after deductible	30% after deductible
Non-preferred	50% after deductible	50% after deductible
Non-formulary	Greater of \$50 or 50% after deductible	Not available
Mail Order	1-800-707-3477	
Online Refills	trs.swhp.org	

¹Includes other services, treatments, or procedures received at time of office visit.

²\$750 maximum co-payment per admission and 20% after deductible.

³Tier 4 co-payment does not count toward out-of-pocket maximum.

⁴If a brand name drug is dispensed when a generic is available, 50% co-pay applies.



**SCOTT & WHITE
HEALTH PLAN**

Now part of Baylor Scott & White Health

trs.swhp.org



More savings. More choices.
More focus on your health.

It's all possible when you combine the right
health plan with a Health Savings Account (HSA).

Hsa[®]**BANK**[®]
National Leader in Health Savings Accounts.

It's easy with HSA Bank.



Start saving more on healthcare.

HSA Bank has teamed up with your employer to create an affordable health coverage option that helps you save on healthcare expenses while protecting your health and finances.

It combines a high-deductible health plan (HDHP) from your insurance provider with a tax-advantaged health savings account (HSA) from HSA Bank. Together, they offer you health, savings and tax advantages that a traditional health plan can't duplicate.

What is an HDHP?

An HDHP, or high-deductible health plan, is a major-medical health insurance plan that has a lower premium than traditional health plans. Your HDHP:

- **Is a major-medical health plan** that is HSA-compatible. That means it can be used with a health savings account from HSA Bank
- **Has a higher annual deductible with lower monthly premiums**, which means you'll have less taken out of your paycheck and more to add to your HSA
- **Covers 100% of preventive care**, including annual physicals, immunizations, well-woman and well-child exams, and more – all without having to meet your deductible
- **Provides coverage for health screenings**, such as blood pressure, cholesterol, diabetes, vision, hearing and more

What is an HSA?

An HSA, or health savings account, is a unique tax-advantaged account that you can use to pay for current or future healthcare expenses. With an HSA, you'll have:

- **A tax-advantaged savings account** that you use to pay for eligible medical expenses as well as deductibles, co-insurance, prescriptions, vision and dental care
- **Unused funds that will roll over year to year.** There's no "use or lose it" penalty
- **Potential to build more savings through investing.** You can choose from a variety of HSA self-directed investment options with no minimum balance required
- **Additional retirement savings.** After age 65, funds can be withdrawn for any purpose without penalty

Investment accounts are not FDIC insured, may lose value and are not a deposit or other obligation of, or guarantee by the bank. Investment losses which are replaced are subject to the annual contribution limits of the HSA.

How do an HDHP and an HSA work together for you?

- While paying lower premiums for your HDHP, you can put those savings into your HSA
- You can use your HSA funds to pay for eligible healthcare expenses until you meet your annual deductible

How can you benefit from tax savings?

An HSA provides triple tax savings by reducing your Federal, State* and FICA taxes. Here's how:

- Contributions to your HSA can be made with pre-tax dollars, which reduces your taxable income
- Any after-tax contributions that you make to your HSA are tax deductible
- HSA funds earn interest tax free and when used for eligible healthcare expenses are also free from tax

*HSA contributions are taxed in AL, CA, NJ. HSA Bank does not provide tax advice. Consult your tax professional for tax-related questions.

Compare and see the HSA Advantage!

Annually, this typical family of four will face these medical expenses:

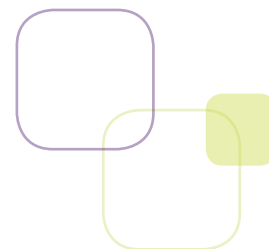
MEDICAL EXPENSES	HDHP WITH HSA PLAN \$4,000 Annual Deductible	TRADITIONAL PLAN \$1,500 Annual Deductible
8 Doctor Visits	\$568	\$200
4 Preventive Care Visits	\$0	\$0
2 Urgent Care Visits	\$254	\$150
1 Outpatient Surgery (Ear Tube Placement)	\$903	\$903
Total Medical Expenses (this is also the annual amount the employee contributes to their HSA)	\$1,725	\$1,253
COST COMPARISON		
Employee's Annual Premium	\$3,076	\$4,072
Total Medical Expenses	\$1,725	\$1,253
Federal Tax Savings	-\$259	\$0
Social Security and Medicare (FICA) Tax Savings	-\$132	\$0
State Tax Savings	-\$69	\$0
Out-of-Pocket Expenses	\$4,341	\$5,325

SAVINGS WITH AN HDHP/HSA PLAN

\$984

You can use the savings to fund your HSA account

This comparison is for illustrative purposes only. Medical services charges were obtained from www.healthcarebluebook.com. Employee's Annual Premium obtained from Kaiser Family Foundation AND Health Research & Educational Trust Employer Health Benefits 2011 Annual Survey. Actual medical costs may vary. Assumes a 15% Federal income tax rate, 7.65% FICA tax rate, 4% State income tax rate. HSA Bank does not provide tax advice. Please consult your tax advisor.



About HSA Bank

When it comes to the benefits of opening a Health Savings Account (HSA) with HSA Bank, healthcare savings is just the beginning! After all, we've been managing HSAs exclusively since they were introduced. And over the years, we've developed a high level of expertise that you can depend on, including:

An exceptional customer service experience: Our priority is helping you understand how to take full advantage of your HSA. Our Client Assistant Center Representatives are dedicated to providing the guidance you need to successfully access, manage, and grow your HSA funds.

Easy contributions and withdrawals: From payroll deductions to scheduled transfers, we make it simple to contribute funds to your HSA. And our HSA Bank Visa® debit card makes it easy to use your HSA to pay for eligible healthcare expenses.

Online account management: Our Internet Banking website gives you fast, easy access to your account 24 hours a day. This means you can conveniently transfer funds, review statements or account balances, access tax documents, and more...whenever you want to.

How to get started!

Contact your employer for enrollment information or visit www.hsabank.com to learn more.



Start
saving
NOW!

Putting Your Money Back Where It Belongs.

SECTION 125 FLEXIBLE SPENDING ACCOUNTS

Debit Card

Plan administered by



HIGGINBOTHAM



VIIQ

IMPORTANT INFORMATION ABOUT FLEXIBLE SPENDING ACCOUNTS

What is a Flexible Spending Account?

A Flexible Spending Account is a benefit provided by your employer that lets you set aside a certain amount of your paycheck into an account before paying income taxes. Then, during the year, you can use the funds in the account to pay for qualified expenses with untaxed dollars.

Why should I participate in the plan?

Your biggest benefit is savings on payroll withholding taxes. You will save \$25 to \$40 on every \$100 you budget to pay for qualified expenses.

What expenses qualify for payment?

Most qualified expenses are for goods or services that you'll buy anyway. They include health care costs such as co-pays, doctors' fees, over-the-counter items and prescriptions, dental and eye care expenses and daycare expenses for dependents so you can work.

How do I know how much is available for me to spend and how do I file a claim?

Your balance and claim forms are available 24/7 online at www.myRSC.com and all other details are always available online or by calling the Flex Hotline at 866-419-3519. Filing claims is easy. Just complete a claim form and attach a copy of the bill. Then, send it to us. Within a short time (usually less than 72 hours), you'll receive your TAX-FREE reimbursement.

Must money be deposited in my account before I pay expenses or file a claim?

NO. The entire annual amount you elect for the Health Care Spending Account (Health FSA) is available on the first day. However, only amounts contributed to date are available for the Dependent Care Spending Account (Dependent Care FSA).

I already have health insurance. Why should I participate in the Health FSA?

The Health FSA is used to pay for expenses not covered by insurance. These include co-pays, over-the-counter medications, glasses, contacts, orthodontics and prescription drugs, just to name a few.

I don't use my employer's health insurance. Can I still save?

YES. You can still set aside money (before taxes are taken out) to budget and pay for qualified expenses. Remember, a qualified expense paid from this plan cannot be eligible for reimbursement from another plan.

If I set aside part of my pay, won't I make less money?

NO. For every dollar you set aside to pay qualified expenses, you save FICA and federal income tax withholding. Your net take-home pay will increase by the tax you save. Plus, when you pay a qualified expense or receive a cash reimbursement, it's TAX FREE.

Can I change my contribution during the year?

YES, but only in certain situations. For the Health FSA and Dependent Care FSA, you can change your election if you have a change in status or a change in your employment or the employment of your spouse or a dependent.

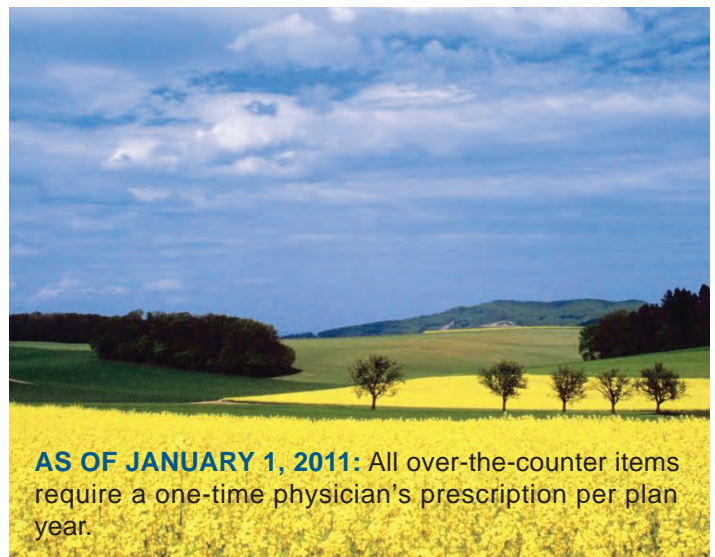
What if I don't use all the money in my account?

Generally, contributions that are not used during the plan year are forfeited back to your employer, but changes to IRS may allow extra time to spend your money or to carryover up to \$500. Check with your employer to learn your options.

What happens to my accounts if I terminate employment?

You may request reimbursement for qualified expenses incurred prior to your termination date.

You do have the option to enroll in both an HSA and an FSA, however doing so will make your FSA a "Limited" FSA, which means it will only be available for dental and vision expenses. All medical expenses would be processed through your HSA.



AS OF JANUARY 1, 2011: All over-the-counter items require a one-time physician's prescription per plan year.

HOW FLEXIBLE SPENDING ACCOUNTS WORK

When you pay for these expenses with pre-tax dollars, **you pay no social security or federal income tax on your contributions**. Your taxable income and your taxes are reduced. Here's how it works:

Let's say you earn \$25,000 per year. And you are paid semi-monthly, so each paycheck is for gross compensation of \$1,041.67. You have insurance premiums and other expenses eligible for payment through the Health FSA of \$62.50 per pay period. Here is a comparison of what your paycheck looks like both with and without the Flexible Spending Account.

As you can see, when you pay for your expenses with pre-tax dollars, your net income is increased!

	Without FSA	With FSA
Gross Earnings	\$1,041.67	\$1,041.67
Plan Contributions	-0-	62.50
Taxable Earnings	1,041.67	979.17
Less Taxes		
FICA	79.69	74.91
Federal	105.42	93.41
Eligible Expenses	\$856.56	\$810.85
	62.50	
	\$794.06	\$810.85
****GAIN****	\$33.58 Monthly	\$402.96 Annually

When you incur a medical, dental or vision expense, you will be reimbursed the "full" amount of the expense at that time, up to your yearly contribution election.

EXAMPLE

You are going to contribute \$500 for the plan year (\$41.67 per month). On January 15, you visit your eye doctor and receive your exam and contact lenses for a total charge of \$200.

Fax that receipt to Higginbotham and receive your full \$200 back within 24-72 hours, even though you do not have the \$200 in your account at that time.

You are entitled to the entire \$500 from day one of your plan year.

ORTHODONTIA EXPENSES:

If you are currently paying on an orthodontia contract for yourself, your spouse or your children, you can put that payment aside in your Health FSA and use the *mySourceCard* to make the payment each month to your orthodontist. All we need is a copy of your current contract and the first payment receipt made with the *mySourceCard*. Your monthly orthodontic payments will be substantiated automatically for the current plan year.



Your account balance and claim forms are available 24/7 online at www.myRSC.com. All other general details are always available online or by calling the **Flex Hotline** at 866-419-3519.

HEALTH CARE EXPENSES

That Qualify for Reimbursement

NOTE: Only health care expenses NOT reimbursed by insurance can be claimed on a Flexible Spending Account plan.

Acupuncture (excluding remedies and treatments prescribed by acupuncturist)	Eye examination fees	Periodontist fees
Alcoholism treatment	Eyeglasses prescribed by your doctor	Physician fees (cosmetic procedures not eligible)
Ambulance	Eye surgery (cataracts, LASIK, etc.)	Podiatrist fees
Artificial limbs/teeth	Hearing devices and batteries	Prescribed medicines
Chiropractors	Home health care	Psychiatric care
Christian Science Practitioner's fees	Hospital bills	Psychologist and psychiatrist fees
Contact lenses and solutions	Insulin	Radiology
Co-payments (doctor, dental, vision, pharmacy)	Laboratory fees	Routine physicals and other non-diagnostic services or treatments
Costs of physical or mental illness confinement	Laser eye surgery	Smoking cessation over-the-counter drugs
Crutches	Obstetrics and fertility	Smoking cessation programs
Deductibles	Office visits	Surgical fees
Dental fees (cosmetic procedures not eligible)	Oral surgery	Wheelchair
Dentures	Orthodontic fees	Vitamins with doctor's letter
Diagnostic fees	Orthopedic devices	X-rays and MRI
Drug and medical supplies (syringes, needles, etc.)	Osteopath fees	
Endodontist fees	Oxygen	

That Require a Physician's Letter Listing a Medical Condition Making the Item Necessary

Bedpans
Ring Cushions
Boost/Pediasure
Foot spa
Massagers
Massages
Reconstructive surgery in connection with birth defect, disease or accident
Special school for disabled child
Therapeutic support gloves
Weight loss program fees and over-the-counter drugs pertaining to a specific disease
Wigs for hair loss caused by disease

That Do Not Qualify for Reimbursement

Cosmetic surgery, procedures and/or medications
Dental bleaching and electronic toothbrushes
Hair restoration (procedures, drugs or medications)
Health club or gym memberships for general health
Marriage and family counseling
Weight loss program food supplements
Weight loss programs for general health or appearance
Mail order prescriptions from another country
Premiums you or your spouse pay for insurance coverage (payroll-deducted premiums sponsored by your employer are eligible under the Premium Only Plan)

Reimbursements are as simple as 1, 2, 3!

- Complete a claim form
- Provide required documentation
- Submit by email or mail

OVER-THE-COUNTER DRUGS

(Over-the-Counter Drugs Require a Physician's Prescription)

Over-the-Counter Drugs that Qualify for Reimbursement			Those that Do Not Qualify
Antiseptics Antiseptic wash or ointment for cuts or scrapes Benzocaine swabs Boric acid powder First aid wipes Iodine tincture Sublimed sulfur powder Asthma Medications Bronchodilator/expectorant tablets/asthma inhalers Cold, Flu and Allergy Medications Allergy medications Cold relief, cough relief or flu relief (liquid, tablets or drops) Homeopathic sinus medications Medicated chest rub Nasal decongestant (drops, inhaler, spray or strips) Sinus medications, sinus and allergy nasal spray Vapor patch cough suppressant Ear/Eye Care Airplane ear protection Ear drops for swimmers Ear water-drying aid Ear wax removal drops	Homeopathic earache tablets Health Aids Anti-fungal treatments Diuretics and water pills Hemorrhoid relief Lice control Medicated bandages Motion sickness tablets Respiratory stimulant ammonia Sleeping aids Pain Relief Arthritis pain reliever Bunion and blister treatments Itch relief Orajel Pain reliever, aspirin, non-aspirin Throat pain medications Skin Care Acne medications Anti-itch lotion Cold sore/fever blister medications Corn and callus removal medications Diaper rash ointment	Eczema cream Medicated bath products Wart removal medications Stomach Care Acid reducers Antacid gum Antacid liquid Antacid tablets Anti-diarrhea medications Gas prevention (liquid, tablets or drops) Ipecac syrup Laxatives Pinworm treatment Prilosec Upset stomach medications	Aromatherapy Baby bottles and cups Baby oil Baby wipes Blistex/Chapstick Breast enhancement system Cosmetics Cotton swabs Dental floss Deodorants Facial care Feminine care fragrances or facial care products Feminine hygiene products Hair regrowth Insoles Low calorie foods Low "carb" foods Mouthwash/oral care/toothbrushes Petroleum jelly Shampoo and conditioner Skin care Spa salts Sun clips Sun tanning products

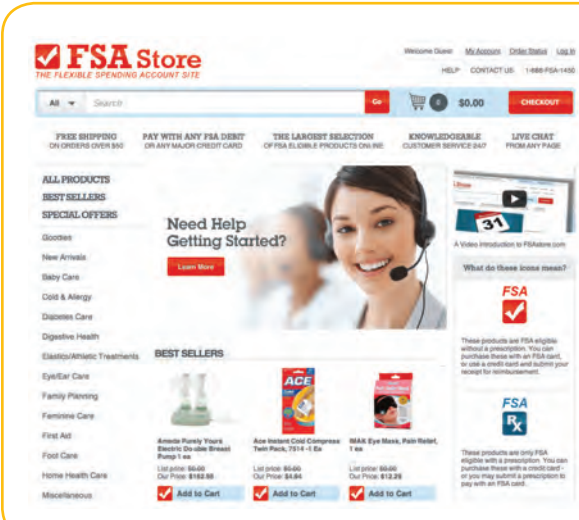
OVER-THE-COUNTER EXPENSES

Over-the-Counter Expenses that Do Not Require a Physician's Prescription	
Bandages, gauze and related items Blood pressure monitors Cholesterol test kits and supplies Colorectal cancer screening tests Condoms and other OTC contraceptives Contact lens cleaning solutions Crutches, canes, walkers and wheelchairs Denture adhesives Diabetic supplies, including Insulin Fertility monitors First aid kits Hearing aids and batteries	Heat wraps and cold packs Home drug tests Hydrogen peroxide Incontinence supplies (Depends, Serenity pads) Latex gloves Occlusal guards (for teeth grinding) Oral syringes Ovulation predictor kits Pregnancy test kits Reading glasses and other OTC eyeglasses Rubbing alcohol Thermometers

FSASore FOR ELIGIBLE PRODUCTS

The thousands of products that are available at **FSASore** are all FSA/HSA eligible or FSA/HSA eligible with a prescription and can be purchased with your FSA/HSA debit card or any major credit card. **FSASore** offers free shipping on orders of at least \$50, and its prices on brand name products are very competitive. When you take into account that you are using pre-tax dollars, you generally save up to 40%.

Visit **FSASore** by logging into www.myRSC.com and clicking on the banner



FSASore is the one-stop destination for Flexible Spending Accounts

FSASore helps make purchasing FSA/HSA eligible products, finding local FSA eligible services and answering the many questions about Flexible Spending Accounts simple.

FSASore makes spending your FSA funds easy.

The **FSASore** services channel allows you to search for nearby eligible services, such as acupuncture and chiropractic care. You can browse through a database of more than 300,000 health care providers by zip code.

FSASore offers instant access to common questions and answers about FSAs/HSAs via the learning center and is focused on keeping you informed about ongoing changes to FSA/HSA benefits.

FSASore ACCEPTS OVER-THE-COUNTER PRESCRIPTIONS!

You can easily shop for FSA eligible prescription products using your FSA/HSA debit card. You can choose to have your physician submit prescriptions to **FSASore**, have **FSASore** call your physician to obtain the prescription, or you may mail the prescription directly to **FSASore** to enjoy the tax-free benefit of over-the-counter products that require a prescription in order to be reimbursed.

ONE-STOP
SHOPPING
FOR ALL YOUR
OTC NEEDS!



HEALTH CARE SPENDING ACCOUNT WORKSHEET

Accurate budgeting of out-of-pocket medical expenses **not** reimbursed or covered by insurance is necessary to gain maximum benefit from the Health Care Spending Account. Only expenses that you know you or your family will incur during the plan year can be included in the program. You should consider your cost of deductibles and coinsurance features of any medical and dental insurance policies as well as those costs not covered by insurance.

INCLUDE EXPENSES FOR ALL MEMBERS OF YOUR IMMEDIATE FAMILY!!

NOTE:
COSMETIC SURGERY IS ONLY COVERED IF YOU HAVE A DOCTOR'S NOTE STATING THAT THE SURGERY IS MEDICALLY NECESSARY!

NOTE:
TEETH BLEACHING IS NOT A COVERED 125 EXPENSE.

PLANNED MEDICAL EXPENSES

Known Annual Medical Expenses (those expenses not covered by insurance that your entire family will incur during the plan year for the following services):

- Deductibles — Coinsurance _____
- Prescriptions and Doctor Visits (**CO-PAYS**) _____
- Over-the-Counter Medications (with RX)** _____
- Massage Therapy (Dr.'s RX Needed) _____
- Lasik Eye Surgery _____
- Medical Supplies and Equipment _____
- Therapist, Psychologist, Chiropractor _____
- Hearing Aids and Supplies _____
- Laboratory and X-ray Expenses _____

PLANNED DENTAL CARE (your portion of these expenses)

- Deductibles _____
- Fillings and Crowns _____
- Extractions, Dentures and Bridgework _____
- Oral Surgery _____
- Orthodontic Expenses _____

PLANNED VISION CARE

- Examination _____
- Glasses/RX Sunglasses _____
- Contact Lenses, Solution and Materials _____

TOTAL \$ _____

Total Expenses :- _____ (# of pay periods) = \$ _____

This is only a worksheet and is just for your use.
Visit our website at www.myRSC.com
for more information.

REASONS TO TAKE ADVANTAGE OF THE TAX SAVINGS NOW

Taking advantage of the Health FSA and Dependent Care FSA doesn't change what you do at tax time. You actually get a "tax refund" on every paycheck after electing the benefits because you pay no tax on the money you set aside each pay period.

You decide how much money to put into the plan and where and when to spend the money in your account.

This is a great way to budget. A regular amount is deducted from your paycheck, but the entire annual election is always available for you to spend on eligible expenses from day one of the plan year. Starting January 1, 2015, Health Care Reform limits the annual election for Health FSAs to \$2,550.

Once you have enrolled in the plan, everything you need can be found at the website www.myRSC.com. You can even enter your claim online. Then you just print the claim form and submit it along with your detailed receipts. It only takes a few moments to go to the website and familiarize yourself with the reimbursement plan. Turning in a reimbursement claim is quick and easy.

Don't worry about it making your social security benefits smaller because social security benefits are based on your lifetime earnings history. Your social security benefits may be slightly reduced by participating in the plan. However, tax advisors will tell you that the tax savings you earn today will far outweigh any reduction in social security benefits.

The Flexible Spending Accounts are not just for people who need prescription drugs and have children — everyone has medical expenses, not just families. And with the new IRS Revenue ruling, anyone who buys over-the-counter (OTC) drugs may be reimbursed through the plan. The plan is not just for prescription drugs. Things like cough syrup, pain relievers, allergy medicine, etc. are included with an OTC prescription.

It is OK if both you and your spouse enroll in a similar plan at work. There is no IRS limit on the amount of medical expenses that can be reimbursed per household. Each employer sets the annual limits for the Health FSA plan.

Don't worry that you cannot afford to have any more money taken out of your paycheck...**Did you know you can get money out of the plan before you put it in?** By joining the plan, you can have the plan pay your health care expenses in full at the time of service, even before you make your contribution.

Do you take a deduction for medical expenses on a Form 1040? If so, you can only do so after you spend in excess of 7.5%-10% of your adjusted gross income for them. The first dollar you pay for unreimbursed medical expenses is not deductible on your Form 1040. But through the Health FSA, the very first dollar you spend will earn you 25%-40% in tax savings.



**IF THE PLAN IS RIGHT FOR YOU...
WHAT ARE YOU WAITING FOR?**



DEPENDENT CARE SPENDING ACCOUNT

- You and your spouse must be employed in order to participate, or one of you can be a full-time student actively looking for work, or disabled.
- Kindergarten is not reimbursable, unless it can be determined that the educational part is incidental and cannot be separated from the cost of care.
- Overnight camps are not eligible — only day camps can be considered.
- Household service is eligible if part of the service is for the care of a qualifying person.
- Before and after school care is eligible.
- Your care provider cannot be your dependent.
- The debit card cannot be used for dependent child care.
- The maximum flex deduction per family per year is **\$5,000 when filing jointly** or head of household; and **\$2,500 when married filing separately**. HOWEVER, the IRS maximum limit for income tax purposes is \$6,000 and \$3,000 — whatever amount you do not deduct from your Flexible Spending Account, you can deduct the difference (up to \$3,000 or \$6,000) on your income tax return.
- Any care for your children whom you claim as tax dependents under the age of 13 is eligible. A person may qualify for only part of the year if he/she turns 13 mid-year.
- Care for spouse or dependents of any age who spend at least eight hours a day in your home, who are mentally or physically incapable of self-care is eligible.

Answers to Common Questions

Q I take a dependent care credit on Form 1040. Will the Dependent Care Spending Account save more?

A The more you earn, the more you'll save. In addition, you'll also save social security tax (FICA) with a Dependent Care Spending Account. So, don't wait until April 15 to take the credit. Now, you can save taxes on every paycheck.

Which is best for you?

Visit www.myRSC.com and use the easy calculator under the Employees tab to determine your savings.

Q Are there any negatives I should know about?

A Because you will not pay social security tax on the amount of gross pay you set aside to pay for qualified expenses, your social security benefits at retirement may be slightly reduced. However, most tax advisors recommend taking advantage of current tax-savings opportunities like the Health FSA and Dependent Care FSA. Also, if disability insurance is paid on a pre-tax basis, any future benefits you receive will be taxable.



QUICK TIPS ON SUBMITTING YOUR CLAIMS TO AVOID DENIAL



We need to know the date of service in order to pay the claim when you submit a dental or doctor bill. Please **DO NOT** submit “balance forward” or “previous balance” statements.



An OTC RX Checklist is located at the back of this booklet. Please have your physician complete this form and return it to us, and any over-the-counter items you submit will be reimbursable back to you.



On your doctor visit co-pays, we need the actual statement from the doctor if the charge is anything other than a co-pay amount. They will print a statement for you. We need **date of service, service rendered, patient’s name, insurance payments**, etc. If the statement is pink or yellow, please make a dark copy before faxing. The pink and yellow copies are not legible when faxed.



When submitting a statement for a co-insurance, deductible or hospital expense, please make sure the Explanation of Benefits (EOB) states very clearly the date of service, patient name and procedure. The best document to submit is the EOB from your health insurance provider, as all these details will be included once insurance has been processed.



For any forms, worksheets, or informational flyers referenced in this document, please visit www.mybenefitshub.com/fortworthisd

THANK YOU FOR
YOUR HELP IN
THE ABOVE

Submitting a complete claim request helps us pay all eligible claims in full and will also eliminate the letters coming back to you requesting more information regarding the reimbursement!



MOBILE *myRSC*

Benefits at Your Fingertips

You can access your employee account information on your smartphone with the **Mobile *myRSC*** app for iPhone and Android.

Locating and Loading the Mobile *myRSC* App

Simply search for “myRSC” on the App StoreSM for Apple products or on the Google PlayTM Store for Android products, and then load as you would any other app.



App Store is a service mark of Apple Inc.



Google Play is a trademark of Google Inc.



What You Can Do with Mobile *myRSC*

- **View Accounts:** Detailed account and balance information.
- **Card Activity:** Account information.
- **SnapClaim:** File a claim and upload receipt photos directly from your smartphone.
- **Manage Subscriptions:** Set up e-mail notifications to keep you up-to-date on all account and health debit card activity.



How to Use Mobile *myRSC*

Logging In

Use the same username and password you use to log in to the full *myRSC* website.

After logging in, you will be on the home page, which will list your options.

Getting Help

Click the Help button at the bottom right of all pages to access contact information for your administrator, who will be able to provide assistance.

Going Home

Press the Home button on the bottom left corner of any page to return to the home page and start over.

mySourceCard™

The debit card is a quick and easy way to pay for qualified expenses from your Flexible Spending Account. You have no out-of-pocket expense — the money is taken directly out of your account. Plus, you don't have to wait on reimbursement.

Go to www.myRSC.com and request your **mySourceCard** debit card.



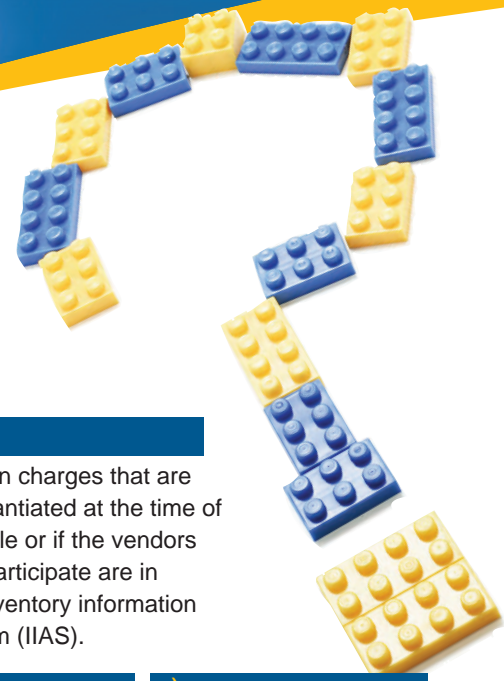
Employee

- 24/7 access to plan documents, letters and notices, forms, account balances, contributions, investments and other plan information or cafeteria plans, health reimbursement arrangements and transit plans
- Change personal information/census data online
- Access to contact information or the administrator
- Access to 125 tax calculators

Debit Card Procedure

- Use your debit card at the time of service (doctor's office, hospital, pharmacy, etc.).
- The debit card cannot be used for child care.
- Make sure you get a statement for the service rendered.
 - **Hospital:** Statement from the doctor with the procedure code and diagnosis code, date of service, name of patient and name and address of the provider.
 - **Dental/Vision:** Statement with the procedure code, date of service, name of patient and name and address of the provider.
- Fax in the statement the next time you come to work: 817-882-9267 or toll-free 866-419-3516.
- You can either fax the documents after you have received your services OR you can wait until you receive an e-mail from the plan requesting that you send in the statements. You will NOT get an e-mail for all of your swipes — the co-pays for your doctor visits and prescription co-pays will automatically substantiate. **However, any time you swipe the card for any amount other than a co-pay amount, you will need to submit the itemized statement or an Explanation of Benefits.**
- **Very Important:** If you do not fax the documentation within 60 days from the date you receive the e-mail, your debit card will be suspended until proper substantiation is received.





Debit Card FAQs

The following items are auto substantiated:

a)

Certain transactions involving dollar amounts that are consistent with predetermined co-pay under the plan.

b)

Certain recurring previously approved expenses.

c)

Certain charges that are substantiated at the time of the sale or if the vendors that participate are in the inventory information system (IIAS).

Purchases at pharmacies and medical providers that do not subscribe to the IIAS are treated as **conditionally approved** and **paid** at the time of service; statements must be faxed **after** the purchase to substantiate the purchase was for a qualified expense. i.e.:

a)

A dentist office could charge you \$200 for teeth bleaching. The \$200 would be approved at the time of sale, but the member must submit the statement with the required information. Since teeth bleaching is not a covered expense, the claim would be denied, and the member would pay the plan \$200.

b)

A physician could charge \$150 for a consult for cosmetic surgery. The \$150 would be approved at the time of purchase, but cosmetic surgery is not a covered item and the claim is not eligible for reimbursement under IRS guidelines. The claim would be denied, and the member would owe the plan \$150.

c)

A member pays \$125 for a qualified medical expense. He/she uses the debit card, sends in the form with the required information, and it is marked as eligible in the system.

Can I use my debit card to pay for over-the-counter drugs?

No. You must provide a physician-signed over-the-counter prescription, and you must submit a paper claim for these items and then be reimbursed.

Renewing Your Debit Card



Your debit card will work for three years initially. Check the expiration date on front of the card.



To receive a replacement card, you will be charged a \$2.00 fee.



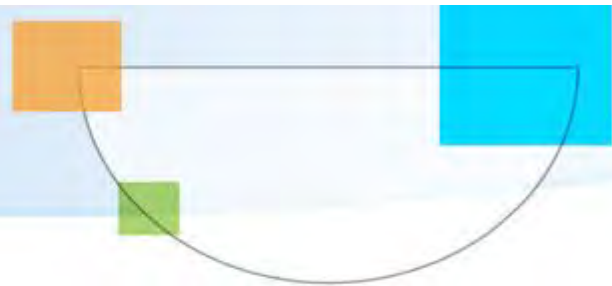
If your company has the “grace extension” added to the end of the plan year and you have a “balance” from the old year, that balance will “transfer” to the new debit card.



If your card is “suspended” as of the last day of your plan year, your new card will not work until the old plan year expenses are paid back.

New Plan Year Debit Card Use with an Old Plan Year Balance

The main thing to keep in mind is that if your company has the “grace extension” or “rollover provision” on the prior plan year, the balance in your “prior” plan year will be loaded to your debit card — the system will automatically do a “look back” at the old plan year and apply these expenses to that plan year first.



Dental Benefits Summary for Fort Worth Independent School District

Group Numbers: 821479-000/001/002/003

Network: Alliance

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Nonsurgical Periodontics		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Surgical Periodontics		
Complex Oral Surgery		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
Pregnancy Benefit	<ul style="list-style-type: none">• Covers 1 additional cleaning during pregnancy• Covers 1 additional periodontal maintenance during pregnancy• Scaling and root planing• 4 periodontal surgery procedures	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	\$50/\$150 (Excludes Class I & Orthodontics)	
Annual Program Maximum (per person)	\$1,500 (Excludes Orthodontics)	
Lifetime Orthodontic Maximum (per person)	\$1,500	
Waiting Periods ³ (Applicable to new Entrants)		
Class I	None	None
Class II	None	None
Class III	6 months	6 months
Orthodontics for dependents to age 19	6 months	6 months
Reimbursement	Alliance	90 th

Rates	Employee Only	Employee & One Adult	Employee & Child(ren)	Family
Monthly	\$39.02	\$78.53	\$87.13	\$126.46

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Unmarried dependent children covered to age 26.

2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.

3. Waiting Periods are applicable to new Entrants

Fort Worth ISD

Effective September 1, 2015 through August 31, 2016

United Concordia Indemnity Dental Plan Premiums

Monthly (12 pay)	
Employee Only	\$39.02
Employee/Spouse	\$78.53
Employee/Child(ren)	\$87.13
Employee/Family	\$126.46
18 Pay	
Employee Only	\$26.01
Employee/Spouse	\$52.35
Employee/Child(ren)	\$58.09
Employee/Family	\$84.31
Semi-Monthly (24 Pay)	
Employee Only	\$19.51
Employee/Spouse	\$39.27
Employee/Child(ren)	\$43.57
Employee/Family	\$63.23

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HumanaDental DHMO 150 C Plan with Ortho

Texas

Fort Worth ISD

Group # 573701

Use your HumanaDental benefits

The HumanaDental C Series dental plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- No waiting periods
- No claims to file
- No annual maximums

Know what your plan covers

Attached is a summary of HumanaDental C Series plan benefits which are described in detail in your certificate. You can find your certificate at **HumanaDental.com** or call 1-800-979-4760. Here's what you can expect:

- You have the freedom to select any participating dentist. To select a dental provider from our network, simply visit HumanaDental.com. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-979-4760.
- Life without claim forms! With HumanaDental DHMO plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and any copayment or discounted charges will be paid at the time of service. Copayments are applicable at either a participating general dentist or a participating specialist.
- If you need a specialty dentist, you may receive a 25 percent discount by using certain participating specialty dentists from our network. Visit **HumanaDental.com** to find a participating specialist who offers the discount on specialty services.

Choose HumanaDental benefits

Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The HumanaDental DHMO plan enables you to take better care of your teeth, and you'll pay less doing so.

Check your dental IQ anytime

Log on to **MyDentalIQ.com** and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at **MyDentalIQ.com** takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.



Questions?

Check out **HumanaDental.com**

Call 1-800-979-4760 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

Dependent Max Age Limit: to Age 26

Rates:

<u>Employee</u>	<u>\$12.66</u>
<u>Employee + Spouse</u>	<u>\$22.60</u>
<u>Employee + Child(ren)</u>	<u>\$23.96</u>
<u>Family</u>	<u>\$31.18</u>

HumanaDental DHMO 150 C Plan with Ortho

The HumanaDental DHMO plans focus on maintaining oral health, prevention and cost-containment. A member may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. C plans copayments are applicable at either a participating general dentist or a participating specialist.

Member costs listed here are for services provided by your chosen participating primary care dentist (PCD) only. As your dental professional, your PCD may decide that you need to see an contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. For C plans and benefits for procedures not listed on the schedule, you may receive a 25 percent discount by visiting certain participating specialists. Visit **HumanaDental.com** to find a participating specialist who offers the discount on specialty services.

Summary of services

Appointments Member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$ 15.00
D9430	Office visit (normal hours)	\$ 5.00
D9440	Office visit (after regularly scheduled hours)...	\$ 35.00

Diagnostic Member pays

D0120	Periodic oral examination	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval.	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval.	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval	no charge
D0180	Comprehensive periodontal evaluation.....	\$ 10.00
D0210	X-ray intraoral—complete series including bitewings	no charge
D0220	X-ray intraoral—periapical, first film	no charge
D0230	X-ray intraoral—periapical, each additional film..	no charge
D0270	X-ray bitewing—single film	no charge
D0272	X-ray bitewings—two films	no charge
D0274	Bitewings—four films	no charge
D0330	Panoramic film	no charge
D0460	Pulp vitality tests	no charge
D0470	Diagnostic casts	no charge

Preventive Member pays

D1110	Prophylaxis—adult, routine (once every 6 months)	no charge
D1120	Prophylaxis—child, routine (once every 6 months)	no charge
D1110	Prophylaxis—adult/child, (additional)	\$20.00
D1120	Prophylaxis—adult/child, (additional)	\$20.00
D1203	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) ..	no charge
D1206	Topical fluoride varnish (for child <16)	no charge
D1330	Oral hygiene instruction	no charge
D1351	Sealant-per tooth	\$10.00
D1510	Space maintainer—fixed, unilateral	\$45.00+lab ^A
D1515	Space maintainer—fixed, bilateral	\$45.00+lab ^A
D1520	Space maintainer—removable, unilateral ...	\$85.00+lab ^A
D1525	Space maintainer—removable, bilateral	\$85.00+lab ^A
D1550	Recementation of space maintainer	\$10.00

Restorative Member pays

D2140	Amalgam—one surface, primary or permanent	no charge
D2150	Amalgam—two surfaces, primary or permanent	no charge
D2160	Amalgam—three surfaces, primary or permanent	no charge
D2161	Amalgam—four or more surfaces, primary or permanent	no charge
D2940	Sedative filling.....	\$ 15.00
D2999	Sedative base (under fillings), by report.....	no charge

Resin restorative Member pays

D2330	Resin based composite—one surface, anterior..	\$ 35.00
D2331	Resin based composite—two surfaces, anterior	\$ 40.00
D2332	Resin based composite—three surfaces, anterior	\$ 50.00
D2391	Resin based composite—one surface, posterior	\$ 60.00
D2392	Resin based composite—two surfaces, posterior.....	\$ 80.00
D2393	Resin based composite—three surfaces, posterior.....	\$100.00
D2394	Resin based composite—four or more surfaces, posterior.....	\$120.00
D2510	Inlay—metallic, one surface	\$ 95.00
D2520	Inlay—metallic, two surfaces	\$105.00
D2530	Inlay—metallic, three or more surfaces	\$130.00

Crown and bridge Member pays

D2740	Crown—porcelain/ceramic substrate	\$280.00+lab ^A
D2750*	Crown—porcelain fused to high noble metal ..	\$280.00
D2751	Crown—porcelain fused to predominantly base metal	\$280.00
D2752*	Crown—porcelain fused to noble metal	\$280.00
D2790*	Crown—full cast high noble metal	\$280.00
D2791	Crown—full cast predominantly base metal ..	\$280.00
D2792*	Crown—full cast noble metal	\$280.00
D2910	Recement inlay	\$ 15.00
D2920	Recement crown	\$ 15.00
D2930	Prefabricated stainless steel crown—primary tooth	\$ 75.00
D2950	Core buildup, including any pins	\$ 45.00

D2951	Pin retention—per tooth, in addition to restoration.....	\$ 15.00
D2952	Cast post and core in addition to crown	\$ 90.00+lab ^Δ
D2953	Each additional cast post—same tooth	\$ 90.00+lab ^Δ
D2954	Prefabricated post and core in addition to crown	\$ 90.00
D2962	Labial veneer (porcelain laminate)—laboratory	\$280.00+lab ^Δ

Prosthodontics (fixed)		Member pays
D6210*	Pontic—cast high noble metal	\$280.00
D6211	Pontic—cast predominantly base metal	\$280.00
D6212*	Pontic—cast noble metal	\$280.00
D6240*	Pontic—porcelain fused to high noble metal ..	\$280.00
D6241	Pontic—porcelain fused to predominantly base metal	\$280.00
D6242*	Pontic—porcelain fused to noble metal	\$280.00
D6750*	Crown—porcelain fused to high noble metal ..	\$280.00
D6751	Crown—porcelain fused to predominantly base metal	\$280.00
D6752*	Crown—porcelain fused to noble metal	\$280.00
D6790*	Crown—full cast high noble metal	\$280.00
D6791	Crown—full cast predominantly base metal ..	\$280.00
D6792*	Crown—full cast noble metal	\$280.00
D6930	Recement fixed partial denture (per unit)....	\$ 10.00

Endodontics		Member pays
D3220	Therapeutic pulpotomy	\$ 35.00
D3221	Pulpal debridement, primary and permanent teeth	\$ 100.00
D3310	Root canal therapy—anterior (excluding final restoration)	\$ 100.00
D3320	Root canal therapy—bicuspid (excluding final restoration)	\$ 200.00
D3330	Root canal therapy—molar (excluding final restoration)	\$ 250.00
D3410	Apicoectomy/periradicular surgery—anterior ..	\$ 125.00

Periodontics (gum treatment)		Member pays
D4210	Gingivectomy/gingivoplasty per quadrant ..	\$ 125.00
D4211	Gingivectomy/gingivoplasty per tooth	\$ 40.00
D4341	Periodontal scaling and root planing, per quadrant	\$ 50.00
D4342	Periodontal scaling and root planing 1 to 3 teeth per quadrant	\$ 50.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis ...	\$ 45.00
D4381	Localized delivery of chemotherapeutic agents (per tooth)	\$ 45.00
D4910	Periodontal maintenance	\$ 50.00

Prosthodontics		Member pays
D5110	Complete denture—maxillary	\$300.00+lab ^Δ
D5120	Complete denture—mandibular	\$300.00+lab ^Δ
D5130	Immediate denture—maxillary	\$300.00+lab ^Δ
D5140	Immediate denture—mandibular	\$300.00+lab ^Δ
D5211 ^Δ	Maxillary partial denture—resin base	\$300.00+lab ^Δ
D5212 ^Δ	Mandibular partial denture—resin base	\$300.00+lab ^Δ
D5213 ^Δ	Maxillary partial denture—cast metal framework, resin denture bases	\$300.00+lab ^Δ
D5214 ^Δ	Mandibular partial denture—cast metal framework, resin denture bases	\$300.00+lab ^Δ

D5410	Adjust complete denture—maxillary	\$ 15.00
D5411	Adjust complete denture—mandibular	\$ 15.00
D5421	Adjust partial denture—maxillary	\$ 15.00
D5422	Adjust partial denture—mandibular	\$ 15.00

Repairs to prosthetics		Member pays
D5510	Repair broken complete denture base	\$ 15.00+lab ^Δ
D5520	Replace missing or broken teeth—complete denture (each tooth)	\$ 15.00+lab ^Δ
D5610	Repair resin denture base	\$ 15.00+lab ^Δ
D5630	Repair or replace broken clasp	\$ 15.00+lab ^Δ
D5640	Replace broken teeth—per tooth	\$ 15.00+lab ^Δ
D5650	Add tooth to existing partial denture	\$ 30.00+lab ^Δ
D5730	Reline complete maxillary denture (chairside) ..	\$ 50.00
D5731	Reline complete mandibular denture (chairside)	\$ 50.00
D5740	Reline maxillary partial denture (chairside) ..	\$ 50.00
D5741	Reline mandibular partial denture (chairside) ..	\$ 50.00
D5750	Reline complete maxillary denture (laboratory)	\$ 35.00+lab ^Δ
D5751	Reline complete mandibular denture (laboratory)	\$ 35.00+lab ^Δ
D5760	Reline maxillary partial denture (laboratory) ..	\$ 35.00+lab ^Δ
D5761	Reline mandibular partial denture (laboratory)	\$ 35.00+lab ^Δ
D5850	Tissue conditioning—maxillary	\$ 30.00
D5851	Tissue conditioning—mandibular	\$ 30.00

Extractions/oral and maxillofacial surgery		Member pays
D7111	Coronal remnants, deciduous tooth	no charge
D7140	Extraction, erupted tooth or exposed tooth ..	no charge
D7210	Surgical removal of erupted tooth	\$ 40.00
D7220	Removal of impacted tooth—soft tissue	\$ 50.00
D7230	Removal of impacted tooth—partially bony ..	\$ 70.00
D7240	Removal of impacted tooth—completely bony	\$ 85.00
D7250	Surgical removal of residual tooth roots	\$ 35.00
D7310	Alveoplasty in conjunction with extractions—per quadrant	\$ 35.00
D7311	Alveoplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 35.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant	\$ 70.00
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 70.00
D7510	Incision and drainage of abscess—intraoral ..	\$ 25.00

Anesthesia		Member pays
D9215	Local anesthesia	no charge
D9230	Analgesia (nitrous oxide), per 15 minutes ...	\$ 15.00

Adjunctive general services		Member pays
D9110	Palliative (emergency) treatment	\$ 25.00
D9450	Case presentation, detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment—limited	\$ 25.00
D9952	Occlusal adjustment—complete	\$150.00

Orthodontics**Member pays**

D8070	Comprehensive orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/treatment planning	\$ 250.00
	Orthodontic treatment	\$ 2,300.00
D8080	Comprehensive orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/treatment planning	\$ 250.00
	Orthodontic treatment	\$ 2,300.00
D8090	Comprehensive orthodontic treatment of the adult dentition; Adult 19 years of age and over Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/treatment planning	\$ 250.00
	Orthodontic treatment	\$ 2,500.00
D8680	Retention	\$ 450.00

* The above copayments do not include the additional cost of precious (high noble) and semi-precious (noble) metal. The additional cost of precious metal shall not exceed \$125 per unit and \$75 per unit for semi-precious metal.

Δ Patient responsible for lab fees.

^ Including any conventional clasps, rests, and teeth.

Note:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures are available at certain participating dentists usual fee less 25%. Visit HumanaDental.com to find a participating dentist who offers the discount on non-covered services.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$50 per unit.
- If you break your appointment with your dentist without 24-hour advance notice, you will be subject to your dentist's broken appointment fee.
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits.

Insured or administered by DentiCare, Inc. (d/b/a CompBenefits)



Humana.com



HumanaDental Advantage Plus 1S Plan

Texas

Use your HumanaDental benefits

Fort Worth ISD
Group# 573701

The HumanaDental Advantage Plus S plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect.

- No deductibles
- No claims to file
- No need to choose a primary care dentist

Know what your plan covers

Attached is a summary of HumanaDental Advantage Plus S plan benefits which are described in detail in your certificate. You can find your certificate at **HumanaDental.com** or call 1-800-979-4760. Here's what you can expect:

- You have the freedom to select any participating dentist. To select a dental provider from our Advantage Plus network, simply visit **HumanaDental.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-979-4760.
- Life without claim forms! With HumanaDental Advantage Plus S plan you pay your dentist directly, when applicable.
- Your Advantage Plus network dentist will provide all of your dental care and any copayment or discounted charges will be paid at the time of service. Except for emergency care, treatment received out-of-network is not covered.
- You also receive a 20 percent discount on services not listed on your schedule of benefits when visiting certain participating dentists. Visit **HumanaDental.com** to find a participating dentist who offers the discount on unlisted services.

Choose HumanaDental benefits

Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The HumanaDental Advantage Plus plan enables you to take better care of your teeth, and you'll pay less doing so.

Check your dental IQ anytime

Log on to **MyDentalIQ.com** and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at **MyDentalIQ.com** takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.



Questions?

Check out **HumanaDental.com**

Call 1-800-979-4760 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

Dependent Max Age Limit: to Age 26

<u>Rates:</u>	
Employee	\$18.70
Employee + Spouse	\$38.26
Employee + Child(ren)	\$38.88
Family	\$63.90

HumanaDental Advantage Plus 1S Plan

Advantage Plus plans are network-based dental plans that emphasize prevention and cost containment. Members select any participating general dentist in HumanaDental's Advantage Plus network. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. S plan copayments for listed procedures are applicable only at participating General Dentist. To find a dentist, call 1-800-979-4760 or look on **HumanaDental.com**.

Office visit copay

☐ \$5/\$15

Annual maximum

☐ No annual maximum

Summary of services

Preventive Member pays

D0120 ^{ad}	Periodic oral examination.....	no charge
D0140 ^a	Limited oral evaluation—problem focused ...	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 every 12 months)	no charge
D0150	Comprehensive oral evaluation—new/established patient (limit 1 every 24 months) .	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) .	no charge
D0170	Re-evaluation—limited problem focused (limit 1 every 12 months)	no charge
D0180	Comprehensive periodontal eval—new/established patient (limit 1 every 24 months) .	no charge
D0210	X-ray intraoral—complete series (limit 1 every 3 years)	no charge
D0220	X-ray intraoral—periapical, first film (limit 9 every 12 months includes D0230)	no charge
D0230	X-ray intraoral—periapical, each additional film (limit 9 every 12 months includes D0220) .	no charge
D0240	X-ray intraoral—occlusal film	no charge
D0250	X-ray extraoral, first film	no charge
D0260	X-ray extraoral, each additional film	no charge
D0270 ^{ad}	Bitewing—single film	no charge
D0272 ^{ad}	Bitewings—two films	no charge
D0273 ^{ad}	Bitewings—three films	no charge
D0274 ^{ad}	Bitewings—four films	no charge
D0277 ^{ad}	Vertical bitewings—7 to 8 films	no charge
D0330	Panoramic film (limit 1 every 3 years)	no charge
D0470	Diagnostic casts	no charge
D1110 ^{ad}	Prophylaxis—adult (inclusive of D4910)	no charge
D1120 ^{ad}	Prophylaxis—child (inclusive of D4910)	no charge
D1203 ^{ad}	Topical application of fluoride—child (for child <16)	no charge
D1206 ^{ad}	Topical fluoride varnish (for child <16).....	no charge
D1351	Sealant—per tooth (limit 1 per tooth every 12 months for child <14) .	no charge

Basic Member pays

D1510	Space maintainer—fixed, unilateral (limited to child <14)	\$ 53.00
D1515	Space maintainer—fixed, bilateral (limited to child <14)	\$ 70.00
D1520	Space maintainer—removable, unilateral (limited to child <14)	\$ 66.00

D1525	Space maintainer—removable, bilateral (limited to child <14)	\$ 91.00
D1550	Recementation of space maintainer	\$ 12.00
D2140	Amalgam—one surface primary or permanent .	\$ 24.00
D2150	Amalgam—two surfaces primary or permanent**	\$ 31.00
D2160	Amalgam—three surfaces primary or permanent**	\$ 37.00
D2161	Amalgam—four/more surfaces primary/permanent**	\$ 46.00
D2330	Resin based composite—one surface, anterior**	\$ 24.00
D2331	Resin based composite—two surfaces, anterior**	\$ 31.00
D2332	Resin based composite—three surfaces, anterior**	\$ 38.00
D2335	Resin based composite—four or more surfaces, involving incisal angle**	\$ 45.00
D2390	Resin based composite—crown anterior**	\$ 49.00
D2391	Resin based composite—one surface, posterior**	\$ 28.00
D2392	Resin based composite—two surfaces, posterior**	\$ 37.00
D2393	Resin based composite—three surfaces, posterior**	\$ 46.00
D2394	Resin based composite—four or more surfaces, posterior**	\$ 56.00
D4341	Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months)	\$ 39.00
D4342	Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months).....	\$ 21.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years).....	\$ 26.00
D4910	Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	\$ 23.00
D7111	Extraction coronal remnants deciduous tooth .	\$ 20.00
D7140	Extraction erupted tooth or exposed root	\$ 26.00

Major Member pays

D2510 ^b	Inlay—metallic, one surface	\$313.00
D2520 ^b	Inlay—metallic, two surfaces	\$355.00
D2530 ^b	Inlay—metallic, three or more surfaces	\$410.00
D2542 ^b	Onlay—metallic, two surfaces	\$402.00

D2543 ^b	Onlay—metallic, three surfaces.	\$420.00	D5140 ^d	Immediate denture—mandibular	\$700.00
D2544 ^b	Onlay—metallic, four or more surfaces.	\$437.00	D5211 ^d	Maxillary partial denture—resin base	\$542.00
D2610 ^b	Inlay—porcelain/ceramic, one surface	\$368.00	D5212 ^d	Mandibular partial denture—resin base	\$629.00
D2620 ^b	Inlay—porcelain/ceramic, two surfaces	\$389.00	D5213 ^d	Maxillary partial denture—cast metal— resin base	\$709.00
D2630 ^b	Inlay—porcelain/ceramic, three or more surfaces	\$414.00	D5214 ^d	Mandibular partial denture—cast metal— resin base	\$709.00
D2642 ^b	Onlay—porcelain/ceramic, two surfaces	\$403.00	D5410 ^c	Adjust complete denture—maxillary	\$ 35.00
D2643 ^b	Onlay—porcelain/ceramic, three surfaces	\$434.00	D5411 ^c	Adjust complete denture—mandibular	\$ 35.00
D2644 ^b	Onlay—porcelain/ceramic, four or more surfaces	\$461.00	D5421 ^c	Adjust partial denture—maxillary	\$ 35.00
D2650 ^b	Inlay—resin based composite, one surface ..	\$242.00	D5422 ^c	Adjust partial denture—mandibular	\$ 35.00
D2651 ^b	Inlay—resin based composite, two surfaces ..	\$288.00	D5510	Repair broken complete denture base	\$ 70.00
D2652 ^b	Inlay—resin based composite, three or more surfaces	\$303.00	D5520	Replace missing/broken teeth— complete denture	\$ 59.00
D2662 ^b	Onlay—resin based composite, two surfaces ..	\$263.00	D5610	Repair resin denture base	\$ 76.00
D2663 ^b	Onlay—resin based composite, three surfaces ..	\$310.00	D5620	Repair cast framework	\$ 82.00
D2664 ^b	Onlay—resin based composite, four or more surfaces	\$332.00	D5630	Repair or replace broken clasp	\$100.00
D2710 ^b	Crown—resin based composite, indirect	\$187.00	D5640	Replace broken teeth—per tooth	\$ 64.00
D2720 ^b	Crown—resin with high noble metal	\$461.00	D5650	Add tooth to existing partial denture	\$ 88.00
D2721 ^b	Crown—resin with predominantly base metal ..	\$432.00	D5660	Add clasp to existing partial denture	\$105.00
D2722 ^b	Crown—resin with noble metal	\$441.00	D5710 ^e	Rebase complete maxillary denture	\$261.00
D2740 ^b	Crown—porcelain/ceramic substrate	\$473.00	D5711 ^e	Rebase complete mandibular denture	\$249.00
D2750 ^b	Crown—porcelain fused to high noble metal ..	\$466.00	D5720 ^e	Rebase maxillary partial denture	\$246.00
D2751 ^b	Crown—porcelain fused predom base metal ..	\$434.00	D5721 ^e	Rebase mandibular partial denture	\$246.00
D2752 ^b	Crown—porcelain fused to noble metal	\$445.00	D5730 ^e	Reline complete maxillary denture	\$147.00
D2790 ^b	Crown—full cast high noble metal	\$450.00	D5731 ^e	Reline complete mandibular denture	\$147.00
D2791 ^b	Crown—full cast predom base metal	\$426.00	D5740 ^e	Reline maxillary partial denture	\$135.00
D2792 ^b	Crown—full cast noble metal	\$434.00	D5741 ^e	Reline mandibular partial denture	\$135.00
D2910	Recement inlay, onlay or part coverage restoration	\$ 41.00	D5750 ^e	Reline complete maxillary denture	\$196.00
D2920	Recement crown	\$ 42.00	D5751 ^e	Reline complete mandibular denture	\$196.00
D2930	Crown—prefabricated stainless steel, primary tooth	\$115.00	D5760 ^e	Reline maxillary partial denture	\$193.00
D2931	Crown—prefabricated stainless steel, permanent tooth	\$131.00	D5761 ^e	Reline mandibular partial denture	\$193.00
D2932	Crown—prefabricated resin	\$142.00	D5850	Tissue conditioning maxillary	\$ 61.00
D2940	Sedative filling	\$ 44.00	D5851	Tissue conditioning mandibular	\$ 61.00
D2950	Core buildup including any pins	\$110.00	D6092	Recement implant/abutment supported crown ..	\$ 42.00
D2951	Pin retention—per tooth addition restoration ..	\$ 23.00	D6093	Recement implant/abutment supported fixed partial denture	\$ 57.00
D2952	Cast post and core in addition to crown	\$168.00	D6210 ^f	Pontic—cast high noble metal	\$431.00
D2954	Prefabricated post and core in addition to crown ..	\$139.00	D6211 ^f	Pontic—cast predominantly base metal	\$404.00
D3220	Therapeutic pulpotomy	\$ 75.00	D6212 ^f	Pontic—cast noble metal	\$420.00
D3310	Root canal therapy—anterior	\$315.00	D6240 ^f	Pontic—porcelain fused to high noble metal ..	\$426.00
D3320	Root canal therapy—bicuspid	\$385.00	D6241 ^f	Pontic—porceln fused predom base metal ...	\$393.00
D3330	Root canal therapy—molar	\$497.00	D6242 ^f	Pontic—porcelain fused to noble metal	\$415.00
D3346	Previous root canal therapy—anterior	\$424.00	D6250 ^f	Pontic—resin with high noble metal	\$420.00
D3347	Previous root canal therapy—bicuspid	\$500.00	D6251 ^f	Pontic—resin with predominantly base metal ..	\$388.00
D3348	Previous root canal therapy—molar	\$601.00	D6252 ^f	Pontic—resin with noble metal	\$400.00
D3410	Apicoectomy/periradicular surgery—anterior ..	\$361.00	D6600 ^f	Inlay—porcelain/ceramic, two surfaces	\$355.00
D3421	Apicoectomy/periradicular surgery—bicuspid ..	\$394.00	D6601 ^f	Inlay—porcelain/ceramic, three or more surfaces	\$373.00
D3425	Apicoectomy/periradicular surgery—molar ..	\$445.00	D6602 ^f	Inlay—cast high noble metal, two surfaces ..	\$380.00
D3426	Apicoectomy/periradicular surgery—each addtl root	\$148.00	D6603 ^f	Inlay—cast high noble metal, three or more surfaces	\$418.00
D3430	Retrograde filling—per root	\$109.00	D6604 ^f	Inlay—cast predom base metal, two surfaces ..	\$372.00
D4210 ^c	Gingivectomy/gingivoplasty—four or more teeth, quad	\$358.00	D6605 ^f	Inlay—cast predom base metal, three or more surfaces	\$394.00
D4211 ^c	Gingivectomy/gingivoplasty—1 to 3 teeth, quad	\$153.00	D6606 ^f	Inlay—cast noble metal, two surfaces	\$366.00
D4240 ^c	Gingival flap proc—four or more teeth, quad ..	\$421.00	D6607 ^f	Inlay—cast noble metal, three or more surfaces	\$406.00
D4241 ^c	Gingival flap proc—1 to 3 teeth, quad	\$217.00	D6608 ^f	Onlay—porcelain/ceramic, two surfaces	\$386.00
D4249	Clinical crown lengthening—hard tissue	\$481.00	D6609 ^f	Onlay—porcelain/ceramic, three or more surfaces	\$403.00
D4260	Osseous surgery—four or more teeth, quad ..	\$680.00	D6610 ^f	Onlay—cast high noble metal, two surfaces ..	\$409.00
D4261	Osseous surgery—1 to 3 teeth,quad	\$354.00	D6611 ^f	Onlay—cast high noble metal, three or more surfaces	\$448.00
D5110 ^d	Complete denture—maxillary	\$642.00	D6612 ^f	Onlay—cast predom base metal, two surfaces	\$407.00
D5120 ^d	Complete denture—mandibular	\$642.00	D6613 ^f	Onlay—cast predom base metal,	
D5130 ^d	Immediate denture—maxillary	\$700.00			

	three or more surfaces	\$426.00
D6614 ^f	Onlay—cast noble metal, two surfaces	\$399.00
D6615 ^f	Onlay—cast noble metal, three or more surfaces	\$414.00
D6720 ^f	Crown—resin with high noble metal	\$474.00
D6721 ^f	Crown—resin with predom base metal	\$450.00
D6722 ^f	Crown—resin with noble metal	\$458.00
D6740 ^f	Crown—porcelain/ceramic	\$499.00
D6750 ^f	Crown—porcelain fused to high noble metal ..	\$486.00
D6751 ^f	Crown—porcelain fused to predom base metal	\$453.00
D6752 ^f	Crown—porcelain fused to noble metal	\$464.00
D6780 ^f	Crown—3/4 cast high noble metal	\$458.00
D6790 ^f	Crown—full cast high noble metal	\$469.00
D6791 ^f	Crown—full cast predom base metal	\$445.00
D6792 ^f	Crown—full cast noble metal	\$461.00
D6930 ^f	Recement fixed partial denture	\$ 57.00
D6970 ^f	Cast post & core addl fix part denture retainer .	\$157.00
D6972 ^f	Prefab post & core addl fix part denture retainer.....	\$128.00
D6973 ^f	Core build up for retainer including any pins ..	\$103.00
D7210	Surgical removal—erupted tooth	\$108.00
D7220	Removal of impacted tooth—soft tissue	\$135.00
D7230	Removal of impacted tooth—partially bony ..	\$179.00
D7240	Removal of impacted tooth—completely bony .	\$211.00
D7241	Remove impacted tooth—completely bony w/comp	\$265.00
D7250	Surgical removal of residual tooth roots	\$114.00
D7310	Alveoloplasty in conjunction w/extractions—per quad	\$125.00
D7311	Alveoloplasty in conjunction w/extractions—1-3 teeth	\$ 97.00
D7320	Alveoloplasty not conjunction w/extractions—per quad	\$181.00
D7321	Alveoloplasty not conjunction w/extractions—1-3 teeth	\$153.00
D7510	Incision and drainage of abscess—extraoral ..	\$120.00
D7520	Incision and drainage of abscess—extraoral ..	\$570.00
D7960	Frenulectomy—separate procedure	\$111.00
D7970	Excision of hyperplastic tissue—per arch	\$272.00

- a Limit of one every six months
b Limit one per tooth every eight years
c Limit one every 12 months
d Limit one every five years
e Limit of one every three years
f Limit of one every eight year

Note:

- Your participating general dentist and participating specialist office visit co-payment amounts, if applicable, are shown on your I.D. card.
- Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment amounts listed for covered dental care services.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted covered dental care services are available at certain participating dentist's usual fee less 20%. Visit HumanaDental.com to find a participating dentist who offers the discount on unlisted services.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Insured or administered by DentiCare, Inc. (d/b/a CompBenefits)

Humana®

Humana.com



D9110	Palliative treatment dental pain—minor procedure	\$ 45.00
D9215	Local anesthesia	no charge
D9241	IV conscious sedation/analg—1st 30 minutes.	\$144.00
D9242	IV conscious sedation/analg—each addl 15 minutes	\$ 60.00
D9310	Professional consultation by non-treating dentist	\$ 96.00
D9951	Occlusal adjustment—limited	\$ 58.00
D9952	Occlusal adjustment—complete	\$326.00

Orthodontics		Member pays
D8070	Comprehensive Orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases Consultation	no charge
	Evaluation	\$ 35.00
	Records/Treatment Planning	\$ 250.00
	Orthodontic treatment	\$2100.00
D8080	Comprehensive Orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases Consultation	no charge
	Evaluation	\$ 35.00
	Records/Treatment Planning	\$ 250.00
	Orthodontic treatment	\$2100.00
D8090	Comprehensive Orthodontic treatment of the transitional/adult dentition; Adults 19 years of age and older; Up to 24 months of routine orthodontic treatment for Class I and Class II cases. Consultation	no charge
	Evaluation	\$ 35.00
	Records/Treatment Planning	\$ 250.00
	Orthodontic treatment	\$2300.00
D8680	Retention	\$ 450.00

Fort Worth ISD

Effective September 1, 2015 through August 31, 2016

Humana Specialty Benefits Dental Plan Options & Premiums

Monthly (12 pay)	Managed Care Plan Primary Dentist Required	Advantage Plan Services Within Network
Employee Only	\$12.66	\$18.70
Employee/Spouse	\$22.60	\$38.26
Employee/Child(ren)	\$23.96	\$38.88
Employee/Family	\$31.18	\$63.90
18 Pay		
Employee Only	\$8.44	\$12.47
Employee/Spouse	\$15.07	\$25.51
Employee/Child(ren)	\$15.97	\$25.92
Employee/Family	\$20.79	\$42.60
Semi-Monthly (24 Pay)		
Employee Only	\$6.33	\$9.35
Employee/Spouse	\$11.30	\$19.13
Employee/Child(ren)	\$11.98	\$19.44
Employee/Family	\$15.59	\$31.95

HumanaVision

Vision Care Plan

Texas

Fort Worth ISD

Group # 573701

	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary	100% after \$15 copay	\$35 allowance
Lenses		
• Single	100% after \$20 copay	\$25 allowance
• Bifocal	100% after \$20 copay	\$40 allowance
• Trifocal	100% after \$20 copay	\$60 allowance
Frames	\$45 wholesale allowance	\$40 retail allowance
Contact lenses¹		
• Elective (conventional and disposable) ²	\$150 allowance	\$150 allowance
• Medically necessary (limit one pair) ³	100%	\$210 allowance
Frequency (based on date of service)		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months
Additional plan discounts		
<ul style="list-style-type: none"> Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings. Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the network provider who sold the initial pair of eyeglasses. After copay, standard polycarbonate available at no charge for dependents less than 19 years old. 		
<p>¹ If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).</p> <p>² The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.</p> <p>³ Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.</p>		

Monthly rates

Employee	\$6.22
Employee + spouse:	\$12.45
Employee + children:	\$11.84
Family:	\$18.60

Dependent Age Limit: to Age 26

Vision Care Plan

HumanaVision Lasik discount

We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by network providers. The network locations listed below offer the following prices (per eye):

Conventional / Traditional			Custom	
TLC 888-358-3937 (designated locations only)			\$895	\$1,295 \$1,895*
LasikPlus 866-757-8082			\$695* LasikPlus free enhancements for 1 year	\$1,395* LasikPlus free enhancements for life
QualSight LASIK 855-456-2020			\$895 QualSight free enhancements for 1 year	\$1,295 with QualSight Lifetime Assurance Plan
			\$1,320	\$1,895* LasikPlus free enhancements for life
				\$1,995* with QualSight Lifetime Assurance Plan

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

*with IntraLase™

How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

Retail price*	Wholesale price	Wholesale allowance	Member pays	Savings
\$125	\$45	\$45	\$0	\$125
\$187.50	\$75	\$45	\$60 (\$75-\$45=\$30x2=\$60)	\$127.50

* Retail costs may differ and are based on 2½ times the wholesale cost. Actual savings may vary.

Use your HumanaVision benefits

HumanaVision options have you covered and make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrist, ophthalmologists, and national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical. In addition you'll enjoy:

- The same benefits at all participating providers, no matter where they're located
- Wholesale pricing on frames, avoiding high retail markups
- Simple access to plan information, provider search, Customer Care and other automated services at **HumanaVisionCare.com**

How it Works

1. After signing up for your vision plan, you will receive an ID card in the mail
2. Prior to scheduling your appointment, select a network provider through the Customer Care Center, automated information line, or **HumanaVisionCare.com**
3. Schedule an appointment, providing your name, the patient's name and employer
4. Sign your provider's form after your exam, you'll pay any copayments and/or costs of any upgrades at this time



LENSCRAFTERS®

PEARLE VISION®

JCPenney Optical

Sears Optical

OPTICAL

Know what your plan covers

Attached is a summary of HumanaVision benefits that are described in detail in your certificate. You can find your certificate on **HumanaVisionCare.com** or call 1-866-537-0229. Here's what you can expect:

- Quality routine eye health care from independent eye care professionals and national retail locations.
- Services and materials provided on a prepaid basis, and the plan pays in-network providers directly, you also have the freedom to use out-of-network providers if you prefer
- Life without claim forms! With HumanaVision, you pay your eye care professional directly for copayments and any extra cosmetic options selected at the time of service
- Select a vision provider from our network simply by visiting **HumanaVisionCare.com**, if you prefer, call us at 1-866-537-0229

Know what your plan doesn't cover

Some items and services not included in HumanaVision are:

- Orthoptics or vision training, subnormal vision aids or Plano (non-prescription) lenses
- Replacement of lost or broken lenses, except at the regularly-scheduled plan intervals
- Medical or surgical treatment of eyes
- Care provided through or required by any government agency or program, including Workers' Compensation or a similar law

Vision health impacts overall health

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



¹ Thompson Media Inc.

This is not a complete disclosure of plan qualifications and limitations.

Check with your local Humana or HumanaDental sales office to verify product availability.

Vision products insured by The Dental Concern Inc.

Humana®

Humana.com



Fort Worth ISD

Effective September 1, 2015 through August 31, 2016

Humana Vision Care Plan Premiums

Monthly (12 pay)	
Employee Only	\$6.22
Employee/Spouse	\$12.45
Employee/Child(ren)	\$11.84
Employee/Family	\$18.60
18 Pay	
Employee Only	\$4.15
Employee/Spouse	\$8.30
Employee/Child(ren)	\$7.89
Employee/Family	\$12.40
Semi-Monthly (24 Pay)	
Employee Only	\$3.11
Employee/Spouse	\$6.23
Employee/Child(ren)	\$5.92
Employee/Family	\$9.30



LONG TERM DISABILITY

Benefit Highlights for:

Fort Worth Independent School District

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?	<p>You are eligible if you are an active member of the Retirement System of Texas (TRS) who works at least 20 hours per week on a regularly scheduled basis, excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors.</p>
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 \$10,000 that cannot exceed 66 2/3% of your current monthly earnings. Your plan includes a minimum benefit of 20% of your elected benefit.</p> <p>Earnings are defined in The Hartford's contract with your employer.</p>
When can I enroll?	<p>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.</p>
When is it effective?	<p>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.</p>
What is does "Actively at Work" mean?	<p>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.</p>

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.</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 complete the online enrollment, 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, or in equal shares to your surviving children under the age of 25, 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 either the Premium or Select benefit option.</p>										
How long will my disability benefits continue if I elect the Premium benefit option?	<p>Premium Option: For the Premium benefit option – the table below applies to disabilities resulting from sickness or injury:</p> <table border="1"> <thead> <tr> <th>Age Disabled</th><th>Benefits Payable</th></tr> </thead> <tbody> <tr> <td>Prior to Age 60</td><td>To Age 65</td></tr> <tr> <td>Age 60 – 64</td><td>60 months</td></tr> <tr> <td>Age 65 – 67</td><td>To Age 70</td></tr> <tr> <td>Age 68 and older</td><td>24 months</td></tr> </tbody> </table>	Age Disabled	Benefits Payable	Prior to Age 60	To Age 65	Age 60 – 64	60 months	Age 65 – 67	To Age 70	Age 68 and older	24 months
Age Disabled	Benefits Payable										
Prior to Age 60	To Age 65										
Age 60 – 64	60 months										
Age 65 – 67	To Age 70										
Age 68 and older	24 months										

How long will my disability benefits continue if I elect the Select benefit option?

Select Option: For the **Select** benefit option – see the tables below for the applicable benefit duration based on whether your disability is a result of **injury** or **sickness**.

Schedule for disability caused by injury:

Age Disabled	Benefits Payable
Prior to Age 60	To Age 65
Age 60 - 64	60 Months
Age 65 - 67	To Age 70
Age 68 and older	24 months

Schedule for disability caused by sickness:

Age Disabled	Benefits Payable
Prior to Age 65	5 Years
Age 65 to 69	To Age 70, but not less than one year
Age 69 and older	1 Year

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 12 consecutive months just prior to the effective date of this policy, your benefit payment will be limited unless; You have been insured under this policy for 24 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



How to File a Claim

FILE A CLAIM WITH CONFIDENCE.

Your disability program is managed by The Hartford, a leader in disability and leave services. It's a user-friendly benefit that provides essential support services while you're away from your workplace.

The Hartford makes
it easy to file a
claim. Just follow
these steps.

STEP 1 Know when it's time to file.

If you're absent from work, we can advise you on when to file your claim. If your absence is scheduled, such as an upcoming hospital stay, simply call us within 30 days of your last day at work. If unscheduled, please call us as soon as possible.

STEP 2 Have this information ready.

- Name, address, policy number, and other key identification information.
- Name of your department and last day of active full-time work.
- Your manager's or HR Representative's name and phone number.
- The nature of your claim.
- Your treating physician's name, address, and phone and fax numbers.

STEP 3 Make the call.

With your information handy, call The Hartford at 1-800-445-4373. You'll be assisted by a caring professional who'll take your information, answer your questions and file your claim.

TO FILE A CLAIM, CALL THIS NUMBER:



If you're absent from work we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, call within 30 days of your last day of work. If unscheduled, please call us as soon as possible.

PLEASE CUT ✂

Expertise without equal.
Benefits without burden.

Fort Worth Independent School District

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

			14 Day Elimination Period – Accident and Sickness to Age 65							
Annual Earnings	Monthly Earnings	Monthly Benefit	Under Age 30	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60+
\$3,600	\$300	\$200	\$4.94	\$5.88	\$7.12	\$7.86	\$9.06	\$11.32	\$11.36	\$10.82
\$5,400	\$450	\$300	\$7.41	\$8.82	\$10.68	\$11.79	\$13.59	\$16.98	\$17.04	\$16.23
\$7,200	\$600	\$400	\$9.88	\$11.76	\$14.24	\$15.72	\$18.12	\$22.64	\$22.72	\$21.64
\$9,000	\$750	\$500	\$12.35	\$14.70	\$17.80	\$19.65	\$22.65	\$28.30	\$28.40	\$27.05
\$10,800	\$900	\$600	\$14.82	\$17.64	\$21.36	\$23.58	\$27.18	\$33.96	\$34.08	\$32.46
\$12,600	\$1,050	\$700	\$17.29	\$20.58	\$24.92	\$27.51	\$31.71	\$39.62	\$39.76	\$37.87
\$14,400	\$1,200	\$800	\$19.76	\$23.52	\$28.48	\$31.44	\$36.24	\$45.28	\$45.44	\$43.28
\$16,200	\$1,350	\$900	\$22.23	\$26.46	\$32.04	\$35.37	\$40.77	\$50.94	\$51.12	\$48.69
\$18,000	\$1,500	\$1,000	\$24.70	\$29.40	\$35.60	\$39.30	\$45.30	\$56.60	\$56.80	\$54.10
\$19,800	\$1,650	\$1,100	\$27.17	\$32.34	\$39.16	\$43.23	\$49.83	\$62.26	\$62.48	\$59.51
\$21,600	\$1,800	\$1,200	\$29.64	\$35.28	\$42.72	\$47.16	\$54.36	\$67.92	\$68.16	\$64.92
\$23,400	\$1,950	\$1,300	\$32.11	\$38.22	\$46.28	\$51.09	\$58.89	\$73.58	\$73.84	\$70.33
\$25,200	\$2,100	\$1,400	\$34.58	\$41.16	\$49.84	\$55.02	\$63.42	\$79.24	\$79.52	\$75.74
\$27,000	\$2,250	\$1,500	\$37.05	\$44.10	\$53.40	\$58.95	\$67.95	\$84.90	\$85.20	\$81.15
\$28,800	\$2,400	\$1,600	\$39.52	\$47.04	\$56.96	\$62.88	\$72.48	\$90.56	\$90.88	\$86.56
\$30,600	\$2,550	\$1,700	\$41.99	\$49.98	\$60.52	\$66.81	\$77.01	\$96.22	\$96.56	\$91.97
\$32,400	\$2,700	\$1,800	\$44.46	\$52.92	\$64.08	\$70.74	\$81.54	\$101.88	\$102.24	\$97.38
\$34,200	\$2,850	\$1,900	\$46.93	\$55.86	\$67.64	\$74.67	\$86.07	\$107.54	\$107.92	\$102.79
\$36,000	\$3,000	\$2,000	\$49.40	\$58.80	\$71.20	\$78.60	\$90.60	\$113.20	\$113.60	\$108.20
\$37,800	\$3,150	\$2,100	\$51.87	\$61.74	\$74.76	\$82.53	\$95.13	\$118.86	\$119.28	\$113.61
\$39,600	\$3,300	\$2,200	\$54.34	\$64.68	\$78.32	\$86.46	\$99.66	\$124.52	\$124.96	\$119.02
\$41,400	\$3,450	\$2,300	\$56.81	\$67.62	\$81.88	\$90.39	\$104.19	\$130.18	\$130.64	\$124.43
\$43,200	\$3,600	\$2,400	\$59.28	\$70.56	\$85.44	\$94.32	\$108.72	\$135.84	\$136.32	\$129.84
\$45,000	\$3,750	\$2,500	\$61.75	\$73.50	\$89.00	\$98.25	\$113.25	\$141.50	\$142.00	\$135.25
\$46,800	\$3,900	\$2,600	\$64.22	\$76.44	\$92.56	\$102.18	\$117.78	\$147.16	\$147.68	\$140.66
\$48,600	\$4,050	\$2,700	\$66.69	\$79.38	\$96.12	\$106.11	\$122.31	\$152.82	\$153.36	\$146.07
\$50,400	\$4,200	\$2,800	\$69.16	\$82.32	\$99.68	\$110.04	\$126.84	\$158.48	\$159.04	\$151.48
\$52,200	\$4,350	\$2,900	\$71.63	\$85.26	\$103.24	\$113.97	\$131.37	\$164.14	\$164.72	\$156.89
\$54,000	\$4,500	\$3,000	\$74.10	\$88.20	\$106.80	\$117.90	\$135.90	\$169.80	\$170.40	\$162.30
\$55,800	\$4,650	\$3,100	\$76.57	\$91.14	\$110.36	\$121.83	\$140.43	\$175.46	\$176.08	\$167.71
\$57,600	\$4,800	\$3,200	\$79.04	\$94.08	\$113.92	\$125.76	\$144.96	\$181.12	\$181.76	\$173.12
\$59,400	\$4,950	\$3,300	\$81.51	\$97.02	\$117.48	\$129.69	\$149.49	\$186.78	\$187.44	\$178.53
\$61,200	\$5,100	\$3,400	\$83.98	\$99.96	\$121.04	\$133.62	\$154.02	\$192.44	\$193.12	\$183.94
\$63,000	\$5,250	\$3,500	\$86.45	\$102.90	\$124.60	\$137.55	\$158.55	\$198.10	\$198.80	\$189.35
\$64,800	\$5,400	\$3,600	\$88.92	\$105.84	\$128.16	\$141.48	\$163.08	\$203.76	\$204.48	\$194.76
\$66,600	\$5,550	\$3,700	\$91.39	\$108.78	\$131.72	\$145.41	\$167.61	\$209.42	\$210.16	\$200.17
\$68,400	\$5,700	\$3,800	\$93.86	\$111.72	\$135.28	\$149.34	\$172.14	\$215.08	\$215.84	\$205.58
\$70,200	\$5,850	\$3,900	\$96.33	\$114.66	\$138.84	\$153.27	\$176.67	\$220.74	\$221.52	\$210.99
\$72,000	\$6,000	\$4,000	\$98.80	\$117.60	\$142.40	\$157.20	\$181.20	\$226.40	\$227.20	\$216.40
\$73,800	\$6,150	\$4,100	\$101.27	\$120.54	\$145.96	\$161.13	\$185.73	\$232.06	\$232.88	\$221.81
\$75,600	\$6,300	\$4,200	\$103.74	\$123.48	\$149.52	\$165.06	\$190.26	\$237.72	\$238.56	\$227.22
\$77,400	\$6,450	\$4,300	\$106.21	\$126.42	\$153.08	\$168.99	\$194.79	\$243.38	\$244.24	\$232.63
\$79,200	\$6,600	\$4,400	\$108.68	\$129.36	\$156.64	\$172.92	\$199.32	\$249.04	\$249.92	\$238.04
\$81,000	\$6,750	\$4,500	\$111.15	\$132.30	\$160.20	\$176.85	\$203.85	\$254.70	\$255.60	\$243.45
\$82,800	\$6,900	\$4,600	\$113.62	\$135.24	\$163.76	\$180.78	\$208.38	\$260.36	\$261.28	\$248.86
\$84,600	\$7,050	\$4,700	\$116.09	\$138.18	\$167.32	\$184.71	\$212.91	\$266.02	\$266.96	\$254.27
\$86,400	\$7,200	\$4,800	\$118.56	\$141.12	\$170.88	\$188.64	\$217.44	\$271.68	\$272.64	\$259.68
\$88,200	\$7,350	\$4,900	\$121.03	\$144.06	\$174.44	\$192.57	\$221.97	\$277.34	\$278.32	\$265.09
\$90,000	\$7,500	\$5,000	\$123.50	\$147.00	\$178.00	\$196.50	\$226.50	\$283.00	\$284.00	\$270.50
\$91,800	\$7,650	\$5,100	\$125.97	\$149.94	\$181.56	\$200.43	\$231.03	\$288.66	\$289.68	\$275.91
\$93,600	\$7,800	\$5,200	\$128.44	\$152.88	\$185.12	\$204.36	\$235.56	\$294.32	\$295.36	\$281.32
\$95,400	\$7,950	\$5,300	\$130.91	\$155.82	\$188.68	\$208.29	\$240.09	\$299.98	\$301.04	\$286.73

Fort Worth Independent School District

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

			14 Day Elimination Period – Accident and Sickness to Age 65							
Annual Earnings	Monthly Earnings	Monthly Benefit	Under Age 30	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60+
\$97,200	\$8,100	\$5,400	\$133.38	\$158.76	\$192.24	\$212.22	\$244.62	\$305.64	\$306.72	\$292.14
\$99,000	\$8,250	\$5,500	\$135.85	\$161.70	\$195.80	\$216.15	\$249.15	\$311.30	\$312.40	\$297.55
\$100,800	\$8,400	\$5,600	\$138.32	\$164.64	\$199.36	\$220.08	\$253.68	\$316.96	\$318.08	\$302.96
\$102,600	\$8,550	\$5,700	\$140.79	\$167.58	\$202.92	\$224.01	\$258.21	\$322.62	\$323.76	\$308.37
\$104,400	\$8,700	\$5,800	\$143.26	\$170.52	\$206.48	\$227.94	\$262.74	\$328.28	\$329.44	\$313.78
\$106,200	\$8,850	\$5,900	\$145.73	\$173.46	\$210.04	\$231.87	\$267.27	\$333.94	\$335.12	\$319.19
\$108,000	\$9,000	\$6,000	\$148.20	\$176.40	\$213.60	\$235.80	\$271.80	\$339.60	\$340.80	\$324.60
\$109,800	\$9,150	\$6,100	\$150.67	\$179.34	\$217.16	\$239.73	\$276.33	\$345.26	\$346.48	\$330.01
\$111,600	\$9,300	\$6,200	\$153.14	\$182.28	\$220.72	\$243.66	\$280.86	\$350.92	\$352.16	\$335.42
\$113,400	\$9,450	\$6,300	\$155.61	\$185.22	\$224.28	\$247.59	\$285.39	\$356.58	\$357.84	\$340.83
\$115,200	\$9,600	\$6,400	\$158.08	\$188.16	\$227.84	\$251.52	\$289.92	\$362.24	\$363.52	\$346.24
\$117,000	\$9,750	\$6,500	\$160.55	\$191.10	\$231.40	\$255.45	\$294.45	\$367.90	\$369.20	\$351.65
\$118,800	\$9,900	\$6,600	\$163.02	\$194.04	\$234.96	\$259.38	\$298.98	\$373.56	\$374.88	\$357.06
\$120,600	\$10,050	\$6,700	\$165.49	\$196.98	\$238.52	\$263.31	\$303.51	\$379.22	\$380.56	\$362.47
\$122,400	\$10,200	\$6,800	\$167.96	\$199.92	\$242.08	\$267.24	\$308.04	\$384.88	\$386.24	\$367.88
\$124,200	\$10,350	\$6,900	\$170.43	\$202.86	\$245.64	\$271.17	\$312.57	\$390.54	\$391.92	\$373.29
\$126,000	\$10,500	\$7,000	\$172.90	\$205.80	\$249.20	\$275.10	\$317.10	\$396.20	\$397.60	\$378.70
\$127,800	\$10,650	\$7,100	\$175.37	\$208.74	\$252.76	\$279.03	\$321.63	\$401.86	\$403.28	\$384.11
\$129,600	\$10,800	\$7,200	\$177.84	\$211.68	\$256.32	\$282.96	\$326.16	\$407.52	\$408.96	\$389.52
\$131,400	\$10,950	\$7,300	\$180.31	\$214.62	\$259.88	\$286.89	\$330.69	\$413.18	\$414.64	\$394.93
\$133,200	\$11,100	\$7,400	\$182.78	\$217.56	\$263.44	\$290.82	\$335.22	\$418.84	\$420.32	\$400.34
\$135,000	\$11,250	\$7,500	\$185.25	\$220.50	\$267.00	\$294.75	\$339.75	\$424.50	\$426.00	\$405.75
\$136,800	\$11,400	\$7,600	\$187.72	\$223.44	\$270.56	\$298.68	\$344.28	\$430.16	\$431.68	\$411.16
\$138,600	\$11,550	\$7,700	\$190.19	\$226.38	\$274.12	\$302.61	\$348.81	\$435.82	\$437.36	\$416.57
\$140,400	\$11,700	\$7,800	\$192.66	\$229.32	\$277.68	\$306.54	\$353.34	\$441.48	\$443.04	\$421.98
\$142,200	\$11,850	\$7,900	\$195.13	\$232.26	\$281.24	\$310.47	\$357.87	\$447.14	\$448.72	\$427.39
\$144,000	\$12,000	\$8,000	\$197.60	\$235.20	\$284.80	\$314.40	\$362.40	\$452.80	\$454.40	\$432.80
\$145,800	\$12,150	\$8,100	\$200.07	\$238.14	\$288.36	\$318.33	\$366.93	\$458.46	\$460.08	\$438.21
\$147,600	\$12,300	\$8,200	\$202.54	\$241.08	\$291.92	\$322.26	\$371.46	\$464.12	\$465.76	\$443.62
\$149,400	\$12,450	\$8,300	\$205.01	\$244.02	\$295.48	\$326.19	\$375.99	\$469.78	\$471.44	\$449.03
\$151,200	\$12,600	\$8,400	\$207.48	\$246.96	\$299.04	\$330.12	\$380.52	\$475.44	\$477.12	\$454.44
\$153,000	\$12,750	\$8,500	\$209.95	\$249.90	\$302.60	\$334.05	\$385.05	\$481.10	\$482.80	\$459.85
\$154,800	\$12,900	\$8,600	\$212.42	\$252.84	\$306.16	\$337.98	\$389.58	\$486.76	\$488.48	\$465.26
\$156,600	\$13,050	\$8,700	\$214.89	\$255.78	\$309.72	\$341.91	\$394.11	\$492.42	\$494.16	\$470.67
\$158,400	\$13,200	\$8,800	\$217.36	\$258.72	\$313.28	\$345.84	\$398.64	\$498.08	\$499.84	\$476.08
\$160,200	\$13,350	\$8,900	\$219.83	\$261.66	\$316.84	\$349.77	\$403.17	\$503.74	\$505.52	\$481.49
\$162,000	\$13,500	\$9,000	\$222.30	\$264.60	\$320.40	\$353.70	\$407.70	\$509.40	\$511.20	\$486.90
\$163,800	\$13,650	\$9,100	\$224.77	\$267.54	\$323.96	\$357.63	\$412.23	\$515.06	\$516.88	\$492.31
\$165,600	\$13,800	\$9,200	\$227.24	\$270.48	\$327.52	\$361.56	\$416.76	\$520.72	\$522.56	\$497.72
\$167,400	\$13,950	\$9,300	\$229.71	\$273.42	\$331.08	\$365.49	\$421.29	\$526.38	\$528.24	\$503.13
\$169,200	\$14,100	\$9,400	\$232.18	\$276.36	\$334.64	\$369.42	\$425.82	\$532.04	\$533.92	\$508.54
\$171,000	\$14,250	\$9,500	\$234.65	\$279.30	\$338.20	\$373.35	\$430.35	\$537.70	\$539.60	\$513.95
\$172,800	\$14,400	\$9,600	\$237.12	\$282.24	\$341.76	\$377.28	\$434.88	\$543.36	\$545.28	\$519.36
\$174,600	\$14,550	\$9,700	\$239.59	\$285.18	\$345.32	\$381.21	\$439.41	\$549.02	\$550.96	\$524.77
\$176,400	\$14,700	\$9,800	\$242.06	\$288.12	\$348.88	\$385.14	\$443.94	\$554.68	\$556.64	\$530.18
\$178,200	\$14,850	\$9,900	\$244.53	\$291.06	\$352.44	\$389.07	\$448.47	\$560.34	\$562.32	\$535.59
\$180,000	\$15,000	\$10,000	\$247.00	\$294.00	\$356.00	\$393.00	\$453.00	\$566.00	\$568.00	\$541.00

Fort Worth Independent School District

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

			45 Day Elimination Period – Accident and Sickness to Age 65							
Annual Earnings	Monthly Earnings	Monthly Benefit	Under Age 30	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60+
\$3,600	\$300	\$200	\$3.56	\$4.22	\$5.16	\$5.82	\$6.74	\$8.40	\$8.28	\$7.40
\$5,400	\$450	\$300	\$5.34	\$6.33	\$7.74	\$8.73	\$10.11	\$12.60	\$12.42	\$11.10
\$7,200	\$600	\$400	\$7.12	\$8.44	\$10.32	\$11.64	\$13.48	\$16.80	\$16.56	\$14.80
\$9,000	\$750	\$500	\$8.90	\$10.55	\$12.90	\$14.55	\$16.85	\$21.00	\$20.70	\$18.50
\$10,800	\$900	\$600	\$10.68	\$12.66	\$15.48	\$17.46	\$20.22	\$25.20	\$24.84	\$22.20
\$12,600	\$1,050	\$700	\$12.46	\$14.77	\$18.06	\$20.37	\$23.59	\$29.40	\$28.98	\$25.90
\$14,400	\$1,200	\$800	\$14.24	\$16.88	\$20.64	\$23.28	\$26.96	\$33.60	\$33.12	\$29.60
\$16,200	\$1,350	\$900	\$16.02	\$18.99	\$23.22	\$26.19	\$30.33	\$37.80	\$37.26	\$33.30
\$18,000	\$1,500	\$1,000	\$17.80	\$21.10	\$25.80	\$29.10	\$33.70	\$42.00	\$41.40	\$37.00
\$19,800	\$1,650	\$1,100	\$19.58	\$23.21	\$28.38	\$32.01	\$37.07	\$46.20	\$45.54	\$40.70
\$21,600	\$1,800	\$1,200	\$21.36	\$25.32	\$30.96	\$34.92	\$40.44	\$50.40	\$49.68	\$44.40
\$23,400	\$1,950	\$1,300	\$23.14	\$27.43	\$33.54	\$37.83	\$43.81	\$54.60	\$53.82	\$48.10
\$25,200	\$2,100	\$1,400	\$24.92	\$29.54	\$36.12	\$40.74	\$47.18	\$58.80	\$57.96	\$51.80
\$27,000	\$2,250	\$1,500	\$26.70	\$31.65	\$38.70	\$43.65	\$50.55	\$63.00	\$62.10	\$55.50
\$28,800	\$2,400	\$1,600	\$28.48	\$33.76	\$41.28	\$46.56	\$53.92	\$67.20	\$66.24	\$59.20
\$30,600	\$2,550	\$1,700	\$30.26	\$35.87	\$43.86	\$49.47	\$57.29	\$71.40	\$70.38	\$62.90
\$32,400	\$2,700	\$1,800	\$32.04	\$37.98	\$46.44	\$52.38	\$60.66	\$75.60	\$74.52	\$66.60
\$34,200	\$2,850	\$1,900	\$33.82	\$40.09	\$49.02	\$55.29	\$64.03	\$79.80	\$78.66	\$70.30
\$36,000	\$3,000	\$2,000	\$35.60	\$42.20	\$51.60	\$58.20	\$67.40	\$84.00	\$82.80	\$74.00
\$37,800	\$3,150	\$2,100	\$37.38	\$44.31	\$54.18	\$61.11	\$70.77	\$88.20	\$86.94	\$77.70
\$39,600	\$3,300	\$2,200	\$39.16	\$46.42	\$56.76	\$64.02	\$74.14	\$92.40	\$91.08	\$81.40
\$41,400	\$3,450	\$2,300	\$40.94	\$48.53	\$59.34	\$66.93	\$77.51	\$96.60	\$95.22	\$85.10
\$43,200	\$3,600	\$2,400	\$42.72	\$50.64	\$61.92	\$69.84	\$80.88	\$100.80	\$99.36	\$88.80
\$45,000	\$3,750	\$2,500	\$44.50	\$52.75	\$64.50	\$72.75	\$84.25	\$105.00	\$103.50	\$92.50
\$46,800	\$3,900	\$2,600	\$46.28	\$54.86	\$67.08	\$75.66	\$87.62	\$109.20	\$107.64	\$96.20
\$48,600	\$4,050	\$2,700	\$48.06	\$56.97	\$69.66	\$78.57	\$90.99	\$113.40	\$111.78	\$99.90
\$50,400	\$4,200	\$2,800	\$49.84	\$59.08	\$72.24	\$81.48	\$94.36	\$117.60	\$115.92	\$103.60
\$52,200	\$4,350	\$2,900	\$51.62	\$61.19	\$74.82	\$84.39	\$97.73	\$121.80	\$120.06	\$107.30
\$54,000	\$4,500	\$3,000	\$53.40	\$63.30	\$77.40	\$87.30	\$101.10	\$126.00	\$124.20	\$111.00
\$55,800	\$4,650	\$3,100	\$55.18	\$65.41	\$79.98	\$90.21	\$104.47	\$130.20	\$128.34	\$114.70
\$57,600	\$4,800	\$3,200	\$56.96	\$67.52	\$82.56	\$93.12	\$107.84	\$134.40	\$132.48	\$118.40
\$59,400	\$4,950	\$3,300	\$58.74	\$69.63	\$85.14	\$96.03	\$111.21	\$138.60	\$136.62	\$122.10
\$61,200	\$5,100	\$3,400	\$60.52	\$71.74	\$87.72	\$98.94	\$114.58	\$142.80	\$140.76	\$125.80
\$63,000	\$5,250	\$3,500	\$62.30	\$73.85	\$90.30	\$101.85	\$117.95	\$147.00	\$144.90	\$129.50
\$64,800	\$5,400	\$3,600	\$64.08	\$75.96	\$92.88	\$104.76	\$121.32	\$151.20	\$149.04	\$133.20
\$66,600	\$5,550	\$3,700	\$65.86	\$78.07	\$95.46	\$107.67	\$124.69	\$155.40	\$153.18	\$136.90
\$68,400	\$5,700	\$3,800	\$67.64	\$80.18	\$98.04	\$110.58	\$128.06	\$159.60	\$157.32	\$140.60
\$70,200	\$5,850	\$3,900	\$69.42	\$82.29	\$100.62	\$113.49	\$131.43	\$163.80	\$161.46	\$144.30
\$72,000	\$6,000	\$4,000	\$71.20	\$84.40	\$103.20	\$116.40	\$134.80	\$168.00	\$165.60	\$148.00
\$73,800	\$6,150	\$4,100	\$72.98	\$86.51	\$105.78	\$119.31	\$138.17	\$172.20	\$169.74	\$151.70
\$75,600	\$6,300	\$4,200	\$74.76	\$88.62	\$108.36	\$122.22	\$141.54	\$176.40	\$173.88	\$155.40
\$77,400	\$6,450	\$4,300	\$76.54	\$90.73	\$110.94	\$125.13	\$144.91	\$180.60	\$178.02	\$159.10
\$79,200	\$6,600	\$4,400	\$78.32	\$92.84	\$113.52	\$128.04	\$148.28	\$184.80	\$182.16	\$162.80
\$81,000	\$6,750	\$4,500	\$80.10	\$94.95	\$116.10	\$130.95	\$151.65	\$189.00	\$186.30	\$166.50
\$82,800	\$6,900	\$4,600	\$81.88	\$97.06	\$118.68	\$133.86	\$155.02	\$193.20	\$190.44	\$170.20
\$84,600	\$7,050	\$4,700	\$83.66	\$99.17	\$121.26	\$136.77	\$158.39	\$197.40	\$194.58	\$173.90
\$86,400	\$7,200	\$4,800	\$85.44	\$101.28	\$123.84	\$139.68	\$161.76	\$201.60	\$198.72	\$177.60
\$88,200	\$7,350	\$4,900	\$87.22	\$103.39	\$126.42	\$142.59	\$165.13	\$205.80	\$202.86	\$181.30
\$90,000	\$7,500	\$5,000	\$89.00	\$105.50	\$129.00	\$145.50	\$168.50	\$210.00	\$207.00	\$185.00
\$91,800	\$7,650	\$5,100	\$90.78	\$107.61	\$131.58	\$148.41	\$171.87	\$214.20	\$211.14	\$188.70
\$93,600	\$7,800	\$5,200	\$92.56	\$109.72	\$134.16	\$151.32	\$175.24	\$218.40	\$215.28	\$192.40
\$95,400	\$7,950	\$5,300	\$94.34	\$111.83	\$136.74	\$154.23	\$178.61	\$222.60	\$219.42	\$196.10

Fort Worth Independent School District

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

			45 Day Elimination Period – Accident and Sickness to Age 65							
Annual Earnings	Monthly Earnings	Monthly Benefit	Under Age 30	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60+
\$97,200	\$8,100	\$5,400	\$96.12	\$113.94	\$139.32	\$157.14	\$181.98	\$226.80	\$223.56	\$199.80
\$99,000	\$8,250	\$5,500	\$97.90	\$116.05	\$141.90	\$160.05	\$185.35	\$231.00	\$227.70	\$203.50
\$100,800	\$8,400	\$5,600	\$99.68	\$118.16	\$144.48	\$162.96	\$188.72	\$235.20	\$231.84	\$207.20
\$102,600	\$8,550	\$5,700	\$101.46	\$120.27	\$147.06	\$165.87	\$192.09	\$239.40	\$235.98	\$210.90
\$104,400	\$8,700	\$5,800	\$103.24	\$122.38	\$149.64	\$168.78	\$195.46	\$243.60	\$240.12	\$214.60
\$106,200	\$8,850	\$5,900	\$105.02	\$124.49	\$152.22	\$171.69	\$198.83	\$247.80	\$244.26	\$218.30
\$108,000	\$9,000	\$6,000	\$106.80	\$126.60	\$154.80	\$174.60	\$202.20	\$252.00	\$248.40	\$222.00
\$109,800	\$9,150	\$6,100	\$108.58	\$128.71	\$157.38	\$177.51	\$205.57	\$256.20	\$252.54	\$225.70
\$111,600	\$9,300	\$6,200	\$110.36	\$130.82	\$159.96	\$180.42	\$208.94	\$260.40	\$256.68	\$229.40
\$113,400	\$9,450	\$6,300	\$112.14	\$132.93	\$162.54	\$183.33	\$212.31	\$264.60	\$260.82	\$233.10
\$115,200	\$9,600	\$6,400	\$113.92	\$135.04	\$165.12	\$186.24	\$215.68	\$268.80	\$264.96	\$236.80
\$117,000	\$9,750	\$6,500	\$115.70	\$137.15	\$167.70	\$189.15	\$219.05	\$273.00	\$269.10	\$240.50
\$118,800	\$9,900	\$6,600	\$117.48	\$139.26	\$170.28	\$192.06	\$222.42	\$277.20	\$273.24	\$244.20
\$120,600	\$10,050	\$6,700	\$119.26	\$141.37	\$172.86	\$194.97	\$225.79	\$281.40	\$277.38	\$247.90
\$122,400	\$10,200	\$6,800	\$121.04	\$143.48	\$175.44	\$197.88	\$229.16	\$285.60	\$281.52	\$251.60
\$124,200	\$10,350	\$6,900	\$122.82	\$145.59	\$178.02	\$200.79	\$232.53	\$289.80	\$285.66	\$255.30
\$126,000	\$10,500	\$7,000	\$124.60	\$147.70	\$180.60	\$203.70	\$235.90	\$294.00	\$289.80	\$259.00
\$127,800	\$10,650	\$7,100	\$126.38	\$149.81	\$183.18	\$206.61	\$239.27	\$298.20	\$293.94	\$262.70
\$129,600	\$10,800	\$7,200	\$128.16	\$151.92	\$185.76	\$209.52	\$242.64	\$302.40	\$298.08	\$266.40
\$131,400	\$10,950	\$7,300	\$129.94	\$154.03	\$188.34	\$212.43	\$246.01	\$306.60	\$302.22	\$270.10
\$133,200	\$11,100	\$7,400	\$131.72	\$156.14	\$190.92	\$215.34	\$249.38	\$310.80	\$306.36	\$273.80
\$135,000	\$11,250	\$7,500	\$133.50	\$158.25	\$193.50	\$218.25	\$252.75	\$315.00	\$310.50	\$277.50
\$136,800	\$11,400	\$7,600	\$135.28	\$160.36	\$196.08	\$221.16	\$256.12	\$319.20	\$314.64	\$281.20
\$138,600	\$11,550	\$7,700	\$137.06	\$162.47	\$198.66	\$224.07	\$259.49	\$323.40	\$318.78	\$284.90
\$140,400	\$11,700	\$7,800	\$138.84	\$164.58	\$201.24	\$226.98	\$262.86	\$327.60	\$322.92	\$288.60
\$142,200	\$11,850	\$7,900	\$140.62	\$166.69	\$203.82	\$229.89	\$266.23	\$331.80	\$327.06	\$292.30
\$144,000	\$12,000	\$8,000	\$142.40	\$168.80	\$206.40	\$232.80	\$269.60	\$336.00	\$331.20	\$296.00
\$145,800	\$12,150	\$8,100	\$144.18	\$170.91	\$208.98	\$235.71	\$272.97	\$340.20	\$335.34	\$299.70
\$147,600	\$12,300	\$8,200	\$145.96	\$173.02	\$211.56	\$238.62	\$276.34	\$344.40	\$339.48	\$303.40
\$149,400	\$12,450	\$8,300	\$147.74	\$175.13	\$214.14	\$241.53	\$279.71	\$348.60	\$343.62	\$307.10
\$151,200	\$12,600	\$8,400	\$149.52	\$177.24	\$216.72	\$244.44	\$283.08	\$352.80	\$347.76	\$310.80
\$153,000	\$12,750	\$8,500	\$151.30	\$179.35	\$219.30	\$247.35	\$286.45	\$357.00	\$351.90	\$314.50
\$154,800	\$12,900	\$8,600	\$153.08	\$181.46	\$221.88	\$250.26	\$289.82	\$361.20	\$356.04	\$318.20
\$156,600	\$13,050	\$8,700	\$154.86	\$183.57	\$224.46	\$253.17	\$293.19	\$365.40	\$360.18	\$321.90
\$158,400	\$13,200	\$8,800	\$156.64	\$185.68	\$227.04	\$256.08	\$296.56	\$369.60	\$364.32	\$325.60
\$160,200	\$13,350	\$8,900	\$158.42	\$187.79	\$229.62	\$258.99	\$299.93	\$373.80	\$368.46	\$329.30
\$162,000	\$13,500	\$9,000	\$160.20	\$189.90	\$232.20	\$261.90	\$303.30	\$378.00	\$372.60	\$333.00
\$163,800	\$13,650	\$9,100	\$161.98	\$192.01	\$234.78	\$264.81	\$306.67	\$382.20	\$376.74	\$336.70
\$165,600	\$13,800	\$9,200	\$163.76	\$194.12	\$237.36	\$267.72	\$310.04	\$386.40	\$380.88	\$340.40
\$167,400	\$13,950	\$9,300	\$165.54	\$196.23	\$239.94	\$270.63	\$313.41	\$390.60	\$385.02	\$344.10
\$169,200	\$14,100	\$9,400	\$167.32	\$198.34	\$242.52	\$273.54	\$316.78	\$394.80	\$389.16	\$347.80
\$171,000	\$14,250	\$9,500	\$169.10	\$200.45	\$245.10	\$276.45	\$320.15	\$399.00	\$393.30	\$351.50
\$172,800	\$14,400	\$9,600	\$170.88	\$202.56	\$247.68	\$279.36	\$323.52	\$403.20	\$397.44	\$355.20
\$174,600	\$14,550	\$9,700	\$172.66	\$204.67	\$250.26	\$282.27	\$326.89	\$407.40	\$401.58	\$358.90
\$176,400	\$14,700	\$9,800	\$174.44	\$206.78	\$252.84	\$285.18	\$330.26	\$411.60	\$405.72	\$362.60
\$178,200	\$14,850	\$9,900	\$176.22	\$208.89	\$255.42	\$288.09	\$333.63	\$415.80	\$409.86	\$366.30
\$180,000	\$15,000	\$10,000	\$178.00	\$211.00	\$258.00	\$291.00	\$337.00	\$420.00	\$414.00	\$370.00

Fort Worth Independent School District

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

			90 Day Elimination Period – Accident and Sickness to Age 65							
Annual Earnings	Monthly Earnings	Monthly Benefit	Under Age 30	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60+
\$3,600	\$300	\$200	\$3.08	\$3.66	\$4.44	\$5.06	\$5.90	\$7.34	\$7.22	\$6.12
\$5,400	\$450	\$300	\$4.62	\$5.49	\$6.66	\$7.59	\$8.85	\$11.01	\$10.83	\$9.18
\$7,200	\$600	\$400	\$6.16	\$7.32	\$8.88	\$10.12	\$11.80	\$14.68	\$14.44	\$12.24
\$9,000	\$750	\$500	\$7.70	\$9.15	\$11.10	\$12.65	\$14.75	\$18.35	\$18.05	\$15.30
\$10,800	\$900	\$600	\$9.24	\$10.98	\$13.32	\$15.18	\$17.70	\$22.02	\$21.66	\$18.36
\$12,600	\$1,050	\$700	\$10.78	\$12.81	\$15.54	\$17.71	\$20.65	\$25.69	\$25.27	\$21.42
\$14,400	\$1,200	\$800	\$12.32	\$14.64	\$17.76	\$20.24	\$23.60	\$29.36	\$28.88	\$24.48
\$16,200	\$1,350	\$900	\$13.86	\$16.47	\$19.98	\$22.77	\$26.55	\$33.03	\$32.49	\$27.54
\$18,000	\$1,500	\$1,000	\$15.40	\$18.30	\$22.20	\$25.30	\$29.50	\$36.70	\$36.10	\$30.60
\$19,800	\$1,650	\$1,100	\$16.94	\$20.13	\$24.42	\$27.83	\$32.45	\$40.37	\$39.71	\$33.66
\$21,600	\$1,800	\$1,200	\$18.48	\$21.96	\$26.64	\$30.36	\$35.40	\$44.04	\$43.32	\$36.72
\$23,400	\$1,950	\$1,300	\$20.02	\$23.79	\$28.86	\$32.89	\$38.35	\$47.71	\$46.93	\$39.78
\$25,200	\$2,100	\$1,400	\$21.56	\$25.62	\$31.08	\$35.42	\$41.30	\$51.38	\$50.54	\$42.84
\$27,000	\$2,250	\$1,500	\$23.10	\$27.45	\$33.30	\$37.95	\$44.25	\$55.05	\$54.15	\$45.90
\$28,800	\$2,400	\$1,600	\$24.64	\$29.28	\$35.52	\$40.48	\$47.20	\$58.72	\$57.76	\$48.96
\$30,600	\$2,550	\$1,700	\$26.18	\$31.11	\$37.74	\$43.01	\$50.15	\$62.39	\$61.37	\$52.02
\$32,400	\$2,700	\$1,800	\$27.72	\$32.94	\$39.96	\$45.54	\$53.10	\$66.06	\$64.98	\$55.08
\$34,200	\$2,850	\$1,900	\$29.26	\$34.77	\$42.18	\$48.07	\$56.05	\$69.73	\$68.59	\$58.14
\$36,000	\$3,000	\$2,000	\$30.80	\$36.60	\$44.40	\$50.60	\$59.00	\$73.40	\$72.20	\$61.20
\$37,800	\$3,150	\$2,100	\$32.34	\$38.43	\$46.62	\$53.13	\$61.95	\$77.07	\$75.81	\$64.26
\$39,600	\$3,300	\$2,200	\$33.88	\$40.26	\$48.84	\$55.66	\$64.90	\$80.74	\$79.42	\$67.32
\$41,400	\$3,450	\$2,300	\$35.42	\$42.09	\$51.06	\$58.19	\$67.85	\$84.41	\$83.03	\$70.38
\$43,200	\$3,600	\$2,400	\$36.96	\$43.92	\$53.28	\$60.72	\$70.80	\$88.08	\$86.64	\$73.44
\$45,000	\$3,750	\$2,500	\$38.50	\$45.75	\$55.50	\$63.25	\$73.75	\$91.75	\$90.25	\$76.50
\$46,800	\$3,900	\$2,600	\$40.04	\$47.58	\$57.72	\$65.78	\$76.70	\$95.42	\$93.86	\$79.56
\$48,600	\$4,050	\$2,700	\$41.58	\$49.41	\$59.94	\$68.31	\$79.65	\$99.09	\$97.47	\$82.62
\$50,400	\$4,200	\$2,800	\$43.12	\$51.24	\$62.16	\$70.84	\$82.60	\$102.76	\$101.08	\$85.68
\$52,200	\$4,350	\$2,900	\$44.66	\$53.07	\$64.38	\$73.37	\$85.55	\$106.43	\$104.69	\$88.74
\$54,000	\$4,500	\$3,000	\$46.20	\$54.90	\$66.60	\$75.90	\$88.50	\$110.10	\$108.30	\$91.80
\$55,800	\$4,650	\$3,100	\$47.74	\$56.73	\$68.82	\$78.43	\$91.45	\$113.77	\$111.91	\$94.86
\$57,600	\$4,800	\$3,200	\$49.28	\$58.56	\$71.04	\$80.96	\$94.40	\$117.44	\$115.52	\$97.92
\$59,400	\$4,950	\$3,300	\$50.82	\$60.39	\$73.26	\$83.49	\$97.35	\$121.11	\$119.13	\$100.98
\$61,200	\$5,100	\$3,400	\$52.36	\$62.22	\$75.48	\$86.02	\$100.30	\$124.78	\$122.74	\$104.04
\$63,000	\$5,250	\$3,500	\$53.90	\$64.05	\$77.70	\$88.55	\$103.25	\$128.45	\$126.35	\$107.10
\$64,800	\$5,400	\$3,600	\$55.44	\$65.88	\$79.92	\$91.08	\$106.20	\$132.12	\$129.96	\$110.16
\$66,600	\$5,550	\$3,700	\$56.98	\$67.71	\$82.14	\$93.61	\$109.15	\$135.79	\$133.57	\$113.22
\$68,400	\$5,700	\$3,800	\$58.52	\$69.54	\$84.36	\$96.14	\$112.10	\$139.46	\$137.18	\$116.28
\$70,200	\$5,850	\$3,900	\$60.06	\$71.37	\$86.58	\$98.67	\$115.05	\$143.13	\$140.79	\$119.34
\$72,000	\$6,000	\$4,000	\$61.60	\$73.20	\$88.80	\$101.20	\$118.00	\$146.80	\$144.40	\$122.40
\$73,800	\$6,150	\$4,100	\$63.14	\$75.03	\$91.02	\$103.73	\$120.95	\$150.47	\$148.01	\$125.46
\$75,600	\$6,300	\$4,200	\$64.68	\$76.86	\$93.24	\$106.26	\$123.90	\$154.14	\$151.62	\$128.52
\$77,400	\$6,450	\$4,300	\$66.22	\$78.69	\$95.46	\$108.79	\$126.85	\$157.81	\$155.23	\$131.58
\$79,200	\$6,600	\$4,400	\$67.76	\$80.52	\$97.68	\$111.32	\$129.80	\$161.48	\$158.84	\$134.64
\$81,000	\$6,750	\$4,500	\$69.30	\$82.35	\$99.90	\$113.85	\$132.75	\$165.15	\$162.45	\$137.70
\$82,800	\$6,900	\$4,600	\$70.84	\$84.18	\$102.12	\$116.38	\$135.70	\$168.82	\$166.06	\$140.76
\$84,600	\$7,050	\$4,700	\$72.38	\$86.01	\$104.34	\$118.91	\$138.65	\$172.49	\$169.67	\$143.82
\$86,400	\$7,200	\$4,800	\$73.92	\$87.84	\$106.56	\$121.44	\$141.60	\$176.16	\$173.28	\$146.88
\$88,200	\$7,350	\$4,900	\$75.46	\$89.67	\$108.78	\$123.97	\$144.55	\$179.83	\$176.89	\$149.94
\$90,000	\$7,500	\$5,000	\$77.00	\$91.50	\$111.00	\$126.50	\$147.50	\$183.50	\$180.50	\$153.00
\$91,800	\$7,650	\$5,100	\$78.54	\$93.33	\$113.22	\$129.03	\$150.45	\$187.17	\$184.11	\$156.06

Fort Worth Independent School District

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

			90 Day Elimination Period – Accident and Sickness to Age 65							
Annual Earnings	Monthly Earnings	Monthly Benefit	Under Age 30	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60+
\$93,600	\$7,800	\$5,200	\$80.08	\$95.16	\$115.44	\$131.56	\$153.40	\$190.84	\$187.72	\$159.12
\$95,400	\$7,950	\$5,300	\$81.62	\$96.99	\$117.66	\$134.09	\$156.35	\$194.51	\$191.33	\$162.18
\$97,200	\$8,100	\$5,400	\$83.16	\$98.82	\$119.88	\$136.62	\$159.30	\$198.18	\$194.94	\$165.24
\$99,000	\$8,250	\$5,500	\$84.70	\$100.65	\$122.10	\$139.15	\$162.25	\$201.85	\$198.55	\$168.30
\$100,800	\$8,400	\$5,600	\$86.24	\$102.48	\$124.32	\$141.68	\$165.20	\$205.52	\$202.16	\$171.36
\$102,600	\$8,550	\$5,700	\$87.78	\$104.31	\$126.54	\$144.21	\$168.15	\$209.19	\$205.77	\$174.42
\$104,400	\$8,700	\$5,800	\$89.32	\$106.14	\$128.76	\$146.74	\$171.10	\$212.86	\$209.38	\$177.48
\$106,200	\$8,850	\$5,900	\$90.86	\$107.97	\$130.98	\$149.27	\$174.05	\$216.53	\$212.99	\$180.54
\$108,000	\$9,000	\$6,000	\$92.40	\$109.80	\$133.20	\$151.80	\$177.00	\$220.20	\$216.60	\$183.60
\$109,800	\$9,150	\$6,100	\$93.94	\$111.63	\$135.42	\$154.33	\$179.95	\$223.87	\$220.21	\$186.66
\$111,600	\$9,300	\$6,200	\$95.48	\$113.46	\$137.64	\$156.86	\$182.90	\$227.54	\$223.82	\$189.72
\$113,400	\$9,450	\$6,300	\$97.02	\$115.29	\$139.86	\$159.39	\$185.85	\$231.21	\$227.43	\$192.78
\$115,200	\$9,600	\$6,400	\$98.56	\$117.12	\$142.08	\$161.92	\$188.80	\$234.88	\$231.04	\$195.84
\$117,000	\$9,750	\$6,500	\$100.10	\$118.95	\$144.30	\$164.45	\$191.75	\$238.55	\$234.65	\$198.90
\$118,800	\$9,900	\$6,600	\$101.64	\$120.78	\$146.52	\$166.98	\$194.70	\$242.22	\$238.26	\$201.96
\$120,600	\$10,050	\$6,700	\$103.18	\$122.61	\$148.74	\$169.51	\$197.65	\$245.89	\$241.87	\$205.02
\$122,400	\$10,200	\$6,800	\$104.72	\$124.44	\$150.96	\$172.04	\$200.60	\$249.56	\$245.48	\$208.08
\$124,200	\$10,350	\$6,900	\$106.26	\$126.27	\$153.18	\$174.57	\$203.55	\$253.23	\$249.09	\$211.14
\$126,000	\$10,500	\$7,000	\$107.80	\$128.10	\$155.40	\$177.10	\$206.50	\$256.90	\$252.70	\$214.20
\$127,800	\$10,650	\$7,100	\$109.34	\$129.93	\$157.62	\$179.63	\$209.45	\$260.57	\$256.31	\$217.26
\$129,600	\$10,800	\$7,200	\$110.88	\$131.76	\$159.84	\$182.16	\$212.40	\$264.24	\$259.92	\$220.32
\$131,400	\$10,950	\$7,300	\$112.42	\$133.59	\$162.06	\$184.69	\$215.35	\$267.91	\$263.53	\$223.38
\$133,200	\$11,100	\$7,400	\$113.96	\$135.42	\$164.28	\$187.22	\$218.30	\$271.58	\$267.14	\$226.44
\$135,000	\$11,250	\$7,500	\$115.50	\$137.25	\$166.50	\$189.75	\$221.25	\$275.25	\$270.75	\$229.50
\$136,800	\$11,400	\$7,600	\$117.04	\$139.08	\$168.72	\$192.28	\$224.20	\$278.92	\$274.36	\$232.56
\$138,600	\$11,550	\$7,700	\$118.58	\$140.91	\$170.94	\$194.81	\$227.15	\$282.59	\$277.97	\$235.62
\$140,400	\$11,700	\$7,800	\$120.12	\$142.74	\$173.16	\$197.34	\$230.10	\$286.26	\$281.58	\$238.68
\$142,200	\$11,850	\$7,900	\$121.66	\$144.57	\$175.38	\$199.87	\$233.05	\$289.93	\$285.19	\$241.74
\$144,000	\$12,000	\$8,000	\$123.20	\$146.40	\$177.60	\$202.40	\$236.00	\$293.60	\$288.80	\$244.80
\$145,800	\$12,150	\$8,100	\$124.74	\$148.23	\$179.82	\$204.93	\$238.95	\$297.27	\$292.41	\$247.86
\$147,600	\$12,300	\$8,200	\$126.28	\$150.06	\$182.04	\$207.46	\$241.90	\$300.94	\$296.02	\$250.92
\$149,400	\$12,450	\$8,300	\$127.82	\$151.89	\$184.26	\$209.99	\$244.85	\$304.61	\$299.63	\$253.98
\$151,200	\$12,600	\$8,400	\$129.36	\$153.72	\$186.48	\$212.52	\$247.80	\$308.28	\$303.24	\$257.04
\$153,000	\$12,750	\$8,500	\$130.90	\$155.55	\$188.70	\$215.05	\$250.75	\$311.95	\$306.85	\$260.10
\$154,800	\$12,900	\$8,600	\$132.44	\$157.38	\$190.92	\$217.58	\$253.70	\$315.62	\$310.46	\$263.16
\$156,600	\$13,050	\$8,700	\$133.98	\$159.21	\$193.14	\$220.11	\$256.65	\$319.29	\$314.07	\$266.22
\$158,400	\$13,200	\$8,800	\$135.52	\$161.04	\$195.36	\$222.64	\$259.60	\$322.96	\$317.68	\$269.28
\$160,200	\$13,350	\$8,900	\$137.06	\$162.87	\$197.58	\$225.17	\$262.55	\$326.63	\$321.29	\$272.34
\$162,000	\$13,500	\$9,000	\$138.60	\$164.70	\$199.80	\$227.70	\$265.50	\$330.30	\$324.90	\$275.40
\$163,800	\$13,650	\$9,100	\$140.14	\$166.53	\$202.02	\$230.23	\$268.45	\$333.97	\$328.51	\$278.46
\$165,600	\$13,800	\$9,200	\$141.68	\$168.36	\$204.24	\$232.76	\$271.40	\$337.64	\$332.12	\$281.52
\$167,400	\$13,950	\$9,300	\$143.22	\$170.19	\$206.46	\$235.29	\$274.35	\$341.31	\$335.73	\$284.58
\$169,200	\$14,100	\$9,400	\$144.76	\$172.02	\$208.68	\$237.82	\$277.30	\$344.98	\$339.34	\$287.64
\$171,000	\$14,250	\$9,500	\$146.30	\$173.85	\$210.90	\$240.35	\$280.25	\$348.65	\$342.95	\$290.70
\$172,800	\$14,400	\$9,600	\$147.84	\$175.68	\$213.12	\$242.88	\$283.20	\$352.32	\$346.56	\$293.76
\$174,600	\$14,550	\$9,700	\$149.38	\$177.51	\$215.34	\$245.41	\$286.15	\$355.99	\$350.17	\$296.82
\$176,400	\$14,700	\$9,800	\$150.92	\$179.34	\$217.56	\$247.94	\$289.10	\$359.66	\$353.78	\$299.88
\$178,200	\$14,850	\$9,900	\$152.46	\$181.17	\$219.78	\$250.47	\$292.05	\$363.33	\$357.39	\$302.94
\$180,000	\$15,000	\$10,000	\$154.00	\$183.00	\$222.00	\$253.00	\$295.00	\$367.00	\$361.00	\$306.00

Fort Worth Independent School District

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

			14 Day Elimination Period – Accident to Age 65 or Sickness 5 Yr							
Annual Earnings	Monthly Earnings	Monthly Benefit	Under Age 30	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60+
\$3,600	\$300	\$200	\$3.88	\$4.58	\$5.54	\$5.82	\$6.52	\$8.18	\$8.78	\$10.08
\$5,400	\$450	\$300	\$5.82	\$6.87	\$8.31	\$8.73	\$9.78	\$12.27	\$13.17	\$15.12
\$7,200	\$600	\$400	\$7.76	\$9.16	\$11.08	\$11.64	\$13.04	\$16.36	\$17.56	\$20.16
\$9,000	\$750	\$500	\$9.70	\$11.45	\$13.85	\$14.55	\$16.30	\$20.45	\$21.95	\$25.20
\$10,800	\$900	\$600	\$11.64	\$13.74	\$16.62	\$17.46	\$19.56	\$24.54	\$26.34	\$30.24
\$12,600	\$1,050	\$700	\$13.58	\$16.03	\$19.39	\$20.37	\$22.82	\$28.63	\$30.73	\$35.28
\$14,400	\$1,200	\$800	\$15.52	\$18.32	\$22.16	\$23.28	\$26.08	\$32.72	\$35.12	\$40.32
\$16,200	\$1,350	\$900	\$17.46	\$20.61	\$24.93	\$26.19	\$29.34	\$36.81	\$39.51	\$45.36
\$18,000	\$1,500	\$1,000	\$19.40	\$22.90	\$27.70	\$29.10	\$32.60	\$40.90	\$43.90	\$50.40
\$19,800	\$1,650	\$1,100	\$21.34	\$25.19	\$30.47	\$32.01	\$35.86	\$44.99	\$48.29	\$55.44
\$21,600	\$1,800	\$1,200	\$23.28	\$27.48	\$33.24	\$34.92	\$39.12	\$49.08	\$52.68	\$60.48
\$23,400	\$1,950	\$1,300	\$25.22	\$29.77	\$36.01	\$37.83	\$42.38	\$53.17	\$57.07	\$65.52
\$25,200	\$2,100	\$1,400	\$27.16	\$32.06	\$38.78	\$40.74	\$45.64	\$57.26	\$61.46	\$70.56
\$27,000	\$2,250	\$1,500	\$29.10	\$34.35	\$41.55	\$43.65	\$48.90	\$61.35	\$65.85	\$75.60
\$28,800	\$2,400	\$1,600	\$31.04	\$36.64	\$44.32	\$46.56	\$52.16	\$65.44	\$70.24	\$80.64
\$30,600	\$2,550	\$1,700	\$32.98	\$38.93	\$47.09	\$49.47	\$55.42	\$69.53	\$74.63	\$85.68
\$32,400	\$2,700	\$1,800	\$34.92	\$41.22	\$49.86	\$52.38	\$58.68	\$73.62	\$79.02	\$90.72
\$34,200	\$2,850	\$1,900	\$36.86	\$43.51	\$52.63	\$55.29	\$61.94	\$77.71	\$83.41	\$95.76
\$36,000	\$3,000	\$2,000	\$38.80	\$45.80	\$55.40	\$58.20	\$65.20	\$81.80	\$87.80	\$100.80
\$37,800	\$3,150	\$2,100	\$40.74	\$48.09	\$58.17	\$61.11	\$68.46	\$85.89	\$92.19	\$105.84
\$39,600	\$3,300	\$2,200	\$42.68	\$50.38	\$60.94	\$64.02	\$71.72	\$89.98	\$96.58	\$110.88
\$41,400	\$3,450	\$2,300	\$44.62	\$52.67	\$63.71	\$66.93	\$74.98	\$94.07	\$100.97	\$115.92
\$43,200	\$3,600	\$2,400	\$46.56	\$54.96	\$66.48	\$69.84	\$78.24	\$98.16	\$105.36	\$120.96
\$45,000	\$3,750	\$2,500	\$48.50	\$57.25	\$69.25	\$72.75	\$81.50	\$102.25	\$109.75	\$126.00
\$46,800	\$3,900	\$2,600	\$50.44	\$59.54	\$72.02	\$75.66	\$84.76	\$106.34	\$114.14	\$131.04
\$48,600	\$4,050	\$2,700	\$52.38	\$61.83	\$74.79	\$78.57	\$88.02	\$110.43	\$118.53	\$136.08
\$50,400	\$4,200	\$2,800	\$54.32	\$64.12	\$77.56	\$81.48	\$91.28	\$114.52	\$122.92	\$141.12
\$52,200	\$4,350	\$2,900	\$56.26	\$66.41	\$80.33	\$84.39	\$94.54	\$118.61	\$127.31	\$146.16
\$54,000	\$4,500	\$3,000	\$58.20	\$68.70	\$83.10	\$87.30	\$97.80	\$122.70	\$131.70	\$151.20
\$55,800	\$4,650	\$3,100	\$60.14	\$70.99	\$85.87	\$90.21	\$101.06	\$126.79	\$136.09	\$156.24
\$57,600	\$4,800	\$3,200	\$62.08	\$73.28	\$88.64	\$93.12	\$104.32	\$130.88	\$140.48	\$161.28
\$59,400	\$4,950	\$3,300	\$64.02	\$75.57	\$91.41	\$96.03	\$107.58	\$134.97	\$144.87	\$166.32
\$61,200	\$5,100	\$3,400	\$65.96	\$77.86	\$94.18	\$98.94	\$110.84	\$139.06	\$149.26	\$171.36
\$63,000	\$5,250	\$3,500	\$67.90	\$80.15	\$96.95	\$101.85	\$114.10	\$143.15	\$153.65	\$176.40
\$64,800	\$5,400	\$3,600	\$69.84	\$82.44	\$99.72	\$104.76	\$117.36	\$147.24	\$158.04	\$181.44
\$66,600	\$5,550	\$3,700	\$71.78	\$84.73	\$102.49	\$107.67	\$120.62	\$151.33	\$162.43	\$186.48
\$68,400	\$5,700	\$3,800	\$73.72	\$87.02	\$105.26	\$110.58	\$123.88	\$155.42	\$166.82	\$191.52
\$70,200	\$5,850	\$3,900	\$75.66	\$89.31	\$108.03	\$113.49	\$127.14	\$159.51	\$171.21	\$196.56
\$72,000	\$6,000	\$4,000	\$77.60	\$91.60	\$110.80	\$116.40	\$130.40	\$163.60	\$175.60	\$201.60
\$73,800	\$6,150	\$4,100	\$79.54	\$93.89	\$113.57	\$119.31	\$133.66	\$167.69	\$179.99	\$206.64
\$75,600	\$6,300	\$4,200	\$81.48	\$96.18	\$116.34	\$122.22	\$136.92	\$171.78	\$184.38	\$211.68
\$77,400	\$6,450	\$4,300	\$83.42	\$98.47	\$119.11	\$125.13	\$140.18	\$175.87	\$188.77	\$216.72
\$79,200	\$6,600	\$4,400	\$85.36	\$100.76	\$121.88	\$128.04	\$143.44	\$179.96	\$193.16	\$221.76
\$81,000	\$6,750	\$4,500	\$87.30	\$103.05	\$124.65	\$130.95	\$146.70	\$184.05	\$197.55	\$226.80
\$82,800	\$6,900	\$4,600	\$89.24	\$105.34	\$127.42	\$133.86	\$149.96	\$188.14	\$201.94	\$231.84
\$84,600	\$7,050	\$4,700	\$91.18	\$107.63	\$130.19	\$136.77	\$153.22	\$192.23	\$206.33	\$236.88
\$86,400	\$7,200	\$4,800	\$93.12	\$109.92	\$132.96	\$139.68	\$156.48	\$196.32	\$210.72	\$241.92
\$88,200	\$7,350	\$4,900	\$95.06	\$112.21	\$135.73	\$142.59	\$159.74	\$200.41	\$215.11	\$246.96
\$90,000	\$7,500	\$5,000	\$97.00	\$114.50	\$138.50	\$145.50	\$163.00	\$204.50	\$219.50	\$252.00
\$91,800	\$7,650	\$5,100	\$98.94	\$116.79	\$141.27	\$148.41	\$166.26	\$208.59	\$223.89	\$257.04
\$93,600	\$7,800	\$5,200	\$100.88	\$119.08	\$144.04	\$151.32	\$169.52	\$212.68	\$228.28	\$262.08
\$95,400	\$7,950	\$5,300	\$102.82	\$121.37	\$146.81	\$154.23	\$172.78	\$216.77	\$232.67	\$267.12

Fort Worth Independent School District

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

			14 Day Elimination Period – Accident to Age 65 or Sickness 5 Yr							
Annual Earnings	Monthly Earnings	Monthly Benefit	Under Age 30	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60+
\$97,200	\$8,100	\$5,400	\$104.76	\$123.66	\$149.58	\$157.14	\$176.04	\$220.86	\$237.06	\$272.16
\$99,000	\$8,250	\$5,500	\$106.70	\$125.95	\$152.35	\$160.05	\$179.30	\$224.95	\$241.45	\$277.20
\$100,800	\$8,400	\$5,600	\$108.64	\$128.24	\$155.12	\$162.96	\$182.56	\$229.04	\$245.84	\$282.24
\$102,600	\$8,550	\$5,700	\$110.58	\$130.53	\$157.89	\$165.87	\$185.82	\$233.13	\$250.23	\$287.28
\$104,400	\$8,700	\$5,800	\$112.52	\$132.82	\$160.66	\$168.78	\$189.08	\$237.22	\$254.62	\$292.32
\$106,200	\$8,850	\$5,900	\$114.46	\$135.11	\$163.43	\$171.69	\$192.34	\$241.31	\$259.01	\$297.36
\$108,000	\$9,000	\$6,000	\$116.40	\$137.40	\$166.20	\$174.60	\$195.60	\$245.40	\$263.40	\$302.40
\$109,800	\$9,150	\$6,100	\$118.34	\$139.69	\$168.97	\$177.51	\$198.86	\$249.49	\$267.79	\$307.44
\$111,600	\$9,300	\$6,200	\$120.28	\$141.98	\$171.74	\$180.42	\$202.12	\$253.58	\$272.18	\$312.48
\$113,400	\$9,450	\$6,300	\$122.22	\$144.27	\$174.51	\$183.33	\$205.38	\$257.67	\$276.57	\$317.52
\$115,200	\$9,600	\$6,400	\$124.16	\$146.56	\$177.28	\$186.24	\$208.64	\$261.76	\$280.96	\$322.56
\$117,000	\$9,750	\$6,500	\$126.10	\$148.85	\$180.05	\$189.15	\$211.90	\$265.85	\$285.35	\$327.60
\$118,800	\$9,900	\$6,600	\$128.04	\$151.14	\$182.82	\$192.06	\$215.16	\$269.94	\$289.74	\$332.64
\$120,600	\$10,050	\$6,700	\$129.98	\$153.43	\$185.59	\$194.97	\$218.42	\$274.03	\$294.13	\$337.68
\$122,400	\$10,200	\$6,800	\$131.92	\$155.72	\$188.36	\$197.88	\$221.68	\$278.12	\$298.52	\$342.72
\$124,200	\$10,350	\$6,900	\$133.86	\$158.01	\$191.13	\$200.79	\$224.94	\$282.21	\$302.91	\$347.76
\$126,000	\$10,500	\$7,000	\$135.80	\$160.30	\$193.90	\$203.70	\$228.20	\$286.30	\$307.30	\$352.80
\$127,800	\$10,650	\$7,100	\$137.74	\$162.59	\$196.67	\$206.61	\$231.46	\$290.39	\$311.69	\$357.84
\$129,600	\$10,800	\$7,200	\$139.68	\$164.88	\$199.44	\$209.52	\$234.72	\$294.48	\$316.08	\$362.88
\$131,400	\$10,950	\$7,300	\$141.62	\$167.17	\$202.21	\$212.43	\$237.98	\$298.57	\$320.47	\$367.92
\$133,200	\$11,100	\$7,400	\$143.56	\$169.46	\$204.98	\$215.34	\$241.24	\$302.66	\$324.86	\$372.96
\$135,000	\$11,250	\$7,500	\$145.50	\$171.75	\$207.75	\$218.25	\$244.50	\$306.75	\$329.25	\$378.00
\$136,800	\$11,400	\$7,600	\$147.44	\$174.04	\$210.52	\$221.16	\$247.76	\$310.84	\$333.64	\$383.04
\$138,600	\$11,550	\$7,700	\$149.38	\$176.33	\$213.29	\$224.07	\$251.02	\$314.93	\$338.03	\$388.08
\$140,400	\$11,700	\$7,800	\$151.32	\$178.62	\$216.06	\$226.98	\$254.28	\$319.02	\$342.42	\$393.12
\$142,200	\$11,850	\$7,900	\$153.26	\$180.91	\$218.83	\$229.89	\$257.54	\$323.11	\$346.81	\$398.16
\$144,000	\$12,000	\$8,000	\$155.20	\$183.20	\$221.60	\$232.80	\$260.80	\$327.20	\$351.20	\$403.20
\$145,800	\$12,150	\$8,100	\$157.14	\$185.49	\$224.37	\$235.71	\$264.06	\$331.29	\$355.59	\$408.24
\$147,600	\$12,300	\$8,200	\$159.08	\$187.78	\$227.14	\$238.62	\$267.32	\$335.38	\$359.98	\$413.28
\$149,400	\$12,450	\$8,300	\$161.02	\$190.07	\$229.91	\$241.53	\$270.58	\$339.47	\$364.37	\$418.32
\$151,200	\$12,600	\$8,400	\$162.96	\$192.36	\$232.68	\$244.44	\$273.84	\$343.56	\$368.76	\$423.36
\$153,000	\$12,750	\$8,500	\$164.90	\$194.65	\$235.45	\$247.35	\$277.10	\$347.65	\$373.15	\$428.40
\$154,800	\$12,900	\$8,600	\$166.84	\$196.94	\$238.22	\$250.26	\$280.36	\$351.74	\$377.54	\$433.44
\$156,600	\$13,050	\$8,700	\$168.78	\$199.23	\$240.99	\$253.17	\$283.62	\$355.83	\$381.93	\$438.48
\$158,400	\$13,200	\$8,800	\$170.72	\$201.52	\$243.76	\$256.08	\$286.88	\$359.92	\$386.32	\$443.52
\$160,200	\$13,350	\$8,900	\$172.66	\$203.81	\$246.53	\$258.99	\$290.14	\$364.01	\$390.71	\$448.56
\$162,000	\$13,500	\$9,000	\$174.60	\$206.10	\$249.30	\$261.90	\$293.40	\$368.10	\$395.10	\$453.60
\$163,800	\$13,650	\$9,100	\$176.54	\$208.39	\$252.07	\$264.81	\$296.66	\$372.19	\$399.49	\$458.64
\$165,600	\$13,800	\$9,200	\$178.48	\$210.68	\$254.84	\$267.72	\$299.92	\$376.28	\$403.88	\$463.68
\$167,400	\$13,950	\$9,300	\$180.42	\$212.97	\$257.61	\$270.63	\$303.18	\$380.37	\$408.27	\$468.72
\$169,200	\$14,100	\$9,400	\$182.36	\$215.26	\$260.38	\$273.54	\$306.44	\$384.46	\$412.66	\$473.76
\$171,000	\$14,250	\$9,500	\$184.30	\$217.55	\$263.15	\$276.45	\$309.70	\$388.55	\$417.05	\$478.80
\$172,800	\$14,400	\$9,600	\$186.24	\$219.84	\$265.92	\$279.36	\$312.96	\$392.64	\$421.44	\$483.84
\$174,600	\$14,550	\$9,700	\$188.18	\$222.13	\$268.69	\$282.27	\$316.22	\$396.73	\$425.83	\$488.88
\$176,400	\$14,700	\$9,800	\$190.12	\$224.42	\$271.46	\$285.18	\$319.48	\$400.82	\$430.22	\$493.92
\$178,200	\$14,850	\$9,900	\$192.06	\$226.71	\$274.23	\$288.09	\$322.74	\$404.91	\$434.61	\$498.96
\$180,000	\$15,000	\$10,000	\$194.00	\$229.00	\$277.00	\$291.00	\$326.00	\$409.00	\$439.00	\$504.00

Fort Worth Independent School District

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

			45 Day Elimination Period – Accident to Age 65 or Sickness 5 Yr							
Annual Earnings	Monthly Earnings	Monthly Benefit	Under Age 30	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60+
\$3,600	\$300	\$200	\$2.56	\$3.00	\$3.66	\$3.88	\$4.32	\$5.42	\$5.80	\$6.70
\$5,400	\$450	\$300	\$3.84	\$4.50	\$5.49	\$5.82	\$6.48	\$8.13	\$8.70	\$10.05
\$7,200	\$600	\$400	\$5.12	\$6.00	\$7.32	\$7.76	\$8.64	\$10.84	\$11.60	\$13.40
\$9,000	\$750	\$500	\$6.40	\$7.50	\$9.15	\$9.70	\$10.80	\$13.55	\$14.50	\$16.75
\$10,800	\$900	\$600	\$7.68	\$9.00	\$10.98	\$11.64	\$12.96	\$16.26	\$17.40	\$20.10
\$12,600	\$1,050	\$700	\$8.96	\$10.50	\$12.81	\$13.58	\$15.12	\$18.97	\$20.30	\$23.45
\$14,400	\$1,200	\$800	\$10.24	\$12.00	\$14.64	\$15.52	\$17.28	\$21.68	\$23.20	\$26.80
\$16,200	\$1,350	\$900	\$11.52	\$13.50	\$16.47	\$17.46	\$19.44	\$24.39	\$26.10	\$30.15
\$18,000	\$1,500	\$1,000	\$12.80	\$15.00	\$18.30	\$19.40	\$21.60	\$27.10	\$29.00	\$33.50
\$19,800	\$1,650	\$1,100	\$14.08	\$16.50	\$20.13	\$21.34	\$23.76	\$29.81	\$31.90	\$36.85
\$21,600	\$1,800	\$1,200	\$15.36	\$18.00	\$21.96	\$23.28	\$25.92	\$32.52	\$34.80	\$40.20
\$23,400	\$1,950	\$1,300	\$16.64	\$19.50	\$23.79	\$25.22	\$28.08	\$35.23	\$37.70	\$43.55
\$25,200	\$2,100	\$1,400	\$17.92	\$21.00	\$25.62	\$27.16	\$30.24	\$37.94	\$40.60	\$46.90
\$27,000	\$2,250	\$1,500	\$19.20	\$22.50	\$27.45	\$29.10	\$32.40	\$40.65	\$43.50	\$50.25
\$28,800	\$2,400	\$1,600	\$20.48	\$24.00	\$29.28	\$31.04	\$34.56	\$43.36	\$46.40	\$53.60
\$30,600	\$2,550	\$1,700	\$21.76	\$25.50	\$31.11	\$32.98	\$36.72	\$46.07	\$49.30	\$56.95
\$32,400	\$2,700	\$1,800	\$23.04	\$27.00	\$32.94	\$34.92	\$38.88	\$48.78	\$52.20	\$60.30
\$34,200	\$2,850	\$1,900	\$24.32	\$28.50	\$34.77	\$36.86	\$41.04	\$51.49	\$55.10	\$63.65
\$36,000	\$3,000	\$2,000	\$25.60	\$30.00	\$36.60	\$38.80	\$43.20	\$54.20	\$58.00	\$67.00
\$37,800	\$3,150	\$2,100	\$26.88	\$31.50	\$38.43	\$40.74	\$45.36	\$56.91	\$60.90	\$70.35
\$39,600	\$3,300	\$2,200	\$28.16	\$33.00	\$40.26	\$42.68	\$47.52	\$59.62	\$63.80	\$73.70
\$41,400	\$3,450	\$2,300	\$29.44	\$34.50	\$42.09	\$44.62	\$49.68	\$62.33	\$66.70	\$77.05
\$43,200	\$3,600	\$2,400	\$30.72	\$36.00	\$43.92	\$46.56	\$51.84	\$65.04	\$69.60	\$80.40
\$45,000	\$3,750	\$2,500	\$32.00	\$37.50	\$45.75	\$48.50	\$54.00	\$67.75	\$72.50	\$83.75
\$46,800	\$3,900	\$2,600	\$33.28	\$39.00	\$47.58	\$50.44	\$56.16	\$70.46	\$75.40	\$87.10
\$48,600	\$4,050	\$2,700	\$34.56	\$40.50	\$49.41	\$52.38	\$58.32	\$73.17	\$78.30	\$90.45
\$50,400	\$4,200	\$2,800	\$35.84	\$42.00	\$51.24	\$54.32	\$60.48	\$75.88	\$81.20	\$93.80
\$52,200	\$4,350	\$2,900	\$37.12	\$43.50	\$53.07	\$56.26	\$62.64	\$78.59	\$84.10	\$97.15
\$54,000	\$4,500	\$3,000	\$38.40	\$45.00	\$54.90	\$58.20	\$64.80	\$81.30	\$87.00	\$100.50
\$55,800	\$4,650	\$3,100	\$39.68	\$46.50	\$56.73	\$60.14	\$66.96	\$84.01	\$89.90	\$103.85
\$57,600	\$4,800	\$3,200	\$40.96	\$48.00	\$58.56	\$62.08	\$69.12	\$86.72	\$92.80	\$107.20
\$59,400	\$4,950	\$3,300	\$42.24	\$49.50	\$60.39	\$64.02	\$71.28	\$89.43	\$95.70	\$110.55
\$61,200	\$5,100	\$3,400	\$43.52	\$51.00	\$62.22	\$65.96	\$73.44	\$92.14	\$98.60	\$113.90
\$63,000	\$5,250	\$3,500	\$44.80	\$52.50	\$64.05	\$67.90	\$75.60	\$94.85	\$101.50	\$117.25
\$64,800	\$5,400	\$3,600	\$46.08	\$54.00	\$65.88	\$69.84	\$77.76	\$97.56	\$104.40	\$120.60
\$66,600	\$5,550	\$3,700	\$47.36	\$55.50	\$67.71	\$71.78	\$79.92	\$100.27	\$107.30	\$123.95
\$68,400	\$5,700	\$3,800	\$48.64	\$57.00	\$69.54	\$73.72	\$82.08	\$102.98	\$110.20	\$127.30
\$70,200	\$5,850	\$3,900	\$49.92	\$58.50	\$71.37	\$75.66	\$84.24	\$105.69	\$113.10	\$130.65
\$72,000	\$6,000	\$4,000	\$51.20	\$60.00	\$73.20	\$77.60	\$86.40	\$108.40	\$116.00	\$134.00
\$73,800	\$6,150	\$4,100	\$52.48	\$61.50	\$75.03	\$79.54	\$88.56	\$111.11	\$118.90	\$137.35
\$75,600	\$6,300	\$4,200	\$53.76	\$63.00	\$76.86	\$81.48	\$90.72	\$113.82	\$121.80	\$140.70
\$77,400	\$6,450	\$4,300	\$55.04	\$64.50	\$78.69	\$83.42	\$92.88	\$116.53	\$124.70	\$144.05
\$79,200	\$6,600	\$4,400	\$56.32	\$66.00	\$80.52	\$85.36	\$95.04	\$119.24	\$127.60	\$147.40
\$81,000	\$6,750	\$4,500	\$57.60	\$67.50	\$82.35	\$87.30	\$97.20	\$121.95	\$130.50	\$150.75
\$82,800	\$6,900	\$4,600	\$58.88	\$69.00	\$84.18	\$89.24	\$99.36	\$124.66	\$133.40	\$154.10
\$84,600	\$7,050	\$4,700	\$60.16	\$70.50	\$86.01	\$91.18	\$101.52	\$127.37	\$136.30	\$157.45
\$86,400	\$7,200	\$4,800	\$61.44	\$72.00	\$87.84	\$93.12	\$103.68	\$130.08	\$139.20	\$160.80
\$88,200	\$7,350	\$4,900	\$62.72	\$73.50	\$89.67	\$95.06	\$105.84	\$132.79	\$142.10	\$164.15
\$90,000	\$7,500	\$5,000	\$64.00	\$75.00	\$91.50	\$97.00	\$108.00	\$135.50	\$145.00	\$167.50
\$91,800	\$7,650	\$5,100	\$65.28	\$76.50	\$93.33	\$98.94	\$110.16	\$138.21	\$147.90	\$170.85
\$93,600	\$7,800	\$5,200	\$66.56	\$78.00	\$95.16	\$100.88	\$112.32	\$140.92	\$150.80	\$174.20
\$95,400	\$7,950	\$5,300	\$67.84	\$79.50	\$96.99	\$102.82	\$114.48	\$143.63	\$153.70	\$177.55

Fort Worth Independent School District

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

			45 Day Elimination Period – Accident to Age 65 or Sickness 5 Yr							
Annual Earnings	Monthly Earnings	Monthly Benefit	Under Age 30	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60+
\$97,200	\$8,100	\$5,400	\$69.12	\$81.00	\$98.82	\$104.76	\$116.64	\$146.34	\$156.60	\$180.90
\$99,000	\$8,250	\$5,500	\$70.40	\$82.50	\$100.65	\$106.70	\$118.80	\$149.05	\$159.50	\$184.25
\$100,800	\$8,400	\$5,600	\$71.68	\$84.00	\$102.48	\$108.64	\$120.96	\$151.76	\$162.40	\$187.60
\$102,600	\$8,550	\$5,700	\$72.96	\$85.50	\$104.31	\$110.58	\$123.12	\$154.47	\$165.30	\$190.95
\$104,400	\$8,700	\$5,800	\$74.24	\$87.00	\$106.14	\$112.52	\$125.28	\$157.18	\$168.20	\$194.30
\$106,200	\$8,850	\$5,900	\$75.52	\$88.50	\$107.97	\$114.46	\$127.44	\$159.89	\$171.10	\$197.65
\$108,000	\$9,000	\$6,000	\$76.80	\$90.00	\$109.80	\$116.40	\$129.60	\$162.60	\$174.00	\$201.00
\$109,800	\$9,150	\$6,100	\$78.08	\$91.50	\$111.63	\$118.34	\$131.76	\$165.31	\$176.90	\$204.35
\$111,600	\$9,300	\$6,200	\$79.36	\$93.00	\$113.46	\$120.28	\$133.92	\$168.02	\$179.80	\$207.70
\$113,400	\$9,450	\$6,300	\$80.64	\$94.50	\$115.29	\$122.22	\$136.08	\$170.73	\$182.70	\$211.05
\$115,200	\$9,600	\$6,400	\$81.92	\$96.00	\$117.12	\$124.16	\$138.24	\$173.44	\$185.60	\$214.40
\$117,000	\$9,750	\$6,500	\$83.20	\$97.50	\$118.95	\$126.10	\$140.40	\$176.15	\$188.50	\$217.75
\$118,800	\$9,900	\$6,600	\$84.48	\$99.00	\$120.78	\$128.04	\$142.56	\$178.86	\$191.40	\$221.10
\$120,600	\$10,050	\$6,700	\$85.76	\$100.50	\$122.61	\$129.98	\$144.72	\$181.57	\$194.30	\$224.45
\$122,400	\$10,200	\$6,800	\$87.04	\$102.00	\$124.44	\$131.92	\$146.88	\$184.28	\$197.20	\$227.80
\$124,200	\$10,350	\$6,900	\$88.32	\$103.50	\$126.27	\$133.86	\$149.04	\$186.99	\$200.10	\$231.15
\$126,000	\$10,500	\$7,000	\$89.60	\$105.00	\$128.10	\$135.80	\$151.20	\$189.70	\$203.00	\$234.50
\$127,800	\$10,650	\$7,100	\$90.88	\$106.50	\$129.93	\$137.74	\$153.36	\$192.41	\$205.90	\$237.85
\$129,600	\$10,800	\$7,200	\$92.16	\$108.00	\$131.76	\$139.68	\$155.52	\$195.12	\$208.80	\$241.20
\$131,400	\$10,950	\$7,300	\$93.44	\$109.50	\$133.59	\$141.62	\$157.68	\$197.83	\$211.70	\$244.55
\$133,200	\$11,100	\$7,400	\$94.72	\$111.00	\$135.42	\$143.56	\$159.84	\$200.54	\$214.60	\$247.90
\$135,000	\$11,250	\$7,500	\$96.00	\$112.50	\$137.25	\$145.50	\$162.00	\$203.25	\$217.50	\$251.25
\$136,800	\$11,400	\$7,600	\$97.28	\$114.00	\$139.08	\$147.44	\$164.16	\$205.96	\$220.40	\$254.60
\$138,600	\$11,550	\$7,700	\$98.56	\$115.50	\$140.91	\$149.38	\$166.32	\$208.67	\$223.30	\$257.95
\$140,400	\$11,700	\$7,800	\$99.84	\$117.00	\$142.74	\$151.32	\$168.48	\$211.38	\$226.20	\$261.30
\$142,200	\$11,850	\$7,900	\$101.12	\$118.50	\$144.57	\$153.26	\$170.64	\$214.09	\$229.10	\$264.65
\$144,000	\$12,000	\$8,000	\$102.40	\$120.00	\$146.40	\$155.20	\$172.80	\$216.80	\$232.00	\$268.00
\$145,800	\$12,150	\$8,100	\$103.68	\$121.50	\$148.23	\$157.14	\$174.96	\$219.51	\$234.90	\$271.35
\$147,600	\$12,300	\$8,200	\$104.96	\$123.00	\$150.06	\$159.08	\$177.12	\$222.22	\$237.80	\$274.70
\$149,400	\$12,450	\$8,300	\$106.24	\$124.50	\$151.89	\$161.02	\$179.28	\$224.93	\$240.70	\$278.05
\$151,200	\$12,600	\$8,400	\$107.52	\$126.00	\$153.72	\$162.96	\$181.44	\$227.64	\$243.60	\$281.40
\$153,000	\$12,750	\$8,500	\$108.80	\$127.50	\$155.55	\$164.90	\$183.60	\$230.35	\$246.50	\$284.75
\$154,800	\$12,900	\$8,600	\$110.08	\$129.00	\$157.38	\$166.84	\$185.76	\$233.06	\$249.40	\$288.10
\$156,600	\$13,050	\$8,700	\$111.36	\$130.50	\$159.21	\$168.78	\$187.92	\$235.77	\$252.30	\$291.45
\$158,400	\$13,200	\$8,800	\$112.64	\$132.00	\$161.04	\$170.72	\$190.08	\$238.48	\$255.20	\$294.80
\$160,200	\$13,350	\$8,900	\$113.92	\$133.50	\$162.87	\$172.66	\$192.24	\$241.19	\$258.10	\$298.15
\$162,000	\$13,500	\$9,000	\$115.20	\$135.00	\$164.70	\$174.60	\$194.40	\$243.90	\$261.00	\$301.50
\$163,800	\$13,650	\$9,100	\$116.48	\$136.50	\$166.53	\$176.54	\$196.56	\$246.61	\$263.90	\$304.85
\$165,600	\$13,800	\$9,200	\$117.76	\$138.00	\$168.36	\$178.48	\$198.72	\$249.32	\$266.80	\$308.20
\$167,400	\$13,950	\$9,300	\$119.04	\$139.50	\$170.19	\$180.42	\$200.88	\$252.03	\$269.70	\$311.55
\$169,200	\$14,100	\$9,400	\$120.32	\$141.00	\$172.02	\$182.36	\$203.04	\$254.74	\$272.60	\$314.90
\$171,000	\$14,250	\$9,500	\$121.60	\$142.50	\$173.85	\$184.30	\$205.20	\$257.45	\$275.50	\$318.25
\$172,800	\$14,400	\$9,600	\$122.88	\$144.00	\$175.68	\$186.24	\$207.36	\$260.16	\$278.40	\$321.60
\$174,600	\$14,550	\$9,700	\$124.16	\$145.50	\$177.51	\$188.18	\$209.52	\$262.87	\$281.30	\$324.95
\$176,400	\$14,700	\$9,800	\$125.44	\$147.00	\$179.34	\$190.12	\$211.68	\$265.58	\$284.20	\$328.30
\$178,200	\$14,850	\$9,900	\$126.72	\$148.50	\$181.17	\$192.06	\$213.84	\$268.29	\$287.10	\$331.65
\$180,000	\$15,000	\$10,000	\$128.00	\$150.00	\$183.00	\$194.00	\$216.00	\$271.00	\$290.00	\$335.00

Fort Worth Independent School District

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

			90 Day Elimination Period – Accident to Age 65 or Sickness 5 Yr							
Annual Earnings	Monthly Earnings	Monthly Benefit	Under Age 30	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60+
\$3,600	\$300	\$200	\$2.08	\$2.42	\$2.96	\$3.12	\$3.48	\$4.36	\$4.76	\$5.42
\$5,400	\$450	\$300	\$3.12	\$3.63	\$4.44	\$4.68	\$5.22	\$6.54	\$7.14	\$8.13
\$7,200	\$600	\$400	\$4.16	\$4.84	\$5.92	\$6.24	\$6.96	\$8.72	\$9.52	\$10.84
\$9,000	\$750	\$500	\$5.20	\$6.05	\$7.40	\$7.80	\$8.70	\$10.90	\$11.90	\$13.55
\$10,800	\$900	\$600	\$6.24	\$7.26	\$8.88	\$9.36	\$10.44	\$13.08	\$14.28	\$16.26
\$12,600	\$1,050	\$700	\$7.28	\$8.47	\$10.36	\$10.92	\$12.18	\$15.26	\$16.66	\$18.97
\$14,400	\$1,200	\$800	\$8.32	\$9.68	\$11.84	\$12.48	\$13.92	\$17.44	\$19.04	\$21.68
\$16,200	\$1,350	\$900	\$9.36	\$10.89	\$13.32	\$14.04	\$15.66	\$19.62	\$21.42	\$24.39
\$18,000	\$1,500	\$1,000	\$10.40	\$12.10	\$14.80	\$15.60	\$17.40	\$21.80	\$23.80	\$27.10
\$19,800	\$1,650	\$1,100	\$11.44	\$13.31	\$16.28	\$17.16	\$19.14	\$23.98	\$26.18	\$29.81
\$21,600	\$1,800	\$1,200	\$12.48	\$14.52	\$17.76	\$18.72	\$20.88	\$26.16	\$28.56	\$32.52
\$23,400	\$1,950	\$1,300	\$13.52	\$15.73	\$19.24	\$20.28	\$22.62	\$28.34	\$30.94	\$35.23
\$25,200	\$2,100	\$1,400	\$14.56	\$16.94	\$20.72	\$21.84	\$24.36	\$30.52	\$33.32	\$37.94
\$27,000	\$2,250	\$1,500	\$15.60	\$18.15	\$22.20	\$23.40	\$26.10	\$32.70	\$35.70	\$40.65
\$28,800	\$2,400	\$1,600	\$16.64	\$19.36	\$23.68	\$24.96	\$27.84	\$34.88	\$38.08	\$43.36
\$30,600	\$2,550	\$1,700	\$17.68	\$20.57	\$25.16	\$26.52	\$29.58	\$37.06	\$40.46	\$46.07
\$32,400	\$2,700	\$1,800	\$18.72	\$21.78	\$26.64	\$28.08	\$31.32	\$39.24	\$42.84	\$48.78
\$34,200	\$2,850	\$1,900	\$19.76	\$22.99	\$28.12	\$29.64	\$33.06	\$41.42	\$45.22	\$51.49
\$36,000	\$3,000	\$2,000	\$20.80	\$24.20	\$29.60	\$31.20	\$34.80	\$43.60	\$47.60	\$54.20
\$37,800	\$3,150	\$2,100	\$21.84	\$25.41	\$31.08	\$32.76	\$36.54	\$45.78	\$49.98	\$56.91
\$39,600	\$3,300	\$2,200	\$22.88	\$26.62	\$32.56	\$34.32	\$38.28	\$47.96	\$52.36	\$59.62
\$41,400	\$3,450	\$2,300	\$23.92	\$27.83	\$34.04	\$35.88	\$40.02	\$50.14	\$54.74	\$62.33
\$43,200	\$3,600	\$2,400	\$24.96	\$29.04	\$35.52	\$37.44	\$41.76	\$52.32	\$57.12	\$65.04
\$45,000	\$3,750	\$2,500	\$26.00	\$30.25	\$37.00	\$39.00	\$43.50	\$54.50	\$59.50	\$67.75
\$46,800	\$3,900	\$2,600	\$27.04	\$31.46	\$38.48	\$40.56	\$45.24	\$56.68	\$61.88	\$70.46
\$48,600	\$4,050	\$2,700	\$28.08	\$32.67	\$39.96	\$42.12	\$46.98	\$58.86	\$64.26	\$73.17
\$50,400	\$4,200	\$2,800	\$29.12	\$33.88	\$41.44	\$43.68	\$48.72	\$61.04	\$66.64	\$75.88
\$52,200	\$4,350	\$2,900	\$30.16	\$35.09	\$42.92	\$45.24	\$50.46	\$63.22	\$69.02	\$78.59
\$54,000	\$4,500	\$3,000	\$31.20	\$36.30	\$44.40	\$46.80	\$52.20	\$65.40	\$71.40	\$81.30
\$55,800	\$4,650	\$3,100	\$32.24	\$37.51	\$45.88	\$48.36	\$53.94	\$67.58	\$73.78	\$84.01
\$57,600	\$4,800	\$3,200	\$33.28	\$38.72	\$47.36	\$49.92	\$55.68	\$69.76	\$76.16	\$86.72
\$59,400	\$4,950	\$3,300	\$34.32	\$39.93	\$48.84	\$51.48	\$57.42	\$71.94	\$78.54	\$89.43
\$61,200	\$5,100	\$3,400	\$35.36	\$41.14	\$50.32	\$53.04	\$59.16	\$74.12	\$80.92	\$92.14
\$63,000	\$5,250	\$3,500	\$36.40	\$42.35	\$51.80	\$54.60	\$60.90	\$76.30	\$83.30	\$94.85
\$64,800	\$5,400	\$3,600	\$37.44	\$43.56	\$53.28	\$56.16	\$62.64	\$78.48	\$85.68	\$97.56
\$66,600	\$5,550	\$3,700	\$38.48	\$44.77	\$54.76	\$57.72	\$64.38	\$80.66	\$88.06	\$100.27
\$68,400	\$5,700	\$3,800	\$39.52	\$45.98	\$56.24	\$59.28	\$66.12	\$82.84	\$90.44	\$102.98
\$70,200	\$5,850	\$3,900	\$40.56	\$47.19	\$57.72	\$60.84	\$67.86	\$85.02	\$92.82	\$105.69
\$72,000	\$6,000	\$4,000	\$41.60	\$48.40	\$59.20	\$62.40	\$69.60	\$87.20	\$95.20	\$108.40
\$73,800	\$6,150	\$4,100	\$42.64	\$49.61	\$60.68	\$63.96	\$71.34	\$89.38	\$97.58	\$111.11
\$75,600	\$6,300	\$4,200	\$43.68	\$50.82	\$62.16	\$65.52	\$73.08	\$91.56	\$99.96	\$113.82
\$77,400	\$6,450	\$4,300	\$44.72	\$52.03	\$63.64	\$67.08	\$74.82	\$93.74	\$102.34	\$116.53
\$79,200	\$6,600	\$4,400	\$45.76	\$53.24	\$65.12	\$68.64	\$76.56	\$95.92	\$104.72	\$119.24
\$81,000	\$6,750	\$4,500	\$46.80	\$54.45	\$66.60	\$70.20	\$78.30	\$98.10	\$107.10	\$121.95
\$82,800	\$6,900	\$4,600	\$47.84	\$55.66	\$68.08	\$71.76	\$80.04	\$100.28	\$109.48	\$124.66
\$84,600	\$7,050	\$4,700	\$48.88	\$56.87	\$69.56	\$73.32	\$81.78	\$102.46	\$111.86	\$127.37
\$86,400	\$7,200	\$4,800	\$49.92	\$58.08	\$71.04	\$74.88	\$83.52	\$104.64	\$114.24	\$130.08
\$88,200	\$7,350	\$4,900	\$50.96	\$59.29	\$72.52	\$76.44	\$85.26	\$106.82	\$116.62	\$132.79
\$90,000	\$7,500	\$5,000	\$52.00	\$60.50	\$74.00	\$78.00	\$87.00	\$109.00	\$119.00	\$135.50
\$91,800	\$7,650	\$5,100	\$53.04	\$61.71	\$75.48	\$79.56	\$88.74	\$111.18	\$121.38	\$138.21
\$93,600	\$7,800	\$5,200	\$54.08	\$62.92	\$76.96	\$81.12	\$90.48	\$113.36	\$123.76	\$140.92
\$95,400	\$7,950	\$5,300	\$55.12	\$64.13	\$78.44	\$82.68	\$92.22	\$115.54	\$126.14	\$143.63

Fort Worth Independent School District

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

			90 Day Elimination Period – Accident to Age 65 or Sickness 5 Yr							
Annual Earnings	Monthly Earnings	Monthly Benefit	Under Age 30	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60+
\$97,200	\$8,100	\$5,400	\$56.16	\$65.34	\$79.92	\$84.24	\$93.96	\$117.72	\$128.52	\$146.34
\$99,000	\$8,250	\$5,500	\$57.20	\$66.55	\$81.40	\$85.80	\$95.70	\$119.90	\$130.90	\$149.05
\$100,800	\$8,400	\$5,600	\$58.24	\$67.76	\$82.88	\$87.36	\$97.44	\$122.08	\$133.28	\$151.76
\$102,600	\$8,550	\$5,700	\$59.28	\$68.97	\$84.36	\$88.92	\$99.18	\$124.26	\$135.66	\$154.47
\$104,400	\$8,700	\$5,800	\$60.32	\$70.18	\$85.84	\$90.48	\$100.92	\$126.44	\$138.04	\$157.18
\$106,200	\$8,850	\$5,900	\$61.36	\$71.39	\$87.32	\$92.04	\$102.66	\$128.62	\$140.42	\$159.89
\$108,000	\$9,000	\$6,000	\$62.40	\$72.60	\$88.80	\$93.60	\$104.40	\$130.80	\$142.80	\$162.60
\$109,800	\$9,150	\$6,100	\$63.44	\$73.81	\$90.28	\$95.16	\$106.14	\$132.98	\$145.18	\$165.31
\$111,600	\$9,300	\$6,200	\$64.48	\$75.02	\$91.76	\$96.72	\$107.88	\$135.16	\$147.56	\$168.02
\$113,400	\$9,450	\$6,300	\$65.52	\$76.23	\$93.24	\$98.28	\$109.62	\$137.34	\$149.94	\$170.73
\$115,200	\$9,600	\$6,400	\$66.56	\$77.44	\$94.72	\$99.84	\$111.36	\$139.52	\$152.32	\$173.44
\$117,000	\$9,750	\$6,500	\$67.60	\$78.65	\$96.20	\$101.40	\$113.10	\$141.70	\$154.70	\$176.15
\$118,800	\$9,900	\$6,600	\$68.64	\$79.86	\$97.68	\$102.96	\$114.84	\$143.88	\$157.08	\$178.86
\$120,600	\$10,050	\$6,700	\$69.68	\$81.07	\$99.16	\$104.52	\$116.58	\$146.06	\$159.46	\$181.57
\$122,400	\$10,200	\$6,800	\$70.72	\$82.28	\$100.64	\$106.08	\$118.32	\$148.24	\$161.84	\$184.28
\$124,200	\$10,350	\$6,900	\$71.76	\$83.49	\$102.12	\$107.64	\$120.06	\$150.42	\$164.22	\$186.99
\$126,000	\$10,500	\$7,000	\$72.80	\$84.70	\$103.60	\$109.20	\$121.80	\$152.60	\$166.60	\$189.70
\$127,800	\$10,650	\$7,100	\$73.84	\$85.91	\$105.08	\$110.76	\$123.54	\$154.78	\$168.98	\$192.41
\$129,600	\$10,800	\$7,200	\$74.88	\$87.12	\$106.56	\$112.32	\$125.28	\$156.96	\$171.36	\$195.12
\$131,400	\$10,950	\$7,300	\$75.92	\$88.33	\$108.04	\$113.88	\$127.02	\$159.14	\$173.74	\$197.83
\$133,200	\$11,100	\$7,400	\$76.96	\$89.54	\$109.52	\$115.44	\$128.76	\$161.32	\$176.12	\$200.54
\$135,000	\$11,250	\$7,500	\$78.00	\$90.75	\$111.00	\$117.00	\$130.50	\$163.50	\$178.50	\$203.25
\$136,800	\$11,400	\$7,600	\$79.04	\$91.96	\$112.48	\$118.56	\$132.24	\$165.68	\$180.88	\$205.96
\$138,600	\$11,550	\$7,700	\$80.08	\$93.17	\$113.96	\$120.12	\$133.98	\$167.86	\$183.26	\$208.67
\$140,400	\$11,700	\$7,800	\$81.12	\$94.38	\$115.44	\$121.68	\$135.72	\$170.04	\$185.64	\$211.38
\$142,200	\$11,850	\$7,900	\$82.16	\$95.59	\$116.92	\$123.24	\$137.46	\$172.22	\$188.02	\$214.09
\$144,000	\$12,000	\$8,000	\$83.20	\$96.80	\$118.40	\$124.80	\$139.20	\$174.40	\$190.40	\$216.80
\$145,800	\$12,150	\$8,100	\$84.24	\$98.01	\$119.88	\$126.36	\$140.94	\$176.58	\$192.78	\$219.51
\$147,600	\$12,300	\$8,200	\$85.28	\$99.22	\$121.36	\$127.92	\$142.68	\$178.76	\$195.16	\$222.22
\$149,400	\$12,450	\$8,300	\$86.32	\$100.43	\$122.84	\$129.48	\$144.42	\$180.94	\$197.54	\$224.93
\$151,200	\$12,600	\$8,400	\$87.36	\$101.64	\$124.32	\$131.04	\$146.16	\$183.12	\$199.92	\$227.64
\$153,000	\$12,750	\$8,500	\$88.40	\$102.85	\$125.80	\$132.60	\$147.90	\$185.30	\$202.30	\$230.35
\$154,800	\$12,900	\$8,600	\$89.44	\$104.06	\$127.28	\$134.16	\$149.64	\$187.48	\$204.68	\$233.06
\$156,600	\$13,050	\$8,700	\$90.48	\$105.27	\$128.76	\$135.72	\$151.38	\$189.66	\$207.06	\$235.77
\$158,400	\$13,200	\$8,800	\$91.52	\$106.48	\$130.24	\$137.28	\$153.12	\$191.84	\$209.44	\$238.48
\$160,200	\$13,350	\$8,900	\$92.56	\$107.69	\$131.72	\$138.84	\$154.86	\$194.02	\$211.82	\$241.19
\$162,000	\$13,500	\$9,000	\$93.60	\$108.90	\$133.20	\$140.40	\$156.60	\$196.20	\$214.20	\$243.90
\$163,800	\$13,650	\$9,100	\$94.64	\$110.11	\$134.68	\$141.96	\$158.34	\$198.38	\$216.58	\$246.61
\$165,600	\$13,800	\$9,200	\$95.68	\$111.32	\$136.16	\$143.52	\$160.08	\$200.56	\$218.96	\$249.32
\$167,400	\$13,950	\$9,300	\$96.72	\$112.53	\$137.64	\$145.08	\$161.82	\$202.74	\$221.34	\$252.03
\$169,200	\$14,100	\$9,400	\$97.76	\$113.74	\$139.12	\$146.64	\$163.56	\$204.92	\$223.72	\$254.74
\$171,000	\$14,250	\$9,500	\$98.80	\$114.95	\$140.60	\$148.20	\$165.30	\$207.10	\$226.10	\$257.45
\$172,800	\$14,400	\$9,600	\$99.84	\$116.16	\$142.08	\$149.76	\$167.04	\$209.28	\$228.48	\$260.16
\$174,600	\$14,550	\$9,700	\$100.88	\$117.37	\$143.56	\$151.32	\$168.78	\$211.46	\$230.86	\$262.87
\$176,400	\$14,700	\$9,800	\$101.92	\$118.58	\$145.04	\$152.88	\$170.52	\$213.64	\$233.24	\$265.58
\$178,200	\$14,850	\$9,900	\$102.96	\$119.79	\$146.52	\$154.44	\$172.26	\$215.82	\$235.62	\$268.29
\$180,000	\$15,000	\$10,000	\$104.00	\$121.00	\$148.00	\$156.00	\$174.00	\$218.00	\$238.00	\$271.00

Fort Worth Independent School District Active Employee Life Plan Benefits

Explore the coverage that makes it easy to give yourself and your loved ones more security today...and in the future

Basic Term Life Insurance

Your employer provides you with Basic Term Life insurance coverage in the amount of \$5,000.00.

Supplemental Term Life Insurance Coverage Options

For You	An amount that is elected by you that is a multiple of \$10,000 to a maximum of \$250,000.
For Your Spouse and Your Dependent Children	<p>Plan B (Only available to employees enrolled in Plan B prior to September 1, 2007) For Your Spouse: \$10,000 For each of Your Children: \$5,000</p> <p>Plan C For Your Spouse: \$20,000 For each of Your Children: \$10,000</p> <p>Plan D For Your Spouse: \$30,000 For each of Your Children: \$15,000</p>

*Child(ren)'s Eligibility: Dependent children ages from live birth to 26 years old are eligible for coverage, regardless of student status.

Monthly Costs* for Supplemental Term Life Insurance and Accidental Death and Dismemberment Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates as well as those for your spouse (based on your age and the amount of coverage you want). Rates to cover your child(ren) are also shown.

Age	Monthly Cost Per \$1,000 of Employee Coverage	Monthly Cost of Spouse and Child(ren) Coverage
0-39	\$0.076	Plan B: \$3.00
40 – 44	\$0.235	Plan C: \$5.00
45 – 49	\$0.235	Plan D: \$9.38
50 – 54	\$0.311	
55 – 59	\$0.625	
60 – 64	\$0.879	
65 +	\$0.956	

† Covers all eligible children

*Note: rates are subject to the policy's right to change premium rates, and the employer's right to change employee contributions.

Use the table below to calculate your premium based on the amount of life insurance you will need.

Example: \$100,000 Supplemental Life Coverage

1. Enter the rate from the table (example age 36)	\$0.076	\$ _____
2. Enter the amount of insurance in thousands of dollars (Example: for \$100,000 of coverage enter \$100)	100	_____
3. Monthly premium (1) x (2)	\$7.60	\$ _____

Repeat the three easy steps above to determine the cost for each coverage selected.

MetLife AdvantagesSM – For support, planning and protection when you need it most.

SUPPORT: Comfort and guidance for challenging times

Grief Counseling¹

To help you, your dependents and beneficiaries cope with loss

Included with your non-contributory Term Life coverage at no additional cost, Grief Counseling, provided by Harris, Rothenberg International (HRI), Inc., provides you, your dependents and beneficiaries with resources to help cope with a loss of a loved one, or with major life changes that trigger feelings of grief such as divorce, the loss of a job, financial hardship, terminal illness or loss of a pet. You, your dependents and your beneficiaries can have up to five confidential counseling sessions per event, in-person or by phone. If further assistance is desired, the counselor will help you access services that are appropriate to your situation, preferences, finances and health insurance coverage. Call 1-855-609-9989 or log on to <https://griefcounseling.harrisrothenberg.net/default.aspx> (Username: MetLife; Password: grief).

Total Control Account^{®3}

For immediate access to death proceeds

The Total Control Account[®] settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accident policy for claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. They'll have the convenience of immediate access to any or all of their proceeds, through an interest bearing account with unlimited draft-writing privileges. The Total Control Account gives beneficiaries time to decide what to do with their proceeds, which can be very helpful to them during a difficult time.

PLANNING: Professional and in-person resources when it matters

Face-to-Face Will Preparation Service⁵

To help ensure your decisions are carried out

Like life insurance, a carefully prepared Will (Simple or Complex), living will and Power of Attorney are important.

- A will lets you define your most important decisions, such as who will care for your children or inherit your property.
- A living will ensures your wishes are carried out, and protects your loved ones from making these very difficult and personal medical decisions by themselves. Also called an "advanced directive," it is a document authorized by statutes in all states that allows you to provide written instructions regarding use of extraordinary life-support measures, and appoint someone as your proxy or representative to make decisions on maintaining extraordinary life-support if you should become incapacitated and can't communicate your wishes.
- Powers of Attorney allow you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences, or if you become incapacitated. It is a written document that grants an individual the power to act on your behalf.

When you enroll for Supplemental Term Life coverage, you will automatically receive Will Preparation Service at no extra cost to you. Both you and your spouse will have access to one of Hyatt Legal Plans nationwide network of 13,000 participating attorneys for face-to-face preparation or updating of a will, living will or powers of attorney.* When you use a participating plan attorney, there will be no charge for the services*. Call 1-800-821-6400 and a Client Service Representative will assist you.

* You also have the flexibility of using an attorney who is not participating in the Hyatt Legal Plans' network and being reimbursed for covered services according to a set fee schedule. In that case you will be responsible for any attorney's fees that exceed the reimbursed amount.

Face-to-Face Estate Resolution ServicesSM —ERS⁶

Personal service and compassion assistance to help probate your and your spouse's estates.

MetLife Estate Resolution Services is a valuable service included when you enroll for Supplemental Life coverage. When your estate representative uses a participating Hyatt Legal plan attorney there will be no charge for the services. A Hyatt Legal Plan attorney will consult face-to-face with your beneficiaries or by telephone regarding the probate process for your estate. The attorney will also handle the probate of your and your spouse's estates for your executor or administrator. This can help alleviate the financial and administrative burden upon your loved ones in their time of need.

WillsCenter.com⁷

Self-service online legal document preparation

Employees and spouses have access to WillsCenter.com, an online document service to prepare and update a will, living will, power of attorney or HIPAA authorization form in a secure 24/7 environment at no additional cost. This service is available with all life coverages.

Funeral Planning Guide

Provides beneficiaries a resource that outlines your final wishes

It highlights details of pertinent information including: how to plan for funeral costs, the death claim process, personal funeral preferences and more.

Additional Features

This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family.

Accelerated Benefits Option¹⁰

For access to funds during a difficult time

You can receive up to 80% of your Supplemental Term Life insurance proceeds to a maximum of \$200,000 in the event that you become terminally ill and are diagnosed with less than 24 months to live. This can go a long way toward helping your family meet medical and other related expenses at this difficult time. The Accelerated Benefit Option is also available to spouses insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

Conversion

For protection after your coverage terminates

You can generally convert your Group Term Life insurance benefits to an **Individual Whole Life** insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or a change in your employee class. Conversion is available on all Group Life insurance coverages. Please note that conversion is **not** available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, you can speak with a MetLife representative by calling: 1-877-275-6387.

Waiver of Premiums for Total Disability (Continued Protection)

Offering continued coverage when you need it most

If you become Totally Disabled, you may qualify to continue certain insurance. You may also be eligible for waiver of your Supplemental Term Life insurance premium until you reach age 65, die or recover from your disability, whichever is sooner.

Total Disability or Totally Disabled means you are unable to do your job and any other job for which you are fit by education, training or experience, due to injury or sickness. The Total Disability must begin before age 60, and your waiver will begin after you have satisfied a 9-month waiting period of continuous disability. The Waiver of Premium will end when you turn age 65, die or recover. Please note that this benefit is available after you have participated in the Supplemental Term Life Plan for one year and it is only available to you.

Premium Pay

Continued premium payments during a total disability

If you become totally disabled, your employer will continue to make premium payments on your behalf for 12 months in order to keep your Basic Life coverage active. Your disability status will be determined by your employer. This provision allows coverage for you as a disabled employee to be continued as if you were still active.

What's Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Missouri, North Dakota and Colorado) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Missouri and North Dakota. If the group policy was issued in Massachusetts, the suicide exclusion does not apply to dependent life coverage. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

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Please note that a reduction schedule may apply. Please see your employer or certificate for specific details.

Accidental Death & Dismemberment (AD&D) coverage complements your Supplemental Life coverage insurance and helps protect you 24 hours a day, 365 days a year.

Accidental Death & Dismemberment Coverage Options

This valuable coverage benefits beyond your disability or life insurance for losses due to covered accidents — including while commuting, traveling by public or private transportation and during business trips. MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

Supplemental AD&D Coverage Amounts for You

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

Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The full amount of AD&D coverage you select is called the "Full Amount" and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and will be listed in your coverage in a table of Covered Losses. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.

Standard Additional Benefits Include

Some of the standard additional benefits included in your coverage that may increase the amounts payable to you and/or defray additional expenses that result from accidental injury or loss of life are:

- Air Bag
- Seat Belt
- Common Carrier
- Child Care Center
- Child Education
- Spouse Education
- Hospitalization

What Is Not Covered?

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained, suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or active participation in a riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Additional Coverage Information

How To Apply*

Complete your enrollment form and return it to your Employee Benefits Representative 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 on the plan design and the amount of coverage requested, a Statement of Health may need to be submitted to complete your application.

For Employee Coverage

Enrollment in this Supplemental Term Life insurance plan is available without providing medical information as long:

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had in the last year.

For New Employees:

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for coverage equal to/less than \$100,000.

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.

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 medical information as long as they are not home or hospital confined and not receiving or applying to receive disability payments and:

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had for your spouse and child(ren) in the last year

For New Employees

- The enrollment takes place within 31 days from the date you become eligible for benefits.

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.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect in order for your spouse' 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 the date of hire for Basic Life and on the first of the month following the receipt of your completed application for all Supplemental and Dependent Life requests that do not require additional medical information. A request for Your amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase. The coverage for your spouse and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer for your Basic and Supplemental coverages, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary. You are the beneficiary for your Dependent coverage.

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.

¹ Subject to state regulatory approval. Grief Counseling services are provided through an agreement with Harris, Rothenberg International (HRI), Inc. HRI is not an affiliate of MetLife, and the services HRI provides are separate and apart from the insurance provided by MetLife. HRI has a nationwide network of 46,700 counselors. Counselors have master's or doctoral degrees and are licensed professionals with extensive experience working with people who have suffered a loss.

³ Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of \$5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing the TCA are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Guarantees are subject to the financial strength and claims paying ability of MetLife.

⁵ Will Preparation Services are offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, Will Preparation services are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service.

⁶ Estate Resolution Services are offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, Estate Resolution Services are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. The following are not covered by the Estate Resolution Service: Matters in which there is a conflict of interest between the executor, administrator, any beneficiary or heir and the estate; any disputes with the Policyholder, Employer, Plan Attorneys, MetLife and/or any of its affiliates; any disputes involving statutory benefits; Will contests or litigation outside Probate Court; Appeals; Court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

⁷ WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.



Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured).

Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. ("MIB"). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at www.mib.com.

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- process claims and other transactions

- perform business research
- market new products to you
- comply with applicable laws
- confirm or correct your information
- help us run our business

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our “Using Your Information” section above

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act (“HIPAA”) protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. HIPAA limits our ability to use and disclose the information that we obtain as a result of your request or purchase of insurance. Information about your rights under HIPAA will be provided to you with any dental, vision, long-term care or medical coverage issued to you.

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com. For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com, or call us at telephone number (212) 578-0299.

Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office
P. O. Box 489
Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company
MetLife Insurance Company USA
SafeGuard Health Plans, Inc.

MetLife Health Plans, Inc.
General American Life Insurance Company
SafeHealth Life Insurance Company

SECTION 2 – Please provide full details-below for each “Yes” answer to the preceding questions 1- 11. If you need more space to provide full details, attach a separate sheet with the information and sign and date it. Delays in processing your application may occur if complete details are not provided. MetLife may contact you for additional or missing information.

Question Number	Condition/Diagnosis	Medication Prescribed
		<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____
Date of Diagnosis (Month/Year)	Date of Last Treatment (Month/Year)	Type of Treatment
Treating Health Professional		
Personal Physician's Name: _____		
Date of last visit: _____ Reason for visit: _____		
Address _____		
Street	City	State Zip Code
Telephone: (____) ____ - _____		

Question Number	Condition/Diagnosis	Medication Prescribed
		<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____
Date of Diagnosis (Month/Year)	Date of Last Treatment (Month/Year)	Type of Treatment
Treating Health Professional		
Personal Physician's Name: _____		
Date of last visit: _____ Reason for visit: _____		
Address _____		
Street	City	State Zip Code
Telephone: (____) ____ - _____		

Question Number	Condition/Diagnosis	Medication Prescribed
		<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____
Date of Diagnosis (Month/Year)	Date of Last Treatment (Month/Year)	Type of Treatment
Treating Health Professional		
Personal Physician's Name: _____		
Date of last visit: _____ Reason for visit: _____		
Address _____		
Street	City	State Zip Code
Telephone: (____) ____ - _____		

SECTION 3

1. Personal Physician's Name: _____			
Date of last visit: _____ Reason for visit: _____			
Address _____			
Street	City	State	Zip Code
Telephone: (____) ____ - _____			
2. Are you currently taking any other prescribed medications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Medication: _____		Condition/Diagnosis: _____	
Prescribing Physician's Name: _____			
Address _____			
Street	City	State	Zip Code
Telephone: (____) ____ - _____			

FRAUD WARNINGS

Before signing this Statement of Health form, please read the warning for the state where you reside and for the state where the insurance policy under which you are applying for coverage was issued.

Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York: [only applies to Accident and Health Benefits (AD&D/Disability/Dental)]: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon and Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

GEF09-1

FW

DECLARATIONS AND SIGNATURES

By signing below, I acknowledge:

1. I have read this Statement of Health form and declare that all information I have given, including any health information, is true and complete to the best of my knowledge and belief. I understand that this information will be used by MetLife to determine my insurability.
2. I have read the applicable Fraud Warning(s) provided in this Statement of Health form.



Signature of Proposed Insured

Print Name

Date Signed (MM/DD/YYYY)

If a child proposed for insurance is age 18 or over, the child must sign this Statement of Health. If the child is under age 18, a Personal Representative for the child must sign, **and indicate the legal relationship between the Personal Representative and the proposed insured.** A Personal Representative for the child is a person who has the right to control the child's health care, usually a parent, legal guardian, or a person appointed by a court.



Signature of Personal Representative

Print Name

Date Signed (MM/DD/YYYY)

Relationship of Personal Representative

GEF09-1

DEC

AUTHORIZATION

In connection with an enrollment for group insurance, for underwriting and claim purposes regarding the proposed insureds (the proposed insureds are the "employee", spouse, and any other person(s) named below), notwithstanding any prior restriction placed on information, records or data by a proposed insured, each proposed insured authorizes:

- Any medical practitioner, facility or related entity; any insurer; the Medical Information Bureau, Inc. (MIB); any employer; any group policyholder, contract holder or benefit plan administrator; or any government agency to give Metropolitan Life Insurance Company ("MetLife") or any third party acting on MetLife's behalf in this regard:
 - personal information and data about the proposed insured;
 - medical information, records and data about the proposed insured including information, records and data about drugs prescribed, medical test results and sexually transmitted diseases;
 - information, records and data about the proposed insured related to alcohol and drug abuse and treatment, including information and data records and data related to alcohol and drug abuse protected by Federal Regulations 42 CFR part 2;
 - information, records and data about the proposed insured relating to Acquired Immunodeficiency Syndrome (AIDS) or AIDS related conditions including, where permitted by applicable law, Human Immunodeficiency Virus (HIV) test results; and
 - information, records and data about the proposed insured relating to mental illness, except psychotherapy notes.

Expiration, Revocation and Refusal to Sign: This authorization will expire 24 months from the date on this form or sooner if prescribed by law. Unless permitted by applicable law, the proposed insured cannot revoke this authorization: (1) to the extent that MetLife has taken action relying on the authorization; or (2) if MetLife obtained the authorization as a condition to the proposed insured obtaining insurance coverage. In all other cases, the proposed insured may revoke this authorization at any time. To revoke the authorization, the proposed insured must write to MetLife at P.O. Box 14069, Lexington, KY 40512-4069, and inform MetLife that this Authorization is revoked. Any action taken before MetLife receives the proposed insured's revocation will be valid. Revocation may be the basis for denying coverage or benefits. If the proposed insured does not sign this Authorization, that person's enrollment for group insurance cannot be processed.

By signing below, each proposed insured acknowledges his or her understanding that:

- All or part of the information, records and data that MetLife receives pursuant to this authorization may be disclosed to MIB. Such information may also be disclosed to and used by any reinsurer, employee, affiliate or independent contractor who performs a business service for MetLife on the insurance applied for or on existing insurance with MetLife, or disclosed as otherwise required or permitted by applicable laws.
- Medical information, records and data that may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, setting forth standards for the use, maintenance and disclosure of such information by health care providers and health plans and records and data related to alcohol and drug abuse protected by Federal Regulations 42 CFR part 2, once disclosed to MetLife or upon redisclosure by MetLife, may no longer be covered by those laws or regulations.
- Information relating to HIV test results will only be disclosed as permitted by applicable law.
- Information obtained pursuant to this authorization about a proposed insured may be used, to the extent permitted by applicable law, to determine the insurability of other family members.
- A photocopy of this form is as valid as the original form. Each proposed insured has a right to receive a copy of this form.



Signature of Proposed Insured		Date Signed (MM/DD/YYYY)
Print Name	State of Birth	Country of Birth

If a child proposed for insurance is age 18 or over, the child must sign this Authorization form. If the child is under age 18, a Personal Representative for the child must sign, **and indicate the legal relationship between the Personal Representative and the proposed insured**. A Personal Representative for the child is a person who has the right to control the child's health care, usually a parent, legal guardian, or a person appointed by a court.



Signature of Personal Representative	Print Name	Date Signed (MM/DD/YYYY)
Relationship of Personal Representative		

Fort Worth ISD

2015-2016 MetLife Rates

12 Checks

Age on Sept. 1	20K	30K	40K	50K	60K	70K	80K
Under 40	1.52	2.28	3.04	3.80	4.56	5.32	6.08
40-49	4.70	7.05	9.40	11.75	14.10	16.45	18.80
50-54	6.22	9.33	12.44	15.55	18.66	21.77	24.88
55-59	12.50	18.75	25.00	31.25	37.50	43.75	50.00
60-64	17.58	26.37	35.16	43.95	52.74	61.53	70.32
65+	19.12	28.68	38.24	47.80	57.36	66.92	76.48

Dependent Life Plan

Plan C (20K Employee Minimum)

20K Spouse

10K Eligible Children

Per Paycheck: \$5.00 per employee

Age on Sept. 1	90K	100K	120K	140K	160K	200K	250K
Under 40	6.84	7.60	9.12	10.64	12.16	15.20	19.00
40-49	21.15	23.50	28.20	32.90	37.60	47.00	58.75
50-54	27.99	31.10	37.32	43.54	49.76	62.20	77.75
55-59	56.25	62.50	75.00	87.50	100.00	125.00	156.25
60-64	79.11	87.90	105.48	123.06	140.64	175.80	219.75
65+	86.04	95.60	114.72	133.84	152.96	191.20	239.00

Plan D (30K Employee Minimum)

30K Spouse

15K Eligible Children

Per Paycheck: \$9.38 per employee

18 Checks

Age on Sept. 1	20K	30K	40K	50K	60K	70K	80K
Under 40	1.02	1.52	2.03	2.54	3.04	3.55	4.06
40-49	3.14	4.70	6.27	7.84	9.40	10.97	12.54
50-54	4.15	6.22	8.30	10.37	12.44	14.52	16.59
55-59	8.34	12.50	16.67	20.84	25.00	29.17	33.34
60-64	11.72	17.58	23.44	29.30	35.16	41.02	46.88
65+	12.75	19.12	25.50	31.87	38.24	44.62	50.99

Dependent Life Plan

Plan C (20K Employee Minimum)

20K Spouse

10K Eligible Children

Per Paycheck: \$3.34 per employee

Age on Sept. 1	90K	100K	120K	140K	160K	200K	250K
Under 40	4.56	5.07	6.08	7.10	8.11	10.14	12.67
40-49	14.10	15.67	18.80	21.94	25.07	31.34	39.17
50-54	18.66	20.74	24.88	29.03	33.18	41.47	51.84
55-59	37.50	41.67	50.00	58.34	66.67	83.34	104.17
60-64	52.74	58.60	70.32	82.04	93.76	117.20	146.50
65+	57.36	63.74	76.48	89.23	101.98	127.47	159.34

Plan D (30K Employee Minimum)

30K Spouse

15K Eligible Children

Per Paycheck: \$6.25 per employee

24 Checks

Age on Sept. 1	20K	30K	40K	50K	60K	70K	80K
Under 40	0.76	1.14	1.52	1.90	2.28	2.66	3.04
40-49	2.35	3.53	4.70	5.88	7.05	8.23	9.40
50-54	3.11	4.67	6.22	7.78	9.33	10.89	12.44
55-59	6.25	9.38	12.50	15.63	18.75	21.88	25.00
60-64	8.79	13.19	17.58	21.98	26.37	30.77	35.16
65+	9.56	14.34	19.12	23.90	28.68	33.46	38.24

Dependent Life Plan

Plan C (20K Employee Minimum)

20K Spouse

10K Eligible Children

Per Paycheck: \$2.50 per employee

Age on Sept. 1	90K	100K	120K	140K	160K	200K	250K
Under 40	3.42	3.80	4.56	5.32	6.08	7.60	9.50
40-49	10.58	11.75	14.10	16.45	18.80	23.50	29.38
50-54	14.00	15.55	18.66	21.77	24.88	31.10	38.88
55-59	28.13	31.25	37.50	43.75	50.00	62.50	78.13
60-64	39.56	43.95	52.74	61.53	70.32	87.90	109.88
65+	43.02	47.80	57.36	66.92	76.48	95.60	119.50

Plan D (30K Employee Minimum)

30K Spouse

15K Eligible Children

Per Paycheck: \$4.69 per employee

VOLUNTARY PERMANENT LIFE



PURELIFE-plus

Life insurance you can keep

- *High death benefit*
- *Fully portable*
- *Permanent Coverage*
- *Very affordable*

TEXASLIFE INSURANCE
COMPANY

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

Permanent Life Insurance Coverage

An ideal complement to any group term and optional term life insurance your employer might provide, PURELIFE-plus is the life insurance you keep, even when you change jobs or retire. Its high death benefit and long guarantees provide peace of mind for you and your family.

Why Permanent Life Insurance Is So Important

PURELIFE-plus Features:

- It can be an ideal complement to group term and any optional term life insurance your employer might provide.
- Unlike group and optional term, this policy has a death benefit guaranteed to age 121, as long as you pay the necessary premiums, even when you retire or change jobs. Even if group or optional term is portable, it typically rises in cost and reduces in benefit at retirement.
- This policy is available to you, your spouse, your minor children, even your minor grandchildren.
- Premiums are payable through the convenience of payroll deduction.
- You select the coverage amount and / or premium that best meets your needs.
- The application process is quick and simple.
- You can apply for coverage based on your answers to just three work- and health- related Express Issue underwriting questions.
- This policy offers a significant death benefit at an affordable premium.



Who is eligible?

Employees and their spouses, minor children, even your minor grandchildren are eligible to apply for coverage.



How do I enroll?

Buying life insurance is a personal decision, and as such, you will have the opportunity to consult with an enrollment representative. Should you decide to apply for coverage, the enrollment representative will guide you through the application process. Our contingent guaranteed issue allows you to apply for generous amounts of coverage by answering just 3 work- and health- related questions.

Who is Texas Life?

Texas Life was founded in 1901 and is the oldest life insurance company domiciled in Texas. We are admitted in 49 states and the District of Columbia. We operate out of our home office in Waco, TX. Our Vision is to be known and respected as the leading provider of voluntary permanent life insurance to employees and their families, through their employers, with policies that are easy to sell and buy.

Product Highlights

HIGH DEATH BENEFIT. With one of the highest death benefits available at the worksite, PURELIFE-plus gives your loved ones peace of mind, knowing there will be significant life insurance in force should you die prematurely.

MINIMAL CASH VALUE. Designed to provide a high death benefit, 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 FL) 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.)*

PORTABLE. Coverage is guaranteed as long as required premiums are paid, even after you retire or terminate employment.

Sample Weekly Rates – Non-Tobacco

	Face Value ⁽¹⁾			Guaranteed Age ⁽²⁾
	\$25,000	\$50,000	\$100,000	
25 YEARS OLD	\$1.97	\$3.58	\$6.81	63
35 YEARS OLD	\$2.72	\$5.08	\$9.81	64
45 YEARS OLD	\$5.54	\$10.74	\$21.12	74
55 YEARS OLD	\$12.35	\$24.35	\$48.35	86

(1) Insurance coverage is subject to evidence of insurability. Suicide and contestable clauses apply.

(2) Age to which coverage is guaranteed at Table Premium. After the Guaranteed Period, premiums may go down, stay the same or go up.

Information about PURELIFE-plus

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

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

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

GUARANTEED LIMITED RIGHT TO PARTIAL REFUND OF PREMIUM If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to: (a) pay the higher premium(s) required to continue coverage; or, (b) surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (10 years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders. Conditions apply.

ACCELERATED DEATH BENEFIT For no added premium, the policy includes an Accelerated Death Benefit Due to Terminal Illness Rider (Form ULABR-07).¹ ("Terminal Condition" in PA.) If the insured becomes terminally ill (or has a terminal condition in PA or a qualifying event in a state with ICC in the policy form number) you may elect to claim an accelerated benefit while the insured is still alive in lieu of the insurance proceeds payable at death. In most states the single sum benefit is 92% (84% in IL) of the insurance proceeds. There is also an administrative fee of \$150 (\$100 in FL). This is not a long-term care benefit. Terminal Illness (or Condition) is an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in death within 12 months (24 months in IL). We can, at our expense, request the opinion of a physician We choose. A 90-day exclusion period applies unless the terminal illness results from accidental bodily injury (30 days in CT, IL, LA, MD, UT; 0 days in OR, PA, SC) Other conditions and limitations apply. Pay premiums faithfully. The rider terminates if the policy ever lapses for non-payment of premium, even if the policy is later reinstated. The right to accelerate benefits under this rider does not extend to any Child Term Life Insurance Rider. However, if the accelerated benefit is paid, the Child Rider becomes paid-up term insurance to each insured child's age 25. Payment of the Accelerated Death Benefit terminates the policy and all optional benefits/riders without further value.

CHILD TERM LIFE INSURANCE RIDER In lieu of an individual policy on each child, if the primary insured is age 59 or less you may apply for a Child Term Life Insurance Rider for \$10,000. It insures the primary insured's children and step-children who are ages 15 days through age 18 at the time of application. Children thereafter born to or adopted by the primary insured are covered 15 days after birth. Coverage continues to age 25. Coverage terminates at the primary insured's age 65. Coverage on a step-child ceases upon the primary insured's divorce from the step-child's natural or adoptive parent. If the primary insured dies, coverage is paid-up to the earlier of the insured child's age 25 or the Contract Anniversary Date on which the primary insured's Attained Age would have been 65. (ULCL-CIR-07)

IMPORTANT NOTICE The insurance proceeds, cash values, and loan values will all be reduced to zero and will no longer be payable if Texas Life pays the Accelerated Death Benefit. The benefit under this rider is intended to qualify for favorable income tax treatment under the Internal Revenue Code of 1986. If the benefit qualifies for such favorable tax treatment, it will be excludable from your income and not subject to federal income taxation. Receipt of the benefit may affect your, your spouse's or your family's eligibility for Medicaid, Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. Tax and public benefit laws relating to acceleration of life insurance benefits are complex. You should consult a qualified tax or legal advisor or social services agency to determine how receipt of such payment will affect you and your family. Neither Texas Life nor its agents are authorized to give tax or legal advice.

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

This is a summary only. Policy provisions prevail. This information is not a contract or an offer to contract.
Policy Form PRFNG-NI-10

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.

Online Benefit Enrollment

For benefit information, go to: www.mybenefitshub.com/fortworthisd

Fort Worth ISD Employee Benefits Portal

THEbenefitsHUB

Delivering Instant Access to Your Employee Benefits

Login



Passwords

Please use your Fort Worth Independent School District username and password to login.

Login Assistance

For login assistance, please call (817) 814-HELP (4357).

Login

Username

Password

Login

[Forgot Username or Password?](#)

Supported Browsers

Google Chrome
Microsoft Internet Explorer (7.0 or Later)
Mozilla Firefox (3.5 or Later)

Enrollment Instructions

Click on "Enrollment Instructions" for more information about how to enroll online.





Where Your Benefits Meet Technology



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