

Coastal Bend Employee Benefits Cooperative

Dental

Vision

Cancer

Accident

Disability Protection

Identity Theft Protection

Basic Life Insurance

Group Term Insurance

Flex Spending Accounts

Section 125 Administration



2010-2011 Benefit Guide

Plan Year September 1, 2010 to August 31, 2011

Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, please contact your Benefit Office, Financial Benefit Services, or log on to www.CBEBC.com. For questions, you may call (800) 583-6908 to speak to an insurance consultant.

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Educational Service Center Information

Provider Name: **ESC Region II**
Contact Name: **Karen Wiesman**
Provider Phone Number: **361.561.8448**
Web Address: www.esc2.net

Online Enrollment & Benefit Plan Information

Provider Name: **Financial Benefit Services**
Contact Name: **Cindy McClure / Megan Handke**
Provider Phone Number: **469.385.4640 / 800.583.6908**
Provider Web Address: www.fbsbenefits.com

TRS-ActiveCare Medical Plan Information

Provider Name: **Blue Cross Blue Shield**
Provider Phone Number: **866.355.5999**
Provider Web Address: www.trs.state.tx.us/trs-activecare

Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, please contact your Benefit Office, Financial Benefit Services, or log on to www.CBEBC.com. For questions, you may call (800) 583-6908 to speak to an insurance consultant.

MGM Flexible Spending Accounts (FSA)

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Provider Name: **Mass Group Marketing (MGM)**
Provider Phone Number: **972.881.2255 / 800.833.4028**
Provider Web Address: www.mgmbenefits.com

Assurant Dental Plan Information

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Provider Name: **Assurant**
Provider Phone Number: **800.442.7742**
Provider Web Address: www.assurantemployeebenefits.com

Superior Vision Plan Information

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Provider Name: **Superior Vision**
Provider Phone Number: **800.507.3800**
Provider Web Address: www.superiorvision.com

UNUM Disability Plan Information

p 29 - 37

Provider Name: **UNUM**
Provider Phone Number: **866.679.3054**
Provider Web Address: www.unum.com

Contact Information

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APL Cancer Plan Information

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Provider Name: **American Public Life**
Provider Phone Number: **866.874.5725**
Provider Web Address: www.ampublic.com

APL Accident Plan Information

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Provider Name: **American Public Life**
Provider Phone Number: **866.874.5725**
Provider Web Address: www.ampublic.com

Identity Theft Plan Information

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Provider Name: **ID Watchdog**
Provider Phone Number: **800.970.5182**
Provider Web Address: www.idwatchdog.com

Dearborn National /AD&D Plan Information

p 45 - 46

Provider Name: **Dearborn National**
Provider Contact: **Financial Benefit Services**
Provider Phone Number: **469.385.4640 / 800.583.6908**
Provider Web Address: www.fbsbenefits.com

Section 125 Plan Information

INTRODUCTION

In this booklet you will find an overview of the Section 125 Cafeteria plan, along with the voluntary plans available through Financial Benefit Services.



WHAT IS A CAFETERIA PLAN?

This plan allows you to deduct certain premium amounts for benefits from your gross earnings before federal withholding taxes are calculated. It is a way for you to pay for certain benefits while lowering your taxable income. Please see the example on the next page which illustrates the benefit of participating in Section 125.

WHAT BENEFITS ARE AVAILABLE?

A summary of available Supplemental Plan benefits follows. Please read all information carefully and always refer to the Supplemental Plan benefit sections in the benefit guide for more detailed information.

HOW DO I ENROLL?

An open enrollment period will take place at approximately the same time each year at which time you may make changes to your benefits or add new benefits.

CHANGES TO BENEFITS

Mid-year changes in benefit elections can occur only if you experience a family status change, as detailed in this benefit guide.

You must present proof of a family status change to your benefits administrator within 30 days of your family status change.

Additional forms must be completed, signed and submitted.

Section 125 Plan Information

SECTION 125 PLAN

The example below shows how a married employee claiming 1 exemption saves taxes when she pays for her insurance coverage's on a pre-tax basis.

<u>WITH SECTION 125</u>		<u>WITHOUT SECTION 125</u>	
Monthly Salary	\$2,000	Monthly Salary	\$2,000
Less TRS	- 128	Less TRS	- 128
Less Insurance	- 250		
Taxable Income	1,622	Taxable Income	1,872
Less Taxes	- 186	Less Taxes	- 228
		Less Insurance	- 250
TAKE HOME PAY	<u>\$1,436</u>	TAKE HOME PAY	<u>\$1,394</u>

SAVINGS

You save \$42 per month in taxes by paying for your benefits on a pre-tax basis. This means more spendable income at the end of the month to use for additional benefits or to increase your take home pay.



Section 125 Plan Information

SPECIAL RULES REGARDING SECTION 125 CAFETERIA PLAN

There are three very important issues to keep in mind:

1. Although all Supplemental Plans are voluntary (you may pick and choose), **every employee is required to sign the Section 125 Benefit Election Form**, even if no benefits or changes are made.
2. **All benefit elections will remain in effect and cannot be revoked or changed during this plan year unless you have one of the following changes in family status:**
 - * Marriage
 - * Divorce
 - * Birth
 - * Adoption
 - * Death
 - * Termination or change in employee or spouse's employment (full-time to part-time / part-time to full-time status).
 - * Change in eligibility status of a dependent (attains maximum eligibility age / meets and/or ceases to meet full-time student status qualification).
 - * Loss or curtailment in health coverage of employee or spouse due to change in spouse's employment and upon meeting a required eligibility period.
3. **New Employees must enroll in benefit elections within 30 days from their date of hire.** After 30 days, an employee will not be allowed to enroll in benefits until the next open enrollment period (unless there is a family status change).

TOLL-FREE HELP LINE AVAILABLE

In an effort to provide you exceptional customer service, there is a toll-free number to call. If you have a question concerning how your benefits work, how to file a claim, or if you need other policy information, call Financial Benefit Services, LLC at 469.385.4640 / 800.583.6908.

2010 - 2011 Benefit Summary

For information on your TRS health care plan, please contact your benefits administrator.

Medical & Dependent Care Reimbursement - MGM

p 13-24

Tax-sheltered flexible spending accounts allow an individual to set aside dollars to pay for future health care and dependent care expenses. Eligible expenses must be incurred within the current plan year (09/01/2010 - 08/31/2011). The medical reimbursement maximum is \$3,600/plan year. The dependent care reimbursement maximum is \$5,000/plan year.

A flex card option is available for participants of the Medical Reimbursement Account. The fee for the flex card is \$1.50 per month per employee. Check with your benefits administrator regarding your eligibility for the flex card benefit.

Dental Insurance - Assurant

p 25-27

New Rates - Assurant is the dental PPO provider. This is a DHA PPO dental plan that gives the participant the *freedom to choose any dentist*; however, the DHA PPO helps you to reduce your out-of-pocket cost. There is a \$50 annual deductible for Class II and Class III services and no deductible for preventative services. There is a \$1,000 annual maximum benefit per insured. There are no waiting periods for Class I and Class II services. Orthodontics are covered for children under 19 with a \$1,000 lifetime maximum.

New Districts: The 12 month waiting period for major services (Class III) is waived for employees covered under the prior carrier's dental plan.

The waiting period does apply to new hires and late entrants of all districts in the cooperative.

Vision Insurance - Superior Vision

p 28

Members pay a co-pay for in-network benefits. Out-of-network vision services are reimbursed up to a certain dollar amount for covered expenses. Exam and lenses (within plan allowance) are covered in-network with a co-pay once every 12 months. Frames (within plan allowance) are covered in-network with a co-pay once every 24 months. The plan covers contacts in lieu of glasses. The exam co-pay is \$10.00 and the materials co-pay is \$25.00. See plan summary for further information.

2010 - 2011 Benefit Summary

Disability Insurance - UNUM

p 29-37

This insurance is designed to provide a monthly income to an individual that is disabled due to an accident or illness. There are different plans available with benefits becoming available from the 1st day of disability to as late as the 180th day. Benefits can be payable to age 65 for injury and sickness if disability occurs prior to age 65. See plan brochure for further information. *Disability premiums are deducted on an after-tax basis.*

- Benefits are payable on Option 1 to age 65 for injury and sickness, if disability occurs prior to age 65.
- Benefits are payable on Option 2 to age 65 for injury and up to 5 years for sickness, if disability occurs prior to age 65.

All new or increases in coverage are subject to pre-existing condition exclusions. *Eligible employees can enroll or increase coverage for up to a \$7,500 monthly benefit, not to exceed 66 2/3 % annual salary, without providing evidence of insurability.*

Cancer Insurance - American Public Life*

p 38-39

New Rates - Cancer insurance is designed to be a supplement and pays for many of the costs not covered by your medical insurance. This plan pays in addition to other coverage you may have. The American Public Life cancer plan has 2 options available.

- Option 1 (GC) has a \$500/month Radiation/Chemo benefit, and a \$100 daily room benefit.
- Option 2 (GC-3) has a \$1,500/month Radiation/Chemo benefit, and a \$300 daily room benefit.

Both plan options include a \$2,500 Lump Sum Critical Illness benefit for Cancer or Heart/Stroke and reimburse up to \$50 per calendar year for each insured person for cancer screening tests (30 day waiting period). An optional \$600/day ICU rider is also available on both plan options. **The APL plan is guarantee issue; however, pre-existing exclusion will apply.**

***A continuation rider has been added to the APL Cancer Plan. This rider allows individuals to keep their cancer coverage at the same rate and same coverage level should they leave the district or retire.**

Accident Insurance - American Public Life

p 40-41

Accident insurance is designed to be a supplement that pays benefits directly to you. This plan has a ambulance, hospital and a physician expense benefit. Coverage is available for ages 18-64 and is portable, so it is a benefit you can choose to keep even if you change jobs or retire.

2010 - 2011 Benefit Summary

New! Identity Theft Protection - ID Watchdog

p 42-44

CBEBBC is now offering Identity Theft Protection through ID Watchdog. Monthly reporting alerts you to any identity threats or notifies you that there has been no change in the last 30 days. Full resolution services are included should your identity ever be compromised while utilizing ID Watchdog's services. ID Watchdog identity specialists will work on your behalf to resolve issues, saving you time and money. At the end of the open enrollment period, ID Watchdog will contact you via email (if available), or by letter, with instructions on activating your account. The activation process takes about two minutes and can be done online or over the phone with ID Watchdog customer service.

Term Life/AD&D Insurance - Dearborn National

p 45-46

Voluntary Life – The voluntary group term life plan with Dearborn National is an age banded rate plan that allows benefits of 5 times salary up to \$500,000 in increments of \$10,000, based on salary, for employee and spouse and increments of \$5,000 or \$10,000 for dependent children after 6 months of age. Reduction schedules will apply to employee and spouse coverage beginning at age 65. This plan is portable, which means you can choose to continue coverage to age 70 if you leave employment or retire. Employees must elect coverage on self to insure dependents.

New employees can apply on a guaranteed issue basis (no health questions asked) for up to \$220,000 for employee, up to \$50,000 for spouse and up to \$10,000 for children, based on salary; however, evidence of insurability is required for late entrants electing coverage.

Employee / Spouse with existing coverage may purchase an additional \$10,000 up to the guarantee issue amount with no evidence of insurability required.

Voluntary AD&D – Dearborn National voluntary accidental death and dismemberment benefits can be taken in \$10,000 increments. Individual or Family coverage is available. Spouse will be insured for 50% and eligible children will be insured for 10% of the *principal sum* on the insured employee. This coverage does exclude certain hazardous activities; see policy for specific information.

**Group Term life and AD&D premiums are deducted on an after-tax basis.*

Basic Life and AD&D - Dearborn National

p 45-46

Eligible employees with each school district receive Basic Life and AD&D as an employer paid benefit. Amounts are specific to district and a reduction schedule does apply (must meet actively at work requirement).

EMPLOYEE GUIDE TO ENROLLING IN BENEFITS WITH THEbenefitsHUBSM

Through THEbenefitsHUBSM, you have access to your benefits information 24 hours a day, 7 days a week, at the click of a computer key. You can access this information from anywhere that you have access to the internet... your home, office, internet cafe or any mobile internet device.

Step 1: Log On!

Go to www.CBEBC.com and click on the **ONLINE ENROLLMENT LOGIN** link. This will take you to your login screen.

Username:

Your **username** is the first 6 characters of your last name, followed by the first letter of your first name, followed by the last 4 digits of your Social Security Number.

Password:

Your **password** is your full last name, followed by the last 4 digits of your Social Security Number.

Examples:

Renee Anderson, 5551111111

User name: andersr1111 Password: anderson1111

John Doe, 987654321

User name: doej4321 Password: doe4321

Web Address: www.CBEBC.com

Username: andersr1111

Password: anderson1111

Web Address: www.CBEBC.com

Username: doej4321

Password: doe4321

Step 2: Provide your own personal and benefits information!



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

Employee Usage Agreement:


You will see this screen when you log in to the system as an employee. Be sure to take the time to read this section to ensure that you understand the terms of your “electronic signature” within THEbenefitsHUBSM. When you have reviewed and understand this information, click on **CONTINUE**.

Employee Data Entry Sections:

Personal Information: Please review current information for accuracy and enter in any new or missing information. All fields listed in **BOLD** are required. *Please enter an email address if you have one – if you ever forget your password, we can email it to you.*

Dependent Information: Please review current information for accuracy and enter in any new or missing information for each dependent (spouse, child/children). All fields listed in **BOLD** are required. *To edit a dependent’s information, click on the pencil  or click on the X  to delete a dependent. Please make sure to indicate if your child is a full-time student and/or is claimed on your tax return as this could affect their eligibility to be covered on some of the benefit plans.*

Enrollment in Benefits: Once all of your personal and dependent data is entered, you will have access to enroll *online* in the benefits for which you are eligible. Each **benefit plan type** (e.g. medical, dental, life) will appear individually for you to select the particular plan and coverage you want.

VIEW BENEFIT DESCRIPTIONS... To view a benefit description, click on the benefit plan name or on the  next to the name of the plan you would like to review. There you will find a plan summary and any available links to additional documentation or websites relevant to this plan.

VIEW PLAN COST... To quickly view a particular benefit Plan's cost to you, you may click on the circle to the left of the benefit name. Then click on the box next to each eligible family member or choose the coverage level that you are considering. Your cost will automatically show up in the box to the right of the members' names and will be updated with each member you add or remove from coverage.

VIEW TOTAL BENEFIT COST... As you select Plans, their cost will be continually added to the "Election Summary" box to the right of the Plan lists.

SELECT YOUR BENEFIT COVERAGE... After you have reviewed the Plan information and the costs of each Plan on each benefit type page:

- ☞ Click on the circle next to the appropriate plan (or next to "I waive enrollment..." at bottom of page if you do not want that type of coverage at all.)
- ☞ Click on the box next to each family member to be covered, if election made.
- ☞ If required under the Plan, enter primary provider information by clicking on the sentence at the bottom of the page. (If you don't know if one is required, click "Save & Continue" and the system will let you know if it's required.) There may be a link to the directory if available online for that Plan. If so, you will be guided to this link when you go to make your selection.

FORMS... One or more of your Benefit Plans may require a paper form to be submitted with the Insurance Carrier. If this is the case, *benefitsCONNECT*SM will prompt you to print the necessary forms at the end of your online enrollment session.

Step 3: Beneficiary Information

☞ Beneficiary Information

Choose your beneficiary (ies) for each applicable plan.

Step 4: Consolidated Enrollment Form

☞ Consolidated Enrollment Form:

This form will display all of the data from each of the sections listed above, including both your personal and enrollment information. Please review for accuracy. You may make changes to anything that is incorrect by clicking on **click here to edit** next to that item or, when you are finished with the enrollment process, you will be sent to the Employee Menu where you may make changes. (See *Employee Menu section*)

**** Required Carrier Forms ****

If your Plans' carriers require paper forms, you will be prompted to print the appropriate forms at this point. Please complete the information on the form and sign and submit to your benefits/HR department!

When you have completed your benefit selections, click the



button, and then you will be automatically routed to the employee menu screen.

EMPLOYEE MENU

Once either you or your employer has entered your benefits enrollment information in the system, you will be shown the Employee Menu upon login. The sections are as follows:



Personal information: You may access and edit information from Sections 1-5 by selecting menu items under "Personal Information." You may also see information that the Employer has provided such as certain payroll details. You may also update the **directory information**, change your **password** and track the **forms** you've printed.



Dependent information: You may access and edit information regarding your **Dependents** in this section. Make sure that you let your HR Department know of any major changes here, as they may change your eligibility status or give you the opportunity to change your enrollment in certain benefits!



benefits plan information



company communications

Benefits plan information: You may view your **enrollment** in benefits in this section. You should not be able to change benefit elections unless it is an open enrollment period for your company. See a **quick review** of all your information on the “**Consolidated Enrollment Form**”

Company communications: Items such as **forms** that are commonly used by your company, **News & Bulletins**, and other **Human Resources/ Benefits information** reside here for the employees to access at anytime from anywhere.

Navigation and Data Entry Tips...

HELP!... If you need assistance while working in **THEbenefitsHUBSM** don't hesitate to click on **help** at the upper right hand corner of the screen.

BACK AND FORTH... It is very important to try to avoid using your web browser's "back" and "forward" arrows while in the system. Use the navigation buttons in **THEbenefitsHUBSM**:



REQUIRED DATA... As noted on each screen, the **Bold** items are required for you to continue to the next page. Of course, the more information entered, the better the system will work for you; but you may skip non-bolded items if they are irrelevant or you do not wish to complete those items.

RESET... To clear all of the fields and "start over" on that particular page, click on



MOVING ON... When each page is completed, go to the bottom of the page and click on



UNABLE TO FINISH?... If you are unable to complete this process due to unavailability of data, time constraints, etc. you may simply **logout** and log in at another time. When you login again, you will be walked through the same process, but the data you entered will still be there.

"Post-Enrollment" Tips

CHANGING YOUR PASSWORD... Go to "personal information," then select "Change Password." You may do this at any time after you have completed the enrollment process.

WHAT ARE THOSE SYMBOLS? If you just "hover" your cursor/arrow on the icons, the definition of the icons will be revealed. Here are some common ones:

= Delete = Edit = Preview

LINKS... **words, names or phrases in bold red** that become underlined when you put your cursor/arrow on them, those are links that will bring you to that section or, if e-mail addresses, will create an e-mail to that person.

SCREEN NAVIGATOR... This line is at the top of your screen. You may click on the **red items** to quickly jump back to those previous screens.

administration menu ▶ select insurance providers ▶ add/edit insurance provider

Flexible Benefits Guide



MGM Benefits Group Section 125 Plan

A Section 125 Plan is a part of the Internal Revenue Code that allows employees to convert a taxable cash benefit (salary) into non-taxable benefits. You may choose to pay for benefit premiums and other qualified expenses before any taxes are deducted from your paycheck.

How the Plan Works

Under Section 125, your employers Plan may offer the option to include the premium cost for your employee benefit plans. You may pay the premiums pre-tax for your medical, dental, cancer and vision insurances. Your plan may also offer flexible spending accounts for your health care and dependent care needs.



Flexible Spending Accounts

A Flexible Spending Account (FSA) is a special account for healthcare and dependent care expenses. When you enroll in an FSA, you decide how much to contribute to each account for the entire Plan Year. This annual contribution is then deducted in equal amounts from your paycheck, before Federal & State income taxes and FICA taxes are deducted.



These “pre-taxed” funds are automatically deposited in your account through payroll deduction. Unless you have a qualifying event under Section 125 regulations, your election amount will not change during the Plan year.

FSA's

MGM Benefits Group Section 125 Plan



Using Your Flexible Spending Account

Your employer may offer one or both Flexible Spending Accounts: Health FSA and/or Dependent Care FSA. Although you can choose to participate in both accounts, funds may not be co-mingled. Expenses for these accounts must be incurred during your employer's plan year.

Expenses for the funds in your flex account must be **incurred** by the end of the plan year or they will be subject to the **"use it or lose it"** rules regulated by the Internal Revenue Service. Based on your Employer's flexible benefits plan, you have a specified date following the end of the plan year to submit your receipts for reimbursement. All funds still remaining in your account will be forfeited after this claim period ends.

Please check with the Plan Administrator at your employment to verify the last date that you may file claims for your reimbursement expenses.



Health Care *flexible spending account*

Eligible Health Expenses

The Health Care FSA is a tax-free account that allows you to pay for essential health care expenses that are not covered, or are partially covered, by your medical, dental and vision insurance plans.

These expenses may be incurred by you or your eligible dependents. Expenses include deductibles, co-insurance payments, office co-pays, orthodontics, glasses and contacts. The item must not be used for general health or cosmetic purposes. Once enrolled in FSA's the money is available to you on the first day of the plan. You must spend the funds by the end of the plan year or they will be forfeited from your account.



Orthodontic Expenses



IRS stipulates how orthodontic expenses can be reimbursed in a health care FSA. You should carefully plan when deciding on your annual election if it includes orthodontic expenses.

Special planning should be considered if you are planning to take advantage of an up-front discount payment. Please remember, services must be performed and incurred within the current plan year. Reimbursement of a lump sum payment to a dentist may not be eligible if any of the services will be performed in a subsequent plan year.

Health Care *flexible spending account*

Eligible Health Care Expenses



Partial List of Medically Necessary Items



Non-eligible items

Cosmetic surgery/Procedures
Dietary supplements (*vitamins*)
Electrolysis
Exercise or health club memberships
Insurance premiums
Personal care items
Physical therapy for general well being
Smoking cessation programs
Teeth whitening/Bleaching
Weight reduction (*fees, programs & food*)

Dental Services

Crowns & Bridges
Dentures
Exams/Teeth cleaning
Extractions
Fillings
Implants
Oral surgery
Orthodontia/Braces

Insurance

Co-pays
Deductibles
Medications
Contraceptives
Drugs (*prescriptions*)
Insulin treatment
Over-the-Counter items
Smoking cessation products

Laboratory Fees & Tests

Blood tests & transfusions
Diagnostic tests/health screenings
Lab fees
X-rays

Medical Equipment & Supplies

Ambulance service
Crutches
Guide dog
Hearing aids and batteries

Oxygen equipment

Prosthesis

Wheelchair

Medical Services & Providers

Acupuncture
Anesthetist
Chiropractic care
Hospital services
Immunizations & Vaccinations
Injections and vaccinations
Nursing Services
Physical therapy
Operating room fees
Optometrist/Ophthalmologist fees
Organ transplant
Specialty physicians & surgeons
Sterilization
Surgery
Transportation to medical care
Transplants

Obstetric Services

OB/GYN Exams & treatment
OB/GYN Prepaid Maternity fees

Vision Services

Contact lenses (*corrective*) & supplies
Eye exams
Eyeglasses & Sunglasses (*corrective*)
Laser eye surgery

Some items may require the submission of a Doctor's certification stating the nature of medical condition and required treatment

Health *flexible spending account*

Over-the-Counter Items



The IRS allows that some over the counter (OTC) drugs and medications which are used to treat sickness may be reimbursed by Health Care Flexible Spending Accounts.

Eligible expenses include medicines or products that alleviate or treat personal injuries or illness for you and your dependents. For most OTC's, you are not required to provide a statement from a medical provider or indicate a diagnosis in order to receive reimbursement.

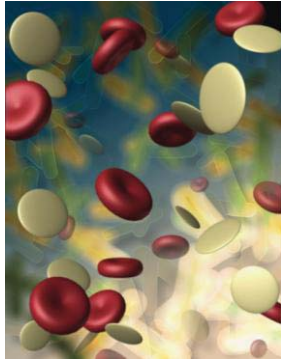
Receipts for reimbursement must state the place of purchase, date, amount, item name, and can be claimed within reasonable quantities. We recommend that you retain copies of all OTC receipts for your records.

There are some medical items that may not be allowed unless you are diagnosed by a medical professional for a specific medical condition. Treatment for eligible expenses cannot be for preventative purposes.

Items purchased for personal care are not eligible for reimbursement. For example, toothpaste, vitamins, supplements and herbal remedies, and other items used for personal hygiene cannot be claimed for reimbursement.

Health Care *flexible spending account*

Over The Counter Items



Non-eligible items

Cosmetics
Toiletries
Personal hygiene/care items
Items used to promote general health
& well being
Weight loss drugs

Partial List of OTC's

Allergy

Antihistamines
Nasal sprays

Antacids

Heartburn medicines

Cold Remedies

Cough drops
Decongestants
Nasal strips
Nasal sprays
Sinus Medications
Throat lozenges

Pain Relief

Bug bite medication
Fever reducers
First aid creams (*diaper, fever*)
Products for pain & cramp relief
Products for muscle or joint pain
Special ointments or sunburn
Topical creams

Other Items for Medical Care

Anti-diarrheas
Anti-fungals
Antibiotics
Asthma medications
Bandages, gauze, rubbing alcohol
Carpal tunnel wrist
Cold/hot packs for
Contact lens drops & cleaning
Eye products (reading)
First aid kits
Hemorrhoid treatments
Laxatives
Motion sickness treatments
Smoking cessation products
Thermometers
Wart removers



Dependent Care *flexible spending account*

Eligible DCAP Expenses



The Dependent Care Assistance account allows you to pay for “*employment related expenses*” that enable you and your spouse to be gainfully employed, seek employment, and/or be a fulltime student. In general, expenses must be for the “care” of a qualifying individual. Reimbursement may also include eligible expenses for children or elder dependents that rely on you for their care.

Some examples of eligible expenses include:

- ▶ care in and outside the home
- ▶ child-care/dependent care centers
- ▶ before and after school care
- ▶ nursery school and preschool expenses
- ▶ preschool tuition
- ▶ day care camps and facilities (*only for “care” and not primarily for educational purposes*)

Expenses for services provided outside the employee’s home by a dependent care centers must comply with state and local laws. Your care provider must report day care income on their taxes to be considered as eligible.

Dependent Care FSA must be for children under 13 years of age, unless they meet the qualifications of physically or mentally incapable of self-care.

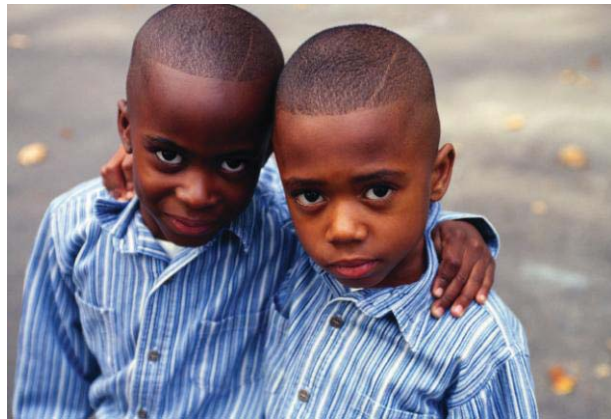


Dependent Care *flexible spending account*

Ineligible Expenses

The following items are examples of expenses that are generally considered as ineligible for reimbursement under a Dependent Care FSA:

- ▶ Educational expenses, except where an eligible child is in preschool or nursery school
- ▶ Field trips, clothing
- ▶ Late payment or finance charges
- ▶ Payments for lessons
- ▶ Tuition expenses
- ▶ Overnight camps
- ▶ Kindergarten expenses



DCAP Reimbursements

The total amount you choose to contribute should be based on your expected child and/or dependent care expenses during the plan year. A single parent, or employee that is married but filing separately is limited to \$2,500 for the Plan year. If your spouse has a dependent care account through their employment, the two accounts cannot exceed \$5,000 during a given plan year.

IRS guidelines require that the amount reimbursed to a participant must first be on deposit in their account. When your employer submits payroll funds to MGM Benefits Group, they are credited to your dependent care account. When a claim is filed for reimbursement, we first verify that there are adequate funds in the account to pay the entire claim. When sufficient funds are not available, participants are issued the maximum amount available in their account. The remainder of the reimbursement request is paid when additional funds are received through payroll deposits.

Participant Portal *website account*

Website Access

Our new MGM Flex system offers participants the ability to manage their own account information. On our new site, you can:

- ▶ Create your own password
- ▶ Access your account information by provider name, date and amount
- ▶ File your claims online
- ▶ Create your own direct deposit accounts

Once your enrollment in the Section 125 has been processed, you will receive an enrollment confirmation, along with an attached document entitled “Next Steps”. Download this document from your email for instructions on setting up your participant portal and to access account options.

Follow these steps to create your Participant Portal:

1. Open your web browser (e.g. MS Explorer) and go to the following website:

<http://mgmflex.com>

2. Click on the participants Login. Both the username and password were sent to you via email with your enrollment confirmation.
3. The login for your username is:
 - ▶ The first initial of your first name
 - ▶ Your last name
 - ▶ The last 4 digits of your social security number

Example username: jdoe9999
(Be sure and not use spaces or commas)

4. The password is your last name and the last four digits of your social security number
Example password: doe9999

You will be prompted to create your own password (6 to 20 upper and lower characters with at least one number). If you forget or lose your password, you will need to reset it through the system. Please *be sure to record your password as MGM does not have access. If your password is lost or forgotten, you will need to re-set it on your participant portal.*

How to File Claims

You Have Options!

You may file your claims by one of the following methods:

- 1. If your employer offers the MGM Flex Visa Card:** you may use your Card at the point of purchase towards qualified expenses. ***Be sure to keep your receipts!*** You may be required to submit them as proof of plan eligibility!
- 2. Online Claim Filing:** File your claims online via our participant portal website. Instructions were attached to your enrollment confirmation on the “Next Steps” document. Be sure to submit receipts when filing claims online by fax or mail. *If you do not submit your claims and receipts after filing online, you will be sent a reminder to submit the information. Claims will be denied after a period of 14 consecutive days.*
- 3. Paper Claim Filing:** You may also file claims using the paper form(s) available on the website under the “Forms” tab, and attach required receipts according to IRS rules.

Reminders:

Health Care Flexible Spending Claims:

- ▶ Your account balance is available for use on the first day of the plan year
- ▶ Funds remaining in your account that have not been spent, will be subject to the ***“use it or lose it rules”***
- ▶ Based on your Employer’s Plan rules, you will have a specified time period following the last day of your plan year to request reimbursement for expenses incurred, but not claimed, during the plan year
- ▶ Some health care items may be eligible **only** if you are diagnosed by a medical professional for a specified medical condition. For these expenses, you will be asked to provide a copy of diagnosis and treatment from your physician.

No matter which option that you may choose for claim reimbursement, always be sure to keep your receipts.

Dependent Care Flexible Spending Claims:

- ▶ The MGM Flex Card does not accept charges for dependent care related expenses
- ▶ Claims may be filed by Paper or “Manual” claims or online through the Participant Portal website
- ▶ Funds must be available in dependent care accounts prior to reimbursement. IRS regulations do not allow pre-funding of DCAP accounts.

Introducing . . . *the MGM Visa Card*

The MGM Flex Card

The MGM Flex Card makes using your Health FSA quick and easy. Just swipe it as payment for your eligible expenses and the funds are automatically deducted from your account



If your Employer offers the MGM Flex Card, it is an automatic way to pay for qualified health care expenses. It is not a credit card, but can be used to pay for your eligible health flexible spending account (FSA) purchases. The card is similar to a Visa Card, and the value of the participant's annual contribution is loaded on it. The amount of the qualified purchases will be automatically deducted from the account.

The Card may be used for eligible flexible spending account (FSA) expenses as determined by Section 213(d) of the Internal Revenue code. You may use the Card for co-pays at hospitals, physician offices, dental offices, vision service locations and pharmacies, wherever they accept MasterCard® or Visa® debit cards for purchases. *Only eligible expenses that have been incurred during the current plan year and/or grace period can be claimed as eligible expenses.*

Over the counter products (OTC's) are eligible to purchase with the Card, but the items must be used for treating symptoms of injury and illness. Examples include: cold and allergy remedies, first aid supplies, pain remedies, etc. Personal care items are not eligible for Card use.

Here's how it works:

- Take your purchases to the register
- Present your MGM Flex Card for payment and select the option for "credit"
- The system will identify eligible card purchase (prescriptions and OTC's)
- Pay for your non-eligible items separately with another form of payment
- If the purchase is approved, the amount will be deducted from your card account balance.

You can also fill in your Card number on health related bills received from providers to pay on your account balance. ***The card cannot be used to pay expenses that were incurred prior to your current Section 125 Plan year.***

Be sure and save all receipts for purchases made with the MGM Flex Card

Manual Claim Filing

Claim forms for Health flexible spending accounts and Dependent Care flexible spending accounts may be downloaded from the participant portal. Click the Forms tab and choose the applicable form for your expense.

- Complete the correct reimbursement claim form
- Submit an Explanation of Benefits (EOB) or your eligible receipts
- Make copies of your receipts and EOB
- Do not send your original receipts, but retain originals for your records
- An eligible receipt will have the following:
 - Provider name
 - Date of service
 - Description of service
 - Payment amount
 - Sales receipts with totals “only” are not acceptable based on IRS guidelines



- Submit your claim form and receipts by fax or mail to the address on the form
- Paper claims are processed and checks issued within 72 hours (on business days) after receipt of claims

Dependent Care Claims:

Dependent Care claims will only be reimbursed based on the funds available in the participant's account. Claims will not be pre-funded. For claims submitted that exceed the account balance, funds will be reimbursed as they are deposited to the account.

**DENTAL DESCRIPTION OF BENEFITS – High Plan
Coastal Bend Insurance Cooperative**

Please take this information to the dentist, along with your ID card

Group Number: 5,345,604

CALENDAR YEAR DEDUCTIBLE (APPLIES TO CLASS II & III)

Individual \$50
Family 3 individuals

CALENDAR YEAR MAXIMUM BENEFIT (APPLIES TO CLASS I, II & III)

Each Eligible Family Member \$1,000

ORTHODONTIA (APPLIES TO CHILD ONLY)

Deductible \$0
Lifetime Maximum \$1,000

	CLASS I	CLASS II	CLASS III	CLASS IV
	DIAGNOSTIC & PREVENTIVE	BASIC RESTORATIVE	MAJOR RESTORATIVE	ORTHODONTIA
Coinsurance:	100%	80%	50%**	50%**
Description of Services: ***	Oral evaluations, routine cleanings, fluoride treatments, sealants, bitewing X-rays, intraoral complete series X-rays or panoramic film	Intraoral periapical X-rays, fillings, extractions, periodontics, root canal therapy	Crowns, dentures, fixed bridges, space maintainers, general anesthesia and intravenous sedation	Orthodontic extractions, full or partial bands, appliances (removable and fixed)

** A 12-month wait for new hires only

*** Routine cleanings, exams, fluoride treatments – 1 in any 6 months. Periodontal maintenance procedure (Class II) – 1 in any 3 months when combined with routine cleanings. Total number of combined periodontal maintenance procedures and routine cleanings not to exceed 4 in any 12 months.

Pre-Determination: If the charge for any dental treatment is expected to exceed \$300, Assurant Employee Benefits recommends a dental treatment plan be submitted to claims for review before treatment begins.

LOCAL OFFICE:

Assurant Employee Benefits
16775 Addison Road, Suite 500
Addison, TX 75001

T 214.258.1020 800.442.0911 F 214.258.1100

CLAIMS/CUSTOMER SERVICE:

Assurant Employee Benefits
PO Box 2940
Clinton, IA 52733
800.442.7742
Electronic Claims: Payor 70408

Employee Only \$24.10

Employee & Spouse \$46.33

Employee & Child(ren) \$47.61

Employee & Family \$69.84

This sheet is intended as a summary of benefits for a non-voluntary dental plan. Please consult your certificate booklet for complete coverage details.

**DENTAL DESCRIPTION OF BENEFITS – Low Plan
Coastal Bend Insurance Cooperative**

Please take this information to the dentist, along with your ID card

Group Number: 5,345,604

CALENDAR YEAR DEDUCTIBLE (APPLIES TO CLASS II & III)

Individual \$50
Family 3 individuals

CALENDAR YEAR MAXIMUM BENEFIT (APPLIES TO CLASS I, II & III)

Each Eligible Family Member \$1,000

ORTHODONTIA (APPLIES TO CHILD ONLY)

Deductible \$0
Lifetime Maximum \$1,000

	CLASS I	CLASS II	CLASS III	CLASS IV
	DIAGNOSTIC & PREVENTIVE	BASIC RESTORATIVE	MAJOR RESTORATIVE	ORTHODONTIA
Coinsurance:	80%	50%	25%**	50%**
Description of Services: ***	Oral evaluations, routine cleanings, fluoride treatments, sealants, bitewing X-rays, intraoral complete series X-rays or panoramic film	Intraoral periapical X-rays, fillings	Crowns, dentures, fixed bridges, space maintainers, extractions, periodontics, root canal therapy, general anesthesia and intravenous sedation	Orthodontic extractions, full or partial bands, appliances (removable and fixed)

** A 12-month wait for new hires only

*** Routine cleanings, exams, fluoride treatments – 1 in any 6 months. Periodontal maintenance procedure (Class III) – 1 in any 3 months when combined with routine cleanings. Total number of combined periodontal maintenance procedures and routine cleanings not to exceed 4 in any 12 months.

Pre-Determination: If the charge for any dental treatment is expected to exceed \$300, Assurant Employee Benefits recommends a dental treatment plan be submitted to claims for review before treatment begins.

LOCAL OFFICE:

Assurant Employee Benefits
16775 Addison Road, Suite 500
Addison, TX 75001

T 214.258.1020 800.442.0911 F 214.258.1100

CLAIMS/CUSTOMER SERVICE:

Assurant Employee Benefits
PO Box 2940
Clinton, IA 52733
800.442.7742
Electronic Claims: Payor 70408

Employee Only \$13.82
Employee & Spouse \$27.63
Employee & Child(ren) \$30.36
Employee & Family \$44.17

This sheet is intended as a summary of benefits for a non-voluntary dental plan. Please consult your certificate booklet for complete coverage details.

DENTAL DESCRIPTION OF BENEFITS
Coastal Bend Insurance Cooperative

FREQUENTLY ASKED
DENTAL ENROLLMENT QUESTIONS

QUESTION: What are my deductibles?

ANSWER: Your plan has a \$50 per person deductible; the family deductible is satisfied when 3 family members meet their \$50 per person deductible. The deductible is waived for Preventive services. Your Orthodontia coverage has no deductible.

QUESTION: Can I see my own dentist?

ANSWER: Yes, this plan allows you to see any dentist you want. However, the DHA[®] PPO helps you to reduce your out-of-pocket cost. If your dentist is not currently a DHA[®] provider, you can nominate your dentist for membership by calling toll-free 800.442.7742.

QUESTION: What is DHA[®]?

ANSWER: Dental Health Alliance[®] L.L.C., or DHA[®], is a national dental Preferred Provider Organization (PPO) owned and operated by Union Security Insurance Company and Assurant, Inc. DHA[®] PPO dentists will discount services not covered by this plan.

QUESTION: How do I locate a PPO provider?

ANSWER: To locate a DHA[®] PPO provider in your area, contact DHA[®] at 800.442.7742. A service representative can confirm whether your current dentist is a DHA[®] PPO panel member, help you nominate your dentist for DHA[®] membership, or refer you to DHA[®] PPO providers in your area. You can nominate your dentist or receive a referral through the DHA[®] website at www.dha.com. To simply locate a dentist, the DHA[®] PPO provider directory can be a valuable resource.

QUESTION: I was covered by my employer's prior plan. Do I have any waiting periods?

ANSWER: If you were covered under the prior carrier's dental plan, you do not have a waiting period for Class III Major services or Class IV Orthodontia services if you enroll within 31 days of becoming eligible for this plan.

QUESTION: When I visit the dentist, do I have to fill out a claim form?

ANSWER: No. Claim forms are available, but they are *not* required. Assurant Employee Benefits will accept a dentist's invoice of services in lieu of a claim form. You will, however, need to provide your dentist with your group number and your social security number, which serve as your identification for all claims.

QUESTION: Who is a Late Entrant?

ANSWER: A "Late Entrant" is anyone who enrolls in this dental plan more than 31 days after becoming eligible for the plan. Late Entrants may be subject to additional waiting periods for Class II Basic, Class III Major, and Class IV Orthodontia services, so there is an advantage to being a "Timely Entrant" who enrolls in the plan within 31 days of becoming eligible.

QUESTION: Who are eligible dependents?

ANSWER: Those qualified to be covered under your dental plan include your spouse and unmarried children less than age 25. Unmarried grandchildren who, for Federal income tax purposes, are your dependents at the time of application will also be included as dependents for insurance coverage. State variations, limitations, and exclusions may apply.

The insurance policy or policies described in this document are underwritten by Union Security Insurance Company, a subsidiary of Assurant, Inc. Assurant Employee Benefits, a business unit of Assurant, Inc., markets life, disability and dental benefits plans as well as related products and services.

This sheet is intended as a summary of benefits for a non-voluntary dental plan. Please consult your certificate booklet for complete coverage details.



Presenting the Superior Vision Plan Provided through
Coastal Bend Coop

Outline of Benefits

Monthly Rates:	Employee Only	\$6.98
	Employee and Spouse	\$13.86
	Employee and Child(ren)	\$13.58
	Employee and Family	\$20.66

Co-payment:	\$10 Exam
	\$25 Materials
	\$25 Contact Lens Fitting Exam Fee

In-network co-pay: Paid to the in-network provider.
Out-of-network co-pay: Will be deducted from the out-of-network allowance at the time of reimbursement.
Materials co-pay: Applies to lenses and/or frames, not contact lenses.

	In-Network	Out-of-Network
Comprehensive Exam Ophthalmologist (MD)	Covered in Full	Up to \$42
Comprehensive Exam Optometrist (OD)	Covered in Full	Up to \$37
Standard Lenses:		
Single Vision	Covered in Full	Up to \$32
Bifocal	Covered in Full	Up to \$46
Trifocal	Covered in Full	Up to \$61
Lenticular	Covered in Full	Up to \$84
Contact Lenses:*		
Medically Necessary	Covered in Full	Up to \$210
Cosmetic-Elective**	Up to \$120	Up to \$100
Standard Contact Lens Fitting Exam Fee***	Covered in Full	Not Covered
Specialty Contact Lens Fitting Exam Fee***	Up to \$50	Not Covered
Frames-Standard**	Up to \$125	Up to \$68

* Contact lenses are in lieu of eyeglass lenses and frames benefit.
 **The insured is responsible for paying any charges in excess of this allowance.
 ***Standard contact lens fitting fee applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only. The specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multi-focal lenses. For the specialty fit, the member is responsible for any charges over \$50.

Plan Frequency

Comprehensive Exam	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

Note: This is only a summary of the benefit plan. You may review and/or obtain a copy of the certificate of coverage by contacting your Human Resources/Employee Benefits office.

Discount SVP8-20

These discounts apply to upgrades on the covered frame and lenses only. For discounts on additional pairs, please refer to the Discounts on Additional Purchases.

Frames 20% off the difference between the covered frame allowance and the retail price of the selected frame.
 Note: Discounts do not apply when prohibited by the manufacturer.

Add-ons to the covered pair of lenses

Lens Options and Upgrades Member pays 20% off retail up to

- Scratch Coat (Factory) \$13_(Single Vision & Standard Lined Multifocal Lenses)
- Ultraviolet Coat \$15_(Single Vision & Standard Lined Multifocal Lenses)
- Standard Anti-Reflective Coat* \$50_(Single Vision & Standard Lined Multifocal Lenses)
- High Index 1.6* \$55_(Single Vision Lenses Only)
- Polycarbonate \$40_(Single Vision Lenses Only)
- Standard Photochromic \$80_(Single Vision Lenses Only)
- Plastic Tints solid or gradient \$25_(Any Type Lenses)
- Glass coloring \$35_(Any Type Lenses)

Member pays

- Power over 4.00 Sphere, 2.00D Cylinder & 5.00D Prism 20% discount off retail
- Cosmetic Finishing, Beveling, Edging & Mounting 20% discount off retail
- All other Lens Options/Upgrades 20% discount off retail

* Higher end or brand name lens upgrades are at an additional expense to the member. You may apply the maximum out of pocket expense toward the upgraded lens retail cost and the member is responsible for the difference less 20%.

Progressive Power Lens Benefit (no-line): The member pays the difference between the provider's price for Standard Trifocal lenses and the price of the progressive power lenses selected, less 20%.

View your benefits and provider listings at www.superiorvision.com.

Contact lenses can be purchased on-line and delivered directly to your door. Visit www.svcontacts.com for more information.

For assistance with using your plan, please contact Customer Service at (800) 507-3800.

Discounts on Additional Purchases			
Prescription eyeglass lenses	30% off retail	All other prescription materials	20% off retail
Add-on charges to basic lenses	20% off retail	Eyeglass frames	30% off retail
Contact lenses (except disposables)	20% off retail	Everyday "frame and lens" package pricing"	20% off retail
Disposable contact lenses	10% off retail		

Discounts are provided by Superior Vision contracted providers identified in the provider directory with a "DP".

Refractive Surgery Discounts & Cosmetic Eyelid Surgery Discounts are available: Superior Vision Services has a nationwide network of refractive surgeons who specialize in the popular elective procedures of radial keratotomy (RK), photo-refractive keratotomy (PRK) and LASIK. These providers offer Superior Vision Plan members a 20% discount off their usual and customary surgical fees for these procedures. Ophthalmic plastic surgeons are also contracted to provide the procedure of blephoroplasty (cosmetic eyelid surgery) to Superior Vision Plan members on the same discount basis.



Coastal Bend Employee Benefits Cooperative

Please read carefully the following description of your Unum Educator Select Income Protection Plan insurance.

Your Plan

Eligibility

You are eligible for disability coverage if you are an active employee in the United States working a minimum of 20 hours per week. The date you are eligible for coverage is the later of: the plan effective date; or the day after you complete the waiting period.

Guarantee Issue

Current Employees: Coverage is available to you without answering any medical questions or providing evidence of insurability. You may enroll on or before the enrollment deadline. After the initial enrollment period, you can apply only during an annual enrollment period.

Newly Hired Employees: Coverage is available to you without answering any medical questions or providing evidence of insurability. You may apply for coverage within 60 days after your eligibility date. If you do not apply within 60 days after your eligibility date, you can apply only during an annual enrollment period.

Benefits are subject to the pre-existing condition exclusion referenced later in this document.

Please see your Plan Administrator for your eligibility date.

Benefit Amount

You may purchase a monthly benefit in \$100 units, starting at a minimum of \$200, up to 66 2/3% of your monthly earnings rounded to the nearest \$100, but not to exceed a monthly maximum benefit of \$7,500. Please see your Plan Administrator for the definition of monthly earnings.

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings unless the excess amount is payable as a Cost of Living Adjustment. However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings (unless the excess amount is payable as a Cost of Living Adjustment).

Elimination Period

The Elimination Period is the length of time of continuous disability, due to sickness or injury, which must be satisfied before you are eligible to receive benefits.

You may choose an Elimination Period (injury/sickness) of 0/7, 14/14, 30/30, 60/60, 90/90 or 180/180 days.

If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement. Inpatient means that you are confined to a hospital room due to your sickness or injury for 23 or more consecutive hours. (Applies to Elimination Periods of 30 days or less.)

Benefit Duration

Your duration of benefits is based on your age when the disability occurs.

Plan: ADEA II: Your duration of benefits is based on the following table:

<u>Age at Disability</u>	<u>Maximum Duration of Benefits</u>
Less than age 60	To age 65, but not less than 5 years
Age 60 through 64	5 years
Age 65 through 69	To age 70, but not less than 1 year
Age 70 and over	1 year

Federal Income Taxation

The taxability of benefits depends on how premium was taxed during the plan year in which you become disabled. If you paid 100% of the premium for the plan year with **post-tax** dollars, your benefits **will not** be taxed. If premium for the plan year is paid with **pre-tax** dollars, your benefits **will** be taxed. If premium for the plan year is paid partially with post-tax dollars and partially with pre-tax dollars, or if you and your Employer share in the cost, then a portion of your benefits will be taxed.

Additional Benefits

***Work/Life Balance
Employee Assistance
Program¹***

Work-life balance is a comprehensive resource providing access to professional assistance for a wide range of personal and work-related issues. The service is available to you and your family members twenty-four hours a day, 365 days a year, and provides resources to help employees find solutions to everyday issues such as financing a car or selecting child care, as well as more serious problems such as alcohol or drug addiction, divorce, or relationship problems.

Services include: toll-free phone access to master's-level consultants, up to three face-to-face sessions to help with more serious issues; and online resources. There is no additional charge for utilizing the program. Participation is confidential and strictly voluntary, and employees do not have to have filed a disability claim or be receiving benefits to use the program.

However, if you become disabled and are receiving benefits, Unum's On Claim Support can provide additional resources including: coaching on how to communicate effectively with medical personnel, conducting consumer research for medical equipment and supplies, assessing emotional needs and locating counseling resources.

***Return to Work/
Work Incentive Benefit***

Unum supports efforts that enable a disabled employee to remain on the job or return to work as soon as possible. If you are disabled but working part time with monthly disability earnings of 20% or more of your indexed monthly earnings, during the first 12 months, the monthly benefit will not be reduced by any earnings until the gross disability payment plus your disability earnings, exceeds 100% of your indexed monthly earnings. The monthly benefit will then be reduced by that amount.

Rehabilitation and Return to Work Assistance

Unum has a vocational Rehabilitation and Return to Work Assistance program available to assist you in returning to work. We will make the final determination of your eligibility for participation in the program, and will provide you with a written Rehabilitation and Return to Work Assistance plan developed specifically for you. This program may include, but is not limited to the following benefits:

- coordination with your Employer to assist your return to work;
- adaptive equipment or job accommodations to allow you to work;
- vocational evaluation to determine how your disability may impact your employment options;
- job placement services;
- resume preparation;
- job seeking skills training; or
- education and retraining expenses for a new occupation.

If you are participating in a Rehabilitation and Return to Work Assistance program, we will also pay an additional disability benefit of 10% of your gross disability payment to a maximum of \$1,000 per month. In addition, we will make monthly payments to you for 3 months following the date your disability ends, if we determine you are no longer disabled while:

- you are participating in a Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

(This benefit is not allowed in New Jersey.)

Worksite Modification

If a worksite modification will enable you to remain at work or return to work, a designated Unum professional will assist in identifying what's needed. A written agreement must be signed by you, your employer and Unum, and we will reimburse your employer for the greater of \$1,000 or the equivalent of two months of your disability benefit.

Waiver of Premium

After you have received disability payments under the plan for 90 consecutive days, from that point forward you will not be required to pay premiums as long as you are receiving disability benefits.

Survivor Benefit

Unum will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment.

This benefit will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to receive payments under the plan. If you have no eligible survivors, payment will be made to your estate, unless there is none. In that case, no payment will be made. However, we will first apply the survivor benefit to any overpayment which may exist on your claim.

You may receive your survivor benefit prior to your death if you are receiving monthly payments and your physician certifies in writing that you have been diagnosed as terminally ill and your life expectancy has been reduced to less than 12 months. This benefit is only payable once and if you elect to receive this benefit, no survivor benefit will be payable to your eligible survivor upon your death. (Note this “Accelerated Survivor Benefit” is not available in Connecticut.)

Dependent Care Expense Benefit

If you are disabled and participating in Unum’s Rehabilitation and Return to Work Assistance program, Unum will pay a Dependent Care Expense Benefit when you are disabled and you provide satisfactory proof that you:

- are incurring expenses to provide care for a child under the age of 15;
- and/or start incurring expenses to provide care for a child age 15 or older or a family member who needs personal care assistance.

The payment will be \$350 per month per dependent, to a maximum of \$1,000 per month for all dependent care expenses combined.

Education Benefit

If you are disabled and receiving monthly disability benefits, you may receive an additional monthly Education Benefit of \$200 for each child who is an *eligible student*. Benefits will be payable in between terms provided the eligible student is enrolled for the next scheduled term.

Eligible student means your unmarried dependent child(ren) who are:

- less than 25 years of age; and
- attending an accredited post-secondary school beyond the 12th grade level on a **full-time** basis.

**Worldwide
Emergency Travel
Assistance Services²**

Whether your travel is for business or pleasure, our worldwide emergency travel assistance program is there to help you when an unexpected emergency occurs. With one phone call anytime of the day or night, you, your spouse and dependent children can get immediate assistance anywhere in the world³. Emergency travel assistance is available to you when you travel to any foreign country, including neighboring Canada or Mexico. It is also available anywhere in the United States for those traveling more than 100 miles from home. Your spouse and dependent children do not have to be traveling with you to be eligible. However, spouses traveling on business for their employer are not covered by this program.

Other Important Provisions

Pre-existing Condition Exclusion

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from a pre-existing condition. You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and
- the disability begins in the first 12 months after your effective date of coverage.

Definition of Disability

You are disabled when Unum determines that:

- you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury;
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury; and
- during the elimination period you are unable to perform any of the material and substantial duties of your regular occupation.

After benefits have been paid for 24 months, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

Gainful Occupation

Gainful occupation means an occupation that is or can be expected to provide you with an income within 12 months of your return to work, that exceeds 80% of your indexed monthly earnings if you are working or 60% of your indexed monthly earnings if you are not working.

Benefit Integration

Your disability benefit will be reduced by deductible sources of income and any earnings you have while disabled. Your gross disability payment will be reduced immediately by such items as disability income or other amounts you receive or are entitled to receive from workers compensation or similar occupational benefit laws, sabbatical or assault leave plans and the amount of earnings you receive from an extended sick leave plan as described in Louisiana Revised Statutes or any other act or law with similar intent.

After you have received monthly disability payments for 6 months, your gross disability payment will be reduced by such items as additional deductible sources of income you receive or are entitled to receive under: state compulsory benefit laws; automobile liability insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Regardless of deductible sources of income, an employee who qualifies for disability benefits is guaranteed to receive a minimum benefit amount of the greater of \$100 or 10% of the gross disability payment.

Mental Illness/Self-Reported Symptoms

The lifetime cumulative maximum benefit period for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments would continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Instances When Benefits Would Not Be Paid

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- intentionally self-inflicted injuries;
- active participation in a riot;
- commission of a crime for which you have been convicted;
- loss of professional license, occupational license or certification;
- pre-existing conditions (see definition).

Unum will not cover a disability due to war, declared or undeclared, or any act of war.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

Termination of Coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The later of the last day you are in active employment except as provided under the covered layoff or leave of absence provision; or if applicable, the last day of your contract with your Employer but not beyond the end of your Employer's current school contract year.

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

Next Steps

***How to Apply/
Effective Date of Coverage***

Current employees: To apply for coverage, complete your enrollment form by the enrollment deadline. Your effective date of coverage is 9/1.

Newly Hired Employees: To apply for coverage, complete your enrollment form within 60 days of your eligibility date. Please see your Plan Administrator for your effective date.

If you do not enroll during the initial enrollment period, you may apply only during an annual enrollment.

Delayed Effective Date of Coverage

If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will not take effect until you return to active employment. Please contact your Plan Administrator after you return to active employment for when your coverage will begin.

Questions

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

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

^{1,2} Work-life balance employee assistance program and On-Claim Support services are provided by Ceridian Corporation. Worldwide emergency travel assistance services are provided by Assist America, Inc. Services are available with selected Unum insurance offerings. Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. The services are not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details.

³ All Worldwide emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

Underwritten by: **Unum Life Insurance Company of America** 2211 Congress Street, Portland, Maine 04122, www.unum.com

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COASTAL BEND INSURANCE COOPERATIVE

*Costs below are based on a **Monthly** payroll deduction
(Employer billing mode is based on **12 Payments** per year)*

Product: Educator Select Income Protection Plan			Plan A					
			ADEA II Duration of Benefits					
			Elimination Period (Days)					
Injury (Days)			0*	14*	30*	60	90	180
Sickness (Days)			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
3600	300	200	7.30	6.18	5.36	4.38	2.52	1.80
5400	450	300	10.95	9.27	8.04	6.57	3.78	2.70
7200	600	400	14.60	12.36	10.72	8.76	5.04	3.60
9000	750	500	18.25	15.45	13.40	10.95	6.30	4.50
10800	900	600	21.90	18.54	16.08	13.14	7.56	5.40
12600	1050	700	25.55	21.63	18.76	15.33	8.82	6.30
14400	1200	800	29.20	24.72	21.44	17.52	10.08	7.20
16200	1350	900	32.85	27.81	24.12	19.71	11.34	8.10
18000	1500	1000	36.50	30.90	26.80	21.90	12.60	9.00
19800	1650	1100	40.15	33.99	29.48	24.09	13.86	9.90
21600	1800	1200	43.80	37.08	32.16	26.28	15.12	10.80
23400	1950	1300	47.45	40.17	34.84	28.47	16.38	11.70
25200	2100	1400	51.10	43.26	37.52	30.66	17.64	12.60
27000	2250	1500	54.75	46.35	40.20	32.85	18.90	13.50
28800	2400	1600	58.40	49.44	42.88	35.04	20.16	14.40
30600	2550	1700	62.05	52.53	45.56	37.23	21.42	15.30
32400	2700	1800	65.70	55.62	48.24	39.42	22.68	16.20
34200	2850	1900	69.35	58.71	50.92	41.61	23.94	17.10
36000	3000	2000	73.00	61.80	53.60	43.80	25.20	18.00
37800	3150	2100	76.65	64.89	56.28	45.99	26.46	18.90
39600	3300	2200	80.30	67.98	58.96	48.18	27.72	19.80
41400	3450	2300	83.95	71.07	61.64	50.37	28.98	20.70
43200	3600	2400	87.60	74.16	64.32	52.56	30.24	21.60
45000	3750	2500	91.25	77.25	67.00	54.75	31.50	22.50
46800	3900	2600	94.90	80.34	69.68	56.94	32.76	23.40
48600	4050	2700	98.55	83.43	72.36	59.13	34.02	24.30
50400	4200	2800	102.20	86.52	75.04	61.32	35.28	25.20
52200	4350	2900	105.85	89.61	77.72	63.51	36.54	26.10
54000	4500	3000	109.50	92.70	80.40	65.70	37.80	27.00
55800	4650	3100	113.15	95.79	83.08	67.89	39.06	27.90
57600	4800	3200	116.80	98.88	85.76	70.08	40.32	28.80
59400	4950	3300	120.45	101.97	88.44	72.27	41.58	29.70
61200	5100	3400	124.10	105.06	91.12	74.46	42.84	30.60
63000	5250	3500	127.75	108.15	93.80	76.65	44.10	31.50
64800	5400	3600	131.40	111.24	96.48	78.84	45.36	32.40
66600	5550	3700	135.05	114.33	99.16	81.03	46.62	33.30
68400	5700	3800	138.70	117.42	101.84	83.22	47.88	34.20
70200	5850	3900	142.35	120.51	104.52	85.41	49.14	35.10
72000	6000	4000	146.00	123.60	107.20	87.60	50.40	36.00
73800	6150	4100	149.65	126.69	109.88	89.79	51.66	36.90
75600	6300	4200	153.30	129.78	112.56	91.98	52.92	37.80
77400	6450	4300	156.95	132.87	115.24	94.17	54.18	38.70
79200	6600	4400	160.60	135.96	117.92	96.36	55.44	39.60
81000	6750	4500	164.25	139.05	120.60	98.55	56.70	40.50
82800	6900	4600	167.90	142.14	123.28	100.74	57.96	41.40
84600	7050	4700	171.55	145.23	125.96	102.93	59.22	42.30
86400	7200	4800	175.20	148.32	128.64	105.12	60.48	43.20
88200	7350	4900	178.85	151.41	131.32	107.31	61.74	44.10
90000	7500	5000	182.50	154.50	134.00	109.50	63.00	45.00
91800	7650	5100	186.15	157.59	136.68	111.69	64.26	45.90
93600	7800	5200	189.80	160.68	139.36	113.88	65.52	46.80

REF #: 2486178

*** If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.**

Find your Annual/Monthly Earnings above to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.



COASTAL BEND INSURANCE COOPERATIVE

*Costs below are based on a **Monthly** payroll deduction
(Employer billing mode is based on **12 Payments** per year)*

Product: Educator Select Income Protection Plan			Plan A					
			ADEA II Duration of Benefits					
			Elimination Period (Days)					
Injury (Days)			0*	14*	30*	60	90	180
Sickness (Days)			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
95400	7950	5300	193.45	163.77	142.04	116.07	66.78	47.70
97200	8100	5400	197.10	166.86	144.72	118.26	68.04	48.60
99000	8250	5500	200.75	169.95	147.40	120.45	69.30	49.50
100800	8400	5600	204.40	173.04	150.08	122.64	70.56	50.40
102600	8550	5700	208.05	176.13	152.76	124.83	71.82	51.30
104400	8700	5800	211.70	179.22	155.44	127.02	73.08	52.20
106200	8850	5900	215.35	182.31	158.12	129.21	74.34	53.10
108000	9000	6000	219.00	185.40	160.80	131.40	75.60	54.00
109800	9150	6100	222.65	188.49	163.48	133.59	76.86	54.90
111600	9300	6200	226.30	191.58	166.16	135.78	78.12	55.80
113400	9450	6300	229.95	194.67	168.84	137.97	79.38	56.70
115200	9600	6400	233.60	197.76	171.52	140.16	80.64	57.60
117000	9750	6500	237.25	200.85	174.20	142.35	81.90	58.50
118800	9900	6600	240.90	203.94	176.88	144.54	83.16	59.40
120600	10050	6700	244.55	207.03	179.56	146.73	84.42	60.30
122400	10200	6800	248.20	210.12	182.24	148.92	85.68	61.20
124200	10350	6900	251.85	213.21	184.92	151.11	86.94	62.10
126000	10500	7000	255.50	216.30	187.60	153.30	88.20	63.00
127800	10650	7100	259.15	219.39	190.28	155.49	89.46	63.90
129600	10800	7200	262.80	222.48	192.96	157.68	90.72	64.80
131400	10950	7300	266.45	225.57	195.64	159.87	91.98	65.70
133200	11100	7400	270.10	228.66	198.32	162.06	93.24	66.60
135000	11250	7500	273.75	231.75	201.00	164.25	94.50	67.50

REF #: 2486178

*** If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.**

Find your Annual/Monthly Earnings above to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.

American Public Life Group Cancer Plan (APL GC AP GC-3 5/1/06)- Coastal Bend Coop – with Continuation Rider

This coverage is offered on a guarantee issue basis. However, no benefits are payable for any loss during the first year of a Covered Person’s coverage as the result of a Pre-Existing Specified Disease. A Pre-Existing Specified Disease is defined as one for which, within twelve (12) months prior to the Covered Person’s effective date of coverage, medical advice, consultation, or treatment, including prescribed medications, was recommended or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment.

Benefit	Low Option Base Plan	High Option Base Plan
Radiation/Chemotherapy/Immunotherapy Hormone Therapy	\$500/month of treatment \$50/treatment; 12/year	\$1500/month of treatment \$50/treatment; 12/year
Surgical Schedule Anesthesia Reconstructive Surgery Skin Cancer	\$1,600 Schedule; \$15/unit 25% of schedule Included in schedule Included in schedule	\$4,800 Schedule; \$45/unit 25% of schedule Included in schedule Included in schedule
Hospital Confinement Government/Charity Hospital/HMO Ambulatory Surgical Facility	\$100/day 1-90; \$100/day 91+ in lieu of other benefits \$100/day in lieu of other benefits \$200/day	\$300/day 1-90; \$300/day 91+ in lieu of other benefits \$300/day in lieu of other benefits \$600/day
Drugs and Medicine - Inpatient Drugs and Medicine - Outpatient	\$150/confinement \$50/script; \$50/month	\$150/confinement \$50/script; \$150/month
Transportation and Lodging Patient Transportation Family Transportation Patient Lodging Family Lodging	\$.40/mile up to 1,000 miles \$.40/mile up to 1,000 miles \$50/day up to 50 days/cal year (out) \$50/day up to 50 days/cal year (in)	\$.40/mile up to 1,000 miles \$.40/mile up to 1,000 miles \$50/day up to 50 days/cal year (out) \$50/day up to 50 days/cal year (in)
Blood and Plasma	\$150/day; \$7,500/cal year (50 days)	\$250/day; \$12,500/cal year (50 days)
Bone Marrow/Stem Cell Transplant autologous non-autologous for other type cancer Experimental Treatment Attending Physician Prosthesis - Surgical Prosthesis - hairpiece Dread Disease Hospice Care Private Nursing Ambulance - Ground Ambulance - Air Extended Care Home Health Care Second & Third Surgical Opinion Waiver of Premium Physical Therapy	\$500/cal year \$1,500/cal year Same as non-experimental \$30/day of confinement \$1,000/device; lifetime max 2 \$50/hairpiece; lifetime max 2 \$100/day up to 90 days \$50/day; \$9,000 lifetime max \$150/day of confinement \$200/trip; 2/confinement \$2,000/air; 2/confinement \$100/day up to confinement days \$100/day up to confinement days \$300/diagnosis 90 day elimination period \$25/visit; 4/month; \$1,000 life	\$1500/cal year \$4,500/cal year Same as non-experimental \$50/day of confinement \$3,000/device; lifetime max 2 \$50/hairpiece; lifetime max 2 \$300/day up to 90 days \$100/day; \$18,000 lifetime max \$150/day of confinement \$200/trip; 2/confinement \$2,000/air; 2/confinement \$300/day up to confinement days \$300/day up to confinement days \$300/diagnosis 90 day elimination period \$25/visit; 4/month; \$1,000 life
Diagnostic Testing Benefit	\$50; 1per person, per year (30 day waiting period)	\$50; 1per person, per year (30 day waiting period)
Critical Illness Rider: Heart Attack/Stroke	\$2500 Lump Sum Benefit; 30 day WP, no survival period Payable once for heart attack or stroke	\$2500 Lump Sum Benefit; 30 day WP, no survival period - Payable once for heart attack or stroke
Optional Benefit		
ICU Rider	\$600 - up to a maximum of 30 days per confinement	\$600 - up to a maximum of 30 days per confinement
Monthly Premiums	<p>Plan Opt 1 - Low Option Base Only</p> <p>Individual \$13.80 Single Parent Family \$19.10 Family \$24.30</p> <p>Plan Opt 2 - Low Option Base Plan + Intensive Care Rider</p> <p>Individual \$17.10 Single Parent Family \$23.60 Family \$31.20</p>	<p>Plan Opt 3 - High Option Base Plan Only</p> <p>Individual \$29.90 Single Parent Family \$40.90 Family \$51.90</p> <p>Plan Opt 4 - High Option Base Plan + Intensive Care Rider</p> <p>Individual \$33.20 Single Parent Family \$45.40 Family \$58.80</p>

LIMITATIONS AND EXCLUSIONS

Only Loss For Cancer: This Policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. This Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

Pre-Existing Condition Limitation: No benefits are payable for any loss incurred during the first year of the Covered Person's coverage under this Policy as the result of a Pre-Existing Specified Disease, as defined in this Certificate. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered.

Pre-Existing Condition Limitation - Hospital Intensive Care Rider: No benefits will be provided during the first two years of this rider for hospital intensive care unit confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the 30th day following the covered person's effective date for this rider.

Waiting Period: This Policy/Certificate contains a 30-day Waiting Period during which no benefits will be paid under this Policy/Certificate. If any Covered Person has a Specified Disease diagnosed before the end of the 30-day period immediately following the Covered Person's effective date, coverage for that person will apply only to loss that is incurred after one year from the effective date of such person's coverage. If any Covered Person is diagnosed as having a Specified Disease during the 30-day period immediately following the effective date, the Insured may elect to void the Certificate from the beginning and receive a full refund of premium.

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

Continuation Rider - Coverage is continued when the Insured (You) cease employment with the employer through whom You originally became insured under the Policy. You will have the option to continue this certificates (including any Riders, if applicable) by paying the premiums directly to Us at Our home office. Premiums must be paid within thirty-one (31) days after employment with your employer terminates. Premium rates required under this Continuation provision will be the same rates as those charged under the Employer's Policy as if You had continued employment. We will bill You for these premiums after You notify Us to continue this coverage. Coverage will continue until the earlier of: (1) the Policy under which You originally became insured ends; or (2) You stop paying premiums under this option (subject to the terms of the Grace Period).

Exclusions and Limitations

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

- 1. sickness, illness or bodily infirmity;*
- 2. suicide, attempted suicide or intentional self-inflicted injury, whether sane or insane;*
- 3. dental care or treatment due to accidental injury to natural teeth;*
- 4. war or any act of war (whether declared or undeclared) or participating in a riot or felony;*
- 5. alcoholism or drug addiction;*
- 6. travel or flight in or descent from any aircraft or device which can fly above the earth's surface in any capacity other than as a fare-paying passenger or a regularly scheduled airline;*
- 7. injury originating prior to the effective date of the policy;*
- 8. injury occurring while intoxicated (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss is incurred);*
 - 1. voluntary inhalation of gas or fumes or taking of poison or asphyxiation from;*
 - 2. voluntary ingestion or injection of any drug, narcotic or sedative, unless administered on the advice and taken in such doses as prescribed by a physician;*
 - 3. injury sustained or sickness which manifests itself while on full-time duty in the armed forces. Upon notice, the company will refund the proportion of unearned premium while in such forces;*
 - 4. injury incurred while engaged in an illegal occupation;*
 - 5. injury incurred while attempting to commit a felony or assault;*
 - 6. mental or emotional disorders;*
 - 7. injury to a covered person while practicing for or being a part of organized or competitive football;*
 - 8. injury to a covered person while practicing for or being a part of organized or competitive rodeo, sky diving, hang gliding, parachuting or scuba diving;*
 - 9. Driving in any race or speed test or while testing an automobile or vehicle on any racetrack or speedway;*
 - 10. charges incurred outside the U.S. if an insured traveled to the location for the purpose of receiving medical services, drugs or supplies;*
 - 11. hernia, carpal tunnel syndrome or any complication therefrom;*
 - 12. any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).*

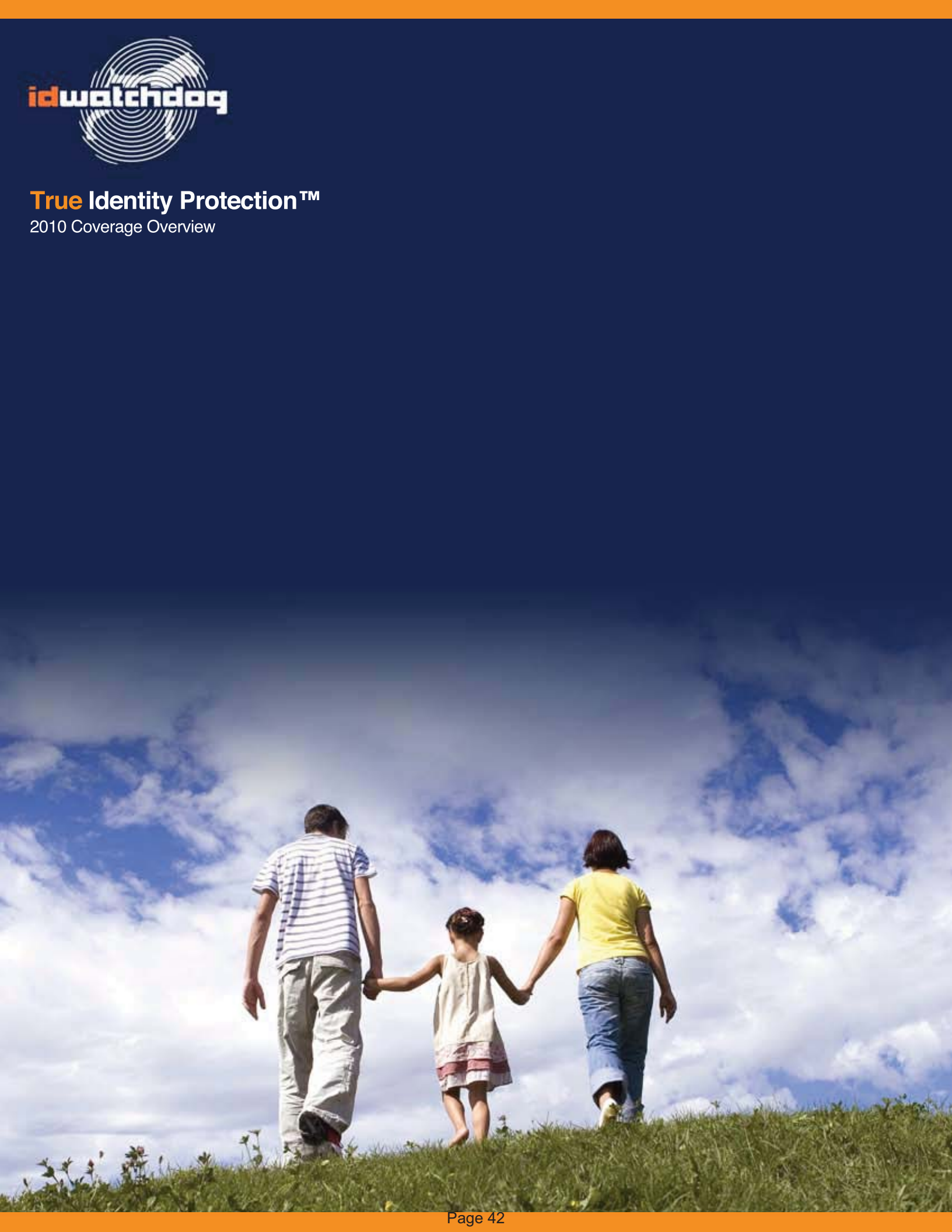
If you are entitled to benefits under this policy, as a result of sprained or lame back, or any intervertebral disk conditions, such benefits shall be payable for a maximum period of time, not exceeding three (3) months for any injury. These exclusions and limitations are not applicable for all states. Please refer to your policy or outline for applicable exclusions or limitations.

This coverage should be viewed as a supplement to other health insurance. This is not the insurance contract, and only the actual policy provisions will apply. It is therefore important that you read your policy carefully. All products are not available in all states.



True Identity Protection™

2010 Coverage Overview



Identity Theft Protection Overview



What is the fastest-growing crime in America?

If you said “identity theft,” you’re right.

Facts:

- More Americans will fall victim to identity theft this year than will suffer from heart attack, stroke, and cancer, combined.
- Only 20% of identity theft is credit-related. If you’re taking steps to protect your credit, you’re still 80% vulnerable.
- It frequently takes 6 months or more for victims of identity theft to learn of the crime. In the meantime, damage has been mounting.

ID Watchdog is the most comprehensive identity theft protection and resolution available. More than just credit monitoring, we protect from medical and criminal identity fraud as well as financial identity theft.

Our Motto is “Find it. Stop it. Fix it.”

Here’s how:

- Your Identity Profile Report is compiled by culling information pulled from thousands of data sources, including public and private records and Social Security Administration files. This initial report allows you to see the names, address and phone numbers that are associated with your identity. Any information you don’t recognize could be a sign of identity theft. If there’s a problem, we can help.
- Patent-Pending Fraud-monitoring technology lets us give you easy-to read information. You don’t have to look through hundreds of records to identify a problem.
- Monthly reporting alerts you to any identity threats (new records since your last monitoring period), or notifies you that there has been no change in the last 30 days (your identity is safe).
- Full resolution services are included should your identity ever be compromised on our watch. ID Watchdog’s Certified Resolution Experts will work on your behalf to resolve issues, saving you time and money.



Identity Theft Protection Rates

Individual Plan

Retail \$19.95 per month

\$7⁹⁵
monthly

Family Plan*

Retail \$9.95 per month each additional family member

\$14⁹⁵
monthly

* Family plan covers employee as well as spouse (or significant other) and up to five children under 24.

At the end of the open enrollment period, ID Watchdog will contact you via email (if available), or by letter, with instructions on activating your account.

The activation process only takes about two minutes, and can be done online or over the phone with our customer service center.

If you're online, you will be able to view your Baseline Identity Profile report immediately. If you activate over the phone, we will mail your report within 48 hours.

For more information, go to: www.idwatchdog.com or call: 1-800-970-5182



ESC Region 2 CBIC - BENEFITS AT A GLANCE

Your Basic and Voluntary Life Insurance benefits are provided by Fort Dearborn Life Insurance Company. Below is a summary of the benefits available to you:

BASIC GROUP TERM LIFE/AD&D

Any full-time, active employee working at least 20 hours per week is eligible for Basic Group Term Life and Accidental Death and Dismemberment (AD&D). Coverage is equal to the following:

Basic Life/AD&D:

Class I: Individual School Districts may select one of the Following Flat Benefit options to offer to their employees: \$10,000, \$20,000, \$30,000, \$40,000 or \$50,000

Your Employer pays the entire cost of this coverage. Coverage reduces to 65% upon attainment of age 65, further reduces to 50% of the original amount upon attainment of age 70, and terminates at retirement.

VOLUNTARY GROUP TERM LIFE

Any full-time, active employee and their spouse are eligible to elect Voluntary Life coverage for themselves and their eligible dependents within 31 days of their initial eligibility period. Employee and Spouse benefits are available in \$10,000 increments to a maximum of \$500,000. The employee benefit amount, combined with basic life insurance benefit, may not exceed five times the employee's annual salary. **The amount of coverage elected for a dependent cannot exceed the employee's benefit amount. Employee and Spouse Voluntary Term Life coverage reduces to 65% of the original amount upon attainment of age 65 and to 50% of the original amount upon attainment of age 70. Reductions due to attained age and premium rates for Spouse Term Life will be based on the Spouse's age.**

Guaranteed Issue:	Employee	\$220,000
	Spouses	\$50,000

Employees who decline Voluntary Life coverage during their initial eligibility period and later decide to apply must submit Evidence of Insurability satisfactory to FDL for the full amount applied for.

Dependent Child amounts:

Age 15 days to 6 months	\$100
Age 6 months to age 25	\$5,000 (\$0.80 per family) or
Full-time students	\$10,000 (\$1.60 per family)

Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
10,000	\$ 0.50	\$ 0.70	\$ 0.80	\$ 1.00	\$ 1.50	\$ 2.40	\$ 3.90	\$ 5.90	\$ 11.40	\$ 18.50	\$ 26.10
20,000	1.00	1.40	1.60	2.00	3.00	4.80	7.80	11.80	22.80	37.00	52.20
30,000	1.50	2.10	2.40	3.00	4.50	7.20	11.70	17.70	34.20	55.50	78.30
40,000	2.00	2.80	3.20	4.00	6.00	9.60	15.60	23.60	45.60	74.00	104.40
50,000	2.50	3.50	4.00	5.00	7.50	12.00	19.50	29.50	57.00	92.50	130.50
60,000	3.00	4.20	4.80	6.00	9.00	14.40	23.40	35.40	68.40	111.00	156.60
70,000	3.50	4.90	5.60	7.00	10.50	16.80	27.30	41.30	79.80	129.50	182.70
80,000	4.00	5.60	6.40	8.00	12.00	19.20	31.20	47.20	91.20	148.00	208.80
90,000	4.50	6.30	7.20	9.00	13.50	21.60	35.10	53.10	102.60	166.50	234.90
100,000	5.00	7.00	8.00	10.00	15.00	24.00	39.00	59.00	114.00	185.00	261.00
110,000	5.50	7.70	8.80	11.00	16.50	26.40	42.90	64.90	125.40	203.50	287.10
120,000	6.00	8.40	9.60	12.00	18.00	28.80	46.80	70.80	136.80	222.00	313.20
130,000	6.50	9.10	10.40	13.00	19.50	31.20	50.70	76.70	148.20	240.50	339.30
140,000	7.00	9.80	11.20	14.00	21.00	33.60	54.60	82.60	159.60	259.00	365.40
150,000	7.50	10.50	12.00	15.00	22.50	36.00	58.50	88.50	171.00	171.00	391.50

VOLUNTARY GROUP Accidental Death and Dismemberment (AD&D)

Any full-time, active employee is eligible to elect Voluntary AD&D coverage. Evidence of Insurability is not required for Voluntary AD&D coverage.

The **Individual Plan** covers you in the event of accidental death or dismemberment. Benefits are available in \$10,000 increments to a maximum of \$500,000. The cost for this coverage is \$0.04 per \$1,000 of benefit.

The **Family Plan** covers you and your eligible dependents in the event of accident or dismemberment. Employee amounts are available in \$10,000 increments to a maximum of \$500,000. The spouse benefit is equal to 50% of the employee amount, and the child benefit is equal to 10% of the employee amount. The cost for this coverage is \$0.07 per \$1,000 of benefit.

Coverage reduces to 65% of the original amount upon attainment of age 65, further reduces to 50% of the original amount upon attainment of age 70, and terminates at retirement.

Your Basic and Voluntary Group Term Life coverage automatically includes:

Waiver of Premium: Your term life coverage may continue to age 65 at no cost to you if you become totally disabled prior to age 60, subject to the requirements of this benefit.

Accelerated Death Benefit: If you are diagnosed with a Terminal Condition which with reasonable medical certainty will result in your death within 12 months, you may choose to accelerate up to 50% of your group term life insurance amount. This sum is limited to a maximum of \$150,000 and a minimum of \$7,500. The amount of the accelerated payment will reduce the death benefit payable under the term life coverage by the amount of the requested payment.

Conversion Option (applies to Basic and Voluntary Term Life): Should you leave your employment with SAMPLE GROUP, you may convert your term life coverage to an individual whole life insurance policy. The request to convert must be made within 31 days following termination of coverage.

Portability Option (applies to Voluntary Term Life only): Should you leave your employment with SAMPLE GROUP, you may port your term life coverage for as long as the group policy is in force. The request to port must be made within 31 days following termination of coverage. Upon termination of the group policy, you will have the option to convert your coverage so long as the request is received within 31 days of the group's termination.

This summary is for illustrative purposes only and does not constitute a contract. The full terms and conditions of the coverage you select will be contained in the policies provided to SAMPLE GROUP. If there is any discrepancy between this benefit description and the policy, the terms of the policy will control.

Basic and Voluntary Life Insurance is Underwritten by:

Fort Dearborn Life Insurance Company