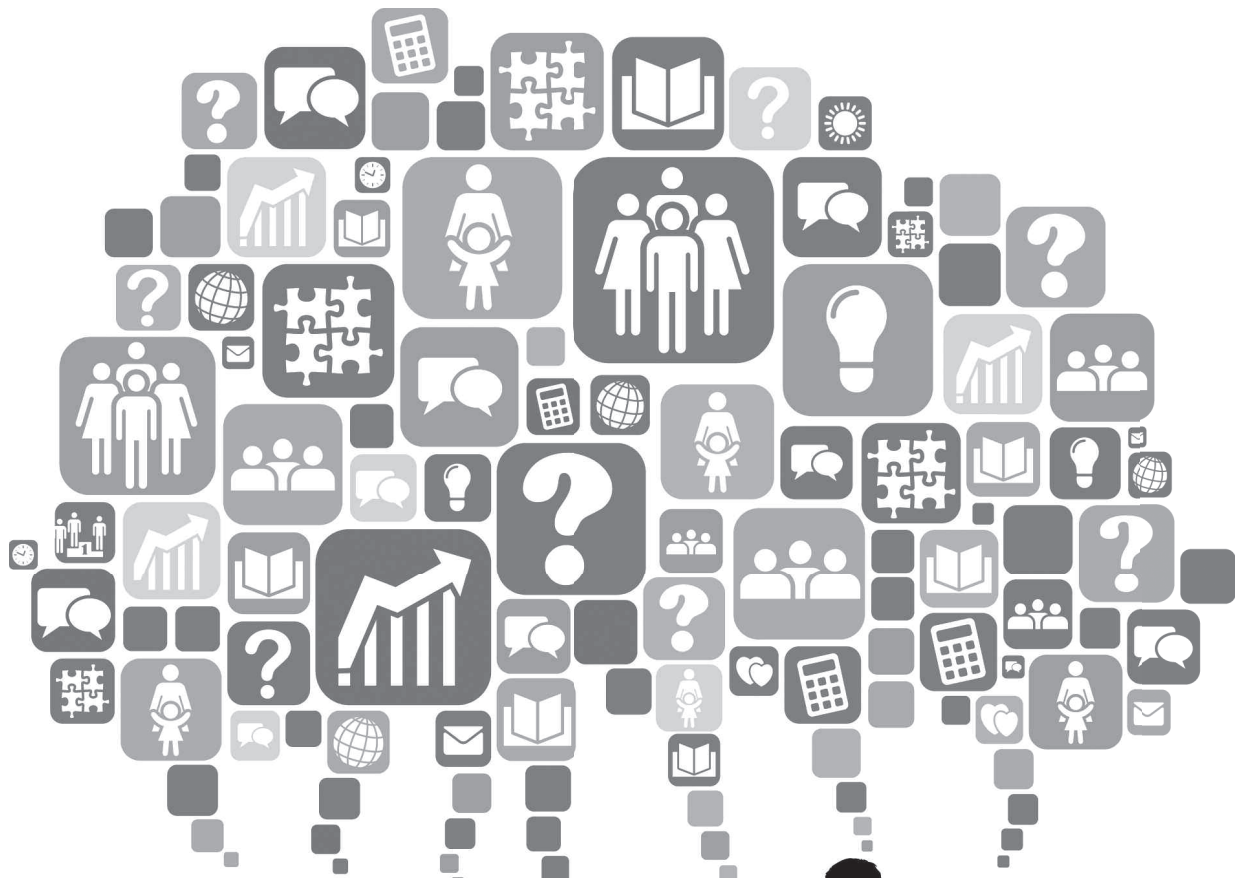


2014-15 Employee Benefits



CONROE

INDEPENDENT SCHOOL DISTRICT

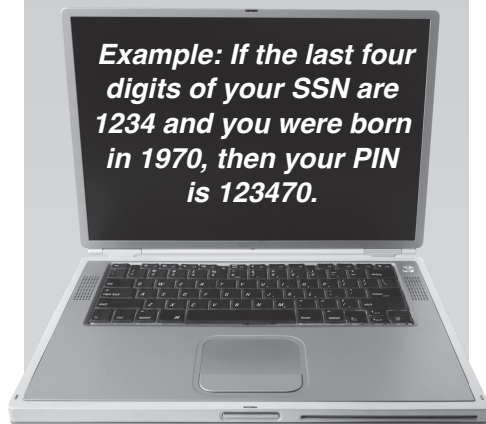
Committed to Excellence

Human Resources/Employee Benefits

3205 West Davis • Conroe, Texas 77304-2098

Benefits Contact Information

Enroll at
<https://ffga.benselect.com/enroll>
Your PIN to login to the online
benefits enrollment system
is the last four digits of your
Social Security number
followed by the last two digits
of your birth year.



CISD Benefits Office <http://hr.conroeisd.net/benefits>

Paula Green

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Third Party Administrator
First Financial Administrators
 1-800-523-8422 • www.ffga.com

Mack Whiteman

Senior Account Executive
 713-254-5264

mack.whiteman@ffga.com

FFenroll Call Center

First Financial Administrators

A special thanks goes to
First Financial Administrators for
paying the cost of publishing the
Benefits Guide and to Aetna
for paying the cost of postage
to mail the guide.

Group Health Benefits

Aetna Medical Care – www.aetna.com

Aetna Whole Health Member Services (Group #100087)	1-866-381-8933
HDHP Member Services (Group #100087)	1-866-381-8933
Health Savings Account	1-866-381-8933
Beginning Right Maternity Program	1-800-272-3531
Behavioral Health Services	1-800-424-5679
Health Connections Disease Management Program	1-866-269-4500
Informed Health Line (24 Hour Nurse Hotline)	1-800-556-1555
Navigator Help Desk	1-800-225-3375
Mail Order Prescription Services	1-800-227-5720
Vision Discount Program	1-800-793-8616

Alternate Plan (Group #71200)

America's Choice Healthplans	1-866-317-0167
	www.achonline.com

Dental

MetLife/Safeguard DHMO (Group #142319; SGX245)	1-800-880-1800
	www.metlife.com/mybenefits

IMA (Group #6327)	1-800-742-9944
	www.imala.com

Vision

VSP (Group #10-350759)	1-800-877-7195
	www.vsp.com

Additional Voluntary Benefits

Accidental Death & Dismemberment Insurance (Group # VAR 053228)

Reliance Standard	1-800-435-7775
	www.reliancestandard.com

Cancer Insurance (GVCP2 Group #98894 • GVCP3 Group #11535)

Allstate	1-800-521-3535
	www.allstateatwork.com

Critical Illness/Cancer Insurance (Group #7212867000)

Humana	1-877-378-1505
	www.humanaworkplacevoluntary.com

Disability Insurance (Group #645657-A)

Standard Insurance Company	1-855-757-4717
	www.standard.com

Flexible Spending Accounts (Health and Dependent Care)

First Financial Administrators (Group #56160)	1-866-853-3539
	www.ffga.com

Hospital Indemnity Insurance (Group #7212867000)

Humana	1-877-378-1505
	www.humanaworkplacevoluntary.com

Legal Protection Plan (Group: Conroe ISD)

Legal Access Plans	1-800-562-2929
	flpp.legalaccessplans.com

Long-Term Care Insurance

American Fidelity	
(Group #59887, policies issued prior to 9/1/2013)	1-800-654-8489
	www.afadventure.com
LifeSecure (Group #00711V)	1-866-582-7701
	www.yourlifefesecure.com

Term Life Insurance Employee Owned

American Fidelity	1-800-654-8489
	www.afadventure.com

Term Life Insurance Group (Group #568676)

UNUM	1-800-445-0402
	www.unum.com

Universal Life Insurance (Group #SM2656)

TEXASLIFE	1-800-283-9233
	www.texaslife.com

Other Benefits

Teacher Retirement System (TRS)	1-800-223-8778
	www.trs.state.tx.us

403(b) and 457 Retirement Savings

First Financial Administrators	1-800-523-8422
	www.ffga.com

Fidelity Investments (457 Plan Option)	1-800-343-0860
	www.mysavingsatwork.com

Leave of Absence and Workers' Compensation

CISD Human Resources	936-709-7823
	www.conroeisd.net

Conroe ISD Employee Health & Wellness Center	936-523-4200 (North County)
	281-465-2873 (South County)
	www.conroeisdclinic.com

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This booklet is only an overview of benefit policies. If there is a conflict between the statements in this booklet and the actual contracts, the terms of the contracts will prevail.

Introduction

Conroe Independent School District proudly offers an excellent benefit package to all qualifying employees and their eligible dependents. This booklet contains a summary outline of health coverage and the various voluntary benefit plans that are available for the 2014-15 plan year.

Conroe ISD has contracted First Financial Administrators to administer our Section 125 Flexible Benefits Plan, 457 and 403(b) retirement plans, and to assist with benefits enrollment.

In an effort to give you a faster response to questions concerning your benefits, there is a toll-free number to call. If you have questions concerning how to enroll, how your benefits work, how to file a claim, or if you need other policy information, you may call First Financial Administrators toll-free at 1-800-523-8422.

Note: This guide contains a summary of the benefits offered by Conroe Independent School District. For a more detailed explanation of benefits, you may contact First Financial Administrators or Aetna Member Services (regarding medical coverage), or you can review the available summary plan documents which are posted online at www.conroeisd.net under Departments – Human Resources – Benefits – Plan Documents.

New Hire Enrollment Information

Conroe Independent School District (CISD) offers group medical, dental, and vision coverage, as well as other voluntary benefits, to employees classified as full-time who work a full-time equivalent (FTE) of at least 50%. All new hire enrollment elections must be completed in the online enrollment system within the first 31 days of full-time employment (please refer to Option 2: Self-Enrollment in the Annual Enrollment

Information section); failure to submit elections during this time frame will result in the forfeiture of coverage until the next annual enrollment period.

Coverage effective dates are determined by the full-time date of hire and enrollment completion date. Coverage will begin the first day of the month following the full-time date of hire only if enrollment is completed on or before this date; if enrollment is completed after the first day of the month following the date of hire, then coverage will become effective the first day of the month following the date enrollment elections are submitted. Employee premiums for all plans become due on the first date of coverage. Changes are not permitted during the plan year unless a qualifying event occurs (additional information regarding this exception is provided in another section of this booklet).

Annual Enrollment Information (July 1-31, 2014)

General Information

Each year, Conroe ISD employees have the opportunity to review, change, or continue their voluntary benefits during the active annual enrollment period of July 1 through July 31. All employees, even if they do not elect any coverage through the District, are required to submit enrollment selections during this time. It is recommended that after completing enrollment employees keep the Employee Benefits booklet for future reference. Employees participating in the Health Flexible Spending Arrangement Account, Aetna Health Savings Account, Dependent Care Reimbursement Account, or Conroe ISD Alternate Plan must re-enroll in these benefits annually.

- Making no changes assumes you are willing to accept any applicable rate increases to benefits experiencing a premium change, if any, and acknowledge cessation of coverage for any plans that are being discontinued.
- Corrections, changes, additions, or drops may only be made during the annual enrollment period unless you experience a qualifying change in status during the plan year.
- Ensure any dependent you wish to provide coverage for is included in your dependent profile in the You & Your Family section of the online enrollment system. You must then confirm on each individual benefit election screen (medical, dental, etc.) that each person you wish to be covered by that particular benefit is selected.
- You must notify the District of any discrepancy in your personal information by updating your Demographic Information in Employee Access Center or by completing an Address/Name/Telephone Change Form available online at www.conroeisd.net under Departments – Human Resources – General Information – HR Forms.

What's New for the 2014-15 Plan Year?

Medical Plans: A new plan, Aetna Whole HealthSM – Memorial Hermann Accountable Care Network (Aetna Whole Health), will replace the existing PCP Referral plans (basic, low and high). This plan is a local member-focused, doctor-driven group of health care providers whose goal is to give you (and your family) a better patient experience by delivering better health and better care at a better cost. The High Deductible Health Plan (HDHP) will not be eliminated; however, it will be closed to new enrollments. If you currently participate in the HDHP, then you have the option of staying on the plan or switching to the new Aetna Whole Health plan.

Primary Care Physician (PCP) Assignments: All employees and dependents enrolling in the new Aetna Whole Health plan must designate a PCP during enrollment this year. Current PCP assignments in the PCP Referral plans will not carry over to the new plan. Entering an invalid Aetna Provider ID or leaving this field blank will result in random assignment of a PCP by Aetna. You may change your PCP selection any time by contacting Aetna Member Services online or by phone.

Preventive Care: Preventive health services for adults, women and children will now be covered at 100%.

Premiums: Costs for the new Aetna Whole Health plan are lower than the PCP Referral plan costs for all but the family tier. HDHP rates are increasing. The District will add \$20 per month to its medical coverage contribution, which brings the total amount to \$396 per month.

Aetna ID Cards: Aetna will issue new member ID cards to all employees enrolling in the Aetna Whole Health plan. Your PCP Referral plan card

is valid through August 31, 2014. HDHP members who continue this coverage for the 2014-15 plan year will not receive a new ID card.

Group Term Life Insurance: Unum is raising the guarantee issue amount to \$200,000 for employees. If you are currently enrolled in this coverage, you may increase your benefit up to the new guarantee issue limit without submitting medical evidence of insurability.

Annual Enrollment Schedule

Listed below is an enrollment schedule that details important dates. Please note CISD's plan year begins September 1, 2014, and all changes completed during annual enrollment will be effective on this date. After July 31, 2014, no changes will be allowed until the next annual enrollment period unless you experience a qualified event. Employees should closely review their September 1st paycheck deductions to make sure all selections made during annual enrollment are reflected.

July 1, 2014.....Begin enrollment

July 31, 2014.....Last day for enrollment and changes

September 1, 2014Effective date for 2014-15 plan year

Enrollment Option 1: Meet with an enroller

How to schedule an appointment

1. Log on to www.appointmentquest.com/provider/2020145930.
2. Choose the location you prefer.
3. Select the date and time you prefer.
4. Enter your contact information.

You may also call First Financial Administrators at 1-855-523-8422 to schedule an appointment. Walk-ins will be accepted but appointments will be honored.

Enrollment Assistance Locations and Times:

Tuesday-Thursday, July 1-3

7:30 a.m. – 5:30 p.m.....Conroe High School
The Woodlands College Park High School

Monday-Thursday, July 7-10

7:30 a.m. – 5:30 p.m.....Conroe High School
The Woodlands College Park High School

Monday-Thursday, July 14-17

7:30 a.m. – 5:30 p.m.....Conroe High School
The Woodlands College Park High School

Monday-Thursday, July 21-24

7:30 a.m. – 5:30 p.m.....Conroe High School
The Woodlands College Park High School

Monday-Wednesday, July 28-31

7:30 a.m. – 5:30 p.m.....Conroe High School
The Woodlands College Park High School

Medical Plan Presentations:

These sessions are optional; however, Aetna representatives will be onsite to provide information about the new Aetna Whole Health plan. They will also be available on each of these dates until 4:30 p.m. to answer questions regarding your medical coverage.

Monday, July 710:00 a.m. and 2:00 p.m.

Conroe High School
The Woodlands College Park High School

Monday, July 1410:00 a.m. and 2:00 p.m.

Conroe High School
The Woodlands College Park High School

Wednesday, July 1610:00 a.m. and 2:00 p.m.

Conroe High School
The Woodlands College Park High School

Monday, July 2110:00 a.m. and 2:00 p.m.

Conroe High School
The Woodlands College Park High School

Wednesday, July 2310:00 a.m. and 2:00 p.m.

Conroe High School
The Woodlands College Park High School

Monday, July 2810:00 a.m. and 2:00 p.m.

Conroe High School
The Woodlands College Park High School

Enrollment Option 2: Self-Enrollment

Take note of the system requirements prior to logging in to FEnroll, the enrollment site. Not meeting the minimum requirements or using

alternate software may result in a negative enrollment experience and may prevent successful completion of the enrollment process.

1. Type <https://ffga.benselect.com/enroll> into the address bar of your web browser, or use the Insurance Enrollment link on the Employees page of www.conroeisd.net.
2. Enter your **CISD Employee Number** or **Social Security number (SSN)** in the appropriate box.
3. Enter your **Personal Identification Number (PIN)** in the appropriate box. Your default PIN is a six digit sequence of the last four digits of your SSN followed by the last two digits of your birth year. **Example:** *If the last four digits of your SSN are 1234 and you were born in 1970, then your PIN will be 123470.*

Follow the instructions to complete your enrollment. You must complete all enrollment steps and electronically sign your confirmation form in order for your selections to become effective. Successful completion of the enrollment process occurs when "Electronically Acknowledged" appears in the employee signature line of the Benefit Confirmation/Deduction Authorization form generated by the FEnroll enrollment system; additionally, the Sign & Submit section will state, "Congratulations, your enrollment is now complete."

Conroe ISD employees will have computer access to complete the online enrollment at two of the district's high school campuses. Representatives from First Financial Administrators will also be available at each of these locations should you have any questions.

Section 125/Cafeteria Plan Information

The Section 125/Cafeteria Plan Benefit refers to Section 125 of the Internal Revenue Code of 1978. Simply put, the Cafeteria Plan allows you to deduct certain benefit premiums from your gross earnings, before federal taxes are figured. The amount you elect to have deducted "pre-tax" actually reduces your taxable income.

The benefit plan year is September 1 through August 31.

There are two very important issues to keep in mind regarding Cafeteria Plan participation:

1. Although all coverage is voluntary, every employee is required to complete online enrollment selections each year, even if you wish to keep your current benefits the same, or if no benefits are selected.
2. Any "pre-tax" elections made during annual enrollment will become effective September 1 and will remain in effect during the entire plan year. Changes are not permitted unless you experience a qualifying event under Section 125 regulations and request a change by contacting the CISD Benefits Office within 31 calendar days of the date of the qualifying event. Examples of these events include:
 - Marriage/Divorce
 - Birth/Adoption
 - Death of a Spouse or Dependent
 - Change in Employment Status of a Spouse or Dependent
 - Change in Eligibility Status of a Spouse or Dependent
 - Open Enrollment of Spouse's or Dependent's Employer's Plan
 - Judgment/Decree/Court Order
 - Eligibility for Medicare or Medicaid

Section 125 Frequently Asked Questions

Q. What is a Section 125 Plan?

A. It is an employer sponsored benefit plan which allows an employee to select from a list of available benefits, those benefits needed by the employee.

Q. What does this benefit program mean to me?

A. This program means that expenditures for items such as medical insurance premiums, dental insurance premiums, cancer and critical illness insurance premiums, vision insurance premiums, dependent care costs, and some medical expenses not covered by insurance can be paid with pre-tax dollars. The bottom line is you may have more dollars available to purchase other benefits you may need, or increase your take home pay.

Q. What happens if the tax law changes next year?

A. No one can predict what future changes may occur in the tax laws. This Section 125 Plan has been set up in accordance with current laws and regulations. If the laws change, appropriate steps will be taken to comply with any new rules.

Q. How do I enroll in the Section 125 Plan?

A. Enrollment selections must be completed in the online enrollment system and confirmed using an electronic signature. A representative from First Financial Administrators is available to meet with you to complete enrollment selections.

Q. Must I make elections before the effective date of the Plan?

A. Yes, you must make your open enrollment benefit elections prior to the beginning of the plan year, September 1, or prior to becoming eligible to participate in the Plan.

Q. Can I make changes in my elections during the plan year?

A. The only time tax law regulations will allow you to make a change is if a qualified status change occurs affecting your need for a benefit. Your change of election must be consistent with the change in status. Some examples of a status change are: marriage, divorce, death of a spouse or child, birth or adoption of a child, and a change in the employment status of you or your spouse.

Q. Who do I contact if I have a question regarding my benefits?

A. You may always call First Financial at 1-800-523-8422 for questions regarding your benefits, or if you have a specific question pertaining to coverage or claims you may contact the provider directly.

Change of Election Guidelines

1. Any qualified premiums deducted from the employee's paycheck will be "locked in" for the duration of the plan year.
2. The only exceptions will be those situations identified by IRS Section 125 regulations and are listed below:
 - a. Change in Employee's Legal Marital Status
 - b. Change in the Number of Employee's Dependents (Birth, Adoption, Death)
 - c. Change in Employment Status of Employee, Spouse or Dependent Affecting Eligibility
 - d. Employee's Dependent Satisfies or Ceases to Satisfy Eligibility Requirements
 - e. Change in Coverage Under Other Employer's Plan (e.g., Spouse's Open Enrollment)
 - f. Loss of Coverage Under Group Health Plan of Governmental or Educational Institution
 - g. HIPAA Special Enrollment Rights
 - h. COBRA Qualifying Events
 - i. Judgment, Decree, or Order
 - j. Medicare, Medicaid, or CHIP Eligibility, including HIPP

* Please note that this is an outline only and does not indicate special facts and circumstances for various events and benefits.

3. A change in election must be related to the reason for the change.
4. The employee must request a change of election within 31** calendar days of the date of the qualifying event. Changes requested after this time will not be permitted until the next open enrollment period.
5. The employee must provide verifiable documentation of the qualifying event to the CISD Employee Benefits Office in order for a request to be processed.
6. For the loss or gain of employment by a spouse or dependent child, verification must be furnished in the form of a letter on company letterhead from the dependent's employer and must include the following information:
 - a. The effective date of employment or the effective date of termination of employment.
 - b. The effective date of the insurance coverage or the date the coverage will terminate / terminated.
 - c. A signature from an official of the company or the benefits counselor.
7. Any premium deducted post-tax may be canceled at any time.
8. An approved change of election will be effective the first day of the month on or following the date a complete request is received. An exception exists for changes due to birth, adoption or placement for adoption; please refer to the eligibility section in the appropriate plan document.

** 60 days for changes related to Medicaid and CHIP eligibility.

Eligibility for Benefits

You are eligible to enroll in benefits if you are a full-time employee of CISD who works a full-time equivalent (FTE) of at least 50%. When you join a plan that provides dependent coverage, your legal spouse (under the laws of the state of Texas) and dependent children are also eligible to join the plan. In order to cover a dependent, you must buy coverage for yourself. No person may be covered as both an employee and a dependent, and no person may be covered as a dependent of more than one employee. A dependent child must be under the age of 26. On most plans, coverage will continue until the end of the month in which the child attains age 26. A dependent child includes your natural child, stepchild, legally adopted child, child under court order, or grandchild. A grandchild must be in your court-ordered custody or must reside with you and be claimed as a dependent according to IRS guidelines. Documentation, including birth certificates, tax records, or legal records, may be required to prove dependency status. A child who is unmarried, totally disabled, and primarily depends upon you for support and maintenance, prior to attaining age 26, is eligible for continued coverage beyond the maximum age limit. Proof of your child's disability is required to continue coverage.

The following plans have a limiting age of 25 or less for dependent children: Universal Life Insurance Plan provided by TEXASLIFE and the Legal Protection Plan.

Dependent Eligibility Audits

It is illegal to elect coverage for an ineligible person. Dependent eligibility audits may be conducted periodically to ensure covered dependents meet plan eligibility requirements. In the event of an audit, notices requesting proof of eligibility will be mailed to plan participants. Not responding to an audit request will result in termination of dependent coverage. If a dependent's eligibility status changes during the plan year, then contact the CISD Employee Benefits Office immediately to request a change of election.

Member ID Cards

For plans that issue member ID cards to utilize benefits, cards are typically mailed and received within 2-3 weeks of new hire enrollment completion or annual enrollment closure. If you require a replacement card, you will need to contact the plan carrier directly. Aetna, MetLife, and VSP allow their members the ability to print temporary cards and submit requests for replacement cards through their websites. As a reminder, new cards for existing participants are not generated at the start of each plan year.

CISD Medical Coverage

CISD offers medical and prescription benefits through self-funded medical plans administered by Aetna. CISD does not participate in a fully funded medical insurance plan provided by an insurance company nor does it participate in TRS-ActiveCare. By contracting Aetna as our plan administrator, we have the added benefit of access to their provider network and negotiated discounts. As our plan administrator, Aetna does not insure our employees, but rather processes and pays claims with money we provide. **All medical information on record with Aetna is confidential and is not shared with CISD.**

In the self-insured plans, CISD and its participating employees, as a group, pay for the entire cost of all our medical expenses. This is done through our premiums, coinsurance, copays, deductibles, and the school district contributions. For full-time (100% FTE) employees, CISD contributes \$396 per month, per employee, toward the medical premium. For example, the actual cost of the monthly premium for employee only coverage in the Aetna Whole Health Plan is \$486. This cost sharing of premium is illustrated below.

Employee Monthly Cost\$90.00

CISD Monthly Contribution\$396.00

Total Monthly Cost\$486.00

Employees working at least a 50% FTE but less than 100% will pay a portion of the District contribution equivalent to the percentage they are not employed. For example, an employee at 60% FTE will pay 40% of the District's contribution, or an additional \$158.40 per month.

Utilization of these plans by our employees is what determines the actual costs for each plan. As employees, we have the responsibility to pay attention to the entire cost of our health care choices. The bottom line is that we are all paying for it. When annual expenditures exceed our annual revenue from the plans, we are faced with making changes in the premium structures and/or plan designs for the following year. CISD has the responsibility of operating plans that generate ample revenue to cover the expenses associated with each of the plans.

Aetna Whole Health—Memorial Hermann Accountable Care Network (*Aetna Whole Health*) (Group #100087)

With this plan you'll get a care team of Memorial Hermann Accountable Care Network doctors, nurses, therapists and other health care providers. They'll work together, and with you, to help keep you healthy or improve your health. They'll also:

- Better coordinate your care because they can see how other network doctors are treating you, what medicines you're taking, your lab results, your health history and more;
- Use technology to spot medical problems early and develop personalized care plans to treat you; and
- Encourage you to play an active and informed role in your health and health care decisions.

This cooperative care approach makes it important to choose an Aetna Whole Health – Memorial Hermann Accountable Care Network primary care doctor to lead your care team. Also keep in mind that you'll save the most money and get the most coordinated care when you visit doctors and facilities within the Memorial Hermann Accountable Care Network, also known as your **Tier One** option.

Conroe ISD Medical Plan Design for 2014-15 Plan Year (*effective September 1, 2014*)

Aetna Whole HealthSM—Memorial Hermann Accountable Care Network

	Maximum Savings Aetna Memorial Hermann ACN Tier 1 *	Higher Out-of-Pocket Costs Aetna Select Tier 2 *	HDHP **
	PCP required Specialist visits require referral		Closed to new enrollment
Deductible			
Individual	\$1,000 (per plan year)	\$1,200 (per plan year)	\$2,000 / \$2,500 (per calendar year)
Family	\$2,000 (per plan year)	\$2,400 (per plan year)	\$4,000 / \$5,500 (per calendar year)
Office Visit	\$30 copay	\$45 copay	30% / 50% (after deductible)
Specialist	\$45 copay	\$75 copay	30% / 50% (after deductible)
Member Coinsurance (After deductible is met)	10%	35%	30% / 50%
Conroe ISD Employee Health and Wellness Center Copay	\$10	\$10	\$10
Walk-In Clinic	\$45 copay	\$45 copay	30% / 50% (after deductible)
Urgent Care	\$75 copay	\$75 copay	30% / 50% (after deductible)
Emergency Room	\$350 copay	\$350 copay	30% / 30% (after deductible)
Out-of-Pocket Maximum (Includes Deductibles, Coinsurance and Medical Office Visit Copayments. RX Copayments do not apply.)			
Individual	\$5,000 (per plan year)	\$6,350 (per plan year)	\$5,000 / \$6,350 (per calendar year)
Family	\$10,000 (per plan year)	\$12,700 (per plan year)	\$10,000 / \$12,700 (per calendar year)
Lifetime Maximum	Unlimited	Unlimited	Unlimited / \$2 million
Prescriptions (Retail)			
Generic copay	\$15	\$15	\$15 (after deductible)
Brand copay - formulary	\$45	\$45	\$45 (after deductible)
Brand copay - non-formulary	\$75	\$75	\$75 (after deductible)
Aetna Specialty Pharmacy (After 2nd fill at Retail)	\$100	\$100	\$100 (after deductible)
Prescriptions (Mail order)			
Generic copay	\$30	\$30	\$30 (after deductible)
Brand copay - formulary	\$90	\$90	\$90 (after deductible)
Brand copay - non-formulary	\$150	\$150	\$150 (after deductible)
Per paycheck costs ***			Closed to new enrollment
Employee only	\$45		\$86
Employee + Child(ren)	\$177		\$251
Employee + Spouse	\$212		\$413
Employee + Family	\$375		\$502

* Cross-application of Deductibles and Out-of-Pocket Maximums when using Tier 1 and Tier 2 providers in same plan year.

** Different amounts refer to In-Network/Out-of-Network for the HDHP.

*** An additional \$5 per paycheck is added for tobacco users.

If you'd like, you may also use hospitals and doctors outside of the Aetna Whole Health – Memorial Hermann Accountable Care Network but still part of Aetna's larger Select network. This is your **Tier Two** option. Just know that when you do, you'll pay more for those services.

Finding a Provider

It's easy to find Aetna Whole Health – Memorial Hermann Accountable Care Network doctors. To choose a primary care doctor – or see which doctors and facilities are part of the network – before you enroll:

- Visit www.aetna.com/docfind.
- Type a name, specialty, procedure or condition in the "Who or what are you looking for?" box.
- Enter your zip code or city and state in the "Where?" box.
- Choose **Aetna Whole Health – Memorial Hermann Accountable Care Network** from the "Select a Plan" drop down menu.

That's how you'll find an up to date list of providers in the Aetna Whole Health – Memorial Hermann Accountable Care Network. The **A** symbol will help you select where to go to save the most money and get the most coordinated care.

Remember, you can still search for and visit **Tier Two** doctors and facilities outside of the Aetna Whole Health – Memorial Hermann Accountable Care Network. Just know that you'll pay more for their services.

Assistance locating doctors and facilities may also be obtained by calling Aetna at 1-866-381-8933.

Providers are subject to change. It is your responsibility to check their status at the time of service.

High Deductible Health Plan (HDHP)

Aetna Choice POS II (Group # 100087)

This plan is closed to new enrollments.

HDHP participants have direct access to any physician, hospital or other health care provider (network or out-of-network) for covered services and supplies. The plan pays benefits differently depending on whether services and supplies are obtained through network or out-of-network providers. It is designed to lower your out-of-pocket costs when you use network providers for covered expenses. Because participants share in the cost of benefits, you will need to satisfy any applicable calendar-year deductible before the plan will begin to pay benefits.

Enrollment in the HDHP includes an optional Health Savings Account (HSA). An HSA permits an individual to set aside money to pay for unreimbursed medical costs in a separate account on a tax free basis. An HSA is similar to a health Flexible Spending Arrangement (FSA) except that the balance in an HSA can be carried over from year to year, unlike an FSA balance which must be spent during a plan year. Contributions to an HSA are in addition to premiums collected for the HDHP coverage. Maximum HSA contribution amounts for the 2014-15 plan year are \$2,000 for employee only coverage and \$4,000 for employee family coverage. Participants who elect to contribute to an HSA are not eligible to enroll in the health FSA benefit.

Exclusions and limitations apply. For a more detailed explanation of Aetna Whole Health and HDHP benefits you can review the summary plan documents online at www.conroeisd.net under Departments – Human Resources – Benefits – Plan Documents.

Aetna Navigator

After you enroll, you can better manage your plan, your health and your budget by registering at your secure member site, www.aetn navigator.com. Here you can:

- Search **DocFind®**, the online provider directory, for doctors, hospitals, pharmacies and more in your area
- Check your personal health record and see reminders for important preventive screenings and tests
- Set and track your health, fitness and nutrition goals with **CarePass®** apps
- Use **Member Payment Estimator** to compare prices on tests and procedures, just like you'd shop for the best deals on travel or clothing
- Get discounts on over-the-counter vitamins, herbal and nutritional supplements, massage therapy and more
- Review your claims and pay your bills

Tip for Aetna Whole Health members: Always look for the **A** icon to quickly spot your Tier One Aetna Whole Health – Memorial Hermann Accountable Care Network doctors and facilities. They will be listed on the "Best Results for Your Plan" tab in DocFind search results.

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: www.conroeisd.net under Departments – Human Resources – Benefits – Enrollment. A paper copy is also available, free of charge, by calling 936-709-7859.

Aetna Special Programs

- **Aetna Natural Products and ServicesSM Program** – Save on complimentary health care products and professional services not traditionally covered by your health benefit plan. All products and services are delivered through American Specialty Health Incorporated and its subsidiaries, American Specialty Health Networks, Inc., and Healthyroads, Inc.
- **Aetna FitnessSM Discount Program** – Save on fitness club memberships, programs and other services that support your healthy lifestyle with services provided by GlobalFitTM.
- **Aetna Health ConnectionsSM Disease Management Program** – An ongoing commitment to improve care for all members encourages Aetna to deliver comprehensive support services for the significant number of people who present with one or more chronic or recurring conditions, or are at high risk of developing additional chronic conditions. The program is based on a holistic, rather than condition-focused, view of each member and addresses more than 30 chronic conditions.
- **At Home Products** – Take advantage of money-savings discounts on health care products that you can use in the privacy and comfort of your home and that add up to savings for you and your family.
- **Aetna BookSM Discount Program** – Discounts on books and other items purchased from the American Cancer Society Bookstore, the MayoClinic.com Bookstore and Pranamaya.
- **Simple Steps to a Healthier Life®** – An online program that can help you improve your overall health or simply fine-tune your daily habits. Get the support you need to be your healthiest.
- **Member Health Education Programs** – Through the use of educational materials, these innovative programs offer health education, preventive care and wellness programs that help promote a healthy lifestyle and good health. Advantages of these programs include: adolescent immunization reminders, adult preventive reminders, cancer screening, and childhood immunization reminders.
- **Informed Health® Line** – Provides telephone access to registered nurses experienced in providing information on a variety of health topics 24 hours per day, 365 days per year.
- **Numbers-to-Know** – Promotes blood pressure and cholesterol monitoring and can help encourage you to understand your illness, monitor your high blood pressure and high cholesterol, and work with your physician to develop an appropriate treatment plan.
- **National Medical Excellence Program** – Helps eligible plan participants access covered treatment for solid organ transplants, bone marrow transplants, and certain other rare or complicated conditions at participating facilities experienced in performing these services.
- **Aetna Vision Discount Program** – Receive discounts on eyeglasses, contact lenses and nonprescription items such as sunglasses and contact lens solutions at thousands of locations nationwide. Discounts off the provider's usual retail charge for Lasik surgery are also available through providers participating in the U.S. Laser Network.
- **Women's Health Care** – A variety of benefits and programs to promote good health throughout each distinct life stage including support for women with breast cancer, confidential genetic testing for breast and

ovarian cancers, direct access for OB/GYN visits, and infertility case management and education.

- **Beginning Right Maternity ProgramSM** – Provides you with maternity health care information and guides you through pregnancy; also includes Pregnancy Risk Assessment.
- **Aetna HearingSM Discount Program** – Save on hearing exams, hearing aids, and other hearing services.
- **Aetna Weight ManagementSM Discount Program** – Help with achieving your weight loss goals and developing a balanced approach to your active lifestyle. Receive discounts on the Calorie King® Program and products, eDiets® diet plans and products, Jenny Craig® weight loss programs and Nutrisystem® weight loss meal plans.

DiabetesAmericaTM

DiabetesAmericaTM health centers are the first ever facilities built expressly to fulfill the unique needs of diabetes patients, all under one roof.

- On-site physicians
- On-site diabetes educators
- On-site lab and diagnostic testing
- Complete, personalized diabetes care, under one roof
- Comprehensive best-in-class, one-stop care, tailored to the needs of each patient

DiabetesAmericaTM is dedicated to helping diabetes patients understand their condition, manage it and live a full life without becoming overwhelmed. In short, DiabetesAmericaTM helps patients take control.

Each state-of-the art health center is purpose-built for diabetes care and wellness management, with a pleasant atmosphere and a friendly and helpful staff of professionals. Services include a convenient on-site lab for while-you-wait results, a living room-like lounge where you can relax with free coffee, tea, and Internet access, a diabetes library with patient education rooms for wellness, diet and exercise counseling, doctor-patient conference rooms for private, personalized attention, and on-site retinal and vascular exam rooms for important preventative care.

Copay and PCP referral requirements are waived for Conroe ISD Aetna Whole Health plan members who receive services from DiabetesAmericaTM. A DiabetesAmericaTM center is conveniently located in the Sam Moon Shopping Center at 17937 I-45 South, Suite 115, Shenandoah, TX 77385; 832-237-3500; www.diabetesamerica.com.

Prescription Drug Coverage

Prescription drug coverage is based upon Aetna's formulary. The formulary includes both brand-name and generic drugs and is designed to provide access to quality, affordable outpatient prescription drug benefits. You can reduce your copayment by using a covered generic or brand-name drug that appears on the formulary. Your copayment will be highest if your physician prescribes a covered drug that does not appear on the formulary. If your physician prescribes, or you request, a brand-name drug when a generic equivalent is available, you must pay the difference in cost (if any) between the brand-name drug and the generic drug, plus the applicable copayment.

The pharmacy benefits plan includes Aetna's precertification program. Precertification helps encourage the appropriate and cost-effective use of certain drugs. These drugs must be pre-authorized by Aetna's Pharmacy Management Precertification Unit before they will be covered. Only your physician can request prior authorization for a drug. The precertification program is based upon current medical findings, manufacturer labeling, and FDA guidelines and cost information. The drugs requiring precertification are subject to change. Additionally, some drugs will only be dispensed by Aetna Specialty Pharmacy in a 30-day supply. Call Member Services or visit Aetna's website for more details.

Urgent Care Centers and Walk-In Clinics

Urgent care facilities are traditionally used to treat the sudden onset of illness or unexpected injury. Overcrowding of our emergency rooms for non-emergent services is an epidemic and unnecessary expense in many cases for the patient, the employer and the health plan. Urgent care facilities generally result in shorter wait times, lower expenses and less out-of-pocket cost for our employees.

Urgent care facilities fill a critical need for patients when they are seeking immediate care that is not life threatening and their general practitioner

is unavailable. For example, a patient with a sprain, fracture, minor burns, skin rashes, possible infection, illness with nausea, vomiting and/or diarrhea, sore throat, fever, earache or minor laceration(s) may go to an urgent care facility if their doctor's office has already closed. If a patient feels like their situation is life threatening, then they should seek help in the appropriate setting or call 9-1-1. Employees should continue to coordinate their care with the advice of their primary care physicians.

Most urgent care centers are independent facilities.

Walk-in clinics generally offer similar services to urgent care centers and are staffed by nurse practitioners.

This summary is intended for reference purposes only, and medical conditions vary by individual. Always use your best judgment when seeking treatment for you and your family.

Urgent Care Facilities in Montgomery County

- **NextCare Urgent Care**
1331 North Park Drive • Kingwood, TX 77339
Phone: 888-381-4858
- **NextCare Urgent Care**
15320 Hwy 105 West, Suite 120, Montgomery, TX 77356
Phone: 800-819-8566
- **Oaks Urgent Care**
25410 I-45 North, Spring, TX 77386
Phone: 281-363-5600
- **Urgent Care for Kids**
1640 Lake Woodlands Drive, Suite E, The Woodlands, TX 77380
Phone: 281-367-0010

Walk-In Clinics in Montgomery County

- **Healthcare Clinic (inside Walgreens)**
8000 Research Forest Drive, The Woodlands, TX 77382
Phone: 866-825-3227
- **Healthcare Clinic (inside Walgreens)**
24917 FM 1314, Porter, TX 77365
Phone: 866-825-3227
- **Minute Clinic (inside CVS)**
3705 FM 1488, The Woodlands, TX 77384
Phone: 866-389-2727
- **Minute Clinic (inside CVS)**
25110 Grogans Mill Road, Spring, TX 77380
Phone: 866-389-2727
- **RediClinic (inside HEB)**
3601 FM 1488, The Woodlands, TX 77384
Phone: 866-607-7334
- **RediClinic (inside HEB)**
130 Sawdust Road, Spring, TX 77380
Phone: 866-607-7334
- **RediClinic (inside HEB)**
10777 Kuykendahl Road, Spring, TX 77382
Phone: 866-607-7334

The urgent care facilities and walk-in clinics listed in this guide are current as of May 2014. Providers are subject to change. It is your responsibility to check their status at time of service.

A Welcome Call from Aetna

Personalized help makes it easier for you to be healthy and well

That's why your Aetna plan offers phone support from a caring registered nurse. When you need that support the most. Or when you just need a little advice. And you don't have to pay a thing. It's all part of your Aetna health plan.

For special situations

We know the health care system can be complicated. Just think of the many times when speaking with someone who really knows health care issues would put your mind at ease. Times when you are:

- Planning for or coming home from a hospital stay
- Managing a medical condition, like asthma or diabetes
- Coordinating complex medical treatment among different doctors, hospitals, labs and other health care providers

Or everyday well-being

Of course, sometimes you don't have an urgent need for support. But

you could benefit from guidance that helps you stay well. So you may also get a call from Aetna to:

- Discuss questions to ask your doctor
- Find out about Aetna health and wellness programs that might be right for you
- Learn about services available through your employer or in your community
- Talk about ways you can work toward good health

Your conversation is private

It's in your best interest to talk openly with your program nurse. Rest assured that everything you discuss is confidential. Aetna never shares your information with anyone, including your employer. So be sure to answer the phone when Aetna calls. It's a phone call that can make a big difference.

Make sure your employer has your correct phone number on file. This is the number Aetna will use to call you.

Plan administered by: Aetna

www.aetna.com • 1-866-381-8933

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health care services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Conroe ISD Employee Health & Wellness Center

Conroe ISD, in partnership with H2U, provides health and wellness centers where employees and their eligible dependents can obtain a variety of medical services at a reduced cost. The Health & Wellness Centers place a high priority on preventive health education, medical screenings, and lifestyle modifications to ensure a lifetime of optimal health. The medical staff will spend extensive one-on-one time listening to understand your unique and individual health care needs.

Two convenient locations:

North County Conroe Regional Medical Center

Healthy You Wellness Center

200 George Strake Boulevard, Suite B • Conroe, TX 77304
936-523-4200

Hours: Monday/Wednesday/Friday – 8 a.m. to 5 p.m.
Tuesday/Thursday – 7 a.m. to 4 p.m.

South County CISD Employee Health & Wellness Center

19675 I-45 South, Suite 100 • Conroe, TX 77385

(On the Oak Ridge Elementary School campus)

281-465-2873

Hours*: Monday – 8 a.m. to 5 p.m.

Tuesday/Wednesday/Thursday – 11 a.m. to 7 p.m.

Friday/Saturday – 9 a.m. to 1 p.m.

* Modified hours during summer break

What kind of treatment can the Health & Wellness Centers provide?

The Health & Wellness Centers can handle nearly all of your routine illness and health needs. They can diagnose and treat minor medical problems, write prescriptions, give vaccinations, conduct physicals, perform diagnostic lab work on-site, and more.

How are the Health & Wellness Centers staffed?

The Health & Wellness Centers are staffed by nurse practitioners, a vocational nurse, and medical assistants.

How can I be assured the medical care I received at the Health & Wellness Centers is of the highest quality?

When you visit a Health & Wellness Center with a health problem, you

will be treated by a qualified, board-certified Nurse Practitioner who has advanced training in diagnosing and treating illnesses.

What is the cost for an employee to use a Health & Wellness Center?

The co-pay is \$10 for Conroe ISD Aetna medical plan members. For all other employees, the co-pay is \$50.

Can family members use a Health & Wellness Center?

Yes, as long as the family member is enrolled in a District medical plan with Aetna – children must be at least two years old. Family members not enrolled in a CISD medical plan may not use these facilities.

Do I need to call ahead for an appointment?

Appointments are preferred, but walk-ins are accepted. To schedule your appointment, call the desired location or visit www.conroeisdcclinic.com.

Can I select the CISD Health & Wellness Center as my primary care physician (PCP) if I am enrolled in the District's Aetna Whole Health–Memorial Hermann Accountable Care Network medical plan?

Yes. Employees and their family members (over the age of two) enrolled in the CISD Aetna Whole Health plan may select the CISD Health & Wellness Center as their PCP. The CISD Health & Wellness Centers are not listed in Aetna's online provider directory. The Aetna Provider ID for the center is 4399474 (this applies to both locations).

Can the Health & Wellness Centers refer me to a specialist if necessary?

Yes, as long as you have designated the Health & Wellness Center as your PCP.

Does Conroe ISD have access to my personal health information?

No. In compliance with HIPAA (Health Insurance Portability and Accountability Act), your personal health information is completely confidential and is not shared with Conroe ISD or anyone else without your written permission.

Who manages the Health & Wellness Centers?

The Health & Wellness Centers are managed by H2U Wellness Centers, LLC, a subsidiary of Hospital Corporation of America (HCA), the largest individual provider of healthcare in the United States.

**For more information or to schedule an appointment,
call the preferred location or visit www.conroeisdcclinic.com.**

CISD Alternate Plan

America's Choice Health Plans (Group # 71200)

The CISD Alternate Plan is offered to employees who have declined CISD medical coverage because they have medical coverage through another entity. Information on the other plan, including the name of the other medical coverage provider, must be submitted during enrollment. Benefits of the plan include hospital indemnity, dental, term life, and accidental death and dismemberment coverage. There is no cost to full-time, 100% FTE employees electing to participate in this plan. An enrollment election is required each year during annual enrollment to continue coverage in the CISD Alternate Plan.

Hospital Indemnity Benefit

Daily Inpatient Allowance\$165

Daily Maximum365 days

Dental Benefit

(This plan may be used at the discretion of any dental office.)

Deductible\$50

Waived on Preventative.....yes

Preventative.....100%

Basic.....80%

Major50%

Calendar Year Maximum\$1,000

Group Life through One America

Term Life.....\$10,000

Accidental Death and Dismemberment\$15,000

Life & AD&D amounts will be reduced by 35% at 65, 70% at 75, 80% at 80, 85% at 85, 90% at 90, 95% at 95, and will terminate at retirement.

Plan administered by:

America's Choice Healthplans
PO Box 922043 • Houston, TX 77292-2043
www.achonline.com • 1-866-317-0167

Information included in this benefit description provides only a general overview

of some of the important features of the plan. The plan document will set forth in detail, limitations and exclusions, as well as the rights and obligations of the employer and employee.

Dental Plans

CISD offers its employees two types of dental plans: a fully insured dental HMO plan and a self-funded direct dental plan.

Dental HMO (DHMO) Plan MetLife/SafeGuard SGX245 (Group # 142319)

With the SafeGuard dental plan, you choose a dentist from the MetLife network when you enroll. This is the dentist who will provide your basic dental care. Each family member may select a different dental office. A directory of participating dentists is available online at www.metlife.com/mybenefits. You will need to know the MetLife facility ID of your general dentist at the time of enrollment.

Plan Features:

- No deductibles
- No annual maximums
- No waiting period
- No claim forms
- Additional cleanings, bleaching, veneers, and white fillings covered at copay
- 25% off dentist's usual & customary fee for non-listed procedures

The chart below is a small portion of the benefits available:

Code	Description	Copay
	Office Visit	\$5
D0210	X-rays intraoral – complete series	\$0
D1110	Cleaning – adult.....	\$0
D1111	Additional cleaning – adult.....	\$35
D1120	Cleaning - child	\$0
D2331	Filling, two surfaces (white).....	\$0
D2751	Crown.....	\$245
D2962	Labial veneer (porcelain laminate).....	\$350
D3320	Root canal – bicuspid, per tooth.....	\$152
D5110	Complete upper denture	\$325
D7140	Extraction – single tooth.....	\$5
D9972	External bleaching – per arch.....	\$125

Current Dental Terminology® American Dental Association

Per Paycheck Costs:

Employee Only	\$9.38
Employee and 1 Dependent.....	\$15.11
Employee and Family	\$21.21

Benefits are provided by:

SafeGuard Health Plans, Inc.
PO Box 30900 • Laguna Hills, CA 92654-0900
www.metlife.com/mybenefits • 1-800-880-1800

For full details regarding this plan please review the SafeGuard Evidence of Coverage and Schedule of Benefits at www.conroeisd.net under Departments—Human Resources—Benefits—Plan Documents.

Direct Dental Plan

Insurance Management Administrators (IMA) (Group # 6327)

Plan Features:

- Visit any dentist anywhere
- If your dentist will accept assignment of benefits, IMA will pay your dentist directly
- If your dentist does not accept assignment of benefits, IMA has an easy and rapid reimbursement procedure:
 1. Pay your dental office for your dental services
 2. Obtain an invoice and a completed standard American Dental Association claim form from your dental office
 3. Mail, or have your dental office mail, the claim form and invoice to: IMA Direct Dental, P.O. Box, 71120, Bossier City, LA 71171-1120
 4. Reimbursement will be received within 2-3 weeks, depending on the mail time and if a clean claim is received

Plan Waiting Periods (for New Participants)

- Endodontics (Root Canal Therapy).....6 month wait
- Periodontics (Gum Surgery).....6 month wait

- Bridges, Dentures and Crowns6 month wait
- Orthodontia (for Children Under Age 19).....12 month wait

Plan Exclusions

Implants, orthodontia for individuals age 19 years and older, cosmetic dentistry and TMJ. **All other dental procedures are covered – no pre-authorizations required.**

High Plan “A”

- Yearly maximum benefit per person: \$1200
- Plan pays: 0% of first \$50 (deductible), 100% of next \$100, 80% of next \$250, and 50% of next \$1800

Low Plan “B”

- Yearly maximum benefit per person: \$800
- Plan pays: 0% of first \$50 (deductible), 80% of next \$250, and 50% of next \$1200

Per Paycheck Costs:

High Plan “A”	Low Plan “B”
Employee Only	Employee Only
Employee and Child(ren) ...	Employee and Child(ren) ..
Employee and Spouse.....	Employee and Spouse.....
Employee and Family	Employee and Family

Plan administered by:

Insurance Management Administrators of Louisiana, Inc.
PO Box 71120 • Bossier City, LA 71171-1120
www.imala.com • 1-800-742-9944

Vision Plan

VSP (Group # 10-350759)

If you are looking for eye insurance that will help you save money, be healthy and look great then you landed in the right place. With VSP, your vision insurance provides you access to the tools you need to keep your eyes healthy and vision sharp, so you can experience life's moments clearly.

Save Money. VSP is good for your eyes and your wallet because you always get the lowest out-of-pocket costs in vision care. You don't have to cut coupons or wait for a sale – your savings are built into your VSP plan. Plus, you can use a flexible savings account for any out-of-pocket costs, including co-pays, at your VSP doctor's office.

Be Healthy. Your Annual WellVision Exam® is an important part of your overall health routine. During your exam, a VSP doctor will look for vision problems and early signs of other health conditions, like diabetes, high blood pressure, and high cholesterol.

Look Great. VSP gives you access to hundreds of options on styles and designer frames. Plus, VSP offers a wide selection of great brands for you to choose from.

Personalized Care with Great Choices. VSP maintains the highest credentialing requirements for eye doctors to ensure you always receive the very best care. And, VSP offers the largest network of doctors so that you can choose to see who's right for you.

Focus® Plan Summary

	VSP Choice Network + Affiliates	Out of Network
Deductibles	\$10 Exam \$10 Eye Glass Lenses or Frames*	\$10 Exam \$10 Eye Glass Lenses or Frames*
Annual Eye Exam	Covered in Full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in Full	Up to \$30
Bifocal	Covered in Full	Up to \$50
Trifocal	Covered in Full	Up to \$65
Lenticular	Covered in Full	Up to \$100
Progressive	See lens options	N/A
Contacts		
Fit & Follow Up Exams	15% discount See Additional Focus Features	No benefit
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in Full	Up to \$210
Frames	\$130**	Up to \$70
Frequencies (months)	Based on date of service	Based on date of service
Exam / Lens / Frame	12 / 12 / 12	12 / 12 / 12

* Deductible applies to a complete pair of glasses or to frames, whichever is selected.
 ** The Costco allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lense and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

Additional Focus® Choice Network Features:

Contact Lenses Elective – Allowance includes fitting, exam and lenses. The cost of the fitting and evaluation is deducted from the contact allowance. Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses.

Additional Glasses – 20% discount off the retail price on additional pairs of prescription glasses (complete pair).

Frame Discount – VSP offers a 20% discount off the remaining balance in excess of the frame allowance.

Laser Vision Care – VSP offers an average discount of 15% on LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.

Low Vision – With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Per Paycheck Costs:

Employee Only	\$4.20
Employee and Child(ren)	\$9.04
Employee and Spouse	\$9.88
Employee and Family	\$15.26

Benefits are provided by:

VSP • www.vsp.com • 1-800-877-7195

These are highlights of plan benefits provided by Ameritas Life Insurance Corp. This is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, please review the VSP Certificate of Coverage and Schedule of Benefits online at www.conroeisd.net under Departments – Human Resources – Benefits – Plan Documents.

Health Flexible Spending Arrangement

First Financial Administrators (Group # 56160)

The health Flexible Spending Arrangement (FSA) benefit under Section 125 regulations permits employees to pay for out-of-pocket health expenses with before-tax dollars. You will be reimbursed for any qualifying health care expenses as long as they will not be reimbursed by a third party (e.g. your medical insurance company). A list of eligible expenses is provided in this section.

You choose the amount to be deducted from each of your paychecks based on your projected out-of-pocket expenses for the plan year, September 1 - August 31. You may use any of the annual elected amount at any time during your plan year. Example: If you elect to

participate in the health care FSA plan and contribute \$50 per paycheck, you will have access to your annual maximum amount of \$1,200 during the entire plan year.

The maximum Health FSA contribution amount for the 2014-15 plan year is \$2,500 (\$104.16 per paycheck).

Claim forms are available at www.ffga.com and www.conroeisd.net under Departments – Human Resources – Benefits – Forms.

Things to Remember

Once you elect an amount, it cannot be changed or stopped during the plan year unless you experience a Section 125 qualifying event. These events are discussed in a prior section of this guide.

Any unused funds that are in your account at the end of the plan year will be forfeited. These funds cannot be returned to you.

Once you have been reimbursed your maximum annual election amount, you will not be reimbursed for any more expenses.

Expenses must be incurred during the current plan year.

Expenses reimbursed under this plan may not be used when calculating your medical expense deduction on your federal income tax return.

If you enroll in the Aetna HDHP and contribute to the HSA, then you are not eligible to enroll in the health FSA benefit.

FFA Benefits Card

The First Financial Administrators, Inc. Benefits Card is available for direct access to health FSA account funds. One card will be sent to participating employees, and additional cards may be requested for spouses and dependent children (ages 18-26) for no additional fee. If the card is lost or stolen, the replacement cost is \$10.00; this fee will be deducted from the account balance. Use of the card for eligible transactions requires a signature and not a PIN; transactions must always be processed as credit.



The IRS requires validation of most transactions, so you must submit receipts for verification of expenses when requested. An itemized receipt must list the provider name, patient name, date of service, a brief description of services received, and the amount you are responsible for. An explanation of benefits (EOB) which can be obtained from your insurance carrier, is also acceptable documentation. If you fail to substantiate by providing the necessary documentation within 60 days of the transaction, your card will be suspended until the itemized receipt or EOB is received.

If funds remain in your account at the end of the plan year and you continue to participate in the FSA benefit during the following plan year, you may also use the debit card during the 2½ month grace period; otherwise, the card will be deactivated and a claim must be submitted for reimbursement. Additionally, if you continue to participate, the system will deduct all remaining funds from your old plan year (during the grace period) before deducting from the balance of the new plan year.

Your FFA Benefits Card cannot be used past your termination date. If you have available funds in your account, a manual claim will be required.

Participants may review their FSA account balances online at www.ffga.com by registering for an online account. For additional information, you may call 1-866-853-3539.

Where to use your FFA Benefits Card

- Pharmacies – always use at the pharmacy counter only
- In-Store Pharmacies – if “merchant code” is programmed “pharmacy”, the expense will be authorized, but if the transaction code is programmed as “grocery/retail”, then the transaction may be declined. The debit card may not work in some grocery/discount stores.
- Physician Offices, including Specialists
- Dental Offices
- Vision Care Providers

- Medical Facilities
- Medical Clinics
- Hospitals, including Emergency Rooms

Eligible Expenses for Health FSA Reimbursement

Acupuncture
 Alcoholism treatment (OTC)
 Ambulance service
 Artificial limbs and teeth
 Asthma treatments
 Bandages (OTC)
 Birth control pills
 Blood pressure monitoring devices
 Blood sugar test kit and test strips (OTC)
 Breast reconstruction surgery following mastectomy
 Carpal tunnel wrist supports
 Chelation therapy
 Chiropractor services
 Circumcision
 Cold/hot packs (OTC)
 Condoms (OTC)
 Coinsurance, copayments and deductibles (medical, dental & vision)
 Contact lenses, materials and equipment
 Crutches
 Dental services (prevention & alleviation of dental disease)
 Dentures and denture adhesives (OTC)
 Diabetic supplies (OTC)
 Diagnostic items and services
 Drug addiction treatment
 Drug overdose treatment
 Drugs and medicines*
 Egg donor fees
 Eye examinations, eyeglasses and related equipment and materials/cleaners
 Flu shots
 Gauze pads (OTC)
 Glucose monitoring equipment (OTC)
 Guide dog or other animal aide
 Hearing aids (OTC)
 Hospital services
 Immunizations
 Incontinence supplies (OTC)
 Insulin
 Laboratory fees
 Laser eye surgery/lasik/radial keratotomy
 Liquid bandage (OTC)
 Mastectomy-related bras
 Medical monitoring and testing devices (OTC)
 Medical records charges
 Medicines and drugs*
 Norplant insertion or removal
 Obstetrical expenses
 Occlusal guards to prevent teeth grinding
 Optometrist services
 Organ donor
 Orthodontia expenses
 Ovulation monitor
 Physical exams
 Physical therapy
 Pregnancy test kit
 Prenatal expenses
 Prosthesis
 Psychiatric care
 Screening tests
 Smoking cessation programs
 Sterilization procedures
 Taxes on medical services and products
 Telephone equipment for hearing-impaired person
 Television equipment for hearing-impaired person
 Thermometers (OTC)
 Transplants
 Transportation expenses for travel primarily for, and essential to, medical care
 Vasectomy/vasectomy reversal
 Walkers
 Wheelchairs
 X-Ray fees

* *Drugs and medicines must be primarily for medical care, not for personal, general health or cosmetic purposes, and must be legally procured. In addition, over-the-counter (OTC) expenses will qualify only if the medicine or drug is prescribed or is insulin. A prescription for this purpose is one written by an individual legally licensed to issue prescriptions, meeting the same legal requirements and including the same information as required for a drug or medicine that is available by prescription only. The prescription must be submitted with the expense reimbursement request but the prescription does not have to be filled by a pharmacist.*

Ineligible Expenses for Health FSA Reimbursement

Autopsy
 Cosmetic Surgery (*which simply improves your appearance, such as face lifts, hair transplants, hair removal (electrolysis) and liposuction*)
 Cosmetics
 Dependent day care expenses
 Expenses for maintaining or improving general health
 Expenses reimbursed by any other health plan or source
 Face creams, moisturizers (OTC)
 Feminine hygiene products
 Funeral expenses
 Hair growth remedies
 Health club dues
 Illegal operations and treatments
 Insurance premiums
 Late fees on medical bills
 Lodging while attending a medical conference
 Marijuana or other controlled substances
 Missed appointment fees
 Nursing services for a normal and healthy baby
 Physician access retainer
 Prescription drugs and medicines obtained from other countries
 Prescription drug discount program fees
 Sunscreen/clothing to block sun
 Surrogate expenses
 Teeth whitening/bleaching
 Toothbrushes and toothpaste (OTC)
 Veneers

Accidental Death and Dismemberment Insurance

Reliance Standard (Group # VAR 053228)

Accidents by their sudden nature often leave families unprepared to meet the resulting financial impact. With this in mind, CISD offers employees a Group Voluntary Accidental Death & Dismemberment (AD&D) Insurance Plan.

Benefits

The plan offers you protection 24 hours a day, 365 days a year, against losses from covered accidents on or off the job, on business, on vacation or at home. The plan provides you coverage as a passenger (not a crew member) in any civilian or corporate owned or leased aircraft licensed to carry passengers and piloted by a duly qualified licensed pilot.

If an injury results in death or dismemberment within one year of a covered accident which occurs while insured, benefits will be paid for

Loss of:

Life	Full Benefit Amount
Two or More Members*	Full Benefit Amount
Speech and Hearing	Full Benefit Amount
One Member*	1/2 Benefit Amount
Speech or Hearing	1/2 Benefit Amount
Thumb & Index Finger (same hand)	1/4 Benefit Amount

* *"Member(s)" means: hand, foot or eye*

You may select benefit amounts of AD&D insurance from \$10,000 (minimum) to \$500,000 (maximum) in increments of \$10,000. Amounts in excess of \$10,000 are limited to ten times your annual salary. Benefit Amounts reduce at age 75, to 50% and at age 80, to 25%, of the pre-age 75 amount and terminate at retirement.

Under the family plan, you may also cover your spouse and

dependent child(ren). The Benefit Amount which applies to insured dependents is based on the composition of the family at the time of loss and is a percentage of your Benefit Amount as follows:

Spouse with no covered Dependent Child(ren)	60%
Spouse with covered Dependent Child(ren)	60%
Each Dependent Child	15%
Each Dependent Child (if no spouse)	20%

Additional Benefits: Reserve-National Guard Coverage, Exposure and Disappearance Coverage, Seat Belt and Air Bag Benefit, Increased Dismemberment Benefit for Insured Children, Education and Survivor Benefit, Coma Benefit, and Conversion Privilege.

What is not covered

Benefits are not paid for a loss: (1) to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; or (2) caused by suicide, or intentionally self-inflicted injuries; or (3) caused by or resulting from war or any act of war, declared or undeclared; or (4) caused by an accident that occurs while in the armed forces of any country; (5) serving as a pilot or crew member in any aircraft; or (6) sustained during the Insured's commission or attempted commission of an assault or felony.

Limitations

Reliance Standard may contest any claim submitted during the first two years that your insurance is in force. Insurance coverage is incontestable after it has been in force two years during your lifetime except for non-payment of premium.

Your Beneficiary

Benefits are paid to the person you have named during your enrollment for loss of your life. Benefits for other covered losses will be paid to you. You are the beneficiary of your dependent's benefits.

Per Paycheck Costs:

Employee Only	\$0.11 per \$10,000
Employee and Family	\$0.185 per \$10,000

Enrollment in this plan is not a contract; benefits are determined in accordance with the master contract on file with the Policyholder.

Benefits are provided by:

Reliance Standard Life Insurance Company
PO Box 8330 • Philadelphia, PA 19101-8330
www.reliancestandard.com • 1-800-435-7775

Group Voluntary Cancer and Specified Disease Insurance

Allstate Benefits (Group # 11535)

No one likes to think about getting cancer. But in the US, men have slightly less than a 1 in 2 lifetime risk of developing cancer; for women, the risk is a little more than 1 in 3.¹ Cancer may not be preventable, but you can protect yourself from some of the costs.

¹ Cancer Facts & Figures, American Cancer Society, 2010

Allstate Benefits (AB) group voluntary cancer coverage provides cash benefits for cancer and 29 specified diseases, and can help cover the costs of specific cancer and specified disease treatments and expenses as they happen.

Being diagnosed with cancer or a specified disease can be difficult on anyone both emotionally and financially. Having the right coverage to help when sickness occurs or when undergoing treatments for cancer is important. Our cancer coverage can help provide added financial security when it is needed most:

- Benefits paid directly to you unless otherwise assigned
- Coverage for you or your entire family
- No evidence of insurability required at initial enrollment (enrolling after your initial enrollment period requires evidence of insurability)
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (primary insured only)
- Includes coverage for 29 other specified diseases
- Portable

Summary of Benefits

Hospital and Related Benefits		Low	Medium	High
Continuous Hospital Confinement (daily)		\$300	\$300	\$400
Government or Charity Hospital (daily)		\$300	\$300	\$400
Private Duty Nursing Services (daily)		\$300	\$300	\$400
Extended Care Facility (daily)		\$300	\$300	\$400
At Home Nursing (daily)		\$300	\$300	\$400
Hospice Care Center (daily)		1. \$300	1. \$300	1. \$400
Hospice Care Team (per visit)		2. \$300	2. \$300	2. \$400
Radiation, Chemotherapy, and Related Benefits				
Radiation/Chemotherapy for Cancer (every 12 mos.)		\$7,500*	\$15,000*	\$30,000*
Blood, Plasma, and Platelets (every 12 mos.)		\$7,500*	\$15,000*	\$30,000*
Medical Imaging (yearly)		\$375* ⁴	\$750* ⁴	\$1,500* ⁴
Hematological Drugs (yearly)		\$150*	\$300*	\$600*
Surgery and Related Benefits				
Surgery		\$1,500* ²	\$3,000* ²	\$4,500* ²
Anesthesia (% of surgery)		25%	25%	25%
Ambulatory Surgical Center (daily)		\$250	\$500	\$750
Second Opinion		\$200	\$400	\$600
Bone Marrow or Stem Cell Transplant	1. Autologous	1. \$500 ⁴	1. \$1,000 ⁴	1. \$1,500 ⁴
	2. Non-autologous	2. \$1,250 ⁴	2. \$2,500 ⁴	2. \$3,750 ⁴
	3. Non-autologous for leukemia	3. \$2,500 ⁴	3. \$5,000 ⁴	3. \$7,500 ⁴
Miscellaneous Benefits				
Inpatient Drugs and Medicine (daily)		\$25	\$25	\$25
Physician's Attendance (daily)		\$50	\$50	\$50
Ambulance (per confinement)		\$100	\$100	\$100
Non-Local Transportation (per trip or mile)		Coach Fare	Coach Fare	Coach Fare
		or \$0.40	or \$0.40	or \$0.40
Outpatient Lodging (daily)		\$50* ¹	\$50* ¹	\$50* ¹
Family Member Lodging (daily) and Transportation (per trip or mile)		\$50*	\$50*	\$50*
		Coach Fare	Coach Fare	Coach Fare
		or \$0.40	or \$0.40	or \$0.40
Physical or Speech Therapy (daily)		\$50	\$50	\$50
New or Experimental Treatment (every 12 mos.)		\$5,000*	\$5,000*	\$5,000*
Prosthesis		\$2,000* ³	\$2,000* ³	\$2,000* ³
Hair Prosthesis (every 2 years)		\$25	\$25	\$25
Nonsurgical External Breast Prosthesis		\$50*	\$50*	\$50*
Anti-Nausea Benefit (yearly)		\$200*	\$200*	\$200*
Waiver of Premium (primary insured only)		Yes	Yes	Yes
Additional Benefits				
Cancer Initial Diagnosis		\$5,000 ⁵	\$5,000 ⁵	\$5,000 ⁵
Wellness (yearly)		\$100 ⁴	\$100 ⁴	\$100 ⁴
Intensive Care	1. Intensive Care Confinement (daily)	1. \$300	1. \$300	1. \$300
	2. Step-down Confinement (daily)	2. \$150	2. \$150	2. \$150
	3. Air/Surface Ambulance	3. Charges	3. Charges	3. Charges

* Benefit pays for charges/costs up to amount listed

¹ Limit \$2,000/12 mo. period

² Based on procedure up to maximum shown

³ Per amputation

⁴ Payable once/per covered person/per calendar year

⁵ One time benefit

Limitations, Exclusions, and Exceptions

Pre-Existing Condition: (a) AB does not pay benefits for a pre-existing condition, during the 12-month period beginning on the date that person's coverage starts. (b) A pre-existing condition is a disease or condition for which symptoms existed within the 12-month period prior to the effective date; or (c) medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. (d) A pre-existing condition can exist even though a diagnosis has not yet been made.

Cancer and Specified Disease Benefits Exclusions and Limitations: (a) AB does not pay for any loss, except for losses due to cancer or a specified disease. (b) Benefits are not paid for conditions caused or aggravated by cancer or a specified disease.

Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories. For the Surgery, New or Experimental Treatment and Prosthesis benefits, AB pays 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

For the Radiation/Chemotherapy for Cancer benefit AB does not pay for: (a) any other chemical substance which may be administered with or in

conjunction with radiation / chemotherapy; or (b) treatment planning consultation; management; or the design and construction of treatment devices; or basic radiation dosimetry calculation; or any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; or the diagnostic tests related to these treatments; or (c) any devices or supplies including intravenous solutions and needles related to these treatments.

Intensive Care Benefits Exclusions and Limitations: (a) Benefits are not paid for: (1) attempted suicide or intentional self-inflicted injury; (2) intoxication or being under the influence of drugs not prescribed by a physician; or (3) alcoholism or drug addiction. (b) Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, step-down and other lesser care units. (c) Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. (d) Benefits are not paid for continuous intensive care confinements occurring during a hospitalization prior to the effective date. (e) Children born within 10 months of the effective date are not covered for confinement occurring or beginning during the first 30 days of the child's life. (f) We do not pay for ambulance if paid under the cancer and specified disease ambulance benefit.

Per Paycheck Costs:

	Low	Medium	High
Employee Only	\$12.21	\$17.30	\$27.19
Employee and Child(ren)	\$17.19	\$24.55	\$38.84
Employee and Spouse	\$19.39	\$27.05	\$41.91
Employee and Family	\$24.37	\$34.29	\$53.55

Benefits are provided by:

American Heritage Life Insurance Company
1776 American Heritage Life Dr • Jacksonville, FL 32224
www.allstateatwork.com • 1-800-521-3535

Group Cancer and Specified Disease benefits provided by policy GVCP3, or state variations thereof. This information highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder (employer) and the insurance company. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation© 2012 Allstate Insurance Company. www.allstate.com or www.allstateatwork.com

Critical Illness/Cancer Insurance
Humana (Group # 7212867000)

Critical illness/cancer voluntary coverages pay benefits however you want

With our critical illness and cancer plans, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, coronary artery disease, or cancer is diagnosed. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

Why do I need critical illness and cancer coverages?

These plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training
- Pay for travel to treatment facilities away from home and for family visits

In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with these diseases.

Here's how it works

All benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own. And you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

Act now

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones in the event of an unexpected critical illness or cancer.

Benefit amount

Benefit amounts are available at various levels. You can choose \$5,000 to \$50,000 for employees. You can also add coverage for your dependents:

- Spouse: \$2,500 to \$25,000. Spouse coverage benefit is equal to exactly half of the employee's coverage
- Child: \$2,500 to \$5,000 for each eligible child

Coverage for vascular conditions

Percent of benefit amount paid at initial diagnosis:

- Heart attack.....100%
- Transplant as a result of heart failure 100%
- Stroke100%
- Coronary artery bypass surgery as a result of coronary artery disease.. 25%

Coverage for cancer conditions (30 day waiting period)

Percent of benefit amount paid at initial diagnosis:

- First diagnosis of internal cancer or malignant melanoma 100%
- Carcinoma in situ..... 25%

Coverage for other critical illnesses

Percent of benefit amount paid at initial diagnosis:

- Transplant, other than heart100%
- End-stage renal failure.....100%
- Loss of sight, speech, or hearing.....100%
- Coma100%
- Severe burns100%
- Permanent paralysis due to an accident.....100%
- Occupational.....HIV 100%

Additional included benefits

Waiver of premium for disability: This waives an employee's premium if he or she becomes totally disabled for at least 180 days after the effective date of coverage. For employees ages 18-55.

Benefit recurrence: This provides an additional benefit for the same condition if a covered participant is treatment-free for at least 12 months.

Health screening: Benefit pays \$100 once per calendar year per insured for covered health screenings. There are 18 covered tests including mammograms, colonoscopies, and stress tests.

Portability: Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Employer's Master Policy.

This is not a complete disclosure of plan qualifications and limitations. Please access our website at Disclosure.Humana.com to obtain a completed list for the Workplace Voluntary Benefit products. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Costs

Employee monthly premiums

Age	Employee (Non Tobacco User)				Employee (Tobacco User)			
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$5,000	\$10,000	\$15,000	\$20,000
18-29	5.88	8.47	11.07	13.67	7.18	11.08	14.98	18.89
30-39	8.64	13.14	17.64	22.14	11.99	19.84	27.69	35.54
40-49	13.73	22.53	31.34	40.14	21.98	39.03	56.08	73.13
50-55	21.16	36.10	51.05	66.00	35.01	63.81	92.61	121.40

56-59	21.16	36.10	51.05	66.00	35.01	63.81	92.61	121.40
60-64	31.78	56.13	80.47	104.82	53.63	99.83	146.03	192.24
65-69	36.60	65.70	94.80	123.90	61.45	115.40	169.35	223.30

Spouse monthly premiums

Age	Spouse (Non Tobacco User)				Spouse (Tobacco User)			
Benefit:	\$2,500	\$5,000	\$7,500	\$10,000	\$2,500	\$5,000	\$7,500	\$10,000
18-29	4.58	5.88	7.18	8.47	5.23	7.18	9.13	11.08
30-39	6.39	8.64	10.89	13.14	8.07	11.99	15.92	19.84
40-49	9.33	13.73	18.13	22.53	13.46	21.98	30.51	39.03
50-55	13.68	21.16	28.63	36.10	20.61	35.01	49.41	63.81
56-59	13.68	21.16	28.63	36.10	20.61	35.01	49.41	63.81
60-64	19.60	31.78	43.95	56.13	30.53	53.63	76.73	99.83
65-69	22.05	36.60	51.15	65.70	34.48	61.45	88.43	115.40

Children monthly premiums

Age	Children	
Benefit:	\$2,500	\$5,000
0-24	1.53	2.15

Underwritten by:

Kanawha Insurance Company, a Humana company
210 South White Street, PO Box 7777 • Lancaster, SC 29721
www.humanaworkplacevoluntary.com • 1-877-378-1505

Disability Insurance

Standard Insurance Company (Group # 645657-A)

Standard Insurance Company has prepared the following material to provide you with information about the Voluntary Disability insurance available to you. It is not intended to provide a detailed description of the coverage. Please note that defined terms and provisions from the *group policy* are italicized throughout the information.

Features

Chances are you already purchase home, auto and life insurance to protect yourself against the threat of loss. And you probably have health insurance to guard against costly medical bills. So, what steps have you taken to help shield yourself, your lifestyle and those who count on you from an unexpected loss of income? Would you be able to meet your financial obligations if you became disabled and unable to work?

Group Long Term Disability (LTD) insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

By sponsoring group Voluntary LTD insurance for educators and administrators from Standard Insurance Company, your *employer* offers you an excellent opportunity to help protect yourself and your lifestyle. The advantages to you include: Convenience – with premiums deducted directly from your paycheck, you do not have to worry about mailing monthly payments; and Peace of Mind – you can take comfort and satisfaction in knowing that you have taken a step toward securing your income during a period of a covered *disability*.

Commonly Asked Questions

When does my insurance coverage become effective? The effective date of your coverage depends on when you become a *member* and when you apply for insurance. If you apply and agree to pay premiums, your coverage becomes effective on:

- The date you become eligible if you apply on or before that date; OR
- The first of the month coinciding with or next following the date you apply if you apply within 31 days of becoming eligible; OR
- The first day of the next plan year following the end of the Annual Enrollment Period, if you apply during the Annual Enrollment Period.

In every case, you must also meet an *active work* requirement before your insurance becomes effective. If you do not apply for this coverage within 31 days of becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.

Will I have to provide information regarding my medical history to become insured? The Standard does not require medical history information to become insured under this Voluntary LTD insurance plan at initial and annual enrollments. If applicable, *evidence of insurability* satisfactory to The Standard may be required for reinstatement of terminated coverage.

What is a preexisting condition? At any time during the 90-day period just before your insurance becomes effective, a *preexisting condition* is a mental or physical condition whether or not diagnosed or misdiagnosed:

- For which you have consulted a *physician* or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications,
- Which, as a result of any medical examination, including routine examination, was discovered or suspected.

When am I considered disabled?

Own Occupation Period: During the *benefit waiting period* and the *own occupation period*, you are considered disabled if, as a result of *physical disease, injury, pregnancy or mental disorder*:

- You are unable to perform with reasonable continuity the *material duties* of your own occupation, and
- You suffer a loss of at least 20 percent of your *indexed pre-disability earnings* when working in your *own occupation*.

You are not *disabled* merely because your right to perform your *own occupation* is restricted, including a restriction or loss of license. During the *own occupation period* you may work in another occupation while you meet the *own occupation definition of disability*. However, you will no longer be *disabled* when your *work earnings* from another occupation meet or exceed 80% of your *indexed pre-disability earnings*.

Any Occupation Period: Thereafter, you are considered *disabled* if, as a result of *physical disease, injury, pregnancy or mental disorder*, you are unable to perform with reasonable continuity the *material duties* of any *occupation* which you are able to perform, whether due to education, training or experience:

- Which is available at one or more locations in the national economy, and
- In which you can be expected to earn at least 60 percent of your *indexed pre-disability earnings* within 12 months following your return to work, regardless of whether you are working in that or any other occupation.

What are the maximum benefit periods? The maximum periods for which benefits are payable are determined by your age when *disability* begins, as shown in the tables below:

Option A: Maximum benefit to age 65 for both accident and sickness

Age	Maximum Benefit Period
59 or younger	To age 65
60-64	5 years
65-68	To age 70
69 or older	1 year

Option B: Maximum benefit to age 65 for accident and 5 years for sickness

For *disability* caused by accidental *injury*:

Age	Maximum Benefit Period
61 or younger	To age 65, or for 3 years 6 months, if longer
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 or older	1 year

For *disability* due to any other cause:

Age	Maximum Benefit Period
61 or younger	To age 65, or for 5 years, whichever is shorter
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years

Standard Insurance Company Rate Tables

Maximum benefit period to age 65 for both accident and sickness:

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period (in days) Cost Per Month						
			0 / 3*	14 / 14*	30 / 30*	60 / 60	90 / 90	180 / 180	
3,600	300	200	8.98	7.00	5.92	3.84	3.32	2.48	
5,400	450	300	13.47	10.50	8.88	5.76	4.98	3.72	
7,200	600	400	17.96	14.00	11.84	7.68	6.64	4.96	
9,000	750	500	22.45	17.50	14.80	9.60	8.30	6.20	
10,800	900	600	26.94	21.00	17.76	11.52	9.96	7.44	
12,600	1,050	700	31.43	24.50	20.72	13.44	11.62	8.68	
14,400	1,200	800	35.92	28.00	23.68	15.36	13.28	9.92	
16,200	1,350	900	40.41	31.50	26.64	17.28	14.94	11.16	
18,000	1,500	1,000	44.90	35.00	29.60	19.20	16.60	12.40	
19,800	1,650	1,100	49.39	38.50	32.56	21.12	18.26	13.64	
21,600	1,800	1,200	53.88	42.00	35.52	23.04	19.92	14.88	
23,400	1,950	1,300	58.37	45.50	38.48	24.96	21.58	16.12	
25,200	2,100	1,400	62.86	49.00	41.44	26.88	23.24	17.36	
27,000	2,250	1,500	67.35	52.50	44.40	28.80	24.90	18.60	
28,800	2,400	1,600	71.84	56.00	47.36	30.72	26.56	19.84	
30,600	2,550	1,700	76.33	59.50	50.32	32.64	28.22	21.08	
32,400	2,700	1,800	80.82	63.00	53.28	34.56	29.88	22.32	
34,200	2,850	1,900	85.31	66.50	56.24	36.48	31.54	23.56	
36,000	3,000	2,000	89.80	70.00	59.20	38.40	33.20	24.80	
37,800	3,150	2,100	94.29	73.50	62.16	40.32	34.86	26.04	
39,600	3,300	2,200	98.78	77.00	65.12	42.24	36.52	27.28	
41,400	3,450	2,300	103.27	80.50	68.08	44.16	38.18	28.52	
43,200	3,600	2,400	107.76	84.00	71.04	46.08	39.84	29.76	
45,000	3,750	2,500	112.25	87.50	74.00	48.00	41.50	31.00	
46,800	3,900	2,600	116.74	91.00	76.96	49.92	43.16	32.24	
48,600	4,050	2,700	121.23	94.50	79.92	51.84	44.82	33.48	
50,400	4,200	2,800	125.72	98.00	82.88	53.76	46.48	34.72	
52,200	4,350	2,900	130.21	101.50	85.84	55.68	48.14	35.96	
54,000	4,500	3,000	134.70	105.00	88.80	57.60	49.80	37.20	
55,800	4,650	3,100	139.19	108.50	91.76	59.52	51.46	38.44	
57,600	4,800	3,200	143.68	112.00	94.72	61.44	53.12	39.68	
59,400	4,950	3,300	148.17	115.50	97.68	63.36	54.78	40.92	
61,200	5,100	3,400	152.66	119.00	100.64	65.28	56.44	42.16	
63,000	5,250	3,500	157.15	122.50	103.60	67.20	58.10	43.40	
64,800	5,400	3,600	161.64	126.00	106.56	69.12	59.76	44.64	
66,600	5,550	3,700	166.13	129.50	109.52	71.04	61.42	45.88	
68,400	5,700	3,800	170.62	133.00	112.48	72.96	63.08	47.12	
70,200	5,850	3,900	175.11	136.50	115.44	74.88	64.74	48.36	
72,000	6,000	4,000	179.60	140.00	118.40	76.80	66.40	49.60	
73,800	6,150	4,100	184.09	143.50	121.36	78.72	68.06	50.84	
75,600	6,300	4,200	188.58	147.00	124.32	80.64	69.72	52.08	
77,400	6,450	4,300	193.07	150.50	127.28	82.56	71.38	53.32	
79,200	6,600	4,400	197.56	154.00	130.24	84.48	73.04	54.56	
81,000	6,750	4,500	202.05	157.50	133.20	86.40	74.70	55.80	
82,800	6,900	4,600	206.54	161.00	136.16	88.32	76.36	57.04	
84,600	7,050	4,700	211.03	164.50	139.12	90.24	78.02	58.28	
86,400	7,200	4,800	215.52	168.00	142.08	92.16	79.68	59.52	
88,200	7,350	4,900	220.01	171.50	145.04	94.08	81.34	60.76	
90,000	7,500	5,000	224.50	175.00	148.00	96.00	83.00	62.00	
91,800	7,650	5,100	228.99	178.50	150.96	97.92	84.66	63.24	
93,600	7,800	5,200	233.48	182.00	153.92	99.84	86.32	64.48	
95,400	7,950	5,300	237.97	185.50	156.88	101.76	87.98	65.72	
97,200	8,100	5,400	242.46	189.00	159.84	103.68	89.64	66.96	
99,000	8,250	5,500	246.95	192.50	162.80	105.60	91.30	68.20	
100,800	8,400	5,600	251.44	196.00	165.76	107.52	92.96	69.44	
102,600	8,550	5,700	255.93	199.50	168.72	109.44	94.62	70.68	
104,400	8,700	5,800	260.42	203.00	171.68	111.36	96.28	71.92	
106,200	8,850	5,900	264.91	206.50	174.64	113.28	97.94	73.16	
108,000	9,000	6,000	269.40	210.00	177.60	115.20	99.60	74.40	
109,800	9,150	6,100	273.89	213.50	180.56	117.12	101.26	75.64	
111,600	9,300	6,200	278.38	217.00	183.52	119.04	102.92	76.88	
113,400	9,450	6,300	282.87	220.50	186.48	120.96	104.58	78.12	
115,200	9,600	6,400	287.36	224.00	189.44	122.88	106.24	79.36	
117,000	9,750	6,500	291.85	227.50	192.40	124.80	107.90	80.60	
118,800	9,900	6,600	296.34	231.00	195.36	126.72	109.56	81.84	
120,600	10,050	6,700	300.83	234.50	198.32	128.64	111.22	83.08	
122,400	10,200	6,800	305.32	238.00	201.28	130.56	112.88	84.32	
124,200	10,350	6,900	309.81	241.50	204.24	132.48	114.54	85.56	
126,000	10,500	7,000	314.30	245.00	207.20	134.40	116.20	86.80	
127,800	10,650	7,100	318.79	248.50	210.16	136.32	117.86	88.04	
129,600	10,800	7,200	323.28	252.00	213.12	138.24	119.52	89.28	
131,400	10,950	7,300	327.77	255.50	216.08	140.16	121.18	90.52	
133,200	11,100	7,400	332.26	259.00	219.04	142.08	122.84	91.76	
135,000	11,250	7,500	336.75	262.50	222.00	144.00	124.50	93.00	
136,800	11,400	7,600	341.24	266.00	224.96	145.92	126.16	94.24	
138,600	11,550	7,700	345.73	269.50	227.92	147.84	127.82	95.48	
140,400	11,700	7,800	350.22	273.00	230.88	149.76	129.48	96.72	
142,200	11,850	7,900	354.71	276.50	233.84	151.68	131.14	97.96	
144,000	12,000	8,000	359.20	280.00	236.80	153.6	132.80	99.20	

Maximum benefit period to age 65 for accident and 5 years for sickness:

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period (in days)						
			Cost Per Month						
			0 / 3*	14 / 14*	30 / 30*	60 / 60	90 / 90	180 / 180	
3,600	300	200	7.98	6.16	5.32	3.44	2.94	2.24	
5,400	450	300	11.97	9.24	7.98	5.16	4.41	3.36	
7,200	600	400	15.96	12.32	10.64	6.88	5.88	4.48	
9,000	750	500	19.95	15.40	13.30	8.60	7.35	5.60	
10,800	900	600	23.94	18.48	15.96	10.32	8.82	6.72	
12,600	1,050	700	27.93	21.56	18.62	12.04	10.29	7.84	
14,400	1,200	800	31.92	24.64	21.28	13.76	11.76	8.96	
16,200	1,350	900	35.91	27.72	23.94	15.48	13.23	10.08	
18,000	1,500	1,000	39.90	30.80	26.60	17.20	14.70	11.20	
19,800	1,650	1,100	43.89	33.88	29.26	18.92	16.17	12.32	
21,600	1,800	1,200	47.88	36.96	31.92	20.64	17.64	13.44	
23,400	1,950	1,300	51.87	40.04	34.58	22.36	19.11	14.56	
25,200	2,100	1,400	55.86	43.12	37.24	24.08	20.58	15.68	
27,000	2,250	1,500	59.85	46.20	39.90	25.80	22.05	16.80	
28,800	2,400	1,600	63.84	49.28	42.56	27.52	23.52	17.92	
30,600	2,550	1,700	67.83	52.36	45.22	29.24	24.99	19.04	
32,400	2,700	1,800	71.82	55.44	47.88	30.96	26.46	20.16	
34,200	2,850	1,900	75.81	58.52	50.54	32.68	27.93	21.28	
36,000	3,000	2,000	79.80	61.60	53.20	34.40	29.40	22.40	
37,800	3,150	2,100	83.79	64.68	55.86	36.12	30.87	23.52	
39,600	3,300	2,200	87.78	67.76	58.52	37.84	32.34	24.64	
41,400	3,450	2,300	91.77	70.84	61.18	39.56	33.81	25.76	
43,200	3,600	2,400	95.76	73.92	63.84	41.28	35.28	26.88	
45,000	3,750	2,500	99.75	77.00	66.50	43.00	36.75	28.00	
46,800	3,900	2,600	103.74	80.08	69.16	44.72	38.22	29.12	
48,600	4,050	2,700	107.73	83.16	71.82	46.44	39.69	30.24	
50,400	4,200	2,800	111.72	86.24	74.48	48.16	41.16	31.36	
52,200	4,350	2,900	115.71	89.32	77.14	49.88	42.63	32.48	
54,000	4,500	3,000	119.70	92.40	79.80	51.60	44.10	33.60	
55,800	4,650	3,100	123.69	95.48	82.46	53.32	45.57	34.72	
57,600	4,800	3,200	127.68	98.56	85.12	55.04	47.04	35.84	
59,400	4,950	3,300	131.67	101.64	87.78	56.76	48.51	36.96	
61,200	5,100	3,400	135.66	104.72	90.44	58.48	49.98	38.08	
63,000	5,250	3,500	139.65	107.80	93.10	60.20	51.45	39.20	
64,800	5,400	3,600	143.64	110.88	95.76	61.92	52.92	40.32	
66,600	5,550	3,700	147.63	113.96	98.42	63.64	54.39	41.44	
68,400	5,700	3,800	151.62	117.04	101.08	65.36	55.86	42.56	
70,200	5,850	3,900	155.61	120.12	103.74	67.08	57.33	43.68	
72,000	6,000	4,000	159.60	123.20	106.40	68.80	58.80	44.80	
73,800	6,150	4,100	163.59	126.28	109.06	70.52	60.27	45.92	
75,600	6,300	4,200	167.58	129.36	111.72	72.24	61.74	47.04	
77,400	6,450	4,300	171.57	132.44	114.38	73.96	63.21	48.16	
79,200	6,600	4,400	175.56	135.52	117.04	75.68	64.68	49.28	
81,000	6,750	4,500	179.55	138.60	119.70	77.40	66.15	50.40	
82,800	6,900	4,600	183.54	141.68	122.36	79.12	67.62	51.52	
84,600	7,050	4,700	187.53	144.76	125.02	80.84	69.09	52.64	
86,400	7,200	4,800	191.52	147.84	127.68	82.56	70.56	53.76	
88,200	7,350	4,900	195.51	150.92	130.34	84.28	72.03	54.88	
90,000	7,500	5,000	199.50	154.00	133.00	86.00	73.50	56.00	
91,800	7,650	5,100	203.49	157.08	135.66	87.72	74.97	57.12	
93,600	7,800	5,200	207.48	160.16	138.32	89.44	76.44	58.24	
95,400	7,950	5,300	211.47	163.24	140.98	91.16	77.91	59.36	
97,200	8,100	5,400	215.46	166.32	143.64	92.88	79.38	60.48	
99,000	8,250	5,500	219.45	169.40	146.30	94.60	80.85	61.60	
100,800	8,400	5,600	223.44	172.48	148.96	96.32	82.32	62.72	
102,600	8,550	5,700	227.43	175.56	151.62	98.04	83.79	63.84	
104,400	8,700	5,800	231.42	178.64	154.28	99.76	85.26	64.96	
106,200	8,850	5,900	235.41	181.72	156.94	101.48	86.73	66.08	
108,000	9,000	6,000	239.40	184.80	159.60	103.20	88.20	67.20	
109,800	9,150	6,100	243.39	187.88	162.26	104.92	89.67	68.32	
111,600	9,300	6,200	247.38	190.96	164.92	106.64	91.14	69.44	
113,400	9,450	6,300	251.37	194.04	167.58	108.36	92.61	70.56	
115,200	9,600	6,400	255.36	197.12	170.24	110.08	94.08	71.68	
117,000	9,750	6,500	259.35	200.20	172.90	111.80	95.55	72.80	
118,800	9,900	6,600	263.34	203.28	175.56	113.52	97.02	73.92	
120,600	10,050	6,700	267.33	206.36	178.22	115.24	98.49	75.04	
122,400	10,200	6,800	271.32	209.44	180.88	116.96	99.96	76.16	
124,200	10,350	6,900	275.31	212.52	183.54	118.68	101.43	77.28	
126,000	10,500	7,000	279.30	215.60	186.20	120.40	102.90	78.40	
127,800	10,650	7,100	283.29	218.68	188.86	122.12	104.37	79.52	
129,600	10,800	7,200	287.28	221.76	191.52	123.84	105.84	80.64	
131,400	10,950	7,300	291.27	224.84	194.18	125.56	107.31	81.76	
133,200	11,100	7,400	295.26	227.92	196.84	127.28	108.78	82.88	
135,000	11,250	7,500	299.25	231.00	199.50	129.00	110.25	84.00	
136,800	11,400	7,600	303.24	234.08	202.16	130.72	111.72	85.12	
138,600	11,550	7,700	307.23	237.16	204.82	132.44	113.19	86.24	
140,400	11,700	7,800	311.22	240.24	207.48	134.16	114.66	87.36	
142,200	11,850	7,900	315.21	243.32	210.14	135.88	116.13	88.48	
144,000	12,000	8,000	319.20	246.40	212.80	137.60	117.60	89.60	

66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 or older	1 year

How is the LTD benefit amount calculated? The LTD benefit amount is determined by multiplying your insured *pre-disability earnings* by a specified benefit percentage. This amount is then reduced by other income you receive or are eligible to receive while LTD benefits are payable. This other income is referred to as *deductible income*.

In the following example, the LTD benefit amount is 60 percent of insured *pre-disability earnings*. If your monthly earnings (or *pre-disability earnings*) before becoming disabled were \$2,000 and you now receive a monthly Social Security disability benefit of \$600 and a monthly state disability benefit of \$200, your monthly LTD benefit would be calculated as follows:

Insured <i>pre-disability earnings</i>	\$2,000
LTD benefit percentage	x 60%
	\$1,200
Less Social Security disability benefit	– \$600
Less state disability income benefit	– \$200
Amount of LTD benefit	\$400

What is deductible income? *Deductible income* is income you receive or are eligible to receive while LTD benefits are payable. During the first 12 months that LTD benefits are payable, *deductible income* includes but is not limited to:

- Benefits under any worker's compensation law or similar law
- Amounts due from your employer's sabbatical leave plan, or similar leave of absence plan, less the cost of paying a substitute teacher if required to do so
- Amounts due from your employer's assault leave plan, or similar leave of absence plan, paid as a result of your being physically assaulted while acting in your official capacity
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as you are able to considering your disability
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Exceptions to deductible income include but are not limited to:

- Any cost of living increase in any deductible income other than work earnings, if the increase becomes effective while you are eligible for the deductible income
- Reimbursement for hospital, medical, or surgical expense
- Reasonable attorney fees incurred in connection with a claim for deductible income
- Benefits from any individual disability insurance policy
- Early retirement benefits under the Federal Social Security Act which are not actually received
- Group credit or mortgage disability insurance benefits
- Accelerated death benefits paid under a life insurance policy
- Any contract or escrow earnings earned from your employer for work performed during the regular, contracted school year, but paid during the summer
- Benefits from the following: profit sharing plan; thrift or savings plan; deferred compensation plan; plan under IRC Section 401(k), 408(k), 408(p), or 457; individual retirement account (IRA); tax sheltered annuity (TSA) under IRC Section 403(b); stock ownership plan; or Keogh (HR-10) plan

What are some of the other features and services provided with this coverage? The following features and services are provided:

- It covers disabilities that occur 24 hours a day, both on and off the job.
- It includes an Employee Assistance Program and WorkLife Services, provided and administered by Horizon Behavioral Services, to offer support, guidance and resources to help you and your family resolve personal issues.
- Since premium payments are made with "after-tax" dollars, LTD benefits are federally tax-free under current federal tax law.

- If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.
- While LTD Benefits are payable, you may qualify to participate in a rehabilitation plan that prepares you to return to work; if you qualify, The Standard may pay for return to work expenses you incur, such as job search, training and education and family care expenses.
- If you die while LTD Benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three times your unreduced LTD benefit may be payable; any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard.
- If you are hospitalized for at least four hours during the benefits waiting period, the benefit waiting period will be satisfied and benefits become payable on the date of hospitalization; **this feature is included only on Voluntary LTD insurance coverage for educators and administrators plans with 0 day accident/3 day sickness, 14 day accident / 14 day sickness, or 30 day accident/30 day sickness benefit waiting periods (accident means for disability caused by accidental injury; sickness means for disability caused by physical disease, pregnancy, or mental disorder).**
- If you are severely disabled, as determined by The Standard according to your group policy, the Lifetime Security Benefit extends your LTD benefits beyond the regular LTD maximum benefit period while you remain severely disabled; this feature is included only on Voluntary LTD insurance coverage for educators and administrators plans with a maximum benefit period to age 65 for both accident and sickness (accident means for disability caused by accidental injury; sickness means for disability caused by physical disease, pregnancy, or mental disorder).
- During the first 24 months immediately after you return to work from your disability, your work earnings may be adjusted for family care expenses you pay to a licensed care provider for the care of your family which is necessary in order for you to work; the adjustment caps at \$250 per family member or \$500 for all family members per month; family member includes your child (age 11 and younger) or your child (age 12 and older), spouse, parent, grandparent, sibling, or other close family member residing in your home who is incapable of self-sustaining employment due to mental retardation or physical handicap, and is dependent upon you for support and maintenance.
- As a result of an accident, if you suffer a loss as defined under the group policy, you will be considered disabled for the applicable minimum benefit period, even if this causes LTD benefits to be paid beyond the end of the maximum benefit period.
- A fast and safe payment method of The Standard Secure CardSM which offers bank debit card-style convenience for monthly LTD benefit payment delivery.

What exclusions apply to this coverage? You are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- A preexisting condition or the medical or surgical treatment of a pre-existing condition unless on the date you become disabled, you have been continuously insured under the group policy for a specified period of time, and you have been actively at work for at least one full day after the end of the specified period

What plan limitations apply to this coverage? LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating

- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your *indexed pre-disability earnings*, but you elect not to work; during the first 24 months after the end of the *benefit waiting period* the responsibility to work is limited to work in your *own occupation*; thereafter, the responsibility to work includes work in *any occupation*

In addition, payment of LTD benefits is limited in duration in the following situations:

- You reside outside of the United States or Canada
- Your *disability* is caused or contributed to by *mental disorders*, substance abuse or other limited conditions, including but not limited to chronic fatigue conditions, allergy or sensitivity to chemicals or the environment, chronic pain conditions, carpal tunnel or repetitive motion syndrome, temporomandibular joint disorder or craniomandibular joint disorder

Costs

Employees may select a monthly LTD benefit in \$100 increments ranging from a minimum of \$200 to a maximum of \$8,000, based on their earnings. You may not elect an amount in excess of 66 2/3 percent of your pre-disability earnings. Use the rate tables on page 14 and follow these steps to find the monthly cost for your desired level of coverage:

1. Choose the maximum benefit period for which benefits are payable:
Option A – Maximum benefit to age 65 for both accident and sickness, or Option B – Maximum benefit to age 65 for accident and 5 years for sickness.
2. Find the maximum LTD benefit available to you by locating the amount of your earnings in either the Annual Earnings or Monthly Earnings column. If your earnings fall between two amounts, you must select the lower amount. The Monthly LTD Benefit amount associated with these earnings is the maximum amount you can receive.
3. Select the desired Monthly LTD Benefit between the minimum and maximum amounts.
4. Select the desired Benefit Waiting Period (in days).
5. The amount in the intersection of the Monthly Disability Benefit row and the Benefit Waiting Period column is the monthly cost for that selection. The amount deducted from each paycheck will be the result of this amount divided by two.

Note regarding the Annual Enrollment Period: If you are insured and elect to increase the amount of your LTD Benefit, decrease the amount of your Benefit Waiting Period, or increase your Maximum Benefit Period, a Preexisting Condition Limitation may apply.

Your LTD Benefit will be subject to the Preexisting Condition Limitation if you elect:

1. An increase of more than \$300 in the amount of your LTD Benefit
2. A decrease of more than one level in the length of your Benefit Waiting Period; or
3. An increase in the length of your Maximum Benefit Period.

Your eligibility for First Day Hospital Benefit will be subject to the Preexisting Condition Limitation if you elect a decrease of more than one level in your Benefit Waiting Period and that change adds First Day Hospital Benefit to your insurance.

Claim forms and instructions on how to file a claim with The Standard are available at www.conroeisdn.net under Departments – Human Resources – Benefits – Forms.

Benefits are provided by:

Standard Insurance Company
900 SW Fifth Avenue • Portland, OR 97204-1282
www.standard.com • 1-800-348-3226

Hospital Indemnity Insurance

Humana (Group # 7212867000)

Cash benefits help pay for hospital visits

Humana Hospital Indemnity pays cash benefits when you're hospitalized. You can use the benefits however you want – to help pay medical bills or everyday living expenses such as housing, car payments, utility bills, childcare, groceries, and credit card bills.

Here are some more benefits to you

- Receive a cash benefit regardless of any other insurance you have
- Don't worry about a physical exam; it's not required
- Pay your premiums through payroll deduction

Here's how it works

You'll be reimbursed a specified amount for covered hospital confinement, physical exams, and doctor's office visits. Benefits are paid directly to you, and you can use the cash however you want. It's that simple. If you want a little extra peace of mind and a cash benefit if you need it, Humana can help you.

Coverage type

Group hospital indemnity product that provides benefits for hospitalization, emergency room, doctor visits, intensive care unit (ICU), surgery, lab/X-ray, and wellness.

Benefit plan

Hospital Indemnity:

Package One

If a covered person is confined as an inpatient in a hospital, pays \$100 per day for 15 days per confinement.

Package Two

If a covered person is confined as an inpatient in a hospital, pays \$200 per day for 15 days per confinement.

Hospital first occurrence:

Package One

If a covered person is confined as an inpatient in a hospital for the first time during a calendar year, pays \$250 per day up to four days.

Package Two

If a covered person is confined as an inpatient in a hospital for the first time during a calendar year, pays \$500 per day up to four days.

Diagnostic X-ray/lab:

Package One

*Pays \$25 per test in a hospital; \$20 if in a doctor's office or clinic. Maximum of five tests per year for individual or 10 per family.**

Package Two

*Pays \$25 per test in a hospital; \$20 if in a doctor's office or clinic. Maximum of five tests per year for individual or 10 per family.**

Emergency/urgent care treatment:

Package One

If a covered person receives emergency treatment, pays \$50 per day for emergency room; \$40 for urgent care; maximum of two per year for individual, four per family.

Package Two

If a covered person receives emergency treatment, pays \$100 per day for emergency room; \$80 for urgent care; maximum of two per year for individual, four per family.

Health screening benefit:

Package One

*\$50 per year. Maximum of one test per covered person per calendar year or three tests per family. Benefit pays per calendar year for covered health screenings. There are 18 covered tests including colonoscopies and stress tests. There is a 90-day waiting period.**

Package Two

*\$50 per year. Maximum of one test per covered person per calendar year or three tests per family. Benefit pays per calendar year for covered health screenings. There are 18 covered tests including colonoscopies and stress tests. There is a 90-day waiting period.**

Intensive care unit (ICU)/cardiac care unit (CCU)/burn unit:

Package One

Pays \$100 per day when a covered person is confined to a intensive care unit, cardiac care unit, or burn unit; maximum of 30 days per year.

Package Two

Pays \$200 per day when a covered person is confined to a intensive care unit, cardiac care unit, or burn unit; maximum of 30 days per year.

Outpatient office visit:

Package One

Pays \$25 benefit per office visit. Maximum of two visits per condition per year; maximum of five visits per insured per year. Maximum of 10 per family.

Package Two

Pays \$50 benefit per office visit. Maximum of two visits per condition per year; maximum of five visits per insured per year. Maximum of 10 per family.

Surgical schedule:

Package One

Pays up to \$500 when a covered person undergoes surgery, which includes a 25% anesthetic benefit.

Package Two

Pays up to \$1,000 when a covered person undergoes surgery, which includes a 25% anesthetic benefit.

* Note: Benefit cannot be collected under multiple provisions of the certificate. Specifically, if the wellness benefit is included, then the benefit will be paid under the most appropriate and remaining section of the certificate.

Additional included benefits and plan information

Waiver of premium: Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an employee's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime maximum.

Waiting Period for maternity is 300 days.

This is not a complete disclosure of plan qualifications and limitations. Please access our website at Disclosure.Humana.com to obtain a completed list for the Workplace Voluntary Benefit products. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Costs

Benefit:

Package One monthly premiums

Age	Employee	Non Tobacco User			Tobacco User			
		Employee & Child(ren)	Employee & Spouse	Employee & Family	Employee	Employee & Child(ren)	Employee & Spouse	Employee & Family
18-35	14.37	24.11	26.49	33.71	17.42	27.16	30.73	37.95
36-49	13.58	23.48	24.91	32.32	16.41	26.31	28.88	36.27
50-59	18.21	23.79	34.17	38.36	22.21	27.79	39.74	43.95
60-64	25.57	30.49	48.91	52.59	31.41	36.33	57.05	60.75

Benefit:

Package Two monthly premiums

Age	Employee	Non Tobacco User			Tobacco User			
		Employee & Child(ren)	Employee & Spouse	Employee & Family	Employee	Employee & Child(ren)	Employee & Spouse	Employee & Family
18-35	26.49	45.97	50.73	65.17	32.59	52.07	59.21	73.65
36-49	24.91	44.71	45.57	62.39	30.57	50.37	55.51	70.29
50-59	34.17	45.33	66.09	74.47	42.17	53.33	77.23	85.65
60-64	48.89	58.73	95.57	102.93	60.57	70.41	111.85	119.25

Underwritten by:

Kanawha Insurance Company, a Humana company
210 South White Street, PO Box 7777 • Lancaster, SC 29721
www.humanaworkplacevoluntary.com • 1-877-378-1505

Legal Protection Plan

Legal Access Plans, L.L.C.

We have been putting people in touch with quality local attorneys and helping them solve problems since 1971.

The RIGHT Benefits + the RIGHT Attorney + the RIGHT Help = Peace of Mind
More than 7 out of 10 people will have the need for an attorney this year.

We understand that when you have a legal need, it can be the most important event in your life, when it is occurring. We also know that finding an attorney can be stressful and take tons of your time. This is why we do things the way we do. Our processes are designed to help you save time when locating an attorney, and reduce your stress by providing you a personal contact within our offices that is there for YOU.

When you have the need for an attorney, we will save you time by locating or Matching you to the most applicable attorney in your area with availability. This can save you hours of your time. The attorneys in our network must meet the most rigorous credentials on the market today.

We will also follow up with you to ensure everything is OK and to see how else we can be of further assistance. We believe that good service is essential, especially in a world today where good service is scarce.

How the Plan Works

When you have a legal, financial, or identity need, give us a call, it's that easy to get started. We will walk you through the steps and be right with you the entire time. Allow us to help you.

Legal Benefits

- **Unlimited number of FREE initial 1/2 hour consultations** by phone, in person, or online (where available). One half hour per legal topic.
- **Simple Wills** prepared for eligible family members.
- **Document Review** of many types of legal documents.
- **Dispute Resolution** to attempt to resolve legal disputes.
- **Lawsuit/Litigation Procedural Guide** – Legal analysis of the typical steps involved in lawsuits or litigation.
- **Guaranteed Reduced Rates** – Members receive a 25% discount on Plan Attorneys hourly rates when legal representation is needed.
- **Small Claims Court Preparation** – Consultation at no additional cost by phone with attorney on small claims lawsuits.

Exclusive Flat Fee Services

Traffic Tickets.....	\$89.00
Bankruptcy Chapter 7.....	\$750.00
Name Change.....	\$155.00
Will with Minor Trust.....	\$170.00
Non-Support (Spouse/ Child).....	\$239.00
Divorce (Simple).....	\$210.00
Corporation (Regular).....	\$239.00
Non-Commercial Real Estate.....	\$175.00

Legal Coverage for the Entire Family – All dependents under the age of 23 are covered under the Plan, while residing at home or away at school. *The Plan also covers the parents of both the member and the member's spouse.*

Additional Benefits

Financial Benefits

- Financial Counseling
- Debt Management Programs
- Family Budgeting Help
- Financial Planning Services

Legal Benefits

- Mediation, when available
- Elder Law Resources
- Online Resources

LifeLock Benefits

- LifeLock Identity Alert™ System: Proactive solution for validation of no fraudulent activity
- eRecon™: Searches known criminal websites for the illegal selling or trading of your personal information
- TrueAddress™: Reduces the risk of identity theft through the method of change-of-address
- WalletLock™: Helps replace contents of a lost or stolen wallet*
- Pre-Approved Credit Card Opt-Out: Reduce the risk of identity theft through stolen mail
- Remediation: With LifeLock available 24 hours a day 7 days a week, if you become a victim of identity theft while a member of LifeLock because of a failure in our services, we will help you fix it, up to \$1 million. (Restrictions apply. See LifeLock.com for details).

* This benefit summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. Exclusions and limitations do exist within this plan. More complete descriptions of benefits and the terms under which they are provided are contained in the plan booklet that you will receive upon enrolling in the Plan. If this benefits summary conflicts in any way with the documents issued to your employer/association, the policy shall prevail.

Plan Members may call for assistance anytime. 1-800-562-2929

Per Paycheck Costs:

Employee (and Family).....\$7.25

Benefits are provided by:

Legal Access Plans, L.L.C.
5850 San Felipe, Suite 600 • Houston, TX 77057
flpp.legalaccessplans.com • 1-800-562-2929

Long-Term Care Insurance

American Fidelity Assurance Co. (Group # 59887)

Almost all of us take for granted our ability to get out of bed, take a shower, get dressed, and make breakfast each day. If something happened and you could no longer perform these activities, Long-Term Care services would help provide you with the care you need. Long-Term Care services provide support and individual assistance with the activities of daily living or supervision of someone who is cognitively impaired. The care can be provided in various settings including your own home, adult day care, assisted living facilities, nursing homes, or hospice care.

Long-Term Care insurance helps protect your financial independence should you ever be faced with a debilitating accident or develop a degenerative condition (stroke, Parkinson's Disease, etc.), a prolonged illness (cancer, lupus, etc.), or a cognitive disorder (Alzheimer's). The need for Long-Term Care insurance is not rare. It is beyond the ability of most families to provide for this type of care out of their own pockets. Though life sometimes limits one's options, American Fidelity Assurance Company's Long-Term Care Plan offers the power of choice to protect you and your family from substantial medical costs.

Why do you need long-term care insurance?

People today are living longer thanks to medical advances and healthier lifestyles. However, even with advancements, the chances of developing a chronic illness or disability increase with age. In fact, 40 percent of people over 65 will spend some time in a nursing home. (AHIP Guide to Long Term Care Insurance, 2003)

Housing all your options

Just as every house needs a strong foundation in order to ensure safe and pleasurable living, American Fidelity's Long-Term Care Plan provides a basis of Home Health support. This level of security and attention allows support at home, where most people desire to receive their care.

When Home Health Care no longer meets your needs, our Long-Term Care Plan keeps you covered. Similar to the different parts that come together to form the walls and roof around you, our Long-Term Care Plan provides several alternatives allowing for optimal flexibility.

Some of the forms of Long-Term Care available to you include:

- **Adult Day Care** that allows you to remain at home yet attend a community facility to receive care as needed.
- **Assisted Living Facilities** that provide appropriate support while you maintain independence with control over day-to-day activities.
- **Nursing Home Care** that gives you 24-hour assistance, including a specialty care facility or Alzheimer's facility.
- **Hospice Care** that supplies needed attention during the final months to the terminally ill at home or in a Nursing Home Facility.

A home has different and important components that keep it strong and make it your own. Your Long-Term Care Plan should provide the same feeling of assurance. American Fidelity's Long-Term Care Plan is designed to house every level of care needed to face a Long-Term Care event.

What will you do and who will pay?

Many depend solely on their family and friends to provide care. Others search for community programs, hospice, and home assistance opportunities. There are choices, but choosing the one that is right for you may not be possible if you rely solely on personal resources or government programs like Medicare.

Though most people think Medicare is the answer to Long-Term Care, the truth is most of the cost of Long-Term Care falls to the one who needs care. In fact, Medicare, Medicare Supplement insurance, or even personal health insurance may not be enough to cover the cost of the care you desire. (AHIP Guide to Long Term Care Insurance, 2003)

Long-term care insurance is affordable

Sample Plan Options (other choices available)

Example A: Maximum Daily Benefit Amount: \$125

Elimination Period: 30 days

Lifetime Maximum Benefit Period: 5 years

Sample Monthly Rates*:

Age 45 - \$51.39 Age 50 - \$54.12 Age 55 - \$95.54

If Receiving Couples Discount**:

Age 45 - \$38.55 Age 50 - \$40.59 Age 55 - \$71.66

Example B: Maximum Daily Benefit Amount: \$100

Elimination Period: 90 days

Lifetime Maximum Benefit Period: 5 years

Sample Monthly Rates*:

Age 45 - \$38.97 Age 50 - \$41.04 Age 55 - \$72.45

If Receiving Couples Discount**:

Age 45 - \$29.23 Age 50 - \$30.78 Age 55 - \$54.34

* Sample rates are calculated on preferred rates table. For a personalized quote, contact Mack Whiteman with First Financial Administrators at 1-800-523-8422.

** If an employee purchases the Spousal Rider which provides coverage for an eligible spouse, a joint discount applies.

Summary of Benefits

American Fidelity's coverage allows you to live life under the care and conditions that are right for you.

Home Health and Community Care Benefit: We pay eligible expenses up to 20 times the Maximum Daily Benefit Amount per month for each month that services are provided by a Home Health Care Agency, a licensed practitioner in your home, and/or a community-based Adult Day Care Facility. No elimination period applies to Home Health and Community Care Benefits. This money can even be used to provide assistance for:

- Activities of Daily Living such as bathing, eating and dressing
- Medical Attention, including assistance with medication, IV's, and bandaging
- Homemaker/Companion Services like shopping, paying bills, and laundry

Long-Term Care Facility Benefit: For those requiring confinement in a Nursing Home Facility, Assisted Living Facility, Hospice Facility, Alzheimer's Facility, or Residential Care Facility, once the Elimination Period has been met, we pay eligible expenses up to the Maximum Daily Benefit Amount.

Bed Reservation Benefit: We pay eligible expenses up to the Maximum Daily Benefit Amount at a Long-Term Care Facility to reserve your room should you require hospitalization. Benefits will also be paid for up to seven days per absence if you wish to leave the facility to visit family. You receive up to 30 days of Bed Reservation Benefits per calendar year. The Elimination Period must be met before benefits will be available.

Respite Care Benefit: We pay eligible expenses up to the Maximum Daily Benefit Amount for up to 21 days per calendar year to temporarily relieve an unpaid person providing you with care in your home. This benefit is not subject to the Elimination Period.

Caregiver Training Benefit: We pay up to a lifetime maximum of \$500 for expenses incurred to furnish training for a family member on the methods necessary to provide care for you in your home. This benefit is not subject to the Elimination Period.

Care Coordinator Benefit: When a Long-Term Care event occurs, most people don't know where to start. By utilizing the optional care coordinator feature of this plan, you will have a valuable resource to assist you with designing a plan of care. You and your family will be assigned, at no cost to you, a health care professional qualified in assessing and coordinating your medical, personal, and social services. This allows you to make the best use of benefit dollars. The Care Coordinator becomes your source for the latest treatment options, alternative care options, help with establishing a Plan of Care, and monitoring your quality of care.

Home Modifications Benefit: Under a Plan of Care provided by a Licensed Health Care Practitioner, benefits may be provided for additional services such as home modifications, durable medical equipment, and other services or devices to meet special needs. Benefits paid will be up to a lifetime maximum of 100 times your Maximum Daily Benefit Amount.

Guaranteed Purchase Option Benefit: If the Compound Inflation Rider is not elected, this Provision will allow you to increase your coverage *without answering medical questions*. This allows you to keep up with potential increases in Long-Term Care cost due to inflation.

You will have the opportunity to increase your original Maximum Daily Benefit Amount and Lifetime Maximum Benefit Amount by 15 percent every three years from the policy's effective date. If you choose not to participate after two consecutive offers, you will not be eligible for future offers. Additional premium amounts will be based on your age and the rates at the time of election. The increase will apply only to the cost of additional coverage, not on the cost of the entire plan. *Opportunities for increase end at age 84, or while premium is waived.*

Additional Policy Features

Waiver of Premium: If you are continuously confined in a covered facility or have received Home Health Care/Community Care on a regular basis (15 days a month) for at least 90 days, the monthly premiums will be waived.

Restoration of Benefits: This provision restores benefits to the Lifetime Maximum Benefit Amount if a Licensed Health Care Professional confirms that the covered person has not been Chronically Ill, confined in a covered facility, or received Home Health Care services on a regular basis, for a period of 180 consecutive days.

Qualification Requirements

You must meet the following qualifying requirements to be eligible for benefits:

Plan of Care: A declared course of action provided by a Licensed Health Care Practitioner in regard to your care, including such items as cost, type and frequency of care, and providers.

Chronic Illness or Severe Cognitive Impairment: You must be Chronically Ill, making you unable to perform (without Substantial Assistance from another individual) at least TWO of the following Activities of Daily Living, expected to last for a period of at least 90 days: Continence, Bathing, Dressing, Toileting, Eating, Transferring. Or, you must require Substantial Supervision due to severe Cognitive Impairment. This includes care for those who suffer from a limited intellectual capacity, such as that resulting from Alzheimer's disease and other forms of irreversible organic dementia.

Your Benefits, Your Choices

You preserve your future by making important decisions to tailor your plan to serve your needs. We offer a variety of options to meet those needs. The premium required will vary depending on the options chosen.

Elimination Periods: You choose the Elimination Period to establish the required time that must be satisfied before benefits are payable. No Elimination Period applies to Home Health and Community Care Benefits. You will only need to meet an elimination period once during your lifetime for Long-Term Care Facility Benefits. The days of care you receive benefits for Home Health and Community Care services count toward satisfying this Elimination Period. Your Choices: 30-day, 90-day, or 180-day Elimination Period

Maximum Daily Benefit Amounts: You choose the amount to cover the daily expense of care. Your Choices: any amount in \$10 increments ranging from \$50-\$300

Lifetime Maximum Benefit Periods: You choose the length of time benefits will be payable. Your choices: 3-year, 5-year, Lifetime

Lifetime Maximum Benefit Amount: Your Lifetime Maximum Benefit Amount is the pool of money used to pay for your benefits. You will be able to use the benefits you need, without losing any remaining funds. For example: If you elect a Maximum Daily Benefit Amount of \$150/day and a Benefit Period of 5 years, your Lifetime Maximum Benefit Amount is \$273,750.

Daily Benefit Amount		Days Per Calendar Year		Lifetime Maximum Benefit Period		Lifetime Maximum Benefit Amount
\$150	X	365	X	5 Years	=	\$273,750

Your benefit period will effectively be extended if your daily charges are less than your daily benefit. Once the Lifetime Maximum Benefit Amount is exhausted under the Policy (and the Spousal Rider, if elected), coverage terminates.

Optional Benefit Riders (Additional Premium Required)

Spousal Rider: This rider provides coverage for an eligible spouse with the same Policy provisions, Benefit Periods, Elimination Periods, Lifetime Maximum Benefit Amounts, and Maximum Daily Benefits as the base Policy. Spousal Rider features include: Married Discount, Shared Pool Benefit and Spousal Waiver of Premium.

Couples Enhancement Rider: If the Spousal Rider is elected, this rider offers a lifetime waiver of premium for the surviving spouse if either spouse should pass away. If coverage has been in effect for less than 10 years, the surviving spouse would only be required to pay their portion of all premiums until the 10th anniversary of this Rider.

Lifetime Compound Inflation Protection Rider: Your Maximum Daily Benefit Amount is automatically increased by five percent each Policy anniversary. Each annual increase is based on the Maximum Daily Benefit Amount in effect on the day before the increase.

Nonforfeiture Benefit Rider: If you discontinue your premium payments after three consecutive years of payment, you may still be eligible to receive benefits from the plan. The Lifetime Maximum Benefit Amount will be reduced to either: a) 30 times the Maximum Daily Benefit Amount in effect at the time of lapse; or b) total premiums paid at the time of lapse, whichever is greater.

Pre-existing Condition Limitation

A pre-existing condition is a condition for which medical advice or treatment was recommended by or received from a physician within six months of preceding the Policy Effective Date. Pre-existing conditions admitted on the application are covered immediately. Pre-existing conditions not listed on the application will not be covered until six months after the effective date of the policy. The issuance of this Long Term Care Insurance Policy is based upon your responses to the questions on your application. If your answers are incorrect or untrue, we may have the right to deny benefits or rescind your policy.

Exclusions

We will not pay the benefits of this Policy for that portion of any expense which is:

- caused by Mental or Nervous Disorder; however, this does not permit exclusion or limitations of benefits on the basis of the following:
 - Alzheimer's disease or related disorders, where a clinical diagnosis of Alzheimer's disease by a licensed Physician, including history and physical, neurological, psychological and/or psychiatric evaluation, and laboratory studies, has been made to satisfy any requirement for demonstrable proof or organic disease or other proof under this Policy; or
 - Biologically based brain diseases/serious mental illness, including schizophrenia, paranoid and other psychotic disorders, bipolar disorders (mixed, manic and depressive); major depressive disorders (single episode or recurrent); and schizo-affective disorders (bipolar or depressive); or
- caused by alcoholism or drug addiction; or
- caused by illness, treatment or medical conditions arising out of:
 - war or act of war (declared or undeclared); or
 - participation in a felony, riot or insurrection; or
 - service in the armed forces or units auxiliary thereto; or
 - suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or
- for treatment provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare (or benefits would be available under Medicare except for the applicable deductible or coinsurance requirements) except expenses which are reimbursable under Medicare only as a secondary payor, or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; or
- for services provided by a Family Member; or
- for services for which no charge is normally made in the absence of insurance; or
- for care received outside of the United States or its territories.

30-day right to examine

You have 30 days after you receive your Policy to return it to American Fidelity Assurance Company. If you return your Policy within 30 days from the date you received it, the Policy will be void as of the Effective Date and all premiums will be refunded.

Guaranteed renewable for life

The Policy is guaranteed renewable for as long as you live, provided you pay the required premiums to keep coverage in force. We cannot cancel or refuse this Policy's renewal or increase premiums due to age or health. However, premiums may change if based on your premium class, but only if we change premiums for all similar policies in your state of issue. We must give you at least 45 days written notice before we can change your premiums.

Grace period

This policy has a 65-day grace period during which the coverage

remains in force. Failure to pay the premium before the end of the grace period will terminate your coverage under the Policy.

Read your policy carefully

This information is not an insurance contract and only provides a very brief description of the important features of your coverage. Refer to your insurance policy for actual provisions of your plan. For more information on Long-Term Care Insurance, please contact a First Financial Account Representative at 1-800-523-8422.

Benefits are provided by:

American Fidelity Assurance Company
A Member of the American Fidelity Group
PO Box 25523 • Oklahoma City, OK 73125-0523
www.afadvantage.com • 1-800-654-8489

Term Life Insurance – Employee Owned American Fidelity Assurance Co.

Life Insurance is an important purchase to make. It is impossible for life insurance to emotionally compensate for a loss, but it may help ease the financial obligations left to your loved ones such as your mortgage, college tuition, other debts, and daily living expenses.

AF Term Life® Insurance offers protection during your peak earning years when you have financial responsibilities such as paying a mortgage or supporting your family. Your policy covers you during a term period, either 10, 20, or 30 years. You decide which term is best for your financial situation.

AF Term Life® Lets You Choose

- Rates guaranteed not to increase during the initial term period you choose.¹
- Guaranteed death benefit amount during the term you choose.
- A death benefit amount that is generally paid tax-free.²
- A policy that you own. Take it with you if you leave employment at the same rate.
- You may renew the policy at the end of the Term Period until the Insured reaches age 90. You may convert to a whole life insurance policy before the policy anniversary following age 70.

1 Premiums are adjusted upon renewal.

2 Please consult your tax consultant for your specific situation.

Product Features

- Easy application
- Minimal health questions¹
- No medical tests¹
- Accelerated Death Benefit
- Interim coverage²
- Employee issue maximum up to \$200,000³
- Spouse issue maximum up to \$50,000³
 - Individual policy or rider
- Issue minimum:
 - 10- & 20-year term: \$25,000
 - 30-year term: \$10,000
- Issue ages:
 - 10-year term: 18-70
 - 20-year term: 18-60
 - 30-year term: 18-50

1 Issuance of the policy may depend on the answer to these questions.

2 You will be covered from the date of your application if you are insurable for the requested coverage on the date the application is signed. This interim Coverage will remain in force until the policy has been issued or declined.

3 Face amounts vary based on issue age. Spouse face amounts are also based on whether the employee purchases coverage at the same time.

Costs

Premiums are based on the issue age of the insured, the face amount requested, and whether or not the insured is a nicotine user. The FFenroll Form Library includes AF Term Life rate tables. For more information on AF Term Life insurance, please contact Mack Whiteman with First Financial Administrators at 713-254-5264 or mack.whiteman@ffga.com.

Additional Options

Waiver of Premium This rider waives the premium for the base policy and any attached riders if the base insured becomes totally disabled, as defined in the rider, for at least six consecutive months. If your total disability ceases, you simply resume premium payments; there is no

requirement for payment of back premiums. Issue age is 18-55. The rider terminates at age 60.

Accidental Death Benefit This rider provides the insured an additional death benefit if death is the result of an accident. Face amount is equal to the face amount on the base policy. Issue age is 18-65. The rider terminates at insured's age 70.

Spouse Term Rider¹ This rider provides level term life insurance coverage on your spouse. Face amount must be equal to or less than the base policy.

Children's Term Rider² This rider provides level term life insurance protection for all your eligible children who are between the ages of one month through age 18. Coverage remains on each child until age 26 or marriage of the child prior to age 26. One premium covers all eligible children. Two benefit levels are available: \$10,000 and \$20,000.

1 Premiums are adjusted upon renewal. Coverage may be renewed for each additional renewal period up to the spouse's age 90, while the base policy is in force.

2 Your covered child may convert this rider for up to five times the amount of coverage to any form of permanent insurance offered by American Fidelity Assurance Company.

Notice to Applicant

Before American Fidelity Assurance Company (AF) can issue a policy, they must first evaluate or "underwrite" your application. The purpose of this is to: 1) be sure you qualify for the insurance requested; and 2) determine the correct premium rate. Your answers to the questions on the application provide the basis for evaluation. AF will use only the information you provide on the application. The information they obtain about you is treated as confidential. We will only disclose your nonpublic financial or medical information to other entities as permitted or required by law. With your prior written authorization, AF or their reinsurers may disclose information in their files to other life insurance companies to which you apply for life or health insurance which have first agreed in writing with us to maintain the confidentiality of such information. You have the right to request information about such disclosures, and to know what information is in your file and seek correction of any data that you think is wrong.

This is a brief description of the coverage and does not constitute the actual policy. For actual benefits, limitations, exclusions and other provisions, please refer to the policy. Additional riders are subject to general underwriting guidelines and coverage is not guaranteed.

Underwritten by:

American Fidelity Assurance Company
2000 N. Classen Boulevard • Oklahoma City, OK 73106
www.afadvantage.com • 1-800-654-8489

Term Life Insurance - Group

Unum Life Insurance Co. of America (Group # 568676)

Please review the following description of the Unum Life Insurance Company of America (Unum) term life insurance plan for CISD employees.

Coverage Amount Options

Employee: Up to 5 times salary in increments of \$10,000. Not to exceed \$500,000. Benefits will be paid to the designated beneficiary.

Spouse: Up to 100% of employee amount in increments of \$5,000. Not to exceed \$500,000. Benefits will be paid to the employee.

Child: Up to 100% of employee coverage amount in increments of \$2,000. Not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000. Benefits will be paid to the employee.

Coverage amount(s) will reduce according to the following schedule:

Age 70Insurance reduces to 65% of original amount

Age 75Insurance reduces to 50% of original amount

Note: Coverage may not be increased after a reduction

Guarantee Issue

Current Employees: If you and your eligible dependents are enrolled in the plan and wish to increase your coverage, you may apply on or before 7/31/2014 for any amount of additional coverage up to \$200,000 for yourself and any amount of additional coverage up to \$25,000 for your spouse; any amount over the Guarantee Issue Amount(s) will be subject to evidence of insurability. If you and your eligible dependents are not

currently enrolled in the plan, you may apply for coverage on or before 7/31/2014; any amount you elect will be subject to evidence of insurability.

Employees hired on or after 9/1/2014: If you enroll within 31 days of your full-time hire date, you may apply for any amount of coverage up to \$200,000 for yourself and any amount of coverage up to \$25,000 for your spouse. Any coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll within 31 days of your full-time hire date, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of coverage.

If you and your eligible dependents enroll within 31 days of your full-time hire date, and later, wish to increase your coverage, you may increase your coverage, with evidence of insurability, at anytime during the year. However, you may wait until the next annual enrollment and only coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.

Additional Benefits

Life Planning Financial and Legal Resources: This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to you. This service is also extended to you upon the death or terminal illness of your covered spouse. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

Portability: If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage.

Accelerated Benefit: If you become terminally ill and are not expected to live more than twelve months, you may request up to 50% of your life insurance amount up to \$750,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies). This feature also applies to your covered dependents.

Waiver of Premium: If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during the period of disability.

Retained Asset Account: Benefits of \$10,000 or more are paid through the Unum Retained Asset Account. This interest bearing account will be established in the beneficiary's name. He or she can then write a check for the full amount or for \$250 or more, as needed.

Limitations/Exclusions/Termination of Coverage

Suicide Exclusion: Life benefits will not be paid for deaths caused by suicide in the first 24 months after your effective date of coverage. No increased or additional benefits will be payable for deaths caused by suicide occurring within 24 months after the day such increased or additional insurance is effective.

Termination of Coverage: Your coverage and your dependents' coverage under the Summary of Benefits ends on the earliest of:

- The date the policy or plan is cancelled;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions; unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage;
- For dependent's coverage, the last day of the month of the date of your death.

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends;
- The last day of the month in which your dependent ceases to be an eligible dependent;
- For a spouse, the last day of the month of the date of divorce or annulment.

Unum will provide coverage for a payable claim which occurs while you and your dependents are covered under the policy or plan.

Effective Date of Coverage

Coverage elected during annual enrollment will become effective on 9/1/2014; applications subject to evidence of insurability may be effective after this date. For employees who become eligible on or after August 1, 2014, please see your Plan Administrator for your effective date.

Delayed Effective Date of Coverage

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Dependent: Insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Exception: infants are insured from live birth.

"Totally disabled" means that, as a result of an injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; or has a life threatening condition.

Changes to Coverage

Each year you and your spouse will be given the opportunity to change your Life coverage. You and your spouse may purchase additional Life coverage up to the Guarantee Issue amounts without evidence of insurability if you are already enrolled in the plan. Life coverage over the Guarantee Issue amounts will be medically underwritten and will require evidence of insurability and approval by Unum's Medical Underwriters. The suicide exclusion will apply to any increase in coverage.

Term Life Coverage Rates: Rates shown are your monthly deduction

Age Band	Employee per \$1,000	Spouse per \$1,000	Child per \$1,000
≤ 24	\$0.03	\$0.06	\$0.04
25-29	\$0.03	\$0.06	
30-34	\$0.04	\$0.08	
35-39	\$0.07	\$0.11	
40-44	\$0.08	\$0.18	
45-49	\$0.12	\$0.32	
50-54	\$0.19	\$0.52	
55-59	\$0.35	\$0.82	
60-64	\$0.43	\$1.26	
65-69	\$0.74	\$1.86	
70-74+	\$1.20	\$1.86	

Note: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.

Insurance Age: Your rate is based on your insurance age, which is your age immediately prior to and including the anniversary / effective date. Your rate is based on your age as of 9/1/2014. Your spouse's rate is based on his/her age as of 9/1/2014.

Cost Calculation: To calculate your per paycheck cost, complete the following by selecting your coverage amount and rate (based on your insurance age).

Coverage Amount	Increment	Rate	Monthly Cost
Employee \$ _____	÷ \$1,000 ×	\$ _____	= \$ _____
Spouse \$ _____	÷ \$1,000 ×	\$ _____	= \$ _____
Children \$ _____	÷ \$1,000 ×	\$ 0.04	= \$ _____
Total Monthly Cost = \$ _____			

Total Monthly Cost \$ _____ ÷ 2 = \$ _____ Per Paycheck Cost

This information is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1, et al.

Life Planning is provided by Ceridian, Inc. The services are subject to availability and may be withdrawn by Unum without prior notice.

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Underwritten by:

Unum Life Insurance Company of America
2211 Congress Street • Portland, ME 04122
www.unum.com • 1-800-445-0402

Universal Life Insurance

Texas Life Insurance Co. (Group # SM2656)

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

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

- **High Death Benefit.** With one of the highest death benefits available at the worksite, PURELIFE-plus gives your loved ones peace of mind, knowing there will be significant life insurance in force should you die prematurely.
- **Minimal Cash Value.** Designed to provide high death benefit, PURELIFE-plus does not compete with the cash accumulation in your employer-sponsored retirement plans.
- **Long Guarantees.** Enjoy the assurance of a policy that has a guaranteed death benefits 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, you will have the option to receive 92% of the death benefit, minus a \$150 administrative fee. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. (*Conditions apply*.)

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

Amounts of coverage available on spouse

Spouse's Issue Age	Spouse's Minimum Face Amount	Spouse's Maximum Face Amount <i>If employee does not apply</i>	Spouse's Maximum Face Amount <i>If employee also applies</i>
17-49	\$25,000	\$25,000	\$50,000
50-60	\$10,000	\$10,000	\$25,000
61 & Older	N/A	N/A	N/A

Costs

Premiums are based on the issue age of the insured, the face amount requested, and whether or not the insured is a tobacco user. The FFEenroll Form Library includes Texas Life Insurance Company premium tables. For more information on Texas Life universal life insurance, please contact Mack Whiteman with First Financial Administrators at 713-254-5264 or mack.whiteman@ffga.com.

Underwritten by:

Texas Life Insurance Company
900 Washington Avenue/PO Box 830
Waco, TX 76703-0830
www.texaslife.com • 1-800-283-9233

Dependent Care Assistance Plan

First Financial Administrators (Group # 56160)

The Dependent Care Assistance Plan (DCAP) benefit under the Section 125 Cafeteria Plan allows you to pay for dependent care expenses with before tax dollars.

You choose the amount you want taken out of your monthly paycheck based on your projected dependent care expenses for the year. **The maximum annual contribution amount for DCAP accounts is \$5,000**

(\$208.33 per paycheck). The maximum annual contribution amount is \$2,500 if you are married and file a separate tax return.

Each month the amount you select will be taken out of your check and will be deposited into your DCAP reimbursement account.

Unlike the health FSA, you may only be reimbursed for the expenses you claim up to the amount available in your account. If you submit a dependent care expense voucher in excess of your account balance, the balance of the amount due will be forwarded to you as additional account contributions are received.

Things to Remember

Once you set an amount this cannot be changed or dropped during your current plan year unless there is a qualifying event (refer to Change of Election Guidelines).

Any unused funds that are in your account at the end of the plan year will be forfeited; these funds cannot be returned to you. Claims must be submitted within 90 days of the end of the plan year or coverage end date, as applicable.

Expenses must be incurred during the current plan year.

Individuals making an adjusted gross income of \$28,000 or less would better off taking the deduction on their 1040 form instead of using the reimbursement plan.

You will not be reimbursed for each month until the school has sent the money into the processing department in Houston. Even though it has already been taken out of your paycheck, it does not automatically hit your account. There is approximately a 1-2 week period before it will be available to claim.

What qualifies as dependent care?

Your dependent care expense must be incurred to allow you (and your spouse if you are married) to work or look for work.

You must have made payments for dependent care to someone you could not claim as a dependent and if the person you made payments to was your child, he or she must have been age 19 or over by the end of the tax year.

Child support payments and childcare payments qualifying as alimony are not qualified expenses for reimbursement.

The services of a housekeeper, maid or cook are usually considered necessary to run your home if performed in connection with care of the qualifying dependent.

Dependent care center expenses are also eligible dependent care expenses if the care is for your dependent under age 13 and for any other qualifying dependent who regularly spends at least 8 hours each day in your household. Including:

- A dependent is physically or mentally not able to care for himself/herself and spends at least 8 hours daily in your home.
- A dependent's spouse who is physically or mentally not able to care for himself/herself and spends at least 8 hours daily in their home.

The dependent care center or provider must comply with all the applicable federal, state and local regulations.

A dependent care center is a place that provides care for more than six persons (other than persons who live there) and receives a fee, payment or grant for providing services for any of those persons regardless of whether or not the center is run for profit.

The cost of getting a qualifying dependent to and from your home and the care location is not an eligible expense.

Voluntary Retirement Plans

403(b) Plans

A 403(b) Plan allows you to invest tax deferred income in fixed annuities; variable annuities; and/or mutual funds while earning tax deferred interest. The term 403(b) is used synonymously with 403(b)(7), Tax Deferred Annuity (TDA), and Tax Sheltered Annuity (TSA). To contribute to a 403(b) account, you must select an approved vendor; these companies have signed the Contract Provider Agreement with First Financial Administrators. Approved 403(b) providers for Conroe ISD are posted online at www.ffga.com.

Distributions are available upon termination of employment, death, disability, retirement, or certain types of hardships. Distributions may be rolled into an IRA, 403(b) or 401(k) plan, or they can be used to buy back years from TRS service. There is a 10% penalty imposed by the IRS for funds withdrawn prior to age 59 1/2, in addition to normal tax consequences, for qualified distributions.

How do I establish a new 403(b) account?

- 1. Select a vendor from the list of approved providers.
- 2. Contact an agent / financial advisor. Be aware that your agent must have completed the agent enrollment on the First Financial Administrators, Inc. website (www.ffga.com) prior to submitting business. Do you need an agent? Call a First Financial Retirement Services Specialist at 1-800-523-8422 or log on to www.ffga.com for agents in your area.
- 3. Complete a First Financial 403(b) Salary Reduction Agreement (SRA) and fax or mail the form directly to First Financial. **Only the First Financial SRA** form will be accepted to start and/or make any changes to your 403(b) accounts. Requests must be in writing. (Please send vendor applications to the vendor.)
- 4. Agent signatures are only required on new accounts. New means you are starting contributions to a new vendor or you are establishing contribution deductions with a new school district.
- 5. Check with a First Financial Retirement Services Specialist for due dates so requests are processed in the desired time.

457 Plans

A 457 Plan allows you to invest Tax Deferred income while earning tax deferred interest. CISD offers four 457 plan options:

- **SecurePlus Elite** A flexible premium deferred annuity issued by Life Insurance Company of the Southwest (LSW). It is not a mutual fund, variable annuity, or any instrument that participates directly in stock or equity investments. Unlike mutual funds and stock or equity investments, SecurePlus Elite is an annuity with important insurance features, such as the tax deferral, Death Benefit, and annuitization features. SecurePlus Elite also differs from variable annuities in that it offers protection from market loss, a feature not always found in variable annuities.
- **RetireMax Millennium Flex** A flexible premium deferred annuity, designed by Life Insurance Company of the Southwest (LSW), for ongoing 457 contributions and transfers from other qualified vehicles. RetireMax Millennium Flex preserves your accumulated savings, guarding against losses from exposure to market fluctuation. The interest rate applicable at issue is declared in advance, and interest rates may be adjusted periodically. Rates always meet or exceed minimums guaranteed in the policy form. RetireMax Millennium Flex offers additional interest; each premium received in the first Policy Year will receive an additional 5 percent interest for 12 months.
- **Tax Vantage** A compromise fixed annuity issued by Fidelity Security Life Insurance Company (FSL) to fund your IRC 457 retirement plan. It is competitive and simple, yet flexible. Primary features include: no front-end sales charge, no deferred sales charge for benefit responsive events at participant level, no annual or quarterly administration charge, no 10% IRS penalty for withdrawals prior to age 59½, and client friendly technology and communication.
- **Fidelity Investments** Numerous tools and resources are available to help you plan for your retirement. Find a retirement account option that fits your needs with Fidelity Investments.

Distributions are available upon termination of employment, death, disability, retirement, or certain types of hardships. Distributions may be rolled into an IRA, 403(b) or 401(k) plan, or they can be used to buy back years from TRS service. There is no penalty imposed by the IRS for funds withdrawn prior to age 59 1/2 for qualified distributions.

How do I establish a new or make changes to an existing 457 account?

If it is for an LSW or FSL account, contact Mack Whiteman with First Financial Administrators at 1-800-523-8422 or 713-254-5264, or by email at Mack.Whiteman@ffga.com.

If it is for a Fidelity Investments account:

- 1. Complete a Fidelity Investments Account Application/Enrollment Form. The form is available online at www.mysavingsatwork.com under Resources (by type) – Forms and Applications.
- 2. The Conroe ISD plan number is 84568. To obtain information on investment options, please call a Fidelity representative at 1-800-343-0860 or visit their website, www.fidelity.com.
- 3. Once you receive confirmation of your account from Fidelity, complete a First Financial Deferred Compensation Agreement and fax or mail the form directly to FFA, attention Retirement Services Department.

*** Only the First Financial Deferred Compensation Agreement form will be accepted to start or make changes (i.e. increase, decrease or stop) to your 457 account contributions.

Contribution limits for 2014

Under Age 50	\$17,500
Age 50 and Above	\$23,000

Enrollment and/or changes to either type of voluntary retirement plan may be completed at any time during the year. They are not part of the New Hire or Open Enrollment processes.

Save Consistently

Saving a little each pay period is easy with payroll deduction. It's like paying yourself first each payday. And because payroll deductions occur "behind the scenes", you'll never miss the extra cash! As little as \$25 per paycheck can get you started.

Save Early

The sooner you start to save, the more likely you are to reach your retirement goals. These two profiles perfectly illustrate the benefits of getting started today!

Both Don and Maria plan to retire at age 65.
They each earn an average return of 7% on their retirement savings*
Whose retirement savings will go further?

Paychecks are Semi-Monthly	
Don starts saving for retirement at age 45	Maria starts saving for retirement at age 25
Paycheck contributions.....\$150	Paycheck contributions.....\$50
Years to retirement20	Years to retirement40
Total Contributions.....\$72,000	Total Contributions.....\$48,000
Balance at retirement.....\$152,278	Balance at retirement.....\$264,387

* These hypothetical investment returns are for illustrative purposes only and are not indicative of any particular investment or performance. Balances shown are before reduction for taxes. Amounts withdrawn from a qualified plan are taxable when distributed.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2014. You should contact your State for further information on eligibility.

State	Program(s)	Website(s)	Phone Number(s)
Alabama	Medicaid	http://www.medicaid.alabama.gov	1-855-692-5447
Alaska	Medicaid	http://health.hss.state.ak.us/dpa/programs/medicaid/	1-888-318-8890
Arizona	CHIP	http://www.azahcccs.gov/applicants	1-877-764-5437
Colorado	Medicaid	http://www.colorado.gov/	1-800-221-3943
Florida	Medicaid	https://www.flmedicaidprecovery.com/	1-877-357-3268
Georgia	Medicaid	http://dch.georgia.gov/ (Click on Programs, then Medicaid, then Health Insurance Premium Payment [HIPPI])	1-800-869-1150
Idaho	Medicaid	http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx	1-800-926-2588
Indiana	Medicaid	http://www.in.gov/fssa	1-800-889-9949
Iowa	Medicaid	www.dhs.state.ia.us/hipp/	1-888-346-9562
Kansas	Medicaid	http://www.kdheks.gov/hcf/	1-800-792-4884
Kentucky	Medicaid	http://chfs.ky.gov/dms/default.htm	1-800-635-2570
Louisiana	Medicaid	http://www.lahipp.dhh.louisiana.gov	1-888-695-2447
Maine	Medicaid	http://www.maine.gov/dhhs/ofi/public-assistance/index.html	1-800-977-6740
Massachusetts	Medicaid & CHIP	http://www.mass.gov/MassHealth	1-800-462-1120
Minnesota	Medicaid	http://www.dhs.state.mn.us/ (Click on Health Care, then Medical Assistance)	1-800-657-3629
Missouri	Medicaid	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	1-573-751-2005
Montana	Medicaid	http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml	1-800-694-3084
Nebraska	Medicaid	www.ACCESSNebraska.ne.gov	1-800-383-4278
Nevada	Medicaid	http://dwss.nv.gov/	1-800-992-0900
New Hampshire	Medicaid	http://www.dhhs.nh.gov/oii/documents/hippapp.pdf	1-603-271-5218
New Jersey	Medicaid & CHIP	Medicaid website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP website: http://www.njfamilycare.org/index.html	Medicaid Phone: 1-609-631-2392 CHIP: 1-800-701-0710
New York	Medicaid	http://www.nyhealth.gov/health_care/medicaid/	1-800-541-2831
North Carolina	Medicaid	http://www.ncdhhs.gov/dma	1-919-855-4100
North Dakota	Medicaid	http://www.nd.gov/dhs/services/medicalserv/medicaid/	1-800-755-2604
Oklahoma	Medicaid & CHIP	http://www.insureoklahoma.org	1-888-365-3742
Oregon	Medicaid	http://www.oregonhealthykids.gov and http://www.hijossaludablesoregon.gov	1-800-699-9075
Pennsylvania	Medicaid	http://www.dpw.state.pa.us/hipp	1-800-692-7462
Rhode Island	Medicaid	www.ohhs.ri.gov	1-401-462-5300
South Carolina	Medicaid	http://www.scdhhs.gov	1-888-549-0820
South Dakota	Medicaid	http://www.dss.sd.gov	1-888-828-0059
Texas	Medicaid	https://www.gethipptexas.com/	1-800-440-0493
Utah	Medicaid & CHIP	http://health.utah.gov/upp	1-866-435-7414
Vermont	Medicaid	http://www.greenmountaincare.org/	1-800-250-8427
Virginia	Medicaid & CHIP	Medicaid website: http://www.dmas.virginia.gov/rcp-HIPP.htm CHIP website: http://www.famis.org/	Medicaid: 1-800-432-5924 CHIP: 1-866-873-2647
Washington	Medicaid	http://hca.wa.gov/medicaid/premiumpymt/pages/index.aspx	1-800-562-3022 ext 15473
West Virginia	Medicaid	http://www.dhhr.wv.gov/bms/	1-877-598-5820
Wisconsin	Medicaid	http://www.badgercareplus.org/pubs/p-10095.htm	1-800-362-3002
Wyoming	Medicaid	http://www.health.wyo.gov/healthcarefin/equalitycare	1-307-777-7531

To see if any more states have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, you can contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov • 1-877-267-2323, Menu Option 4, Ext. 61565

Expense Worksheets

Health Care Expenses (Out-Of-Pocket)

Medical Expenses such as:	Estimated Annual Cost
Deductibles	\$ _____
PCP and Specialist Visit Copays	\$ _____
Coinsurance Amounts	\$ _____
Prescription Drug Costs	\$ _____
Smoking Cessation Programs	\$ _____
Dental Expenses such as:	
Deductibles, Coinsurance, & Copays	\$ _____
Orthodontia Costs	\$ _____
Dentures, including replacements	\$ _____
Vision Care Expenses such as:	
Eyeglasses or Contacts	\$ _____
Contact Lens Solution	\$ _____
Vision Surgery	\$ _____
Other Qualified Expenses	\$ _____

Total \$ _____

The maximum health FSA contribution amount for the 2014-15 plan year is \$2,500 (\$104.16 per paycheck).

Dependent Care Expenses

Type of Expense	Estimated Annual Cost
Child Care Expenses	\$ _____
Other Employment Related Dependent Care Costs	\$ _____

Total \$ _____

The maximum annual contribution amount for DCAP accounts is \$5,000 (\$208.33 per paycheck).

These totals give you a good idea of the amounts you may elect to contribute to your flexible spending accounts. Consider all other factors that will affect your out-of-pocket costs during the upcoming plan year and adjust the amounts if necessary. It is better to underestimate than to overestimate.

2014-15 Benefits Estimator Worksheet

Medical Premium

	Aetna Whole Health	HDHP	Anticipated Cost Per Paycheck
Employee Only	\$45.00	\$86.00	
Employee + Child(ren)	\$177.00	\$251.00	
Employee + Spouse	\$212.00	\$413.00	
Employee + Family	\$375.00	\$502.00	\$ _____

Dental Premium

	MetLife/ Safeguard	IMA High "A"	IMA Low "B"	
Employee Only	\$9.38	\$20.42	\$12.14	
Employee + 1	\$15.11	NA	NA	
Employee + Child(ren)	NA	\$35.11	\$22.35	
Employee + Spouse	NA	\$37.66	\$24.90	
Employee + Family	\$21.21	\$50.44	\$37.68	\$ _____

Vision Premium

Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family	
\$4.20	\$9.04	\$9.88	\$15.26	\$ _____

Health FSA Contribution (Use FSA Expenses Worksheet; divide total by remaining number of pay periods in plan year)

	\$ _____
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AD&D Premium

Employee Only	\$0.11 per \$10,000 in coverage	
Employee + Family	\$0.185 per \$10,000 in coverage	\$ _____

Cancer Premium

	Low	Medium	High	
Employee Only.....	\$12.21	\$17.30	\$27.19	
Employee + Children.....	\$17.19	\$24.55	\$38.84	
Employee + Spouse.....	\$19.39	\$27.05	\$41.91	
Employee + Family.....	\$24.37	\$34.29	\$53.55	\$ _____

Critical Illness/Cancer Premium

<small>(Refer to costs on page 12; divide by two)</small>	\$ _____
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Disability Premium (Refer to Standard Insurance Company Rate Table on Page 14; divide rate by 2)

	\$ _____
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Hospital Indemnity Premium

<small>(Refer to costs on page 17; divide by two)</small>	\$ _____
-----------------------------------------------------------	----------

Legal Protection Premium \$7.25

	\$ _____
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Long-Term Care Premium

<small>(Must be determined by a First Financial account representative)</small>	\$ _____
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Term Life - Employee Owned Premium

<small>(Refer to AF Term Life rate tables in FFenroll Form Library; divide rate by 2)</small>	\$ _____
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Term Life - Group Premium

<small>(Refer to Term Life Coverage Rates on Page 21; divide monthly total by 2)</small>	
Employee Only	\$ _____
Spouse	\$ _____
Child(ren)	\$ _____

Universal Life Premium (Refer to TEXASLIFE Monthly Premium Table in FFenroll Form Library; divide premium by 2)

	\$ _____
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Dependent Care Contribution (Use FSA Expenses Worksheet; divide total by remaining number of pay periods in plan year)

	\$ _____
--	----------

Total \$ _____