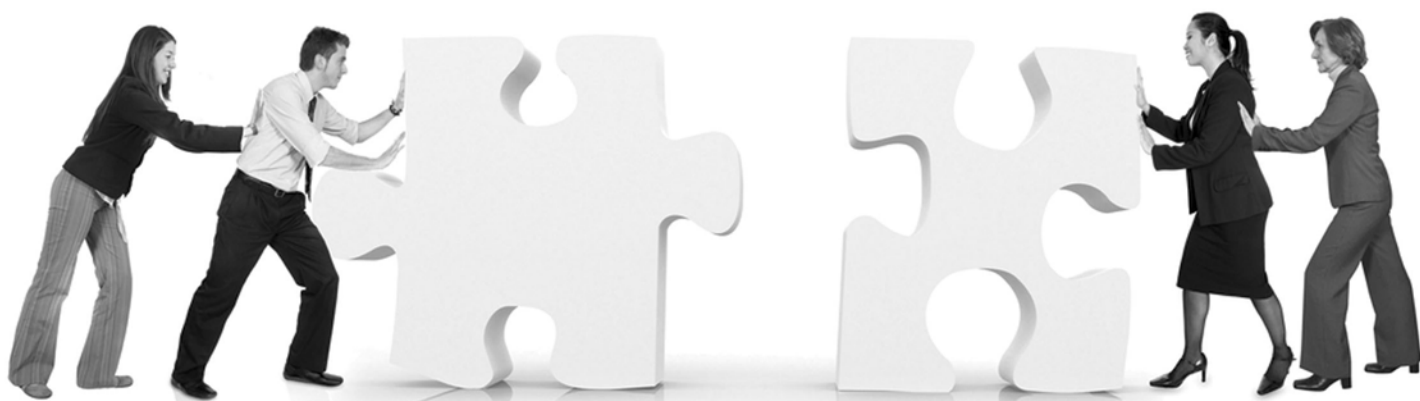




COASTAL BEND EMPLOYEE BENEFIT COOPERATIVE

2009 -2010 Benefit Guide



Joining together to benefit employees.

Plan year September 1, 2009 to August 31, 2010

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 onto www.cbebc.com.

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Educational Service Center Information

Provider Name: ESC Region II
Contact Name: Jose H. Cantu
Provider Phone Number: 361.561.8411
Provider Web Address: www.esc2.net

Online Enrollment & Benefit Plan Information

p 10-12

Provider Name: Financial Benefit Services
Contact Name: Cindy McClure or Megan Handke
Provider Phone Number: 972.690.8500 / 800.583.6908
Provider Web Address: www.fbsinc.com

MGM Flexible Spending Accounts (FSA)

p 13-22

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



Coastal Bend Benefit Cooperative
Benefit Web Address: www.cbebc.com

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 onto www.cbebc.com.



Coastal Bend Benefit Cooperative

Benefit Web Address: www.cbebc.com

TRS-ActiveCare Medical Plan Information

p 23-25

Provider Name: Blue Cross Blue Shield

Provider Phone Number: 866.355.5999

Provider Web address: www.trs.state.tx.us/trs-activecare

Assurant Dental Plan Information

p 26-30

Provider Name: Assurant

Verification of Benefits Number: 800.442.7742

Web Address: www.assurantemployeebenefits.com

Superior Vision Plan Information

p 31

Provider Name: Superior Vision

Provider Phone Number: 800.507.3800

Provider Web Address: www.superiorvision.com

UNUM Disability Plan Information

p 32-40

Provider Name: UNUM

Provider Phone Number: 866.679.3054

Provider Web Address: www.unum.com

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 onto www.cbebc.com.

APL Cancer Plan Information

p **41-42**

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

APL Accident Plan Information

p **43-44**

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

Ft Dearborn Basic Life / AD&D Plan Information

p **45-46**

Provider Name: Ft Dearborn
Provider Contact: Financial Benefit Services
Provider Phone Number: 972.690.8500 / 800.583.6908
Provider Web Address: www.fbsinc.com



Coastal Bend Benefit Cooperative
Benefit Web Address: www.cbebc.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?

It allows you to deduct certain premium amounts for benefits from your gross earnings before federal withholding taxes are figured. It is a way for you to pay for certain benefits while lowering your taxable income. Please see the following “sample paycheck”, which illustrates the benefit of participating in Section 125.

WHAT BENEFITS ARE AVAILABLE?

A summary of available benefits follows. Please read all information carefully and always refer to the brochure on a particular coverage 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 on in this benefit guide.

You must present proof of a family status change to your benefit office within 30 days of your family status change and meet with benefit office staff to complete and sign the necessary paperwork in order to make any benefit election changes.

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		
	<hr/>		<hr/>
Taxable Income	1,622	Taxable Income	1,872
Less Taxes	- 186	Less Taxes	- 228
	<hr/>	Less Insurance	- 250
TAKE HOME PAY	\$1,436		
	=====	TAKE HOME PAY	\$1,394
			=====

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:

- ⇒ Although all coverage is voluntary (you may pick and choose), **every employee is required to sign their Section 125 Benefit Election Form**, even if they select no benefits or choose to keep current benefits the same.
- ⇒ **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.
- ⇒ **New Hires 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 without a family status change.

TOLL-FREE HELP LINE AVAILABLE

In an effort to give you a faster response to questions concerning your benefits, there is a toll-free number to call. If you have 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 972.690.8500 / 800.583.6908.

Summary of Benefits

Medical & Dependent Care Reimbursement - MGM

p 13-22

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 (09/01/2009 - 08/31/2010). 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.

Medical - TRS-ActiveCare

p 23-25

Rates and plan summary are available in this benefit guide. For further information on the TRS ActiveCare medical plan options, please go to www.trs.state.tx.us.

For information on your group medical plan, please contact the benefits department at your district.

Dental Insurance - Assurant

p 26-30

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 \$1,000 annual maximum. A \$50 annual deductible for Class II and Class III services and there is no deductible for preventive services. Cleanings are covered once every 6 months. There are no waiting periods for Type I and Type II services. Orthodontics covered only for children under 19, with a \$1,000 lifetime maximum.

**The 12 month waiting period for major services (Type III) is waived for employees covered under the prior carrier's dental plan; however, the waiting period does apply to new hires and late entrants.*

Summary of Benefits

Vision Insurance - Superior Vision

p 31

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

*Disability Income - UNUM

p 32-40

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 are 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.

Evidence of insurability is not required to add or change disability plan coverage, however, pre-existing condition exclusions will apply to new applicants and changes in coverage. See plan brochure for further information.

Cancer Insurance - American Public Life

p 41-42

Everyone can apply on a Guaranteed Issue Basis (**NO HEALTH QUESTIONS ASKED.**) However, no benefits are payable during the first year of coverage for a pre-existing condition. Cancer insurance is designed to be a supplement and pays for many of the costs not covered by your major medical insurance. This plan pays in addition to other coverage you may have. This plan reimburses up to \$50 per calendar year for cancer screening tests on each insured person. Optional rider is available for ICU benefits.

Summary of Benefits

Accident Insurance - American Public Life

p 43-44

Accident insurance is designed to be a supplement that pays benefits directly to you. This policy pays in addition to what your medical carrier pays and the money comes to you, not to your medical provider. This policy pays benefit amounts for covered medical expenses as a result of an accident, and has an ambulance and hospital expense benefit.

Basic Life Insurance - Ft Dearborn

p 45

Eligible employees with each school district receive Base 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).

Term Life/AD&D Insurance - Ft Dearborn

p 45-46

Voluntary Term Life – The voluntary group term life plan with Fort Dearborn is an age banded rate plan that allows benefits of 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. Reduction schedules will apply to employee and spouse coverage beginning at age 65. **New 2009 co-op school districts and new employees** who enroll within 30 days of their hire date can apply on a Guaranteed Issue Basis (**NO HEALTH QUESTIONS ASKED!**) up to \$220,000 for employee (not to exceed 5 times salary), up to \$50,000 for spouse (not to exceed employee coverage amount) and up to \$10,000 for children.

- *Must meet actively at work requirement*
- *Employees must elect coverage on self to insure dependents*
- *Evidence of insurability will be required for anyone who takes an amount over the guarantee issue level.*

Voluntary AD&D – Fort Dearborn voluntary accidental death and dismemberment benefits can be taken in \$10,000 increments up to \$500,000. 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.**

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.cbabc.com and click on the **BENEFIT 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 Social Security Number as shown below with no dashes.

Examples:

Renee Wills, 555111111

John Doe 987-65-4321

User name: willsr1111 Password: 555111111

User name: doej4321 Password: 987654321

Web Address: www.cbabc.com

Username: willsr1111

Password: 555111111

Step 2: now you can 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

FINISHED

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

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

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

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

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 any time 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**



*Welcome to Mass Group Marketing, Inc.
A third party administrator providing
services to school districts since 1980.*

Our long-term success is attributed to adhering to a basic business philosophy:

- We pride ourselves on our professionalism, integrity, and hard work
- We only offer products with lasting stability, strength, and performance
- We focus on the individual needs and financial goals of our clients

Our goal is to simply provide the best service available to employees in school districts. MGM is constantly abreast of market trends in order to remain on the cutting edge of plan serving.

MGM has a user friendly website for participants and employers to view information and complete claims and changes at their convenience. Participants with flexible spending accounts will be issued a personal identification number (PIN) to access their accounts. Claim, status change and deposit forms are available on the MGM website.

Contact Us:

Benefit counselors are available to assist you from 8 a.m. to 5:30 p.m. Central Standard Time, Monday through Thursday and 8 a.m. to 2:00 p.m. on Fridays.

Mail Claims: Mass Group Marketing, Inc.
 2121 N. Glenville Drive
 Richardson, TX 75082

Contact Phone: (800) 833-4028

Fax Claims: (800) 973-3702

Website: www.mgmtpa.com

Questions: www.flex@massgroupmarketing.com



Guide to



Flexible



Spending Accounts

A Section 125 Cafeteria Plan offered by Mass Group Marketing, Inc.

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.

Benefits Eligible for Your Section 125 Plan

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. The money 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 year.

There are two kinds of Flexible Spending Accounts - Health FSA and Dependent Care FSA. You can choose to participate in both accounts, but funds may not be co-mingled. Expenses for these accounts must be incurred during your employer's plan year.

Health FSA

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. 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. The services must be performed and incurred within the 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.

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. Claiming these types of medications for

reimbursement can help participants meet their FSA allotments for the year, and minimize the fear of leaving money on the table due to the “use-it-or-lose-it” rule. Eligible expenses include medicines or products that alleviate or treat personal injuries or illness for you and your dependents. IRS also allows you to purchase qualified over-the-counter-drugs (OTC) through your pharmacy without a prescription. 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 of purchase, dollar amount, name of the item, 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 can not be for preventative purposes.

Dependent Care FSA

This account allows you to pay for day care expenses that enable you and your spouse to work and/or attend school fulltime. It may also include eligible expenses for children or elder dependents that rely on you for their care. Examples of eligible expenses are: care in and outside the home, day care, before and after school care, nursery school, preschool tuition, day care camps and facilities (if not primarily for educational purposes). Your care provider must report day care income on their taxes to be considered as eligible.

Dependent Care funds must be available in your account before you can be reimbursed.



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.

How to File A Claim

For expenses not eligible for debit card payments, claim forms and receipts must be submitted to Mass Group Marketing, Inc. Legible receipts must be attached, and may be sent by fax or mail. For items subject to reimbursement from your medical plan, you must also include a copy of the explanation of benefits. Dependent care expenses must include the providers’ information and tax or social security number. For orthodontic claims, full payments for treatment will not be made, but are paid as service is incurred. Please include a copy of the contract or schedule of payments.

Only itemized receipts will be accepted. Receipts that only show the amount spent for a service or product will only delay your claim reimbursement. Acceptable itemized receipts have the name of provider, date and details of purchase.

Claim Processing

MGM’s standard commitment is a 72 hour business day turnaround, although claims are often processed within 48 hours.

Website Access

You may access the Mass Group Marketing Website at www.mgmtpa.com. Claim forms and change forms are available on the website.

Direct Deposit

MGM offers direct deposit for participant reimbursement checks. This form is also available on the MGM website. A deposit confirmation will be mailed to your address.

The MGM Benny MasterCard

The MGM Benny MasterCard 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 FSA.



The MGM Benny is an automatic way to pay for qualified health care/benefit expense. 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 MasterCard, with the value of the participant's account contribution loaded on it. The amount of the qualified purchases will be deducted automatically from the account.

The Card may be used for eligible flexible spending account (FSA) expenses as determined by Section 213 of the Internal Revenue code. You may use the Card for co-pays at hospitals, physician offices, dental offices, vision service locations and pharmacies purchases wherever you can use MasterCard for your eligible unreimbursed medical, dental and vision expenses. *Only expenses that have been incurred during the current plan year and/or grace period can be claimed as eligible expenses.* There still may be times when you will need to submit a manual claim.

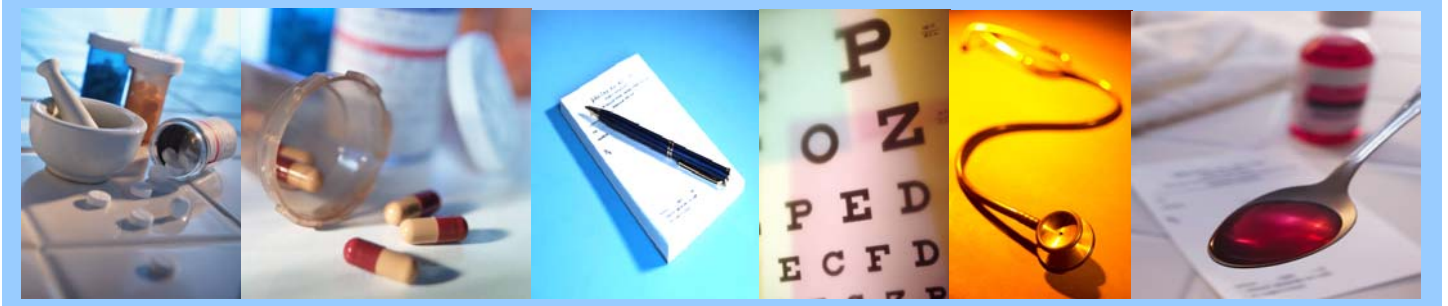
Some over the counter products are eligible to purchase with the Card. These products must be used in treating symptoms of injury and illness. Some examples include: cold and allergy remedies, first aid supplies, pain remedies, etc. Personal care items are not eligible for Card use.

Here's how it works -

- Take you prescription, over the counter healthcare products and other items to the register
- for purchase
- Present your MGM Benny MasterCard for payment; select the option for "credit"
- The system will identify eligible card purchase (prescriptions and OTC's); pay for your noneligible items separately with another form of payment
- If the purchase is approved (there are sufficient funds in your account), the amount will be deducted from your card account balance.

IRS requires that MGM perform periodic audits on participant accounts. Make sure that you save receipts in the event you are asked to substantiate your purchases. In cases of accidental misuse of the card, you will be asked to provide substantiation of the expenses placed on the card. If expenses cannot be substantiated, you will be asked to repay the charged amount to your health FSA. The card will be suspended if expenses cannot be substantiated.

Always maintain copies of your receipts during the plan year



Health Care Flexible Spending Accounts

- ◆ *Eligible Medical Expenses*
- ◆ *Over-The-Counter Items List*

Eligible Health Care Reimbursement Expenses

The following is a partial list of health care expenses that are eligible for reimbursement from your Health Care Spending Account. Some items may require a physician's order to qualify as an eligible expense.

Abdominal supports	Lodging (away from home for outpatient care)
Acupuncture	Metabolism tests
Air conditioner (relief from allergy or breathing difficulty; for medical treatment only)	Neurologist
Alcoholism treatment	Nursing (including board and meals)
Ambulance	Obstetrician
Anesthetist	Operating room costs
Arch supports	Ophthalmologist
Artificial limbs	Optician
Birth control pills (by prescription)	Optometrist
Blood tests	Oral surgery
Blood transfusions	Organ transplant (including donor's expenses)
Braces	Orthopedic shoes
Cardiographs	Orthopedist
Chiropractor	Osteopath
Christian Science Practitioner	Oxygen and oxygen equipment
Contact lenses	Pediatrician
Contraceptive devices (by prescription)	Physician
Convalescent home (for medical treatment only)	Physiotherapist
Crutches	Podiatrist
Dental treatment	Postnatal treatments
Dental X-rays	Practical nurse for medical services
Dentures	Prenatal care
Dermatologist	Prescription medication
Diagnostic fees	Psychiatrist
Diathermy	Psychoanalyst
Drug addiction therapy	Psychologist
Drugs (prescription)	Psychotherapy
Elastic hosiery (prescription)	Registered nurse
Eyeglasses	Special school costs for the handicapped
Fees paid to health institute prescribed by doctor	Spinal fluid test
Fluoridation unit	Splints
Guide dog	Sterilization
Gum treatment	Surgeon
Gynecologist	Telephone or TV equipment to assist the hard of-hearing
Healing services	Therapy equipment
Hearing aids and batteries	Transportation expenses (related to health care)
Hospital bills	Ultraviolet ray treatment
Hydrotherapy	Vaccines
Insulin treatments	Vasectomy
Lab tests	Wheelchair
Laser eye surgery	X-rays

Ineligible Expenses

The following is a partial list of health care expenses that are not eligible for reimbursement from the Health Care Spending Account.

- Dietary Supplements (e.g. vitamins)
- Electrolysis
- Exercise or health club memberships
- Insurance premiums
- Physical therapy treatments for general well-being
- Supplements prescribed by an alternative provider
- Teeth bleaching
- Weight reduction or smoking cessation program

Over The Counter (OTC) Drugs Used Primarily for Medical Care

These items typically are reimbursable with a proper receipt without authorization from a medical provider.

Type/Class of Drug or Product	Examples/Brand Names*
Allergy Prevention and Treatment	Actifed, Allerest, Benadryl, Chlor-Trimetron, Claritin, Contact, Sudafed
Analgesics/Antipyretics	Aspirin, Advil, Ibuprofen, Naprosyn, Tylenol, Midol, Pamprin, Premsyn PMS
Antacids and Acid Reducers	AXID AR, Gas-X, Maalox, Mylanta, Tums, Pepcid AC, Prilosec OTC, Tagamet HB, Zantac 75
Anti-arthritics	Excedrin Arthritis, Tylenol Arthritis
Antibiotics (topical)	Bacitracin, Triple Antibiotic Ointment, Neosporin, Polysporin
Anticandial (Yeast)	Femstat 3, Gyne-Iotri8min, Mycelrx-7, Monistate 3, Vagistat-1
Antidiarrheal and Laxatives	Ex-Lax, Immodium AD, Kaopectate, Pepto-Bismol
Antifungal	Lamisil AT, Lotramin AF, Micatin
Antihistamines	Actidil, Actifed, Allerest, Benadryl, Claritin, Chlor-Trimetron, Contact, Drixoral, Sudafed, Tavist-1, Triaminic
Anti-itch Lotions and Creams	Bactine, Benadryl, Caldecort, Caladryl, Calamine Lotin, Cortaid, Hydrocortisone, Lanacort, Lamisil AT, Lotramin AF, Micatin
Asthma Medicines	Primatene Mist
Cold Sore/Fever Blister	Abreva Cream, Blistex, CamphoPhenic, Carmex
Contraceptive Products	Pregnancy Tests, Spermicides
Cough Suppressants or Expectorants	Chloraseptic, Robitussin, Sucrets, Vicks 44
Decongestants/Cold and Flu Remedies	Actidil, Actifed, Advil Cold and Sinus, Afrin, Aleve Cold and Sinus, Alka Seltzer Cold and Flu, Afrinol, Children's Advil Cold, Dayquil, Dimetane, Dristan Long Lasting, Drixoral, Neo-Synephrine 12 Hour, Nyquil, Orrivin, Pedicacare, Sudafed, Tavist-D, Triaminic, Tylenol Cold and Flu
Dehydration	Pedialyte
Diaper Rash Ointments	Balmax, Destin
Eye Drops for Allergy/Cold Relief	Ocu Hist, Visine, Clear Eyes
First Aid Supplies	Bandages, First aid kits, Cold/hot packs for injuries, Rubbing alcohol, Ace wraps, Splints
Hemorrhoidal Preparations	Preparation H, Hemorid, Tronolane
Migraine Relief	Advil Migraine, Motrin Migraine, Excedrin Migrane, Tylenol Migrane
Motion Sickness	Dramamine, Marizine
Muscle and Joint Discomfort	Ben Gay, Icy Hot, Tiger Balm, Flexall
NSAIDS	Advil, Aleve, Ibuprofen, Motrin, Maprosyn, Naproxen
Pediculicide	Nix, Rid
Sinus Products	Nasal Sprays
Sleeping Aids	Tylenol P.M., Excedrin P.M.,
Smoking Cessation Aids	Commit, Nicoerm CQ, Nicorette, Nicotrol
Sunburn Relief	Solarcaine
Teething/Toothaches	Orajel, Little Teethers
Test Kits	Blood Pressure Kit, Cholesterol tests, Colorectal Cancer Screening, Diabetic Monitor and Supplies, Ovulation Indicators, Pregnancy Tests
Wart Removal	Compound W, Scholl Clear Away, Wart-Off

*The products listed here are examples, and do NOT constitute an endorsement or an exhaustive listing of reimbursable OTC products.

Dual Purpose Medicines and Products

These items may be reimbursed under a health care flexible spending account with a licensed health care provider's note indicating the specific medical condition; a recommendation to take the specific OTC medicine to treat the condition, that the medical item is not for cosmetic purposes, along with the documentation of the product and cost.

Type/Class of Drug or Product	Reimbursable Use	Excluded Use
Acne Products	Chronic acne under treatment by a physician	Occasional outbreak or blemish; cosmetic purposes
Contact Lens Supplies	Associated with vision health	Cosmetic contacts; non-related
Dental Fluoride Products	Treatment for gingivitis, special mouthwashes	Routine use for general oral care
Dietary Supplements	Vitamin B for treatment of scurvy	Routine use for general health
Feminine Hygiene Products	Post surgery or childbirth	Infants and toddlers
Fiber Supplements	Documented specific medical condition; short duration	Routine use for general health
Hair Loss Treatments	Replace hair loss from medical conditions	Balding due to age
Incontinence Products	Post surgery	Occasional use of incontinence items
Joint Supplements	Diagnosis of Arthritis	Routine use for overall joint health
Mineral Supplements	Calcium, Caltrate; Need doctor statement of medical necessity	Benefit or maintain general health
OTC Hormone Therapy	Specific medical conditions	General health maintenance
Pre- Natal Vitamins	Pregnancy or medical treatment	Routine use for general health
Snoring Cessation Aids	Sleep Apnea	Non-medical related conditions
Weight Loss Products	Specific medical condition such as Obesity	Routine use for general health

Excluded Products

These items and products are considered to be primarily for general health and well being, and are not eligible expenses.

Type/Class of Drug or Product	Examples/Brand Names*
Cosmetic Products	Creams, Face Soaps, Hair Removal, Lotions, Makeup, Perfumes
Dental Products	Dental Floss, Mouthwash, Toothpaste, Toothbrushes, Teeth Whitening Kits
Toiletries	Body Sprays, Lip Balms, Deodorant, Moisturizers, Shampoo, Soaps
Vitamins	Routine use for general health
Herbal Supplements	Routine use for general health
Dietary/Nutritional Supplements	Boost, Ensure, Glucema, Slimfast

Reimbursement for OTC medicines must still follow the existing rules regarding health care flexible spending accounts.

The expense(s) must:

- ✓ Be incurred during your period of coverage;
- ✓ Not be reimbursable through another plan; and
- ✓ Be substantiated through a detailed receipt.

* The products listed here are examples, and do NOT constitute an endorsement or an exhaustive listing of reimbursable OTC products.

Please Read Carefully

CLAIM FILING INSTRUCTIONS

Who Can File a Claim Form?

- \$ Only Employees participating in the Cafeteria Plan flexible spending accounts can file a reimbursement claim form.
- \$ Employees can file a claim form during the plan year and for a certain period after the plan year, in most cases 90 days. Contact your plan administrator for what is available under your plan.
- \$ Terminated employees can file a claim form for a certain period after the date of termination if allowed by the Plan.

What Expenses Can be Claimed?

- \$ Only expenses incurred during the plan year can be claimed for reimbursement.
- \$ Allowable expenses are the same as those allowed for tax purposes. A summary list is provided on the back of the claim form.

Completion of the Claim Form.

- \$ Complete all information on the claim form for each amount claimed for reimbursement. Be sure to include your social security number and your employer's name, date the form and sign it in ink.
- \$ Make sure the claim form does not include expenses incurred in more than one plan year. Use different claims forms for different plan year expenses.
- \$ All prescription, medical and dental expenses must first be submitted to the Health and/or Dental insurer, if any. Please submit a copy of the insurer's Explanation of Benefits for any covered expenses. If there is not an insurer, please submit the expenses directly to MGM. In either case, actual receipts or Doctor's statements must be submitted.
- \$ All claims being submitted for Dependent Care expenses must include the provider's name, address, phone number and tax or social security number. Cancelled checks may be submitted as receipts for Dependent Care expenses provided you include the name(s) of person(s) for whom the service was provided, actual date of service, and a breakdown of all charges.
- \$ For the first filing of orthodontic claims please include a copy of the contract or schedule of payments. Thereafter, simply submit a claim form with the receipt and indicate that it is for an Orthodontic treatment expense.
- \$ Always keep copies of any items submitted to MGM for reimbursement.

How Can I View My Account Online?

Go to www.mgmtpa.com to access your account. <http://www.mgmtpa.com> This takes you to the MGM log-in site for the flexible spending accounts online system. Your social security number is your User ID number. You will need to use the pin number provided to you enclosed in this claims procedural manual.

How to Find Flex Plan Forms Online?

The Mass Group Marketing website - www.mgmtpa.com has forms available for your use. Click on "Forms Online". Choose "CPS Claim Forms" and print the form to submit your Flexible Spending Account claims. Status change forms are also available.

Can you Automatically Deposit my Claim Check into my Checking Account?

By completing the enclosed direct deposit authorization agreement and mailing it to MGM, the next time you file a claim the money will automatically be sent to your bank account with a **confirmation of funds transferred mailed to your current mailing address.**

CLAIM REVIEW PROCEDURES

At some time during an employee's participation in a cafeteria plan a claim for benefits may be denied. If this happens, and the Participant wishes to appeal the decision, there are several safeguards in place to protect his rights as a Participant.

Processing The Claim

A participant will be advised within 90 days of filing his claim if it is going to be denied. MGM will notify the plan administrator as well as the Participant of the delay. Depending upon the circumstances, the 90 day period may be extended if there are exceptional problems in processing the claim.

Claim Rejections

If a Claim is rejected, it will fall into two categories:

- (1) A claim is filed for a benefit that does not qualify as an included benefit under the plan, and/or;
- (2) A claim form is improperly completed by the participant for an eligible benefit under the plan.

In both instances, MGM will tell the participant what action has been taken on their claim, and if additional paperwork or information is needed they will be given the extra time to get the necessary paperwork in.

The Appeals Procedure

If a participant is not satisfied and decides to appeal a claim decision, he has specific legal rights as a Participant.

- (1) The participant, or his representative, may request a review of his claim by submitting a written application to the Plan Administrator. This request must be submitted within 60 days of the date the Participant was first notified the claim was being denied.
- (2) The Participant may review any documents relating to his claim.
- (3) The Participant may submit a written statement concerning the claim.

It is the purpose of the Plan Administrator to settle claims in a fair and nondiscriminatory process. The Participant is entitled to specific rights outlined more in depth in the cafeteria plan document. These rights insure a Participant's involvement in the appeals process.

The Review Procedure

The Plan Administrator will make a decision concerning a Participant's claim within 60 days of written notification by the participant wishing to have his claim reviewed. In exceptional cases, the Participant will be notified if an extension is necessary. In no event can the decision be delayed longer than an additional 60 days.

The Participant will receive a written explanation of the final decision of the Plan Administrator. It will include the specific reasons for the Plan Administrator's decision.

2009-2010 PLAN HIGHLIGHTS

Effective September 1, 2009 through August 31, 2010

Network Level of Benefits*



TRS-ActiveCare[®]

TEACHER RETIREMENT SYSTEM OF TEXAS

	ActiveCare 1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3
Deductible (per plan year)	\$2,300 employee-only \$2,300 employee and spouse, employee and child(ren), employee and family	\$1,150 per individual \$3,000 per family	\$500 per individual \$1,500 per family	None
Out-of-Pocket Maximum (per plan year; does not include deductible/copays)	\$3,000 employee-only \$5,000 employee and spouse, employee and child(ren), employee and family	\$2,000 per individual \$6,000 per family	\$2,000 per individual \$6,000 per family	\$1,000 per individual
Coinsurance Plan pays (up to allowable amount) Participant pays (after deductible)	80% 20%	80% 20%	80% 20%	80% 20%
Office Visit Copay Participant pays	20% after deductible	20% after deductible	\$25 for primary \$35 for specialist	\$20 for primary \$30 for specialist
Preventive Care Copay Services limited to one per person per plan year: routine physicals, OB/GYN well-woman exams, routine mammograms, and eye exams. Other services include well-baby exams, immunizations, hearing exams, and PSA, colorectal cancer, osteoporosis screenings	Plan pays 100% per visit (no copay up to \$500 per person, per plan year; remaining charges will be subject to deductible and coinsurance)	Plan pays 100% per visit (no copay up to \$500 per person, per plan year; remaining charges will be subject to deductible and coinsurance)	Participant pays \$25 for primary \$35 for specialist (no plan year maximum)	Participant pays \$20 for primary \$30 for specialist (no plan year maximum)
Prescription Drugs Drug Deductible (per plan year)	Subject to plan year deductible	Subject to plan year deductible	\$50 per person	\$50 per person
Retail Short-Term (up to a 30-day supply) • Generic Copay • Brand Copay (preferred list) • Brand Copay (non-preferred list)	Participant pays 20% after deductible	Participant pays 20% after deductible	Participant pays \$10 \$25** \$45**	Participant pays \$10 \$25** \$40**
Retail Maintenance (after second fill; up to a 30-day supply) • Generic Copay • Brand Copay (preferred list) • Brand Copay (non-preferred list)	Participant pays 20% after deductible	Participant pays 20% after deductible	Participant pays \$15 \$35** \$60**	Participant pays \$15 \$35** \$55**
Mail Order (up to a 90-day supply) • Generic Copay • Brand Copay (preferred list) • Brand Copay (non-preferred list)	Participant pays 20% after deductible	Participant pays 20% after deductible	Participant pays \$20.00 \$62.50** \$112.50**	Participant pays \$20.00 \$62.50** \$100.00**
Monthly Premium Cost				
Employee Only	\$245	\$278	\$370	\$498
Employee and Spouse	\$600	\$633	\$842	\$1,134
Employee and Child(ren)	\$382	\$443	\$589	\$794
Employee and Family	\$785	\$697	\$926	\$1,247

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician.

* Illustrates benefits when network providers are used. Non-network benefits are also available; see Enrollment Guide for more information.

** If the patient obtains a brand-name drug when a generic equivalent is available, the patient will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.



BlueCross BlueShield of Texas

Experience. Wellness. Everywhere.SM

medco[®]

TRS-ActiveCare is administered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Texas provides claims payment services only and does not assume any financial risk or obligation with respect to claims. Prescription drug benefits are administered by Medco Health Solutions, Inc.

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The TRS Board of Trustees has approved the following rates and benefits for TRS-ActiveCare for the 2009-2010 plan year beginning September 1, 2009:

TRS-ActiveCare 1

Coverage Tier	2009-2010 Premium
Employee Only	\$278.00
Employee & Spouse	\$633.00
Employee & Child(ren)	\$443.00
Employee & Family	\$697.00

Benefit	2008-2009	2009-2010
Individual Deductible	A deductible of \$1,100 per individual.	A deductible of \$1,150 per individual.

New Option for 2009-2010

TRS-ActiveCare 1-HD

Coverage Tier	2009-2010 Premium
Employee Only	\$245.00
Employee & Spouse	\$600.00
Employee & Child(ren)	\$382.00
Employee & Family	\$785.00

Benefit	Description
Annual Deductible	\$2,300 per Contract that must be satisfied before any benefits, other than preventive services, will be payable
Employee Only Annual Maximum Coinsurance	After deductible, the maximum coinsurance before 100% benefits become payable is \$3,000
Family Annual Maximum Coinsurance	After deductible, the maximum coinsurance before 100% benefits become payable is \$5,000
Preventive Services	Same as TRS-ActiveCare 1
All other Services and Prescription Drugs	Same as TRS-ActiveCare 1, subject to TRS-ActiveCare 1-HD deductible and coinsurance requirements

All tiers of coverage for the new TRS-ActiveCare 1-HD plan option qualify as a High Deductible Health Plan under current Federal guidelines for the 2009-2010 TRS-ActiveCare plan year. The Employee Only tier of coverage under TRS-ActiveCare 1 also qualifies, but the other tiers of coverage do not meet Federal guidelines for a High Deductible Health Plan.

TRS-ActiveCare 2

Coverage Tier	2009-2010 Premium
Employee Only	\$370.00
Employee & Spouse	\$842.00
Employee & Child(ren)	\$589.00
Employee & Family	\$926.00

TRS-ActiveCare 3

Coverage Tier	2009-2010 Premium
Employee Only	\$498.00
Employee & Spouse	\$1,134.00
Employee & Child(ren)	\$794.00
Employee & Family	\$1,247.00

The following benefit change applies to all TRS-ActiveCare PPO plan options for the 2009-2010 plan year:

Benefit	2008-2009	2009-2010
Bariatric Surgery	Coverage is available at any location where the bariatric surgery is conducted.	Coverage will only be available when the bariatric surgery is conducted at one of the Blue Distinction Centers for Bariatric Surgery.

This document is intended as a high-level summary of key plan changes for the 2009-2010 plan year. Other minor changes and clarifications to the TRS-ActiveCare plan design will be communicated in the 2009-2010 Enrollment Guide and the TRS-ActiveCare Benefit Booklet (the official statement regarding TRS-ActiveCare plan design).

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

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

Effective Date: 09/01/2009 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
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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

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 – High Plan Coastal Bend Insurance Cooperative

Effective Date: 09/01/2009

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.

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

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

Effective Date: 09/01/2009 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

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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.

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QUESTION: Can I see my own dentist?

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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.

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Assurant Dental

Plan Rates Effective 09.01.2009

High Plan

Employee Only	\$23.40
Employee & Spouse	\$44.98
Employee & Child(ren)	\$46.23
Employee & Family	\$65.20

Low Plan

Employee Only	\$13.42
Employee & Spouse	\$26.83
Employee & Child(ren)	\$29.48
Employee & Family	\$42.90

**Eligible dependents of insured employees include the employee's lawful spouse and unmarried children less than age 25. Unmarried grandchildren who, for Federal income tax purposes, are dependents of the covered person at the time of application will also be included as dependents for insurance coverage.*

***The 12 month waiting period for major services (Type III) is waived for employees covered under the prior carrier's dental plan; however, a waiting period does apply to new hires and late entrants.*

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.

	<u>In-Network</u>	<u>Out-of-Network</u>
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 Insurance 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

Employees in an eligible group on or before your School's policy effective date*: Coverage is available to you without answering any medical questions or providing evidence of insurability. You may enroll on or before your School's policy effective date. After the initial enrollment period, 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.

Employees in an eligible group after your School's policy effective date*: 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.

***Your Plan Administrator will provide you with this 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.

Continuity of Coverage

If you are actively at work at the time you convert to Unum's plan and become disabled due to a pre-existing condition, benefits may be payable if you were:

- in active employment and insured under the plan on its effective date; and
- insured by the prior plan at the time of change.

To receive a payment, you must satisfy the pre-existing condition under the Unum policy or the prior carrier's policy. If you satisfy Unum's pre-existing condition provision, payments will be determined by the Unum policy.

If you only satisfy the pre-existing condition provision for the prior carrier's policy, the claim will be administered according to the Unum policy. However,

- the payments will be the lesser of the benefit payable under the terms of the prior plan or the benefit under the Unum plan;
- the elimination period will be the shorter of the elimination period under the prior plan or the elimination period under the Unum plan; and
- benefits will end on the earlier of the end of the maximum period of payment under the Unum plan or the date benefits would have ended under the prior plan.

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 12 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 25% 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

Employees in an eligible group on or before your School's policy effective date*: To apply for coverage, complete your enrollment form prior to your School's policy effective date. Your effective date of coverage is the policy effective date of your school or the day after you complete your waiting period, whichever is later.

UnumProvident will confirm your effective date of coverage and the plan you select in a confirmation letter. The confirmation letter will be sent to your Employer to distribute following the close of the enrollment period.

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

Employees in an eligible group after your School's policy effective date*: To apply for coverage, complete your enrollment form within 60 days of your eligibility date. Your effective date of coverage is your eligibility date if you applied for coverage on or before that date or the date you applied for insurance, if you applied within 60 days after your eligibility date.

UnumProvident will confirm your effective date of coverage and the plan you select in a confirmation letter. The confirmation letter will be sent to your Employer to distribute following the close of the enrollment period.

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

***Your Plan Administrator will provide you with this date.**

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 Effective as of September 1, 2009

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 #: 1864645

* 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 Effective as of September 1, 2008

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 #: 1864645

** 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

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 W P, no survival period Payable once for heart attack or stroke	\$2500 Lump Sum Benefit; 30 day W P, no survival period 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		
	Plan Opt 1 - Low Option Base Only	Plan Opt 3 - High Option Base Plan Only
Individual	\$12.50	\$27.10
Single Parent Family	\$17.30	\$37.10
Family	\$22.10	\$47.20
	Plan Opt 2 - Low Option Base Plan + Intensive Care Rider	Plan Opt 4 - High Option Base Plan + Intensive Care Rider
Individual	\$15.50	\$30.10
Single Parent Family	\$21.50	\$41.30
Family	\$28.40	\$53.50

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.

**A3 - Accident Expense Policy
For The Coastal Bend Coop**

<i>Benefits</i>	
<i>Accidental Injury Benefit - We will pay the actual charges per accident (not to exceed maximum benefits for units selected) for physician's treatment, surgery, x-rays, reduction of fractures and dislocations or other emergency treatment expenses. In no case will the benefit exceed actual charges. There is a \$50 deductible for emergency room expenses, per occurrence, regardless of the number of units. Expenses must commence within 60 days of the covered accident.</i>	\$500
<i>Ambulance Benefit - We will pay the actual charges (not to exceed maximum benefits for units selected) for emergency transportation for covered treatment (ground or air). Such emergency transportation must occur within 21 calendar days of the covered accident.</i>	\$1,250
<i>Hospital Confinement - We will pay the daily hospital benefit, based upon the number of units selected, when a covered insured is confined to a hospital due to accident or injury. This benefit begins the first day of confinement and pays up to 30 days per any one accident.</i>	\$75
<i>Accidental Death Benefit* - We will pay the benefit shown for accidental death which results within 90 days of the accident, based upon the number of units selected.</i>	\$5,000
<i>Dismemberment* - We will pay the following benefit, based upon the number of units selected, for dismemberment which results within 90 days of a covered accident (dismemberment benefits are subject to a \$5,000 per unit cumulative maximum per accident).</i>	
<i>Single Finger or toe</i>	\$250
<i>Multiple fingers or toes</i>	\$500
<i>Single Hand, Arm, Foot or Leg</i>	\$2,500
<i>Multiple Hands, Arms, Feet or Legs</i>	\$5,000
<i>Loss of Sight Benefit - We will pay the benefit, based upon the number of units selected, shown for the loss of sight due to accidental injury.</i>	
<i>Loss of sight in one eye</i>	\$2,500
<i>Loss of sight in both eyes</i>	\$5,000
<i>Premiums:</i>	
<i>Individual</i>	\$10.80
<i>Individual and Spouse</i>	\$19.40
<i>Individual and Children</i>	\$21.20
<i>Family (2 Parents and children)</i>	\$29.80

American Public Life Insurance Company
P. O. Box 925 ! Jackson, MS 39205-0925
601-936-6600 or 800-256-6736

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.



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, \$25,000, \$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