

Kansas City Public Schools

# Employee Benefits

Enrollment Guide



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## DISCLAIMER

The intent of this summary is to briefly highlight your benefits and NOT to replace your insurance contracts or booklets. The information has been compiled into summary form to outline the voluntary benefits offered by Kansas City Public Schools.

If this benefit summary does not address your specific benefit questions, please contact BenefitsDirect for assistance.

**Phone:** 1-877-523-0176  
**Email:** [info@benefits-direct.com](mailto:info@benefits-direct.com)  
**Web:** [www.benefits-direct.com/kcps](http://www.benefits-direct.com/kcps)

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.

The information in this booklet is proprietary. Please do not copy or distribute to others.

Created by

**BenefitsDirect**

## WHO IS ELIGIBLE?

You are eligible for KCPS benefits if you are a full-time employee (working 30 or more hours per week) or your offer of employment includes benefits. New Hire Effective Date of coverage for medical and dental will be exactly 30 days after your date of hire. New Hire Effective Date for Voluntary Benefits will be the first of the month following 30 days of employment. If you are a new hire enrolling for the first time (or a re-hired employee), you **MUST** complete enrollment within 30 days of your date of hire.

## HOW TO ENROLL

The first step is to review the benefit enrollment packet materials and then **contact Benefits Direct by phone at (877) 523-0176 or online at <http://www.benefits-direct.com/kcps>** to ask questions, schedule an appointment with a benefit counselor, and make your plan year elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

## WHEN TO ENROLL

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period (qualified change in status rule does not apply to 403(b) plan or Health Savings Account plans). Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

## Medical Insurance

### Health Insurance provided by Blue Cross Blue Shield of Kansas City

(All Benefits are listed as In Network unless otherwise noted)

	HMO Base	HMO Buy-Up	PPO Base	PPO Buy-Up	BlueSaver-PCB	<b>NEW PLAN</b> BlueSaver-BSP
Network	Blue Care HMO	Blue Care HMO	Preferred Care Blue PPO	BlueSelect Plus PPO <b>***Network Change***</b>	Preferred Care Blue PPO	BlueSelect Plus PPO
In Network Deductible	N/A	N/A	\$1,500 indiv/ \$3,000 fam	\$1,000 indiv / \$2,000 fam	\$3,000 indiv / \$6,000 fam	\$3,000 indiv / \$6,000 fam
Out of Network Deductible	N/A	N/A	N/A	\$2,000 indiv / \$4,000 fam	\$3,000 indiv / \$6,000 fam	\$6,000 indiv / \$12,000 fam
In Network Coinsurance	N/A	N/A	Your share: 20%	Your share: 20%	Your share: 20%	Your share: 20%
Out of Network Coinsurance	N/A	N/A	Your share: 50%	Your share: 50%	Your share: 40%	Your share: 50%
In Network Out of Pocket Maximum	\$4,000 indiv/ \$10,000 fam	\$3,650 indiv/ \$9,125 fam	\$4,500 indiv/ \$9,000 fam	\$4,500 indiv/ \$9,000 fam	\$4,000 indiv/ \$8,000 fam	\$4,000 indiv/ \$8,000 fam
Out of Network Out of Pocket Maximum	N/A	N/A	\$13,500 indiv/ \$27,000 fam	\$23,000 indiv/ \$46,000 fam	\$8,000 indiv/ \$16,000 fam	\$20,000 indiv/ \$40,000 fam
Office Visits	\$35 PCP/ \$30 PCMH PCP \$70 Specialist copay	\$25 PCP/ \$20 PCMH PCP \$50 Specialist copay	Deductible then 20%	\$20 PCP / \$15 PCMH PCP \$40 Specialist copay	Deductible then 20%	Deductible then 20%
Preventative Care	100%	100%	100%	100%	100%	100%
Urgent Care	\$70 copay	\$50 copay	Deductible then 20%	\$40 copay	Deductible then 20%	Deductible then 20%
Emergency Services	\$200 copay	\$100 copay	\$150 copay then deductible then 20%	\$100 copay then deductible then 20%	Deductible then 20%	Deductible then 20%
Inpatient Hospital Services	\$400 copay per member up to \$2,000	\$300 copay per member up to \$1,500	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Scans (MRI's PET, CT etc.)	\$200 copay	\$100 copay	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Prescription Drugs	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Deductible then: \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Deductible then: \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail



## 2017 KCPS Medical Rates

	HMO Base - Blue Care				
	Monthly Premium	Monthly Contribution Employer	Monthly Contribution Employee	24 Pay Employee	21 Pay Employee
Employee	\$ 813.17	\$ 712.78	\$ 100.39	\$ 50.20	\$ 57.37
Employee + One	\$1,285.73	\$ 712.78	\$ 572.95	\$ 286.48	\$ 327.40
Family	\$1,623.48	\$ 712.78	\$ 910.70	\$ 455.35	\$ 520.40

	HMO Buy-Up - Blue Care				
	Monthly Premium	Monthly Contribution Employer	Monthly Contribution Employee	24 Pay Employee	21 Pay Employee
Employee	\$ 825.47	\$ 712.78	\$ 112.69	\$ 56.35	\$ 64.39
Employee + One	\$1,308.71	\$ 712.78	\$ 595.93	\$ 297.97	\$ 340.53
Family	\$1,648.68	\$ 712.78	\$ 935.90	\$ 467.95	\$ 534.80

	PPO Base - Preferred Care Blue				
	Monthly Premium	Monthly Contribution Employer	Monthly Contribution Employee	24 Pay Employee	21 Pay Employee
Employee	\$ 712.78	\$ 712.78	\$ -	\$ -	\$ -
Employee + One	\$1,130.06	\$ 712.78	\$ 417.28	\$ 208.64	\$ 238.45
Family	\$1,423.62	\$ 712.78	\$ 710.84	\$ 355.42	\$ 406.19

	PPO Buy-Up (NETWORK CHANGE) - BlueSelect Plus PPO				
	Monthly Premium	Monthly Contribution Employer	Monthly Contribution Employee	24 Pay Employee	21 Pay Employee
Employee	\$ 712.78	\$ 712.78	\$ -	\$ -	\$ -
Employee + One	\$1,130.06	\$ 712.78	\$ 417.28	\$ 208.64	\$ 238.45
Family	\$1,423.62	\$ 712.78	\$ 710.84	\$ 355.42	\$ 406.19

	BlueSaver - Preferred Care Blue				
	Monthly Premium	Monthly Contribution Employer	Monthly Contribution Employee	24 Pay Employee	21 Pay Employee
Employee	\$ 658.84	\$ 712.78	\$ (53.94) *	\$ (53.94)*	\$ (53.94)*
Employee + One	\$1,073.30	\$ 712.78	\$ 360.52	\$ 180.26	\$ 206.01
Family	\$1,355.22	\$ 712.78	\$ 642.44	\$ 321.22	\$ 367.11

	BlueSaver (NEW PLAN) - BlueSelect Plus PPO				
	Monthly Premium	Monthly Contribution Employer	Monthly Contribution Employee	24 Pay Employee	21 Pay Employee
Employee	\$ 607.49	\$ 712.78	\$ (105.29) *	\$ (105.29)*	\$ (105.29)*
Employee + One	\$ 989.04	\$ 712.78	\$ 276.26	\$ 138.13	\$ 157.86
Family	\$1,248.77	\$ 712.78	\$ 535.99	\$ 268.00	\$ 306.28

\* District will contribute monthly to your HSA account

## Hospital Locator [www.bluekc.com](http://www.bluekc.com)

Hospital Name	HMO Blue Care Network	Preferred Care Blue Network	BlueSelect Plus
Center Point Medical Center	X	X	NO
Children's Mercy Hospitals	X	X	X
KU Medical Center	X	X	X
Lee's Summit Hospital	X	X	NO
Liberty Hospital	X	X	X
Menorah Medical Center	X	X	NO
North Kansas City Hospital	X	X	X
Olathe Medical Center	X	X	X
Overland Park Regional	X	X	NO
Providence Medical Center	X	X	NO
Research Medical Center	X	X	NO
Shawnee Mission Medical Center	X	X	X
St. Joseph Medical Center	X	NO	NO
St. Luke's (All Locations)	NO	X	NO
St. Mary's Medical Center	X	NO	NO
Truman Medical Center (Hospital Hill and Lee's Summit)	X	X	X

## BlueSelect Plus Network Need to Know!

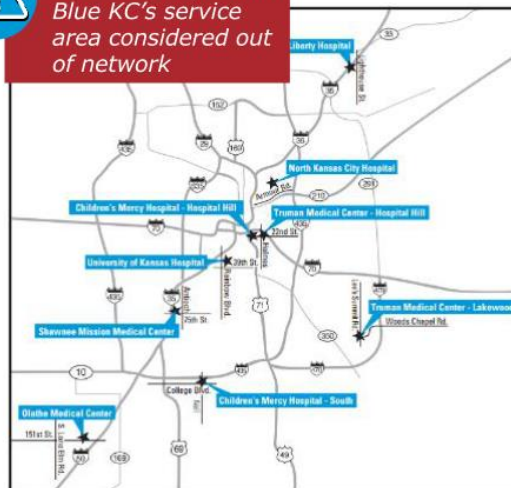
BlueSelect Plus is best for members who live in the metropolitan Kansas City area.

Hospitals included in the network:

- Children's Mercy (Hospital Hill and South)
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Shawnee Mission Medical Center
- Truman Medical Center (Hospital Hill and Lakewood)
- University of Kansas Hospital



All other hospitals in Blue KC's service area considered out of network



This is a limited PPO network. Prior to choosing a health plan that uses **BlueSelect Plus** – please confirm your provider is in this network.

## BlueSelect Plus Network: **Need to Know!**

### How do I know if BlueSelect Plus is a good fit for me?

If you live in the metropolitan Kansas City area visit a BlueSelect Plus hospital or provider for benefits to pay as in-network.

If you live outside the metropolitan Kansas City area – visit a BlueSelect Plus hospital or provider for benefits to pay in-network.

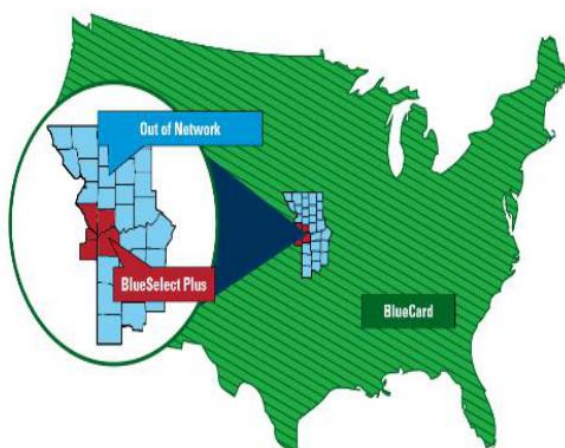
If you travel outside of the 32-county Blue KC service area, BlueSelect Plus members are covered under BlueCard PPO coverage.

If you reside in the Kansas City area, but spend time in Florida during the winter, you would visit a BlueCard provider when you are in Florida.

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## Blue Select Plus



### **In Network (5 Counties):**

*Missouri – Platte, Clay, Jackson  
Kansas – Wyandotte, Johnson*

**No network providers in the other 27 counties in our service area.**

### **Out of Network Counties:**

*Missouri - Atchison, Holt, Nodaway, Andrew, Worth, Gentry, Harrison, Mercer, Dekalb, Daviess, Grundy, Buchanan, Clinton, Caldwell, Livingston, Ray, Carroll, Lafayette, Saline, Cass, Johnson, Pettis, Bates, Henry, Benton, Vernon, St. Clair*

**In network benefits are available in all other areas as long as a BlueCard provider is selected**

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## BlueSelect Plus Network Need to Know!



This is a limited PPO network. Prior to choosing a plan that uses BlueSelect Plus – **please confirm your provider is in the BlueSelect Plus network.**

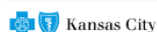
To search for BlueSelect Plus providers:

- Go to **BlueKC.com**
- Click **Find a Doctor**
- Choose **BlueSelect Plus** as the network
- Click **Go**



—or—

- Scroll to the bottom of this page and click **View Our PDF/Print Directory**. On the next screen you will want to select the **BlueSelect Plus Quick Reference Directory** to review in-network provider options.



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## Terms and Definitions

### PPO – Preferred Provider Organization

- A health plan that encourages you to seek services from a network of participating providers. A PPO **does not require a Primary Care Physician**, referrals to specialists or other healthcare providers.
- Doctors, hospitals, and other healthcare professionals have agreed to negotiated prices. Your benefits are based on the discounted fees. **BlueSelect Plus** and **Preferred-Care Blue** are PPO's.

### Annual Deductible

- Deductible is the amount you pay to providers for services received during each calendar year before Blue Cross Blue Shield benefits begin. The Deductible runs from **January 1 through December 31** and re-sets January 1 the following year.

### Coinsurance

- Coinsurance is the percentage of an Allowable Charge you must pay until you reach the Out-of-Pocket Maximum.

### Out-of-Pocket Maximum

- The Out-of-Pocket Maximum is the maximum dollar amount you pay toward covered services. Once you have paid the Out-of-Pocket Maximum, the plan pays 100% of covered services for the remainder of the calendar year. This maximum includes all covered member medical services: office visit and Rx copays, deductibles and coinsurance.

### Copayment

- A copayment, or copay, is a set dollar amount you pay each time you receive a covered service. On the Traditional HMO (if applicable) and PPO plans, you have a copayment for doctor's office, emergency room, urgent care visits and prescription drugs. It is your responsibility to pay your copay amount at the time you receive services.

### HSA (Health Savings Account)

- Tax-deferred savings account that helps pay for eligible medical, dental and vision expenses. Employee must meet eligibility requirements to open and contribute to the HSA. Funds can be contributed by the employee through pre-tax payroll deductions

## Dental Insurance

### Dental Insurance provided by Blue Cross Blue Shield of Kansas City

In-Network	Dental Base					Dental Buy-Up				
Calendar Year Deductible	\$50 per person for Type II Services					\$50 per person for Type II and Type III Services				
<b>Type I Services:</b> <ul style="list-style-type: none"> <li>• Routine oral exam – two each calendar year</li> <li>• Cleaning – two each calendar year</li> <li>• Dental X-rays</li> <li>• Fluoride treatment – two each calendar year to age 19</li> <li>• Sealant application on posterior tooth – one treatment per tooth every three years (to age 14)</li> <li>• Fixed and removable space maintainer (initial appliance only)</li> <li>• Emergency palliative treatment (pain relief)</li> </ul>	100%					100%				
<b>Type II Services:</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Crown and inlay re-cementing (after 6 months of insertion)</li> <li>• Periodontal services</li> <li>• Endodontal services</li> <li>• Bridge re-cementing (after 6 months of insertion)</li> <li>• Tooth extraction (simple and surgical incl. wisdom teeth)</li> </ul>	60%					100%				
<b>Type III Services:</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Bridges</li> <li>• Full and partial dentures</li> </ul>	Not Covered					60%				
Calendar Year Maximum	\$750 per person					\$1,250 per person				
Dependent Limiting Age	26					26				
	Monthly Premium	Monthly Contribution Employer	Monthly Contribution Employee	24 Pay Employee	21 Pay Employee	Monthly Premium	Monthly Contribution Employer	Monthly Contribution Employee	24 Pay Employee	21 Pay Employee
Employee Only	\$23.17	\$30.58	(\$7.41)*	(\$7.41)*	(\$7.41)*	\$30.58	\$30.58	-	-	-
Employee + 1	\$43.55	\$30.58	\$12.97	\$6.49	\$7.41	\$57.49	\$30.58	\$26.91	\$13.46	\$15.38
Family	\$61.02	\$30.58	\$30.44	\$15.22	\$17.39	\$80.55	\$30.58	\$49.97	\$24.99	\$28.55

\* District will contribute monthly to Paycheck

If you wish to continue the direct excess funds to your FSA or 403(b) plan, please discuss with your Benefit Counselor.

Your 2016 designation does not automatically roll over to 2017



## Vision Insurance

### SUPERIOR VISION

See yourself healthy.

#### Vision Plan Benefits for Kansas City Public School District

You may choose from two plans: Exam & Materials Plan, or Materials Only Plan



Plan 1 Exam & Materials Plan	
<b>Co-Pays</b>	
Exam	\$0
Materials <sup>1</sup>	\$0
Contact Lens Fitting	\$25
<b>Monthly Premiums</b>	
Emp. Only	\$9.24
Emp. + spouse	\$18.49
Emp. + child(ren)	\$20.85
Emp. + family	\$32.26
<b>Services/Frequency</b>	
Exam	12 months
Frames	24 months
Contact Lens Fitting	12 months
Lenses	12 months
Contact Lenses	12 months

Plan 2 Materials Only Plan	
<b>Co-Pays</b>	
Exam	N/A
Materials <sup>1</sup>	\$0
Contact Lens Fitting	\$25
<b>Monthly Premiums</b>	
Emp. Only	\$6.54
Emp. + spouse	\$13.07
Emp. + child(ren)	\$14.42
Emp. + family	\$22.42
<b>Services/Frequency</b>	
Exam	N/A
Frames	24 months
Contact Lens Fitting	12 months
Lenses	12 months
Contact Lenses	12 months

Benefits	In-Network	Out-of-Network
Exam (MD)	Covered in full	Up to \$34
Exam (OD)	Covered in full	Up to \$26
Frames	\$150 retail allowance	Up to \$74
Contact Lens Fitting (standard <sup>2</sup> )	Covered in full	Not covered
Contact Lens Fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$29
Bifocal	Covered in full	Up to \$43
Trifocal	Covered in full	Up to \$53
Progressive lens upgrade	See description <sup>3</sup>	Up to \$53
Contact Lenses <sup>4</sup>	\$150 retail allowance	Up to \$100

	In-Network	Out-of-Network
	N/A	N/A
	N/A	N/A
	\$150 retail allowance	Up to \$74
	Covered in full	Not covered
	\$50 retail allowance	Not covered
	Covered in full	Up to \$29
	Covered in full	Up to \$43
	Covered in full	Up to \$53
	See description <sup>3</sup>	Up to \$53
	\$150 retail allowance	Up to \$100

<sup>1</sup> Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

<sup>2</sup> Materials co-pay applies to lenses and frames only, not contact lenses

<sup>3</sup> See your benefits materials for definitions of standard and specialty contact lens fittings

<sup>4</sup> Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

<sup>5</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit

#### Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

#### Discounts on Covered Materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options

The following options have out-of-pocket maximums<sup>5</sup> on standard (not premium, brand, or progressive) lenses.

	Maximum Member Single Vision	Out-of-Pocket Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

<sup>5</sup> Discounts and maximums may vary by lens type. Please check with your provider.

#### Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, other	
prescription materials:	20% off retail
Disposable contact lenses:	10% off retail

#### Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

*The Plan discount features are not insurance.*

*All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.*

*Discounts are subject to change without notice.*

*Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.*



Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 800.507.3800 SuperiorVision.com  
The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

NVIGRP 5-07

0914-BSv2/KS

## Flexible Spending Account



### Flexible Spending Account Program Overview

Use your FSA to save 25% or more  
on the things you buy every day...

We all pay taxes. We all buy things like prescriptions, bandages, and glasses or contacts - not to mention co-pays, child care, and braces. And we all like to save money.

A Flexible Spending Account (FSA) uses pre-tax dollars to help you save on health care and dependent care expenses. Once the plan year begins, the money in your FSA is yours to spend immediately, on a wide range of needs for yourself and your family. And because this FSA from Flex Made Easy is so easy to use, there's no hassle, less waiting - and no reason to miss out on enrollment.



### It's Covered

You probably know you can cover your co-pays, deductibles, dental and vision care, and prescriptions with your health care FSA. But did you know it's good for hundreds of over-the-counter items such as bandages and contact lenses solution, not to mention many services, too? You can also use it for Over-the-Counter drugs and medicines, as long as you get a prescription from your doctor.

#### Qualified medical expenses include:

- ✓ Co-pays, deductibles, co-insurance
- ✓ Dental expenses
- ✓ Eyeglasses, laser surgery, contact lenses
- ✓ Prescription drugs
- ✓ Over-the-counter supplies
- ✓ Chiropractic care

#### Qualified dependent care expenses include:

- ✓ Daycare
- ✓ Babysitting
- ✓ Before & after school care
- ✓ Pre-k
- ✓ Summer day camps
- ✓ Care for older dependents in need of assistance



## Flexible Spending Account Program Overview

### Everyday savings....

Saving is simple. When you enroll in the program, you set aside some of your pay before taxes to use on eligible expenses. The more you put in, the more you save on your tax bill.



### It's easy...

It's your money. The program just helps you save it from taxes, and spend it on your health and your family. Flex Made Easy provides convenient payment and reimbursement options. Just swipe your FSA Debit Card to pay for eligible medical and/or dependent care expenses.

If you need to submit a claim, you can complete your transaction through our secure mobile application, our online portal, by email, fax or regular postal mail. Sign up for direct deposit, and get your funds back fast!!

Once you enroll, you will receive detailed instructions for accessing your account online through the Flex Made Easy secure online portal.



## Contact



410 Archibald  
Kansas City, MO 64111



1-855-615-3679



info@FlexMadeEasy.com



This worksheet will help you determine the dollar amount you will spend for medical expenses during the plan year. In order to maximize your savings, please include expenses for you, your spouse and any of your dependents in your calculation.

### Medical Expenses not covered by Insurance

### Annual Estimate

Deductibles, co-pays, coinsurance	\$ _____
Physician visits/routine exams	\$ _____
Prescription Drugs	\$ _____
Insulin/Syringes	\$ _____
Annual physicals	\$ _____
Chiropractic treatments	\$ _____
Other: _____	\$ _____

**Subtotal Medical Expenses** \$ \_\_\_\_\_

### Dental Expenses not covered by Insurance

Checkups/cleanings	\$ _____
Fillings	\$ _____
Root Canals	\$ _____
Crowns/Bridges/Dentures	\$ _____
Oral Surgery	\$ _____
Orthodontia	\$ _____
Other: _____	\$ _____

**Subtotal Dental Expenses** \$ \_\_\_\_\_

### Vision/Hearing Expenses not covered by Insurance

Exams	\$ _____
Eyeglasses	\$ _____
Prescription Sunglasses	\$ _____
Contact Lenses & Cleaning Solutions	\$ _____
Corrective Eye Surgery ( LASIK, cataract etc.)	\$ _____
Hearing exams/hearing aids & batteries	\$ _____

**Subtotal Vision Expenses** \$ \_\_\_\_\_

**Total Medical Expenses** \$ \_\_\_\_\_





### Qualified Expenses

- ✓ Acupuncture
- ✓ Alcoholism treatment
- ✓ Ambulance
- ✓ Birth control pills
- ✓ Braille books and magazines
- ✓ Chiropractors
- ✓ Coinsurance amounts and deductibles
- ✓ Contact lenses, solutions and cleaners
- ✓ Crutches and wheelchairs
- ✓ Dental treatment\*
- ✓ Dermatologist visits\*
- ✓ Eyeglasses (prescription); vision exams
- ✓ Guide dog or other animal aide
- ✓ Hearing devices and batteries
- ✓ Hospital services
- ✓ Immunizations (including flu shots)
- ✓ Infertility treatments
- ✓ Insulin
- ✓ Laboratory/diagnostic fees
- ✓ Language training for child with disability
- ✓ Laser eye surgery
- ✓ Learning disability
- ✓ Massage therapy (medical necessity)\*
- ✓ Norplant insertion or removal
- ✓ Nursing services
- ✓ Nutritionist's expenses (medical necessity)
- ✓ Occlusal guards to prevent teeth grinding
- ✓ Orthodontia
- ✓ Over-the-counter drugs (require a prescription)\*
- ✓ Pap smears
- ✓ Physical therapy
- ✓ Prescription drugs
- ✓ Prosthetics
- ✓ Psychologist
- ✓ Reading glasses
- ✓ Smoking cessation programs
- ✓ Sterilization
- ✓ TMJ related treatments
- ✓ Transplants
- ✓ Travel expenses related to medical care only
- ✓ Wigs (medical reasons only)
- ✓ X-ray fees

### Ineligible Expenses

- ✓ Burial expenses
- ✓ Cosmetic procedures (unless necessary to improve a deformity arising from congenital abnormality, personal injury from an accident or trauma, or a disfiguring disease)
- ✓ Dancing lessons
- ✓ Diapers or diaper service
- ✓ Ear piercing
- ✓ Electrolysis (see cosmetic procedures)
- ✓ Exercise equipment, unless prescribed for a specific medical condition
- ✓ Face lifts (see cosmetic procedures)
- ✓ Fitness programs for general health
- ✓ Funeral expenses
- ✓ Hair transplant (see cosmetic procedures)
- ✓ Health club dues
- ✓ Holistic or natural remedies
- ✓ Illegal operations and treatments
- ✓ Items paid or payable by insurance
- ✓ Items you intend to claim as a credit for income tax purposes
- ✓ Marriage counseling
- ✓ Maternity clothes
- ✓ Non-prescription sunglasses (sundclips)
- ✓ Nursing care for a normal, healthy baby
- ✓ Nutritional supplements (general good health)
- ✓ Overnight camp (Dependent Care)
- ✓ Premiums for group health coverage maintained through spouse's employer or individual insurance premiums
- ✓ Rogaine (see cosmetic procedures)
- ✓ Safety glasses (unless prescription)
- ✓ Swimming lessons
- ✓ Tanning salons and equipment
- ✓ Teeth whitening or bleaching (even if as a result of a congenital defect)
- ✓ Vision discount programs or warranty charges
- ✓ Vitamins (over-the-counter)
- ✓ Warranties for eyeglasses and/or hearing aids
- ✓ Weight loss programs and drugs (unless a medical necessity exists for a specific medical condition)

\* Items are eligible for reimbursement through a Health Care FSA or an HRA if they are treating a current or imminent medical condition. Some items may require additional documentation such as a letter of medical necessity or a prescription (for over-the-counter medications) from your medical provider. Please visit [www.FlexMadeEasy.com](http://www.FlexMadeEasy.com) for more detailed information and a more comprehensive list of eligible expenses.



## Basic Life

### Plan Highlights

#### Group Basic Life and AD&D Insurance



#### Kansas City Public Schools

#### ELIGIBILITY

**Employees:** Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

#### BENEFIT AMOUNT

**Basic Life and AD&D:**

\$20,000

#### GUARANTEED ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

Employee: \$20,000

#### BENEFIT REDUCTION DUE TO AGE

Age	Original Benefit Reduced To
65	65%
70	40%
75	20%

#### FEATURES

- ▶ Living Benefit Rider (expressed as Accelerated Death Benefit in some states and Imminent Death Benefit in PA)
- ▶ Air Bag Benefit
- ▶ Education Benefit
- ▶ FMLA/MSLA Continuation
- ▶ Loss of Use Benefit
- ▶ Seat Belt Benefit
- ▶ Waiver of Premium

#### VALUE ADDED SERVICES

- ▶ Bereavement Counseling Service
- ▶ Travel Assistance Service

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

#### MONTHLY PREMIUM

Coverage is \$3.00 per month

#### AD&D SCHEDULE

For Accidental Loss of:	Amount Payable:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing	100%
One hand or One foot	50%
Sight of one eye	50%
Speech or Hearing	50%

#### EXCLUSIONS

##### AD&D EXCLUSIONS:

AD&D benefits will not be payable for a loss: caused by suicide or intentionally self-inflicted injuries; caused by or resulting from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; sustained during an insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic intoxication is a contributing factor; or to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

## Supplemental Life Insurance

### Plan Highlights

#### Group Voluntary and Dependent Life Insurance



#### Kansas City Public Schools

##### ELIGIBILITY

**Employees:** Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

**Dependents:** You must be insured in order for Dependents to be covered.  
Dependents are:

- your legal spouse not legally separated or divorced from you
  - unmarried financially dependent child(ren)\*, from 14 days to age 20 (up to age 26 if a full-time student).
- \*natural and adopted children and stepchildren in your custody.

Age limit does not apply to handicapped children.

- A person may not have coverage as both an Employee and Dependent.
- Only one insured spouse may cover Dependent children.

##### BENEFIT AMOUNT

###### Voluntary Life:

Choose from a minimum of \$10,000 to a maximum of \$200,000 in \$10,000 increments (not to exceed 5 times Earnings)

###### Dependent Life

###### Spouse

Choose from a minimum of \$5,000 to a maximum of \$50,000 in \$5,000 increments  
(spouse amount may not exceed 100% of employee amount)

###### Dependent Child(ren)

Birth to less than 6 months : \$100  
6 months through Age 19 : \$10,000  
(up to age 26 if a full-time student)

##### GUARANTEED ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

Employee: \$200,000

Spouse: \$50,000

Child: all child amounts are guaranteed issue

##### BENEFIT REDUCTION DUE TO AGE

(applicable to employee/spouse coverage)

Age	Original Benefit Reduced To
70	50%

##### FEATURES

- Waiver of Premium

##### CONTRIBUTION REQUIREMENTS

###### Employee:

Coverage is 100% employee paid.

Spouse: Coverage is 100% employee paid.

Dependent Child(ren): Coverage is 100% employee paid.

##### EXCLUSIONS

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

## Reliance Standard Plans Supplemental and Dependent Life Insurance Premium Table

Plan Holder: Kansas City Public Schools

**Scheduled Benefit:** Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below.  
**For employees age 70 and older:** Benefit amounts are reduced according to the age-based reduction chart shown in the Supplemental Life brochure.

Employee/Spouse Premiums:

**To find you and your spouse's premium -**

- Determine your age band: Your age = your age at your last birthday.
- Select a benefit amount (**employees age 70 and older:** see above comment).
- Spouse premium: Repeat the steps above for your spouse (their age at last birthday).
- Employee and spouse rates change as insured moves from one age bracket to the next.

### Employee Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
\$10,000	\$0.50	\$0.50	\$0.60	\$0.60	\$1.10	\$1.90	\$2.90	\$4.80	\$5.50	\$9.60	\$9.80	\$27.10
\$20,000	\$1.00	\$1.00	\$1.20	\$1.20	\$2.20	\$3.80	\$5.80	\$9.60	\$11.00	\$19.20	\$19.60	\$54.20
\$30,000	\$1.50	\$1.50	\$1.80	\$1.80	\$3.30	\$5.70	\$8.70	\$14.40	\$16.50	\$28.80	\$29.40	\$81.30
\$40,000	\$2.00	\$2.00	\$2.40	\$2.40	\$4.40	\$7.60	\$11.60	\$19.20	\$22.00	\$38.40	\$39.20	\$108.40
\$50,000	\$2.50	\$2.50	\$3.00	\$3.00	\$5.50	\$9.50	\$14.50	\$24.00	\$27.50	\$48.00	\$49.00	\$135.50
\$60,000	\$3.00	\$3.00	\$3.60	\$3.60	\$6.60	\$11.40	\$17.40	\$28.80	\$33.00	\$57.60	\$58.80	\$162.60
\$70,000	\$3.50	\$3.50	\$4.20	\$4.20	\$7.70	\$13.30	\$20.30	\$33.60	\$38.50	\$67.20	\$68.60	\$189.70
\$80,000	\$4.00	\$4.00	\$4.80	\$4.80	\$8.80	\$15.20	\$23.20	\$38.40	\$44.00	\$76.80	\$78.40	\$216.80
\$90,000	\$4.50	\$4.50	\$5.40	\$5.40	\$9.90	\$17.10	\$26.10	\$43.20	\$49.50	\$86.40	\$88.20	\$243.90
\$100,000	\$5.00	\$5.00	\$6.00	\$6.00	\$11.00	\$19.00	\$29.00	\$48.00	\$55.00	\$96.00	\$98.00	\$271.00
\$110,000	\$5.50	\$5.50	\$6.60	\$6.60	\$12.10	\$20.90	\$31.90	\$52.80	\$60.50	\$105.60	\$107.80	\$298.10
\$120,000	\$6.00	\$6.00	\$7.20	\$7.20	\$13.20	\$22.80	\$34.80	\$57.60	\$66.00	\$115.20	\$117.60	\$325.20
\$130,000	\$6.50	\$6.50	\$7.80	\$7.80	\$14.30	\$24.70	\$37.70	\$62.40	\$71.50	\$124.80	\$127.40	\$352.30
\$140,000	\$7.00	\$7.00	\$8.40	\$8.40	\$15.40	\$26.60	\$40.60	\$67.20	\$77.00	\$134.40	\$137.20	\$379.40
\$150,000	\$7.50	\$7.50	\$9.00	\$9.00	\$16.50	\$28.50	\$43.50	\$72.00	\$82.50	\$144.00	\$147.00	\$406.50
\$160,000	\$8.00	\$8.00	\$9.60	\$9.60	\$17.60	\$30.40	\$46.40	\$76.80	\$88.00	\$153.60	\$156.80	\$433.60
\$170,000	\$8.50	\$8.50	\$10.20	\$10.20	\$18.70	\$32.30	\$49.30	\$81.60	\$93.50	\$163.20	\$166.60	\$460.70
\$180,000	\$9.00	\$9.00	\$10.80	\$10.80	\$19.80	\$34.20	\$52.20	\$86.40	\$99.00	\$172.80	\$176.40	\$487.80
\$190,000	\$9.50	\$9.50	\$11.40	\$11.40	\$20.90	\$36.10	\$55.10	\$91.20	\$104.50	\$182.40	\$186.20	\$514.90
\$200,000	\$10.00	\$10.00	\$12.00	\$12.00	\$22.00	\$38.00	\$58.00	\$96.00	\$110.00	\$192.00	\$196.00	\$542.00

Spouse Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
\$5,000	\$0.25	\$0.25	\$0.30	\$0.30	\$0.55	\$0.95	\$1.45	\$2.40	\$2.75	\$4.80	\$4.90	\$13.55
\$10,000	\$0.50	\$0.50	\$0.60	\$0.60	\$1.10	\$1.90	\$2.90	\$4.80	\$5.50	\$9.60	\$9.80	\$27.10
\$15,000	\$0.75	\$0.75	\$0.90	\$0.90	\$1.65	\$2.85	\$4.35	\$7.20	\$8.25	\$14.40	\$14.70	\$40.65
\$20,000	\$1.00	\$1.00	\$1.20	\$1.20	\$2.20	\$3.80	\$5.80	\$9.60	\$11.00	\$19.20	\$19.60	\$54.20
\$25,000	\$1.25	\$1.25	\$1.50	\$1.50	\$2.75	\$4.75	\$7.25	\$12.00	\$13.75	\$24.00	\$24.50	\$67.75
\$30,000	\$1.50	\$1.50	\$1.80	\$1.80	\$3.30	\$5.70	\$8.70	\$14.40	\$16.50	\$28.80	\$29.40	\$81.30
\$35,000	\$1.75	\$1.75	\$2.10	\$2.10	\$3.85	\$6.65	\$10.15	\$16.80	\$19.25	\$33.60	\$34.30	\$94.85
\$40,000	\$2.00	\$2.00	\$2.40	\$2.40	\$4.40	\$7.60	\$11.60	\$19.20	\$22.00	\$38.40	\$39.20	\$108.40
\$45,000	\$2.25	\$2.25	\$2.70	\$2.70	\$4.95	\$8.55	\$13.05	\$21.60	\$24.75	\$43.20	\$44.10	\$121.95
\$50,000	\$2.50	\$2.50	\$3.00	\$3.00	\$5.50	\$9.50	\$14.50	\$24.00	\$27.50	\$48.00	\$49.00	\$135.50

Dependent Children Premiums:

Benefit Amount	Premium
\$10,000	\$0.70

(One rate and benefit amount for all eligible children in family, regardless of number)

PREMIUM CALCULATION (Add your elections here):

Employee Premium	
Spouse Premium	
Dependent Children Premium	
Total Premium	

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

Please read this important information:

- You may not have coverage as both an employee and as a dependent.
- Only one insured spouse may cover the eligible dependent children.

*Rates are subject to change.*

## Disability

### Plan Highlights Voluntary Group Disability Insurance



#### Kansas City Public Schools

##### WHO IS ELIGIBLE?

Each active full-time employee working 30 hours or more per week

##### WHEN DO MY BENEFITS BEGIN?

You may select from the following elimination period options:

- Option 1** - 0 days for injury, 3 days for sickness
- Option 2** - 14 days for injury, 14 days for sickness
- Option 3** - 30 days for injury, 30 days for sickness
- Option 4** - 60 days for injury, 60 days for sickness
- Option 5** - 90 days for injury, 90 days for sickness
- Option 6** - 180 days for injury, 180 days for sickness

- Option 7** - 0 days for injury, 3 days for sickness
- Option 8** - 14 days for injury, 14 days for sickness
- Option 9** - 30 days for injury, 30 days for sickness
- Option 10** - 60 days for injury, 60 days for sickness
- Option 11** - 90 days for injury, 90 days for sickness
- Option 12** - 180 days for injury, 180 days for sickness

##### WHAT IS THE BENEFIT AMOUNT?

You may elect a monthly benefit in increments of \$100 from a minimum of \$200, up to a maximum benefit of \$7,500, not to exceed 66.67% of your covered salary. If at any time the monthly benefit you have chosen exceeds 66.67% of your covered salary, your benefit amount will be reduced to the highest increment for which you are eligible.

##### WILL MY BENEFITS EVER BE REDUCED?

After 12 months of benefit payments, the amount of benefit you receive or are eligible to receive from various sources will reduce your benefit amount.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.

##### HOW LONG WILL I RECEIVE BENEFITS?

**Applicable for Options 1-6 and applicable for disability due to injury for Options 7-12:**

Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below for Injury.

Age at Disablement	Duration of Benefits (in years)
age 61 or less	To Age 65
62	3½ years
63	3 years
63	2½ years
65	2 years
66	1¾ years
67	1½ years
67	1¼ years
69 or older	1 year
Or Employees Normal Retirement Age	

**Applicable for disability due to sickness for Options 7-12:**

Age at Disablement	Duration of Benefits (in years)
Less than 62	The lesser of: (1) 3 years; or (2) to age 65
62 but less than 64	3 years
64	2 1/2 years
65	2 years
66	1 3/4 years
67	1 1/2 years
68	1 1/4 years
68 or more	1 year

##### WHAT FEATURES ARE INCLUDED IN MY PLAN?

- Limited Benefit Period for Other Specific Conditions - 12 months
- Mental/Nervous Illness Limitation - 12 months
- Own Occupation - 24 months
- Pre-Existing Condition Limitation - 3/12
- Specific Indemnity Benefit
- Substance Abuse Limitation - 12 months
- Survivor Benefit - 3 times your gross monthly benefit
- Work Incentive and Child Care Expense Benefit
- Worksite Modification
- Partial & Residual Disability Benefit

##### ARE THERE ANY ADDITIONAL SERVICES AVAILABLE UNDER THIS PLAN?

- Travel Assistance Service
- Employee Assistance Program
- Identity Theft Recovery Services

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EF-0003 (9/14)



Reliance Standard Voluntary Plans  
Voluntary Group Disability Insurance  
Premium Table  
Plan Holder: Kansas City Public Schools

**Scheduled Benefit:** Each eligible employee may elect an amount of insurance, in increments of \$100 from a minimum of \$200 to a maximum of \$7,500 per month up to 67% of covered earnings.

You may select any benefit amount from \$200 up to your maximum monthly benefit. Locate your monthly earnings to determine your maximum monthly benefit amount. If your covered month earnings fall between ranges, the lesser benefit amount will apply.

Min. Annual Earnings	Min. Monthly Earnings	Monthly Benefit	Monthly Premiums					
			Option 1 0/3 day EP SSNRA	Option 2 14 day EP SSNRA	Option 3 30 day EP SSNRA	Option 4 60 day EP SSNRA	Option 5 90 day EP SSNRA	Option 6 180 day EP SSNRA
\$ 3,600.00	\$ 300.00	\$ 200.00	\$ 10.62	\$ 9.18	\$ 6.90	\$ 3.64	\$ 3.08	\$ 2.48
\$ 5,400.00	\$ 450.00	\$ 300.00	\$ 15.93	\$ 13.77	\$ 10.35	\$ 5.46	\$ 4.62	\$ 3.72
\$ 7,200.00	\$ 600.00	\$ 400.00	\$ 21.24	\$ 18.36	\$ 13.80	\$ 7.28	\$ 6.16	\$ 4.96
\$ 9,000.00	\$ 750.00	\$ 500.00	\$ 26.55	\$ 22.95	\$ 17.25	\$ 9.10	\$ 7.70	\$ 6.20
\$ 10,800.00	\$ 900.00	\$ 600.00	\$ 31.86	\$ 27.54	\$ 20.70	\$ 10.92	\$ 9.24	\$ 7.44
\$ 12,600.00	\$ 1,050.00	\$ 700.00	\$ 37.17	\$ 32.13	\$ 24.15	\$ 12.74	\$ 10.78	\$ 8.68
\$ 14,400.00	\$ 1,200.00	\$ 800.00	\$ 42.48	\$ 36.72	\$ 27.60	\$ 14.56	\$ 12.32	\$ 9.92
\$ 16,200.00	\$ 1,350.00	\$ 900.00	\$ 47.79	\$ 41.31	\$ 31.05	\$ 16.38	\$ 13.86	\$ 11.16
\$ 18,000.00	\$ 1,500.00	\$ 1,000.00	\$ 53.10	\$ 45.90	\$ 34.50	\$ 18.20	\$ 15.40	\$ 12.40
\$ 19,800.00	\$ 1,650.00	\$ 1,100.00	\$ 58.41	\$ 50.49	\$ 37.95	\$ 20.02	\$ 16.94	\$ 13.64
\$ 21,600.00	\$ 1,800.00	\$ 1,200.00	\$ 63.72	\$ 55.08	\$ 41.40	\$ 21.84	\$ 18.48	\$ 14.88
\$ 23,400.00	\$ 1,950.00	\$ 1,300.00	\$ 69.03	\$ 59.67	\$ 44.85	\$ 23.66	\$ 20.02	\$ 16.12
\$ 25,200.00	\$ 2,100.00	\$ 1,400.00	\$ 74.34	\$ 64.26	\$ 48.30	\$ 25.48	\$ 21.56	\$ 17.36
\$ 27,000.00	\$ 2,250.00	\$ 1,500.00	\$ 79.65	\$ 68.85	\$ 51.75	\$ 27.30	\$ 23.10	\$ 18.60
\$ 28,800.00	\$ 2,400.00	\$ 1,600.00	\$ 84.96	\$ 73.44	\$ 55.20	\$ 29.12	\$ 24.64	\$ 19.84
\$ 30,600.00	\$ 2,550.00	\$ 1,700.00	\$ 90.27	\$ 78.03	\$ 58.65	\$ 30.94	\$ 26.18	\$ 21.08
\$ 32,400.00	\$ 2,700.00	\$ 1,800.00	\$ 95.58	\$ 82.62	\$ 62.10	\$ 32.76	\$ 27.72	\$ 22.32
\$ 34,200.00	\$ 2,850.00	\$ 1,900.00	\$ 100.89	\$ 87.21	\$ 65.55	\$ 34.58	\$ 29.26	\$ 23.56
\$ 36,000.00	\$ 3,000.00	\$ 2,000.00	\$ 106.20	\$ 91.80	\$ 69.00	\$ 36.40	\$ 30.80	\$ 24.80
\$ 37,800.00	\$ 3,150.00	\$ 2,100.00	\$ 111.51	\$ 96.39	\$ 72.45	\$ 38.22	\$ 32.34	\$ 26.04
\$ 39,600.00	\$ 3,300.00	\$ 2,200.00	\$ 116.82	\$ 100.98	\$ 75.90	\$ 40.04	\$ 33.88	\$ 27.28
\$ 41,400.00	\$ 3,450.00	\$ 2,300.00	\$ 122.13	\$ 105.57	\$ 79.35	\$ 41.86	\$ 35.42	\$ 28.52
\$ 43,200.00	\$ 3,600.00	\$ 2,400.00	\$ 127.44	\$ 110.16	\$ 82.80	\$ 43.68	\$ 36.96	\$ 29.76
\$ 45,000.00	\$ 3,750.00	\$ 2,500.00	\$ 132.75	\$ 114.75	\$ 86.25	\$ 45.50	\$ 38.50	\$ 31.00
\$ 46,800.00	\$ 3,900.00	\$ 2,600.00	\$ 138.06	\$ 119.34	\$ 89.70	\$ 47.32	\$ 40.04	\$ 32.24
\$ 48,600.00	\$ 4,050.00	\$ 2,700.00	\$ 143.37	\$ 123.93	\$ 93.15	\$ 49.14	\$ 41.58	\$ 33.48
\$ 50,400.00	\$ 4,200.00	\$ 2,800.00	\$ 148.68	\$ 128.52	\$ 96.60	\$ 50.96	\$ 43.12	\$ 34.72
\$ 52,200.00	\$ 4,350.00	\$ 2,900.00	\$ 153.99	\$ 133.11	\$ 100.05	\$ 52.78	\$ 44.66	\$ 35.96
\$ 54,000.00	\$ 4,500.00	\$ 3,000.00	\$ 159.30	\$ 137.70	\$ 103.50	\$ 54.60	\$ 46.20	\$ 37.20
\$ 55,800.00	\$ 4,650.00	\$ 3,100.00	\$ 164.61	\$ 142.29	\$ 106.95	\$ 56.42	\$ 47.74	\$ 38.44
\$ 57,600.00	\$ 4,800.00	\$ 3,200.00	\$ 169.92	\$ 146.88	\$ 110.40	\$ 58.24	\$ 49.28	\$ 39.68
\$ 59,400.00	\$ 4,950.00	\$ 3,300.00	\$ 175.23	\$ 151.47	\$ 113.85	\$ 60.06	\$ 50.82	\$ 40.92
\$ 61,200.00	\$ 5,100.00	\$ 3,400.00	\$ 180.54	\$ 156.06	\$ 117.30	\$ 61.88	\$ 52.36	\$ 42.16
\$ 63,000.00	\$ 5,250.00	\$ 3,500.00	\$ 185.85	\$ 160.65	\$ 120.75	\$ 63.70	\$ 53.90	\$ 43.40
\$ 64,800.00	\$ 5,400.00	\$ 3,600.00	\$ 191.16	\$ 165.24	\$ 124.20	\$ 65.52	\$ 55.44	\$ 44.64
\$ 66,600.00	\$ 5,550.00	\$ 3,700.00	\$ 196.47	\$ 169.83	\$ 127.65	\$ 67.34	\$ 56.98	\$ 45.88
\$ 68,400.00	\$ 5,700.00	\$ 3,800.00	\$ 201.78	\$ 174.42	\$ 131.10	\$ 69.16	\$ 58.52	\$ 47.12
\$ 70,200.00	\$ 5,850.00	\$ 3,900.00	\$ 207.09	\$ 179.01	\$ 134.55	\$ 70.98	\$ 60.06	\$ 48.36
\$ 72,000.00	\$ 6,000.00	\$ 4,000.00	\$ 212.40	\$ 183.60	\$ 138.00	\$ 72.80	\$ 61.60	\$ 49.60
\$ 73,800.00	\$ 6,150.00	\$ 4,100.00	\$ 217.71	\$ 188.19	\$ 141.45	\$ 74.62	\$ 63.14	\$ 50.84
\$ 75,600.00	\$ 6,300.00	\$ 4,200.00	\$ 223.02	\$ 192.78	\$ 144.90	\$ 76.44	\$ 64.68	\$ 52.08
\$ 77,400.00	\$ 6,450.00	\$ 4,300.00	\$ 228.33	\$ 197.37	\$ 148.35	\$ 78.26	\$ 66.22	\$ 53.32
\$ 79,200.00	\$ 6,600.00	\$ 4,400.00	\$ 233.64	\$ 201.96	\$ 151.80	\$ 80.08	\$ 67.76	\$ 54.56
\$ 81,000.00	\$ 6,750.00	\$ 4,500.00	\$ 238.95	\$ 206.55	\$ 155.25	\$ 81.90	\$ 69.30	\$ 55.80
\$ 82,800.00	\$ 6,900.00	\$ 4,600.00	\$ 244.26	\$ 211.14	\$ 158.70	\$ 83.72	\$ 70.84	\$ 57.04
\$ 84,600.00	\$ 7,050.00	\$ 4,700.00	\$ 249.57	\$ 215.73	\$ 162.15	\$ 85.54	\$ 72.38	\$ 58.28
\$ 86,400.00	\$ 7,200.00	\$ 4,800.00	\$ 254.88	\$ 220.32	\$ 165.60	\$ 87.36	\$ 73.92	\$ 59.52
\$ 88,200.00	\$ 7,350.00	\$ 4,900.00	\$ 260.19	\$ 224.91	\$ 169.05	\$ 89.18	\$ 75.46	\$ 60.76
\$ 90,000.00	\$ 7,500.00	\$ 5,000.00	\$ 265.50	\$ 229.50	\$ 172.50	\$ 91.00	\$ 77.00	\$ 62.00
\$ 91,800.00	\$ 7,650.00	\$ 5,100.00	\$ 270.81	\$ 234.09	\$ 175.95	\$ 92.82	\$ 78.54	\$ 63.24
\$ 93,600.00	\$ 7,800.00	\$ 5,200.00	\$ 276.12	\$ 238.68	\$ 179.40	\$ 94.64	\$ 80.08	\$ 64.48

\$ 95,400.00	\$ 7,950.00	\$ 5,300.00	\$ 281.43	\$ 243.27	\$ 182.85	\$ 96.46	\$ 81.62	\$ 65.72
\$ 97,200.00	\$ 8,100.00	\$ 5,400.00	\$ 286.74	\$ 247.86	\$ 186.30	\$ 98.28	\$ 83.16	\$ 66.96
\$ 99,000.00	\$ 8,250.00	\$ 5,500.00	\$ 292.05	\$ 252.45	\$ 189.75	\$ 100.10	\$ 84.70	\$ 68.20
\$ 100,800.00	\$ 8,400.00	\$ 5,600.00	\$ 297.36	\$ 257.04	\$ 193.20	\$ 101.92	\$ 86.24	\$ 69.44
\$ 102,600.00	\$ 8,550.00	\$ 5,700.00	\$ 302.67	\$ 261.63	\$ 196.65	\$ 103.74	\$ 87.78	\$ 70.68
\$ 104,400.00	\$ 8,700.00	\$ 5,800.00	\$ 307.98	\$ 266.22	\$ 200.10	\$ 105.56	\$ 89.32	\$ 71.92
\$ 106,200.00	\$ 8,850.00	\$ 5,900.00	\$ 313.29	\$ 270.81	\$ 203.55	\$ 107.38	\$ 90.86	\$ 73.16
\$ 108,000.00	\$ 9,000.00	\$ 6,000.00	\$ 318.60	\$ 275.40	\$ 207.00	\$ 109.20	\$ 92.40	\$ 74.40
\$ 109,800.00	\$ 9,150.00	\$ 6,100.00	\$ 323.91	\$ 279.99	\$ 210.45	\$ 111.02	\$ 93.94	\$ 75.64
\$ 111,600.00	\$ 9,300.00	\$ 6,200.00	\$ 329.22	\$ 284.58	\$ 213.90	\$ 112.84	\$ 95.48	\$ 76.88
\$ 113,400.00	\$ 9,450.00	\$ 6,300.00	\$ 334.53	\$ 289.17	\$ 217.35	\$ 114.66	\$ 97.02	\$ 78.12
\$ 115,200.00	\$ 9,600.00	\$ 6,400.00	\$ 339.84	\$ 293.76	\$ 220.80	\$ 116.48	\$ 98.56	\$ 79.36
\$ 117,000.00	\$ 9,750.00	\$ 6,500.00	\$ 345.15	\$ 298.35	\$ 224.25	\$ 118.30	\$ 100.10	\$ 80.60
\$ 118,800.00	\$ 9,900.00	\$ 6,600.00	\$ 350.46	\$ 302.94	\$ 227.70	\$ 120.12	\$ 101.64	\$ 81.84
\$ 120,600.00	\$ 10,050.00	\$ 6,700.00	\$ 355.77	\$ 307.53	\$ 231.15	\$ 121.94	\$ 103.18	\$ 83.08
\$ 122,400.00	\$ 10,200.00	\$ 6,800.00	\$ 361.08	\$ 312.12	\$ 234.60	\$ 123.76	\$ 104.72	\$ 84.32
\$ 124,200.00	\$ 10,350.00	\$ 6,900.00	\$ 366.39	\$ 316.71	\$ 238.05	\$ 125.58	\$ 106.26	\$ 85.56
\$ 126,000.00	\$ 10,500.00	\$ 7,000.00	\$ 371.70	\$ 321.30	\$ 241.50	\$ 127.40	\$ 107.80	\$ 86.80
\$ 127,800.00	\$ 10,650.00	\$ 7,100.00	\$ 377.01	\$ 325.89	\$ 244.95	\$ 129.22	\$ 109.34	\$ 88.04
\$ 129,600.00	\$ 10,800.00	\$ 7,200.00	\$ 382.32	\$ 330.48	\$ 248.40	\$ 131.04	\$ 110.88	\$ 89.28
\$ 131,400.00	\$ 10,950.00	\$ 7,300.00	\$ 387.63	\$ 335.07	\$ 251.85	\$ 132.86	\$ 112.42	\$ 90.52
\$ 133,200.00	\$ 11,100.00	\$ 7,400.00	\$ 392.94	\$ 339.66	\$ 255.30	\$ 134.68	\$ 113.96	\$ 91.76
\$ 135,000.00	\$ 11,250.00	\$ 7,500.00	\$ 398.25	\$ 344.25	\$ 258.75	\$ 136.50	\$ 115.50	\$ 93.00

Reliance Standard Voluntary Plans  
Voluntary Group Disability Insurance  
Premium Table  
Plan Holder: Kansas City Public Schools

**Scheduled Benefit:** Each eligible employee may elect an amount of insurance, in increments of \$100 from a minimum of \$200 to a maximum of \$7,500 per month up to 67% of covered earnings.

You may select any benefit amount from \$200 up to your maximum monthly benefit. Locate your monthly earnings to determine your maximum monthly benefit amount. If your covered month earnings fall between ranges, the lesser benefit amount will apply.

			Monthly Premiums					
Min. Annual Earnings	Min. Monthly Earnings	Monthly Benefit	Option 7 0/3 day EP SSNRA - 3 Yr Sickness	Option 8 14 day EP SSNRA - 3 Yr Sickness	Option 9 30 day EP SSNRA - 3 Yr Sickness	Option 10 60 day EP SSNRA - 3 Yr Sickness	Option 11 90 day EP SSNRA - 3 Yr Sickness	Option 12 180 day EP SSNRA - 3 Yr Sickness
Duration								
\$ 3,600.00	\$ 300.00	\$ 200.00	\$ 9.28	\$ 7.70	\$ 5.78	\$ 2.64	\$ 2.22	\$ 1.78
\$ 5,400.00	\$ 450.00	\$ 300.00	\$ 13.92	\$ 11.55	\$ 8.67	\$ 3.96	\$ 3.33	\$ 2.67
\$ 7,200.00	\$ 600.00	\$ 400.00	\$ 18.56	\$ 15.40	\$ 11.56	\$ 5.28	\$ 4.44	\$ 3.56
\$ 9,000.00	\$ 750.00	\$ 500.00	\$ 23.20	\$ 19.25	\$ 14.45	\$ 6.60	\$ 5.55	\$ 4.45
\$ 10,800.00	\$ 900.00	\$ 600.00	\$ 27.84	\$ 23.10	\$ 17.34	\$ 7.92	\$ 6.66	\$ 5.34
\$ 12,600.00	\$ 1,050.00	\$ 700.00	\$ 32.48	\$ 26.95	\$ 20.23	\$ 9.24	\$ 7.77	\$ 6.23
\$ 14,400.00	\$ 1,200.00	\$ 800.00	\$ 37.12	\$ 30.80	\$ 23.12	\$ 10.56	\$ 8.88	\$ 7.12
\$ 16,200.00	\$ 1,350.00	\$ 900.00	\$ 41.76	\$ 34.65	\$ 26.01	\$ 11.88	\$ 9.99	\$ 8.01
\$ 18,000.00	\$ 1,500.00	\$ 1,000.00	\$ 46.40	\$ 38.50	\$ 28.90	\$ 13.20	\$ 11.10	\$ 8.90
\$ 19,800.00	\$ 1,650.00	\$ 1,100.00	\$ 51.04	\$ 42.35	\$ 31.79	\$ 14.52	\$ 12.21	\$ 9.79
\$ 21,600.00	\$ 1,800.00	\$ 1,200.00	\$ 55.68	\$ 46.20	\$ 34.68	\$ 15.84	\$ 13.32	\$ 10.68
\$ 23,400.00	\$ 1,950.00	\$ 1,300.00	\$ 60.32	\$ 50.05	\$ 37.57	\$ 17.16	\$ 14.43	\$ 11.57
\$ 25,200.00	\$ 2,100.00	\$ 1,400.00	\$ 64.96	\$ 53.90	\$ 40.46	\$ 18.48	\$ 15.54	\$ 12.46
\$ 27,000.00	\$ 2,250.00	\$ 1,500.00	\$ 69.60	\$ 57.75	\$ 43.35	\$ 19.80	\$ 16.65	\$ 13.35
\$ 28,800.00	\$ 2,400.00	\$ 1,600.00	\$ 74.24	\$ 61.60	\$ 46.24	\$ 21.12	\$ 17.76	\$ 14.24
\$ 30,600.00	\$ 2,550.00	\$ 1,700.00	\$ 78.88	\$ 65.45	\$ 49.13	\$ 22.44	\$ 18.87	\$ 15.13
\$ 32,400.00	\$ 2,700.00	\$ 1,800.00	\$ 83.52	\$ 69.30	\$ 52.02	\$ 23.76	\$ 19.98	\$ 16.02
\$ 34,200.00	\$ 2,850.00	\$ 1,900.00	\$ 88.16	\$ 73.15	\$ 54.91	\$ 25.08	\$ 21.09	\$ 16.91
\$ 36,000.00	\$ 3,000.00	\$ 2,000.00	\$ 92.80	\$ 77.00	\$ 57.80	\$ 26.40	\$ 22.20	\$ 17.80
\$ 37,800.00	\$ 3,150.00	\$ 2,100.00	\$ 97.44	\$ 80.85	\$ 60.69	\$ 27.72	\$ 23.31	\$ 18.69
\$ 39,600.00	\$ 3,300.00	\$ 2,200.00	\$ 102.08	\$ 84.70	\$ 63.58	\$ 29.04	\$ 24.42	\$ 19.58
\$ 41,400.00	\$ 3,450.00	\$ 2,300.00	\$ 106.72	\$ 88.55	\$ 66.47	\$ 30.36	\$ 25.53	\$ 20.47
\$ 43,200.00	\$ 3,600.00	\$ 2,400.00	\$ 111.36	\$ 92.40	\$ 69.36	\$ 31.68	\$ 26.64	\$ 21.36
\$ 45,000.00	\$ 3,750.00	\$ 2,500.00	\$ 116.00	\$ 96.25	\$ 72.25	\$ 33.00	\$ 27.75	\$ 22.25
\$ 46,800.00	\$ 3,900.00	\$ 2,600.00	\$ 120.64	\$ 100.10	\$ 75.14	\$ 34.32	\$ 28.86	\$ 23.14
\$ 48,600.00	\$ 4,050.00	\$ 2,700.00	\$ 125.28	\$ 103.95	\$ 78.03	\$ 35.64	\$ 29.97	\$ 24.03
\$ 50,400.00	\$ 4,200.00	\$ 2,800.00	\$ 129.92	\$ 107.80	\$ 80.92	\$ 36.96	\$ 31.08	\$ 24.92
\$ 52,200.00	\$ 4,350.00	\$ 2,900.00	\$ 134.56	\$ 111.65	\$ 83.81	\$ 38.28	\$ 32.19	\$ 25.81
\$ 54,000.00	\$ 4,500.00	\$ 3,000.00	\$ 139.20	\$ 115.50	\$ 86.70	\$ 39.60	\$ 33.30	\$ 26.70
\$ 55,800.00	\$ 4,650.00	\$ 3,100.00	\$ 143.84	\$ 119.35	\$ 89.59	\$ 40.92	\$ 34.41	\$ 27.59
\$ 57,600.00	\$ 4,800.00	\$ 3,200.00	\$ 148.48	\$ 123.20	\$ 92.48	\$ 42.24	\$ 35.52	\$ 28.48
\$ 59,400.00	\$ 4,950.00	\$ 3,300.00	\$ 153.12	\$ 127.05	\$ 95.37	\$ 43.56	\$ 36.63	\$ 29.37
\$ 61,200.00	\$ 5,100.00	\$ 3,400.00	\$ 157.76	\$ 130.90	\$ 98.26	\$ 44.88	\$ 37.74	\$ 30.26
\$ 63,000.00	\$ 5,250.00	\$ 3,500.00	\$ 162.40	\$ 134.75	\$ 101.15	\$ 46.20	\$ 38.85	\$ 31.15
\$ 64,800.00	\$ 5,400.00	\$ 3,600.00	\$ 167.04	\$ 138.60	\$ 104.04	\$ 47.52	\$ 39.96	\$ 32.04
\$ 66,600.00	\$ 5,550.00	\$ 3,700.00	\$ 171.68	\$ 142.45	\$ 106.93	\$ 48.84	\$ 41.07	\$ 32.93
\$ 68,400.00	\$ 5,700.00	\$ 3,800.00	\$ 176.32	\$ 146.30	\$ 109.82	\$ 50.16	\$ 42.18	\$ 33.82
\$ 70,200.00	\$ 5,850.00	\$ 3,900.00	\$ 180.96	\$ 150.15	\$ 112.71	\$ 51.48	\$ 43.29	\$ 34.71
\$ 72,000.00	\$ 6,000.00	\$ 4,000.00	\$ 185.60	\$ 154.00	\$ 115.60	\$ 52.80	\$ 44.40	\$ 35.60
\$ 73,800.00	\$ 6,150.00	\$ 4,100.00	\$ 190.24	\$ 157.85	\$ 118.49	\$ 54.12	\$ 45.51	\$ 36.49
\$ 75,600.00	\$ 6,300.00	\$ 4,200.00	\$ 194.88	\$ 161.70	\$ 121.38	\$ 55.44	\$ 46.62	\$ 37.38
\$ 77,400.00	\$ 6,450.00	\$ 4,300.00	\$ 199.52	\$ 165.55	\$ 124.27	\$ 56.76	\$ 47.73	\$ 38.27
\$ 79,200.00	\$ 6,600.00	\$ 4,400.00	\$ 204.16	\$ 169.40	\$ 127.16	\$ 58.08	\$ 48.84	\$ 39.16
\$ 81,000.00	\$ 6,750.00	\$ 4,500.00	\$ 208.80	\$ 173.25	\$ 130.05	\$ 59.40	\$ 49.95	\$ 40.05
\$ 82,800.00	\$ 6,900.00	\$ 4,600.00	\$ 213.44	\$ 177.10	\$ 132.94	\$ 60.72	\$ 51.06	\$ 40.94
\$ 84,600.00	\$ 7,050.00	\$ 4,700.00	\$ 218.08	\$ 180.95	\$ 135.83	\$ 62.04	\$ 52.17	\$ 41.83
\$ 86,400.00	\$ 7,200.00	\$ 4,800.00	\$ 222.72	\$ 184.80	\$ 138.72	\$ 63.36	\$ 53.28	\$ 42.72
\$ 88,200.00	\$ 7,350.00	\$ 4,900.00	\$ 227.36	\$ 188.65	\$ 141.61	\$ 64.68	\$ 54.39	\$ 43.61
\$ 90,000.00	\$ 7,500.00	\$ 5,000.00	\$ 232.00	\$ 192.50	\$ 144.50	\$ 66.00	\$ 55.50	\$ 44.50

\$ 91,800.00	\$ 7,650.00	\$5,100.00	\$ 236.64	\$ 196.35	\$ 147.39	\$ 67.32	\$ 56.61	\$ 45.39
\$ 93,600.00	\$ 7,800.00	\$5,200.00	\$ 241.28	\$ 200.20	\$ 150.28	\$ 68.64	\$ 57.72	\$ 46.28
\$ 95,400.00	\$ 7,950.00	\$5,300.00	\$ 245.92	\$ 204.05	\$ 153.17	\$ 69.96	\$ 58.83	\$ 47.17
\$ 97,200.00	\$ 8,100.00	\$5,400.00	\$ 250.56	\$ 207.90	\$ 156.06	\$ 71.28	\$ 59.94	\$ 48.06
\$ 99,000.00	\$ 8,250.00	\$5,500.00	\$ 255.20	\$ 211.75	\$ 158.95	\$ 72.60	\$ 61.05	\$ 48.95
\$ 100,800.00	\$ 8,400.00	\$5,600.00	\$ 259.84	\$ 215.60	\$ 161.84	\$ 73.92	\$ 62.16	\$ 49.84
\$ 102,600.00	\$ 8,550.00	\$5,700.00	\$ 264.48	\$ 219.45	\$ 164.73	\$ 75.24	\$ 63.27	\$ 50.73
\$ 104,400.00	\$ 8,700.00	\$5,800.00	\$ 269.12	\$ 223.30	\$ 167.62	\$ 76.56	\$ 64.38	\$ 51.62
\$ 106,200.00	\$ 8,850.00	\$5,900.00	\$ 273.76	\$ 227.15	\$ 170.51	\$ 77.88	\$ 65.49	\$ 52.51
\$ 108,000.00	\$ 9,000.00	\$6,000.00	\$ 278.40	\$ 231.00	\$ 173.40	\$ 79.20	\$ 66.60	\$ 53.40
\$ 109,800.00	\$ 9,150.00	\$6,100.00	\$ 283.04	\$ 234.85	\$ 176.29	\$ 80.52	\$ 67.71	\$ 54.29
\$ 111,600.00	\$ 9,300.00	\$6,200.00	\$ 287.68	\$ 238.70	\$ 179.18	\$ 81.84	\$ 68.82	\$ 55.18
\$ 113,400.00	\$ 9,450.00	\$6,300.00	\$ 292.32	\$ 242.55	\$ 182.07	\$ 83.16	\$ 69.93	\$ 56.07
\$ 115,200.00	\$ 9,600.00	\$6,400.00	\$ 296.96	\$ 246.40	\$ 184.96	\$ 84.48	\$ 71.04	\$ 56.96
\$ 117,000.00	\$ 9,750.00	\$6,500.00	\$ 301.60	\$ 250.25	\$ 187.85	\$ 85.80	\$ 72.15	\$ 57.85
\$ 118,800.00	\$ 9,900.00	\$6,600.00	\$ 306.24	\$ 254.10	\$ 190.74	\$ 87.12	\$ 73.26	\$ 58.74
\$ 120,600.00	\$ 10,050.00	\$6,700.00	\$ 310.88	\$ 257.95	\$ 193.63	\$ 88.44	\$ 74.37	\$ 59.63
\$ 122,400.00	\$ 10,200.00	\$6,800.00	\$ 315.52	\$ 261.80	\$ 196.52	\$ 89.76	\$ 75.48	\$ 60.52
\$ 124,200.00	\$ 10,350.00	\$6,900.00	\$ 320.16	\$ 265.65	\$ 199.41	\$ 91.08	\$ 76.59	\$ 61.41
\$ 126,000.00	\$ 10,500.00	\$7,000.00	\$ 324.80	\$ 269.50	\$ 202.30	\$ 92.40	\$ 77.70	\$ 62.30
\$ 127,800.00	\$ 10,650.00	\$7,100.00	\$ 329.44	\$ 273.35	\$ 205.19	\$ 93.72	\$ 78.81	\$ 63.19
\$ 129,600.00	\$ 10,800.00	\$7,200.00	\$ 334.08	\$ 277.20	\$ 208.08	\$ 95.04	\$ 79.92	\$ 64.08
\$ 131,400.00	\$ 10,950.00	\$7,300.00	\$ 338.72	\$ 281.05	\$ 210.97	\$ 96.36	\$ 81.03	\$ 64.97
\$ 133,200.00	\$ 11,100.00	\$7,400.00	\$ 343.36	\$ 284.90	\$ 213.86	\$ 97.68	\$ 82.14	\$ 65.86
\$ 135,000.00	\$ 11,250.00	\$7,500.00	\$ 348.00	\$ 288.75	\$ 216.75	\$ 99.00	\$ 83.25	\$ 66.75



## Cancer



### Why do I need Cancer Insurance?

Because cancer hits people everyday....



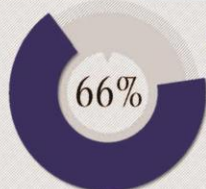
men will be struck with cancer



women will be struck with cancer

Source: American Cancer Society

But isn't that why I have medical insurance?



of all cancer costs are

**non-medical**

and insurance won't cover things like:

- ✓ Child care
- ✓ Transportation
- ✓ Loss of Wages
- ✓ Living expenses
- ✓ Specialists
- ✓ Meals
- ✓ Lodging
- ✓ Special Diets
- ✓ Experimental treatments

**BenefitsDirect** helps you plan for the unexpected!

Our Cancer/Specified Disease Plan pays TAX FREE benefits directly to you so that you can focus on getting well, rather than being distracted by the cost of medical and personal bills.

#### Monthly Rates

#### Individual

#### Single Parent

#### Family

Base Cancer/Specified Diseases	\$19.67	\$24.29	\$33.48
Intensive Care Rider	2.70	3.83	5.38
Optional 1 <sup>st</sup> Occurrence Rider			
(\$5,000 Benefit)	\$5.48	\$5.98	\$8.38
(\$3,000 Benefit)	\$3.29	\$3.59	\$5.03
<b>CANCER PACKAGE</b>	<b>\$27.94</b>	<b>\$34.10</b>	<b>\$47.14</b>
(includes \$5K for FOB & ICU RIDERS)			

The Cancer/Specified Disease Plan gives you another benefit...

*peace of mind...*

This page is an Insert to be used ONLY with Brochure Form L-6040-AD. If you do not have this Brochure, ask that your agent provide one for you. All exclusions, limitations, definitions and terms of renewability of the Limited Benefit Cancer Expense Policy (form L-6040) apply to this policy and related riders. LIMITED BENEFIT POLICY.



## A New Dimension in Supplemental Cancer Insurance

*Underwritten by:*

*Loyal American*  
Life Insurance Company®

Administrative Office: P.O. Box 1604

Duncan, OK 73534

**Toll Free: 1-800-366-8354**

### A Promise

In an era where many financial services companies are concerned with bottom-line results at the expense of customer service and loyalty, we come from the old school. We take great pride in providing the finest services to our employer groups, policyholders, business associates, agents - to everyone with whom we come in contact.

*The following is not an exhaustive list of terms and conditions but only serves as a depiction of benefits and exclusions. Interested parties should consult and contract for a complete listing of terms and conditions.*

L-6040-AD (04/12)

## BASE POLICY BENEFITS

*No Lifetime Maximum for Majority of Benefits*

**BENEFIT PROVISIONS.** We will pay the benefits described in the policy for the treatment of an Insured Person's Cancer, provided he or she is covered under an issued policy which remains in force. Payment will be made in accordance with all applicable policy provisions. Benefits are payable for a positive diagnosis that begins more than 30 days after the Effective Date. For policies issued on a payroll deduction basis, benefits are payable for a positive diagnosis that begins after the Effective Date. The positive diagnosis must be for Cancer as defined in the policy.

1. **POSITIVE DIAGNOSIS BENEFIT.** We will pay the actual charge but not to exceed **\$300 per Calendar Year** for one test that confirms the Positive Diagnosis of Cancer in an Insured Person. This benefit is not payable for multiple diagnoses of the same Cancer or for Cancer that metastasizes or for recurrence of the same Cancer.
2. **NATIONAL CANCER INSTITUTE DESIGNATED COMPREHENSIVE CANCER TREATMENT CENTER EVALUATION/CONSULTATION BENEFIT** We will pay the actual charge, but not to exceed a **lifetime maximum of \$750**, if an Insured Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, We will also pay the transportation and lodging expenses incurred but not to exceed a **lifetime maximum of \$350**. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation and Lodging Expense Benefits of the Policy. **This benefit is payable one time during the lifetime of the Insured Person.**
3. **SECOND AND THIRD SURGICAL OPINION EXPENSE BENEFIT** We will pay the **actual charge** for a written second surgical opinion concerning the recommendation of Cancer surgery and if the second surgical opinion is in conflict with that of the Physician originally recommending the surgery and the Insured Person desires a third opinion, We will pay the actual charge for a written third surgical opinion. The Physician providing the second or third surgical opinion cannot be associated with the Physician who originally recommended the surgery. This benefit is not payable the same day the National Cancer Institute Evaluation/Consulting Benefit is payable.
4. **MEDICAL IMAGING, TREATMENT PLANNING AND MONITORING EXPENSE BENEFIT** We will pay the actual charge, but not to exceed **\$1,000 per Calendar Year**, for laboratory tests, diagnostic X-rays, medical images, when used in Cancer treatment plans related to Radiation Treatment, Chemotherapy or Immunotherapy.
5. **ANTI-NAUSEA MEDICATION EXPENSE BENEFIT** We will pay the actual charge for anti-nausea medication, but not to exceed **\$150 per Calendar Month**, when an Insured Person is prescribed such medication as the result of Radiation Treatment, Chemotherapy or Immunotherapy treatments for Cancer.
6. **COLONY STIMULATING FACTOR OR IMMUNOGLOBULIN EXPENSE BENEFIT** We will pay the actual charge but not to exceed **\$1,000 per Calendar Month** for Colony Stimulating Factor Drugs or Immunoglobulins prescribed by a Physician or Oncologist during an Insured Person's Cancer treatment regimen for which benefits are payable under the Radiation, Chemotherapy and Immunotherapy Benefit of this Policy or rider attached to it.
7. **OUTPATIENT HOSPITAL OR AMBULATORY SURGICAL CENTER EXPENSE BENEFIT** We will pay the **actual charge** from an Ambulatory Surgical Center or Outpatient department of a Hospital for the use of its facilities for the performance of a surgical procedure covered under this Policy but not to exceed **\$350 per day**.
8. **PROSTHESIS EXPENSE BENEFIT**

(A.) **Surgically Implanted Breast Prosthesis** We will pay the **actual charge** for a surgically implanted prosthetic device required and prescribed to restore normal body contour lost as the direct result of an Insured Person's breast removal for the treatment of Cancer. The Surgically Implanted Breast Prosthesis Benefit does not include coverage for breast reconstruction surgery which may be covered under the Surgical Schedule within the Surgical and Anesthesia Benefits Rider.

(B.) **Non-Surgically Implanted Prosthesis** We will pay the actual charge **not to exceed \$2,000 per amputation** for an artificial limb or other non-surgically implanted prosthetic device that is prescribed and required to restore normal body function lost as the direct result of an Insured Person's amputation for the treatment of Cancer. **We will pay a lifetime maximum of \$2,000 per amputation.** The cost of replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.
9. **NON-LOCAL TRANSPORTATION EXPENSE BENEFIT** We will pay the **actual charge, but not to exceed the coach fare on a Common Carrier for the Insured Person and one adult companion's travel** to a Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center where the Insured Person receives treatment for Cancer. This benefit is payable only if the treatment is not available Locally but is available Non-Locally. The adult companion may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. At the option of the Insured Person, We will pay a single private **vehicle mileage allowance of \$0.50 per mile** for Non-Local transportation in lieu of the common carrier coach fare.

- 10. LODGING EXPENSE BENEFIT** We will pay the actual charge **not to exceed \$75 per day** for a room in a motel, hotel or other appropriate lodging facility (other than a private residence), when an Insured Person receives treatment for Cancer at a Non-Local Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center. The room must be occupied by the Insured Person or an adult companion which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. **This benefit is limited to 100 days per Calendar Year.**
- 11. INPATIENT BLOOD, PLASMA AND PLATELETS EXPENSE BENEFIT** We will pay the actual charge **not to exceed \$300 per day** for the procurement cost, administration, processing and cross matching of blood, plasma or platelets administered to an Insured Person in the treatment of Cancer while an Inpatient.
- 12. OUTPATIENT BLOOD, PLASMA AND PLATELETS EXPENSE BENEFIT** We will pay **the actual charge not to exceed \$300 per day** for the procurement cost, administration, processing and cross matching of blood, plasma or platelets administered to an Insured Person in the treatment of Cancer while an Outpatient.
- 13. BONE MARROW DONOR EXPENSE BENEFIT** We will pay the Daily Hospital Confinement Benefit shown on the Policy Schedule for each day a live donor, other than the Insured Person, is confined in a Hospital for the harvesting of bone marrow or stem cells used in a bone marrow or stem cell transplant for the treatment of an Insured Person's Cancer.
- 14. BONE MARROW OR STEM CELL TRANSPLANT EXPENSE BENEFIT** We will pay the actual charge not to exceed a **lifetime maximum of \$15,000 for surgical and anesthesia procedures** (including the harvesting and subsequent re-infusion of blood cells or peripheral stem cells ) performed for a bone marrow transplant and/or a peripheral stem cell transplant for the treatment of an Insured Person's Cancer. This benefit will be paid in lieu of the Surgical Expense Benefit and the Anesthesia Expense Benefit which may be described in a rider attached to an issued policy.
- 15. AMBULANCE EXPENSE BENEFIT** We will pay the **actual charge** for ambulance service if an Insured Person is transported to a Hospital where he or she is admitted as an inpatient for the treatment of Cancer . The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.
- 16. INPATIENT OXYGEN EXPENSE BENEFIT** We will pay the actual charge **not to exceed \$300 per Hospital confinement** for oxygen prescribed by a Physician and received by an Insured Person while confined in a Hospital for the treatment of Cancer.
- 17. ATTENDING PHYSICIAN EXPENSE BENEFIT** We will pay the actual charge **not to exceed \$40 per day** for the professional services of a Physician or Oncologist rendered to an Insured Person while he or she is confined in a Hospital for the treatment of Cancer. This benefit is payable only if the Physician or Oncologist personally visits the Hospital room occupied by the Insured Person and the amount stated is the maximum amount that will be payable for each day of Hospital confinement regardless of the number of visits made by one or more Physicians or Oncologists.
- 18. INPATIENT PRIVATE DUTY NURSING EXPENSE BENEFIT** We will pay the actual charge **not to exceed \$150 per day** for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined in a Hospital for the treatment of Cancer. The Nurse must provide services other than those normally provided by the Hospital and the Nurse may not be an employee of the Hospital or an Immediate Family Member of the Insured Person.
- 19. OUTPATIENT PRIVATE DUTY NURSING EXPENSE BENEFIT** We will pay the actual charge **not to exceed \$150 per day** limited to the same number of days of the prior Hospital confinement for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined indoors at home as the result of Cancer . This benefit is not payable if the services of the Nurse are custodial in nature or to assist the Insured Person in the activities of daily living. This benefit is not payable when the Nurse is a member of the Insured Person's Immediate Family. Charges must begin following a period of Hospital confinement for which benefits are payable under this Policy.
- 20. CONVALESCENT CARE FACILITY EXPENSE BENEFIT** We will pay the actual charge **not to exceed \$100 per day** for an Insured Person's confinement in a Convalescent Care Facility. The maximum number of days for which this benefit is payable will be the number of days in the last Period of Hospital Confinement that immediately preceded admission to a Convalescent Care Facility. The Convalescent Care Facility Confinement must: be due to Cancer ; begin within 14 days after the Insured Person has been discharged from a Hospital for the treatment of Cancer ; be authorized by a Physician as being medically necessary for the treatment of Cancer.
- 21. RENTAL OR PURCHASE OF MEDICAL EQUIPMENT EXPENSE BENEFIT** We will pay the **lesser of the actual charge** not to exceed **\$1,500 per Calendar Year** for either the rental or purchase of covered medical equipment designed for home use, required and ordered by the Insured Person's attending Physician as the direct result of the treatment of Cancer. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.

**22. HOME HEALTH CARE EXPENSE BENEFIT** We will pay benefits for the following Covered Charges when a Insured Person requires Home Health Care for the treatment of Cancer.

1. **Home Health Care Visits** - We will pay the actual charge for Home Health Care Visits **not to exceed \$75 for each day** on which one or more such visits occur. We will not pay this benefit for more than **60 days** in any Calendar Year.
2. **Medicine and Supplies** - We will pay the actual charged **not to exceed \$450 in any Calendar Year** for drugs, medicine, and medical supplies provided by or on behalf of a Home Health Care Agency.
3. **Services of a Nutritionist** - We will pay the actual charge **not to exceed a lifetime maximum of \$300** for the services of a nutritionist to set up programs for special dietary needs.

**23. HOSPICE CARE EXPENSE BENEFIT** We will pay the actual charge for Hospice Care **not to exceed \$100 per day**, when such care is required because of Cancer. This benefit is payable whether confinement is required in a Hospice Center or services are provided in the Insured Person's home by a Hospice Team. Eligibility for payments will be based on the following conditions being met: (1) the Insured Person has been given a prognosis as being Terminally Ill with an estimated life expectancy of 6 months or less; and (2) We have received a written summary of such prognosis from the attending Physician. We will not pay this benefit while the Insured Person is confined to a Hospital or Convalescent Care Facility. **The lifetime maximum benefit is 365 days of Hospice Care**

**24. HAIRPIECE EXPENSE BENEFIT** We will pay the actual charge not to exceed **a lifetime maximum of \$150** for the purchase of a wig or hairpiece that is required as the direct result of hair loss due to Cancer treatment.

**25. PHYSICAL, SPEECH, AUDIO THERAPY AND PSYCHOTHERAPY EXPENSE BENEFIT**

We will pay the actual charge **not to exceed \$25 per therapy session** for:

1. Physical therapy treatments given by a license Physical Therapist, or
2. Speech therapy given by a licensed Speech Pathologist/Therapist; or
3. Audio therapy given by a licensed Audiologist; or
4. Psychotherapy given by a licensed Psychologist.

These sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Insured Person's home. These treatments must be given on an Outpatient basis unless the primary purpose of a Hospital confinement is for treatment of Cancer other than with physical, speech or audio therapy or psychotherapy. **Benefits may not exceed \$1,000 per Calendar Year.**

**26. WAIVER OF PREMIUM.** We will waive the premiums starting on the first premium due date **following a 60 day period of Total Disability** of the Named Insured due to Cancer. The Named Insured must: (a) be receiving treatment for such Cancer for which benefits are payable under this Policy; and (b) remain disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled.

**GUARANTEED RENEWABLE FOR LIFE.** Except for fraud or material misrepresentation, the Named Insured has the right to renew this Policy as long as premiums are paid on time.

**PREMIUMS SUBJECT TO CHANGE.** On any premium due date after the first Policy Anniversary, We may change the premium rates for this policy only if We also change the rates for all other policies issued in the same Rating Class. No change in the premiums will be made because of the number of claims an Insured Person files nor because of a change in an Insured Person's health.

**EXCLUSIONS AND LIMITATIONS.** No benefits will be paid under the Policy or any attached riders for: 1. any loss due to any disease or illness other than Cancer, or a listed covered Specified Disease; 2. care and treatment received outside the territorial limits of the United States; 3. treatment by any program engaged in research that does not meet the criteria for Experimental Treatment as defined; 4. treatment that has not been approved by a Physician as being medically necessary; or 5. losses or medical expenses incurred prior to the Effective Date of an Insured Person's coverage regardless of the Date of Positive Diagnosis.

**PRE-EXISTING CONDITIONS LIMITATION.** We will not pay benefits for expenses resulting from Pre-existing Conditions during the first two years (in SD for the first 12 months, in TX for the first 6 months if the age at issue is over 64 years) after coverage becomes effective.

**"Pre-existing Condition"** means Cancer, or a listed Specified Disease if that optional rider is issued, which was diagnosed by a Physician or for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician within five years (in SD within one year, in WV within two years) prior to the effective date of coverage for each Insured Person.

**In MS "Pre-existing Condition"** means Cancer, or a listed Specified Disease if that optional rider is issued, for which diagnosis, advice or treatment is given or for which signs or symptoms cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the 12 months immediately preceding the effective date of coverage.

**THIS IS A CANCER ONLY POLICY,** which should be used to supplement your existing health care protection.

Insurance coverage is provided by form number series L-6040 and associated riders. This advertisement highlights some features of the policy and riders, but is not the insurance contract. An issued policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. Please read the policy and riders for detailed coverage information.

ADDITIONAL BENEFITS INCLUDED	PLAN MAXIMUM
<p><b>ANNUAL CANCER SCREENING BENEFIT RIDER (form L-6041)</b></p> <p><b>A. Basic Benefit</b> We will pay the expense incurred, but not to exceed the maximum benefit amount shown on the Policy Schedule, once per calendar year per Insured Person for screening tests performed to determine whether Cancer exists in an Insured Person. Covered annual Cancer screening tests include but are not limited to: mammogram, pap smear, breast ultrasound, ThinPrep, biopsy, chest x-ray, thermography, colonoscopy, flexible sigmoidoscopy, hemocult stool specimen, PSA (blood test for prostate cancer), CEA (blood tests for colon cancer), CA125 (blood test for ovarian cancer), CA15-3 (blood test for breast cancer), serum protein electrophoresis (blood test for myeloma).</p> <p><b>B. Additional Benefit</b> We will pay the expense incurred, but not to exceed two times the maximum benefit amount per calendar year as shown on the Policy Schedule, for one additional invasive diagnostic procedure required as the result of an abnormal cancer screening test for which benefits are payable under the Basic Benefit above for an Insured Person. This additional benefit is payable regardless of the results of the additional diagnostic procedure. However, the amount payable will be reduced dollar for dollar for any amount payable under the Positive Diagnosis Benefit contained in the base Policy.</p>	<p><b>\$50</b> Per Calendar Year</p> <p><b>\$100</b> Per Calendar Year</p>
<p><b>ANNUAL RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY and EXPERIMENTAL TREATMENT BENEFIT RIDER (form L-6045)</b></p> <p>We will pay the expense incurred, but not to exceed the maximum benefit amount shown on the Policy Schedule, per calendar year per Insured Person for Radiation Treatment, Chemotherapy, Hormonal Therapy, Immunotherapy or Experimental Treatment. The Radiation Treatment, Chemotherapy, Hormonal Therapy, Immunotherapy or Experimental Treatment must be for the treatment of an Insured Person's Cancer. The benefit amount shown on the Policy Schedule is the maximum calendar year benefit available per Insured Person regardless of the number or types of Cancer treatments received in the same year.</p>	<p><b>\$10,000</b> Per Calendar Year</p>
<p><b>SURGICAL BENEFIT RIDER (form L-6048)</b></p> <p><b>Surgical Expense</b> We will pay the Surgical Expense benefit for a surgical procedure for the treatment of an Insured Person's Cancer (except Skin Cancer) according to the Surgical Schedule shown in this rider. However, in no event will the amount payable exceed the maximum Surgical Expense benefit shown on the Policy Schedule, nor will it exceed the expense incurred.</p> <p><b>Anesthesia Expense</b> We will pay the anesthesia expense incurred, not to exceed 25% of the covered Surgical Expense benefit for the operation performed. This includes the services of an anesthesiologist or of an anesthetist under supervision of a physician for the purpose of administering anesthesia.</p> <p><b>Breast Reconstruction</b> with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site, with microvascular anastomosis (supercharging) is one of the surgical procedures listed in the Surgical Schedule. If this procedure is performed on an Insured Person as the result of a mastectomy for which We paid a Surgical Expense benefit for the treatment of Breast Cancer, We will pay the expense incurred not to exceed \$900 per \$1,000 of the Surgical Benefit issued.</p> <p><b>Skin Cancer Surgery Expense</b> We will pay the expense incurred, not to exceed the procedure amount listed in this rider (\$125 to \$750 depending on the procedure) when a surgical operation is performed on an Insured Person for treatment of a diagnosed Skin Cancer. This benefit is payable in lieu of any benefits for Surgical Expense and Anesthesia Expense which are not applicable to Skin Cancer.</p>	<p><b>\$4,000</b> Procedure Maximum</p> <p><b>\$1,000</b> Procedure Maximum</p> <p><b>\$3,600</b> Procedure Maximum</p> <p><b>Per Procedure</b></p>
<p><b>DAILY HOSPITAL CONFINEMENT BENEFIT RIDER (form L-6042)</b></p> <p><b>Confinements of 30 Days or Less</b> We will pay the Daily Hospital Confinement benefit amount shown on the Policy Schedule for each of the first 30 days in each period of hospital confinement during which an Insured Person is confined to a hospital, including a government or charity hospital, for the treatment of Cancer.</p> <p><b>Confinements of 31 Days or More</b> If an Insured Person is continuously confined to a hospital, including a government or charity hospital, for longer than 30 consecutive days for the treatment of Cancer, We will pay two times the Daily Hospital Confinement benefit amount shown on the Policy Schedule. This benefit payment will begin on the 31st continuous day of such confinement and continue for each day of confinement until the Insured Person is discharged from the Hospital.</p> <p><b>Benefits for an Insured Dependent Child under Age 21</b> The amount payable under this benefit will be double the Daily Hospital Confinement benefit shown on the Policy Schedule if the Insured Person so confined is a dependent child under the age of 21.</p>	<p><b>\$150</b> Per Day</p> <p><b>\$300</b> Per Day</p> <p><b>\$300/ \$600</b> Per Day</p>
<p><b>SPECIFIED DISEASE BENEFIT RIDER (form L-6052)</b></p> <p>If an Insured Person is first diagnosed with one or more covered Specified Diseases and is hospitalized for the definitive treatment of any covered Specified Disease, We will pay benefits according to the provisions of this rider.</p> <p><b>COVERS THESE 38 SPECIFIED DISEASES</b> Addison's Disease, Amyotrophic Lateral Sclerosis, Botulism, Bovine Spongiform Encephalopathy, Budd-Chiari Syndrome, Cystic Fibrosis, Diphtheria, Encephalitis, Epilepsy, Hansen's Disease, Histoplasmosis, Legionnaire's Disease, Lyme Disease, Lubus Erythematosis, Malaria, Meningitis, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Neimann-Pick Disease, Osteomyelitis, Poliomyelitis, Q Fever, Rabies, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Sickle Cell Anemia, Tay-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Tuberculosis, Tularemia, Typhoid Fever, Undulant Fever, West Nile Virus, Whipple's Disease, Whooping Cough.</p> <p><b>BENEFITS</b> <b>Initial Hospitalization Benefit</b> We will pay a benefit of <b>\$1,500 per unit of coverage</b> selected when an Insured Person is confined to a hospital (for 12 or more hours, not applicable in SD) as a result of receiving treatment for a Specified Disease. This benefit is payable only once per period of confinement and once per calendar year for each Insured Person.</p> <p><b>Hospital Confinement Benefit</b> We will pay a benefit of <b>\$300 per day per unit of coverage</b> selected when an Insured Person is hospitalized during any continuous period of 30 days or less for the treatment of a covered Specified Disease. Benefits will <b>double per day beginning with the 31st day of continuous confinement</b>. If the hospital confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Specified Disease, or unless the confinements are separated by 30 days or more.</p>	



## ADDITIONAL BENEFIT AMOUNTS YOU MAY SELECT FOR ADDITIONAL PREMIUM

### FIRST OCCURRENCE BENEFIT RIDER (form L-6043)

If an Insured Person receives a positive diagnosis of Internal Cancer, We will pay the First Occurrence benefit amount shown on the Policy Schedule.

**\$5,000 or \$3,000**  
Per Lifetime

If the Insured Person receiving the positive diagnosis of Internal Cancer is a child under the age of 21, we will pay one and one-half times the First Occurrence benefit amount shown on the Policy Schedule.

**\$7,500 or \$4,500**  
Once Per Lifetime

### HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER (form L-6047)

**Intensive Care Unit Benefit** We will pay the daily Hospital Intensive Care Unit Benefit shown on the Policy Schedule for an Insured Person's confinement in an ICU for sickness or injury.

**\$600**  
Per Day

**Double Intensive Care Unit Benefit** We will pay double the daily Hospital Intensive Care Unit benefit amount shown on the Policy for an Insured Person's confinement in an ICU as a result of Cancer. We will also double this ICU benefit for only the initial ICU confinement resulting from an Insured Person's travel related injury, provided that the ICU confinement begins within 24 hours of the accident causing the travel related injury. A travel related injury includes being struck by an automobile, bus, truck, van, motorcycle, train or airplane; or being involved in an accident where the Insured Person was the operator or passenger in or on such vehicle.

**\$1,200**  
Per Day

**Step Down Unit Benefit** We will pay one-half of the daily Hospital Intensive Care Unit benefit amount shown on the Policy Schedule for an Insured Person's confinement in a Step Down Unit for a sickness or injury.

**\$300**  
Per Day

**Additional Limitations and Exclusions for the Hospital Intensive Care Unit Benefit Rider** If the rider is issued and coverage is in force, it will provide benefits if an Insured Person goes into a hospital Intensive Care Unit (including a Cardiac Intensive Care Unit or Neonatal Intensive Care Unit). Benefits start the first day of confinement in an ICU for sickness or injury. Any combination of benefits payable under this rider is limited to a maximum of 45 days per each period of confinement.

**ALL BENEFITS CONTAINED IN THIS HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER REDUCE BY ONE-HALF AT AGE 75.**

Benefits are not payable for any ICU or Step Down Unit confinement that results from intentional self-inflicted injury; or the Insured Person's being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on and according to the advice of a medical practitioner.

This page is an Insert to be used ONLY with Brochure Form L-6040. If you do not have this Brochure, ask that your agent provide one for you. All exclusions, limitations, definitions and terms of renewability of the Limited Benefit Cancer Expense Policy (form L-6040) apply to these riders. THESE ARE LIMITED RIDERS

## Accident Insurance

### Humana Accident

#### Kansas City Missouri School District



### Accident coverage can protect your whole family

A voluntary accident plan offers coverage for accidents, injuries, ambulance services, and accidental death in addition to your primary medical insurance. It's also available to your spouse and children – a plan that can protect your whole family.

### Why do I need accident coverage?

Here are a few facts to consider from the National Center for Health Statistics:

- Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during sports or leisure activities, and 44 percent occurred in or around the home
- Where the external cause of nonfatal injuries is specified, falls are the leading cause of inpatient and outpatient care in emergency rooms, outpatient clinics and doctors' offices
- Injuries due to motor vehicle traffic accidents, overexertion and strenuous movements, and striking against or being struck accidentally by objects also make up a large portion of injuries

Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during sports or leisure activities, and 44 percent occurred in or around the home.

- National Center for Health Statistics

### What does accident coverage do?

Accident insurance provides you with valuable primary benefits as well as any optional benefits selected by your employer. Features include:

- **Accident Medical Expense:** pays actual charges, up to the amount selected, for physician's treatment or other emergency treatment
- **Ambulance Benefit:** pays actual charges, up to policy amount, for ground ambulance service and emergency air transportation in 100-mile radius
- **Hospital Confinement:** pays a daily benefit for hospital room charge for a maximum of 30 days, up to the amount selected, when the injury is a result of a covered accident

### Protect your financial security

Payroll deduction makes it easy for you to pay for accident coverage. You'll feel good knowing benefits are paid up to the amount selected for each accident, and is in addition to any other coverage you may have. Coverage starts at "zero" with each new accident. There's no calendar-year maximum.

Displaying monthly payroll deductions based on monthly premium calculation.

Benefit:	Level One Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	\$11.66	\$17.25	\$25.00	\$30.94

Benefit:	Level Two Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	\$19.75	\$29.73	\$34.64	\$45.67

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## Humana Accident 2012 Group product base

### Missouri

### Kansas City Missouri School District

#### Benefit amount

	<input type="checkbox"/> Level One	<input type="checkbox"/> Level Two
<ul style="list-style-type: none"> <li>• <b>Accident medical expense:</b> Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. Emergency room visits are limited to three per calendar year.</li> </ul>	\$ 500	\$ 1,000
<ul style="list-style-type: none"> <li>• <b>Ground ambulance:</b> Pays actual expenses up to the amount selected if injury requires ground ambulance transportation.</li> </ul>	\$ 75	\$ 150
<ul style="list-style-type: none"> <li>• <b>Air ambulance:</b> Pays actual expenses up to the amount selected if injury requires air ambulance transportation.</li> </ul>	\$ 150	\$ 300
Limit one trip per accident.		
<ul style="list-style-type: none"> <li>• <b>Hospital indemnity:</b> Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge, that starts within 30 days after the accident. The benefit is limited to 30 days per accident.</li> </ul>	\$ 75	\$ 150
<ul style="list-style-type: none"> <li>• <b>Accidental death, dismemberment and loss of sight (AD&amp;D):</b></li> </ul>	(Employee amounts listed below. Spouse is 50% and dependent child(ren) is 25% of the employee amounts.)	
Loss of life	\$ 25,000	\$ 50,000
Any combination of two or more hands, feet, or eyes	\$ 25,000	\$ 50,000
Loss of single hand, foot or eye	\$ 12,500	\$ 25,000
Multiple fingers and/or toes	\$ 2,500	\$ 5,000
Single finger or toe	\$ 1,250	\$ 2,500
<ul style="list-style-type: none"> <li>• <b>Common carrier accidental death, dismemberment and loss of sight</b></li> </ul>	\$ 50,000	\$ 100,000
<ul style="list-style-type: none"> <li>• <b>Fracture and dislocation benefit:</b> Pays a percentage of the benefit selected based upon the fracture or dislocation.</li> </ul>	\$ 750	\$ 1,500
<b>Fractures</b> <ul style="list-style-type: none"> <li>• Hip bone (pelvis) or femur 100%</li> <li>• Vertebra 75%</li> <li>• Skull (depressed or ping-pong fracture) 65%</li> <li>• Leg (tibia or fibula) 50%</li> <li>• Bones of the foot, ankle, kneecap, hand, wrist or forearm (radius or ulna) 40%</li> <li>• Lower jaw, shoulder blade, collar bone 35%</li> <li>• Upper arm, upper jaw, skull (simple, non-depressed fracture) 25%</li> <li>• Facial bones 20%</li> <li>• Finger, toe, rib, coccyx 6%</li> </ul>		<b>Dislocations</b> <ul style="list-style-type: none"> <li>• Hip 100%</li> <li>• Knee (does not include dislocation of the patella) 50%</li> <li>• Foot (does not include dislocation of the toes), ankle or shoulder 35%</li> <li>• Hand (does not include dislocation of fingers), lower jaw, wrist or elbow 20%</li> <li>• Finger, toe 6%</li> </ul>
<ul style="list-style-type: none"> <li>• <b>First hospitalization benefit:</b> Once per year for an accident; must be admitted for at least 24 hours.</li> </ul>	\$ 250	\$ 500

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## Critical Illness



### Group Critical Illness Insurance Coverage

#### SUMMARY OF BENEFITS

Sponsored by: Kansas City Public Schools

Critical Illness insurance coverage provides a cash benefit to the policyholder when an insured person has a covered illness or event.

Eligibility All employees in an eligible class. Issue Ages 17-70

Critical Illness Base Coverage	
Benefit Description	Benefit Amount
Maximum Principal Sum	Choice of \$5,000 - \$10,000 - \$15,000 - \$20,000 - \$25,000 - \$30,000
Employee	
Spouse	Choice of \$5,000 - \$10,000 - \$15,000
Spouse Principal Sum cannot exceed the Employee Principal Sum	
Child	5,000 - \$10,000
Child Principal Sum cannot exceed the Employee Principal Sum	
Guarantee Issue*	
Employee	\$30,000
Spouse	\$15,000
Child	All Guarantee Issue
Lincoln CareCompass <sup>SM</sup> Category	
Critical Illness Assessment Benefit	\$50
Family Care Benefit (per insured dependent)	\$25
Heart Category	Percent of Principal Sum
Heart Attack, Heart Transplant, Stroke	100%
Arteriosclerosis, Aneurysm	10%
Organ Category	Percent of Principal Sum
End Stage Renal Failure, Major Organ Transplant	100%
Acute Respiratory Distress Syndrome	25%
Lifetime Category Maximum (Category Recurrence)	200%
Additional Category Occurrence	100% payable benefit
Benefit Waiting Period	None
Pre-existing Period	6/12/12
Benefit Reduction	50% at Age 70

**Cost Summary - Critical Illness Base Coverage Cost**

Employee premiums are based on employee actual age.  
Spouse premiums are based on Spouse actual age.

**Non-Tobacco Monthly Premium per benefit amount for Employee**

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
17-30	\$1.64	\$3.26	\$4.90	\$6.52	\$8.16	\$9.78
31-40	\$2.44	\$4.86	\$7.30	\$9.72	\$12.16	\$14.58
41-50	\$4.54	\$9.06	\$13.60	\$18.12	\$22.66	\$27.18
51-60	\$6.82	\$13.63	\$20.45	\$27.26	\$34.08	\$40.89
61-70	\$10.04	\$20.07	\$30.11	\$40.14	\$50.18	\$60.21

**Tobacco Monthly Premium per benefit amount for Employee**

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
17-30	\$2.30	\$4.57	\$6.87	\$9.14	\$11.44	\$13.71
31-40	\$4.35	\$8.68	\$13.03	\$17.36	\$21.71	\$26.04
41-50	\$8.41	\$16.81	\$25.22	\$33.62	\$42.03	\$50.43
51-60	\$13.69	\$27.36	\$41.05	\$54.72	\$68.41	\$82.08
61-70	\$19.34	\$38.66	\$58.00	\$77.32	\$96.66	\$115.98

**Non-Tobacco Monthly Premium per benefit amount for Spouse**

Issue Age	\$5,000	\$10,000	\$15,000
17-30	\$1.64	\$3.26	\$4.90
31-40	\$2.44	\$4.86	\$7.30
41-50	\$4.54	\$9.06	\$13.60
51-60	\$6.82	\$13.63	\$20.45
61-70	\$10.04	\$20.07	\$30.11

**Tobacco Monthly Premium per benefit amount for Spouse**

Issue Age	\$5,000	\$10,000	\$15,000
17-30	\$2.30	\$4.57	\$6.87
31-40	\$4.35	\$8.68	\$13.03
41-50	\$8.41	\$16.81	\$25.22
51-60	\$13.69	\$27.36	\$41.05
61-70	\$19.34	\$38.66	\$58.00

**Monthly Premium for Child Dependents:**

Issue Age	\$5,000	\$10,000
17-30	\$1.02	\$2.04
31-40	\$1.38	\$2.75
41-50	\$1.41	\$2.81
51-60	\$1.14	\$2.27
61-70	\$0.94	\$1.86

\* The policy is guaranteed renewable. The insurer has the right to increase premium rates on any policy anniversary after the Policy's first anniversary, for all policies of like class. Any insurance continued under the portability provision terminates at age 90.

\*\* This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency



## Exclusions

A benefit will not be paid under this policy when:

- A category maximum has been reached (for that Category, coverage will automatically terminate). If *Lincoln CareCompass*<sup>SM</sup> is the only remaining Category, coverage will be terminated.
- A new Category Occurrence happens within 90 days of another payable event in a different category.
- A Category Recurrence happens within 180 days of another payable event in the same category.
- Diagnosis occurs after policy termination.
- The diagnosis is deemed a pre-existing condition.
- The diagnosis of any Child Category event and or any Quality of Life Category event prior to the effective date of coverage.
- An event was caused by self-inflicted injury, self-destructive, suicide or attempting any of these, whether sane or insane.
- An event occurs during the attempt or commission of a felony, whether charged or not.
- An event occurs during an act of war (which is not terrorism), participation in a riot, insurrection or rebellion of any kind.
- An event occurs while serving as a member of any armed forces or auxiliary unit.
- An event occurs after the insured had resided outside of the US, Mexico, or Canada for 12 or more months.
- An event occurs while the insured was incarcerated in any type of penal facility.
- .

For assistance or additional information Contact Lincoln Financial Group at	
(800) 423-2765; reference ID: KCPUBSCH	www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. While benefit amounts stated in this summary are specific to your coverage, other items may summarize our standard product features and not the specific features of your coverage. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A policy will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the policy, the policy will govern.

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Affiliates are separately responsible for their own financial and contractual obligations.

## Supplemental Health

### Humana Supplemental Health

#### Kansas City Missouri School District



#### Cash benefits help pay for hospital visits

Humana Supplemental Health 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.

Average length of a hospital stay: 4.8 days.

- Centers for Disease Control and Prevention

#### Humana Supplemental Health rates

##### Humana Supplemental Health

Displaying monthly payroll deductions based on monthly premium calculation.

Benefit:	Non Tobacco				Tobacco			
	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
AGE								
18-35	\$13.69	\$25.13	\$23.01	\$31.93	\$16.56	\$29.13	\$25.88	\$35.93
36-49	\$12.94	\$23.63	\$22.42	\$30.62	\$15.61	\$27.38	\$25.09	\$34.35
50-59	\$17.29	\$32.33	\$22.63	\$36.28	\$21.05	\$37.58	\$26.39	\$41.55
60-64	\$24.23	\$46.23	\$28.93	\$49.69	\$29.73	\$53.91	\$34.43	\$57.39

## Humana Supplemental Health

Missouri

Kansas City Missouri School District

Coverage provides payments, in addition to your medical plan, when you're hospitalized. You'll immediately receive the payments – there's no coordination of benefits.

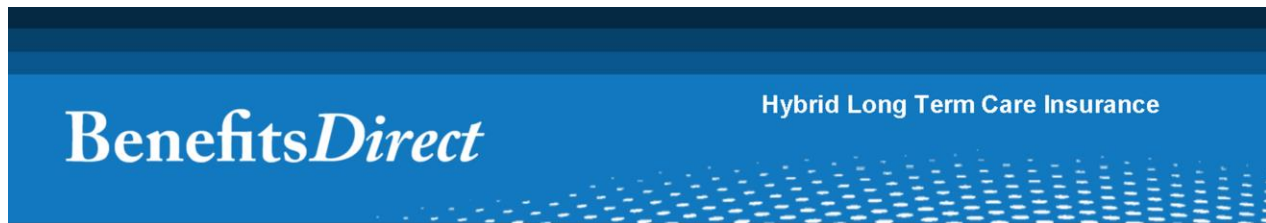
Coverage type	Group supplemental health product that provides indemnity benefits for hospitalization and intensive care unit (ICU).
Benefit plan	<p>Package One</p> <p><b>Hospital indemnity:</b> If a covered person is confined as an inpatient in a hospital, pays \$100 per day for 15 days per confinement.</p> <p><b>Hospital first occurrence:</b> 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.</p>
Additional included benefits	<p><b>Takeover:</b> Waives the pre-existing condition limitation and coverage waiting periods for up to 12 months (subject to confirmation of prior coverage). Note: Underwriting review will be required.</p> <p><b>Waiver of premium:</b> 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.</p>
Pre-existing provision	12/12
Additional plan information	<p>Waiting Period for maternity is 300 days.</p> <p>Spouse includes domestic partners where allowed by state and employer.</p>

Humana.

1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



## Combined Life and Long Term Care



### Policy Benefits Include:

<b>Life Insurance</b>	<p>The policy provides Life Insurance with Guaranteed Rates to age 120, and the policy is:</p> <ul style="list-style-type: none"> <li>✓ Individually owned</li> <li>✓ Completely portable</li> <li>✓ Other Group Life coverage decreases with age and premiums</li> </ul>
<b>Accelerated Death Benefit for Long Term Care Rider</b>	<p>The Accelerated Death Benefit for Long Term Care Rider provides the insured the option of receiving a benefit early if needed for long term care. The insured becomes eligible for benefits by being certified by a physician as being both chronically ill and confined to a nursing or assisted living facility, or by receiving home health or adult day care services.</p> <ul style="list-style-type: none"> <li>✓ Benefits begin after a 90 day elimination period has been satisfied.</li> <li>✓ The monthly accelerated benefit is 4% of the base death benefit for a maximum benefit period of 75 months.</li> </ul>
<b>Accelerated Death Benefit for Terminal Illness</b>	<p>Automatically included, 50% of face amount advanced if diagnosed with Terminal Illness!</p>
<b>Future Purchase Option</b>	<p>Protects future insurability, opportunity to increase coverage on annual basis, even as health status changes!</p>
<b>Limited Underwriting (Initial Eligibility Period Only)</b>	<p><b>Employee coverage</b></p> <ul style="list-style-type: none"> <li>✓ Up to \$150,000 1 Health Question</li> </ul> <p><b>Spouse coverage</b></p> <ul style="list-style-type: none"> <li>✓ Up to \$25,000 1 Health Question</li> <li>✓ Up to \$75,000 4 Health Questions</li> </ul> <p><b>Child(ren) coverage</b></p> <ul style="list-style-type: none"> <li>✓ Child's Term Rider benefit —covers all dependent children in family (18 and under on issue date, can remain on until age 23), no health questions</li> <li>✓ \$25,000 Term Policy can be converted to \$125,000 Term Policy at age 23</li> </ul>

# BenefitsDirect

## Hybrid Long Term Care Insurance

The BenefitsDirect LifeTime Life Insurance & Long-Term Care policy provides an inexpensive mechanism for purchasing Long-Term Care (LTC) coverage. The policy is underwritten by Combined Insurance, which has an **A Rating** from A.M. Best.

*Permanent Term Insurance that **lasts a lifetime**... finally, a benefit solution for "Pre" and "Post" Retirement needs*

### Plan Features

- Life Insurance Premiums **Guaranteed** for Life
- Long Term Care coverage worth 3x your death benefit amount. That's up to 75 Months of care for Nursing Home, Assisted Living and Home Care!
- Guaranteed acceptance up to **\$150,000**
- Paid-Up Insurance **starting in Tenth Year**
- Death Benefit is **Fully Paid-Up** prior to Age 100 on a current assumption basis
- Plan is **Portable** with no increase in life insurance premium
- Spouse and Children coverage available
- Accelerated Death Benefit for Terminal Illness included
- Guaranteed protection for Today and Tomorrow
- Sample rates provided on the following pages

### An Example of How LifeTime Benefit Term with LTC Works

Age	35	\$75,000	Face Amount at Issue
	65	\$19,820	Paid-up Guaranteed!
	85	\$75,000	Paid-up at Current Rate

» A 35-year-old non-smoker can purchase \$75,000 of coverage including the Accelerated Death Benefits for Long Term Care and Terminal Illness with Extension of Long Term Care Benefits for \$12.87 weekly.

» At age 65, the employee would have guaranteed paid-up insurance at \$19,820.

» At age 85, the full face amount of \$75,000 would be paid-up based on current interest rates.

» Long Term Care benefits of \$3,000 (4% of \$75,000) per month would be available for up to 75 months.)

LTC Benefit Amount: \$75,000 (25 mo.) to \$225,000 (75 mo.)



**MONTHLY *NON-SMOKER* EXAMPLE RATES**

Issue Age	\$25,000	\$50,000	\$75,000	\$100,000
19	N/A	22.50	33.75	45.00
20	N/A	23.04	34.56	46.08
21	N/A	23.46	35.19	46.91
22	N/A	23.92	35.87	47.83
23	N/A	24.29	36.44	48.58
24	N/A	24.79	37.19	49.58
25	N/A	25.25	37.87	50.50
26	13.06	26.12	39.19	52.25
27	13.54	27.08	40.62	54.16
28	14.02	28.04	42.06	56.08
29	14.54	29.08	43.62	58.16
30	15.08	30.17	45.25	60.33
31	15.74	31.48	47.22	62.96
32	16.44	32.88	49.32	65.76
33	17.14	34.28	51.42	68.56
34	17.88	35.77	53.65	71.53
35	18.67	37.33	56.00	74.66
36	19.66	39.32	58.97	78.63
37	20.71	41.42	62.14	82.85
38	21.81	43.61	65.42	87.23
39	22.97	45.93	68.90	91.86
40	24.19	48.37	72.56	96.75
41	25.52	51.05	76.57	102.10
42	26.88	53.76	80.65	107.53
43	28.34	56.69	85.03	113.38
44	29.87	59.74	89.61	119.48
45	31.48	62.96	94.43	125.91
46	33.59	67.17	100.76	134.34
47	35.88	71.76	107.65	143.53
48	38.28	76.56	114.85	153.13
49	40.91	81.82	122.73	163.64
50	43.75	87.50	131.24	174.99
51	46.43	92.85	139.28	185.71
52	49.23	98.46	147.69	196.93
53	52.22	104.45	156.67	208.89
54	55.44	110.89	166.33	221.77
55	58.87	117.75	176.62	235.49
56	57.53	115.06	172.59	230.12
57	62.02	124.05	186.07	248.09
58	66.76	133.53	200.29	267.06
59	71.78	143.55	215.33	287.11
60	77.10	154.20	231.30	308.40
61	83.55	167.09	250.64	334.19
62	90.35	180.69	271.04	361.39
63	97.54	195.08	292.63	390.17
64	105.17	210.35	315.52	420.70
65	113.22	226.45	339.67	452.90
66	125.84	251.69	377.53	503.38
67	139.17	278.35	417.52	556.69
68	153.31	306.63	459.94	613.26
69	168.37	336.74	505.12	673.49
70	184.41	368.82	553.23	737.64

**MONTHLY SMOKER EXAMPLE RATES**

Issue Age	\$25,000	\$50,000	\$75,000	\$100,000
19	14.29	28.58	42.87	57.16
20	14.65	29.29	43.94	58.58
21	15.02	30.04	45.06	60.08
22	15.37	30.75	46.12	61.50
23	15.77	31.54	47.31	63.08
24	16.19	32.37	48.56	64.75
25	16.56	33.12	49.69	66.25
26	17.17	34.33	51.50	68.66
27	17.81	35.62	53.44	71.25
28	18.46	36.92	55.37	73.83
29	19.12	38.25	57.37	76.50
30	19.83	39.67	59.50	79.33
31	20.72	41.45	62.17	82.90
32	21.66	43.31	64.97	86.63
33	22.61	45.22	67.83	90.45
34	23.65	47.30	70.95	94.60
35	24.67	49.33	74.00	98.66
36	25.09	51.81	77.71	103.61
37	27.24	54.49	81.73	108.98
38	28.61	57.21	85.82	114.43
39	30.09	60.19	90.28	120.38
40	31.64	63.29	94.93	126.58
41	33.63	67.26	100.88	134.51
42	35.72	71.43	107.15	142.86
43	37.95	75.90	113.85	151.79
44	40.29	80.57	120.86	161.14
45	42.79	85.58	128.37	171.16
46	45.69	91.38	137.07	182.76
47	48.86	97.72	146.58	195.44
48	52.16	104.31	156.47	208.62
49	55.74	111.49	167.23	222.97
50	59.58	119.16	178.74	238.32
51	63.63	127.25	190.88	254.51
52	67.92	135.84	203.77	271.69
53	72.51	145.02	217.53	290.04
54	77.37	154.74	232.10	309.47
55	82.62	165.24	247.87	330.49
56	80.19	160.38	240.57	320.75
57	86.15	172.30	258.45	344.60
58	92.40	184.81	277.21	369.62
59	99.05	198.11	297.16	396.22
60	106.00	211.99	317.99	423.98
61	114.59	229.18	343.77	458.36
62	123.62	247.25	370.87	494.50
63	133.12	266.23	399.35	532.46
64	143.11	286.21	429.32	572.43
65	153.62	307.24	460.86	614.48
66	170.36	340.71	511.07	681.42
67	188.03	376.06	564.09	752.12
68	206.77	413.53	620.30	827.07
69	226.63	453.26	679.89	906.51
70	247.76	495.52	743.28	991.04

## Legal Shield



### What is LegalShield?

**It's total access. It's total freedom.**

Everyone deserves legal protection. And now, with LegalShield, everyone can access it. No matter how traumatic. No matter how trivial. Whatever your situation is, we are here to help. From real estate to divorce advice, identity theft and beyond, we have your rights covered. Welcome to total peace of mind. Welcome to LegalShield.

### What your membership includes.

**Know your rights in any situation.**

LegalShield gives you the ability to talk to an attorney on any matter without worrying about high hourly costs. For one flat monthly fee you can access legal advice, no matter how traumatic or trivial the issue. That's why under the protection of LegalShield you and your family can live your life worry-free, every day, every night, now and forever.

- Legal Advice – unlimited issues
- Letters/calls made on your behalf
- Contracts & documents reviewed up to 15 pages
- Mortgage document assistance
- Lawyers prepare
  - Wills for you and Covered Family Members
  - Living Will
  - Healthcare Power of Attorney
- Traffic-Related Issues (15 day waiting period)
  - Speeding tickets/ Accidents
- IRS Audit Assistance
- Uncontested Name Change
- Uncontested Separation
- Uncontested Divorce
- Uncontested Adoption (all uncontested 90 day waiting period)
- Trial Defense
  - Pre-Trial Representation at trial
- 25% Preferred Member Discount
- 24/7 Emergency Access for covered situations
- Online legal forms

### What is Identity Theft Shield

**Everything you expect with great identity theft protection PLUS expert restoration services.**

- Credit Report
- Personal Credit Score with Analysis
- Continuous Monitoring with Activity Alerts
- Identity Restoration Services

### Your LegalShield Plan Covers:

The Member  
The Member's Spouse  
Never Married Dependent Children under 26 living at home  
Dependent Children under age 18 for whom the Member is legal guardian  
Full-Time College Students up to age 26 never married, dependent children  
Physically or mentally challenged child living at home

### Your Identity Theft Shield Covers:

The Member  
The Member's Spouse  
Dependents under 18

### Special Group Rates: Convenient Payroll Deduction Amount

• LegalShield	\$15.95
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## LegalShield Legal Plan

*Your LegalShield provider law firm will be there to offer advice or assistance on a variety of legal issues. Below is a brief sampling of the areas that the LegalShield Legal Plan covers.*



### Family Matters

- Uncontested Adoption Representation\*
- Alimony
- Child Custody
- Child Support
- Child Visitation Rights
- Conservatorship
- Domestic Violence Protection
- Guardianship
- Juvenile Court Proceedings
- Uncontested Name Change Assistance\*
- Parental Responsibilities
- Prenuptial Agreements
- School Administrative Hearing
- Uncontested Divorce Representation\*
- Uncontested Separation Representation\*



### Auto

- Drivers License Restoration, Revocation, Suspension
- Non-Commercial, Non-Criminal Moving Traffic Violations
- Motor Vehicular Homicide Defense
- Property damage claims up to \$5,000



### Estate Issues

- Codicils
- Health Care Power of Attorney
- Irrevocable Trust
- Living Will
- Revocable Trust
- Wills



### Financial

- Affidavits
- Bankruptcy
- Consumer Credit
- Consumer Protection
- Contracts/Financial Disputes
- Debt Collection
- Durable/Financial Power of Attorney
- Estate Administration/Closing
- Inheritance Rights Protection
- Installment Sale Contracts
- IRS Audit Protection
- IRS Collection Defense
- Rental Agreements
- Medical Disputes
- Medicare Disputes
- Personal Property Disputes
- Promissory Notes
- Social Security Disputes
- Veterans Benefits Disputes



### Home

- Building Code Disputes
- Contractor Disputes
- Deeds
- Evictions
- Foreclosure
- Neighbor Disputes/Easements
- Primary Residence Refinancing
- Purchase/Sale of House
- Real Estate Contracts/Financial Disputes
- Secondary Residence Coverage
- Security Deposits
- Smalls Claims Assistance
- Zoning Variances
- Residential Loan Document Assistance

### Your Plan Covers:

- **The member**
- **The member's spouse**
- **Never-married dependent children under age 26 living at home**
- **Dependent children under age 18 for whom the member is legal guardian**
- **Never married, dependent, children who are full-time college students up to age 26**
- **Physically or mentally disabled children living at home**

#### 25% off additional legal services

If you are in need of additional legal services, you may continue to use your provider law firm for legal situations that extend beyond plan coverage. The additional services are 25% off the law firm's standard hourly rates. Your provider law firm will let you know when the 25% discount applies and will go over these fees with you. Please note: Class actions, interventions, or amicus curiae filings in which you are a party or potential party are not covered by the LegalShield membership.

Legal services may vary by state.

\*Available after the membership has been active 90 consecutive days.

Marketed by: Pre-Paid Legal Services, Inc. dba LegalShield® and subsidiaries; Pre-Paid Legal Casualty<sup>SM</sup>, Inc.; Pre-Paid Legal Access, Inc.; In FL: Pre-Paid Legal Services, Inc. of Florida; In VA: Legal Service Plans of Virginia, Inc.; and PPL Legal Care of Canada Corporation

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For detailed information about the legal services provided for personal matters by the LegalShield contract, go to <http://www.legalshield.com/info/legalplan>. Business issues are not included; however, plans providing those services are available. Ask your Independent Associate for details.



## Identity Theft

**INFOARMOR**  
IDENTITY PROTECTION EXPERTS

# Protecting What Matters Most

## Complete Identity Protection

PrivacyArmor offers consumers a comprehensive, proactive identity theft defense. Our proprietary technology makes InfoArmor's identity protection more than enough to help fight 21st century crime.



### SNAPD<sup>2.0</sup> Identity Monitoring

We monitor identities to uncover identity fraud at its inception. Now with High Risk Transaction alerts, more fraud is detected sooner, including unauthorized account access, fund transfers and password resets.



### CreditArmor

CreditArmor offers an annual credit report, monthly credit scores, and monitoring of your TransUnion credit file for no additional charge. Activate these credit services in your online portal with our complements.



### Internet Surveillance

By scouring an ever-evolving network of compromised machines, we detect information misuse and compromised credentials in the Underground Internet and alert consumers with unparalleled accuracy.



### Digital Identity

This interactive, easy-to-read report summarizes what a real-time deep Internet search finds out about a subscriber, offers a Privacy Grade and tips to better secure personal information.

## Monthly Rates

**Employee only - \$7.95**

**Family coverage - \$13.95**



**NEW  
2015**



### Social Media Reputation Monitoring - January, 2015

We monitor your Facebook, LinkedIn, Twitter, and Instagram profile to give actionable alerts of reputational damage including racist, violent, derogatory, vulgar, or inappropriate comments. Let us keep tabs on your digital footprint so you don't have to.



### Privacy Advocate Remediation

Our Privacy Advocates are CITRMS<sup>®</sup> Certified and ITRC Trained to be experts in identity restoration. If we detect suspicious activity, a Privacy Advocate will act as a dedicated case manager to act on behalf of the victim and resolve the issue from start to case completion.



### \$25,000 Identity Theft Insurance Policy

Protect consumers from the financial damages of identity theft with our \$25,000 Identity Theft Insurance Policy\* for associated costs, legal defense expenses, and lost wages.



### Solicitation Reduction

We reduce the root cause of up to 20% of identity theft by decreasing junk mail, stopping pre-approved credit offers, and ending telemarketing calls.

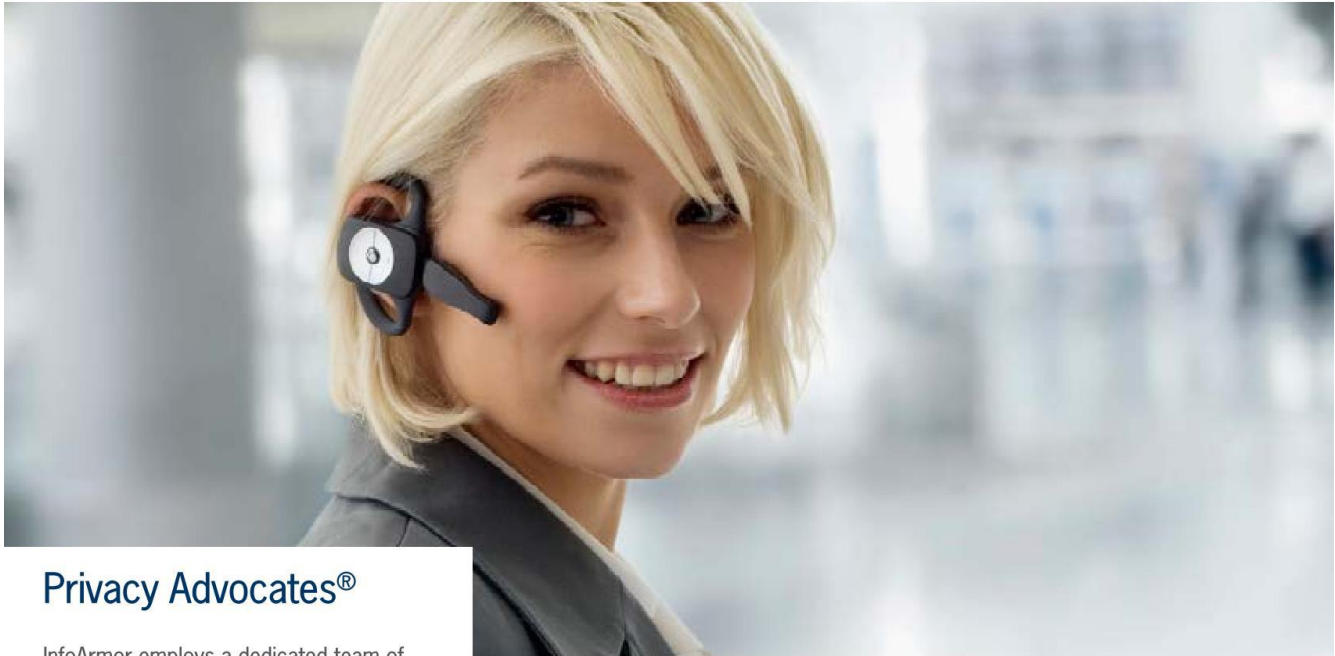
\*Identity theft insurance underwritten by insurance company subsidiaries or affiliates of AIG. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Learn more about the advantages of identity monitoring.

INFOARMOR • T 800.789.2720 • [WWW.INFOARMOR.COM](http://WWW.INFOARMOR.COM)



## Full Service Remediation



### Privacy Advocates®

InfoArmor employs a dedicated team of professionals that provide world class service and expertise in identity theft restoration.

In the event of identity theft, the victim will be assigned a dedicated Privacy Advocate that will act on behalf of the customer to completely restore their identity.

The victim will know their Privacy Advocate by name and will be able to have a personal proponent for their identity restoration.

InfoArmor's Privacy Advocates have been trained by and receive continued support from the Identity Theft Resource Center, the primary national non-profit that focuses on identity theft.

Privacy Advocates are also Certified Identity Theft Risk Management Specialists by the Institute of Fraud Risk Management.

### Identity Theft Restoration Includes:

- Dedicated case manager to act on behalf of the victim
- Identity restoration experts trained by the Identity Theft Resource Center
- Investigation and confirmation of fraudulent activity including known, unknown, and potentially complicated sources of identity theft
- Resolution of key issues by maintaining and explaining the fraud victim's rights
- Placing phone calls and preparing appropriate documentation on the victim's behalf including anything from dispute letters to defensible complaints
- Issuing fraud alerts and victim's statements when necessary, with the three consumer credit reporting agencies, Federal Trade Commission, Social Security Administration and the U.S. Postal Service
- Completing and providing copies of all documentation, correspondence, forms and letters for the victim's records
- Contacting, following up and escalating issues with affected agencies and institutions
- Providing restoration beyond just credit including criminal, DMV, medical records, etc.
- Real time access to public records such as DMV, criminal, address changes, liens, judgments and more

Committed to world-class privacy and identity protection.

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# NOTES

This guide prepared by:

# BenefitsDirect

*Please note that the information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The information contained in this Guide was taken from brochures and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your Benefits Manager.*