

“THE DISTRICT”

EMPLOYEE BENEFIT BOOKLET

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This Employee Benefit Booklet contains highlights only and is subject to change. Specific terms of coverage, exclusions and limitations are contained in the Summary Plan Description or insurance certificate. If there are any inconsistencies between this booklet and the Plan Document, the Plan Document will govern.

Directory of Carriers and Contact Information

Donna Employee Safety and Risk Management Department

Website: <http://www.donnaisd.net/Employment/Human-Resources/-Safety-Risk-Management>

Phone: 956.461.4350

Blue Cross Blue Shield of Texas—Health Insurance

Website: www.bcbstx.com

Customer Service Phone: 1.800.521.2227

Ameritas —Dental Insurance

Website: www.ameritas.com

Customer Service Phone: 800.487.5553

Superior —Vision Insurance

Website: www.superiorvision.com

Customer Service Phone: 800.507.3800

Metlife — Group and Voluntary Term Life Insurance

Website: www.metlife.com

Customer Service Phone: 1.888.252.3607

Cigna—Educator Plan Disability Insurance

Website: www.cigna.com/customer-forms

Disability Claims Phone: 1.800.362.4462

Allstate Benefits—GAP, Accident, Cancer, Critical Illness, Hospital Indemnity, Universal Life

Website: www.allstatebenefits.com/mybenefits

Customer Service Phone: 1.800.521.3535

Employee Eligibility

Full-time employees who work a minimum of 30 hours per week and are at least 18 years of age are eligible to participate in the benefits program. Coverage for full-time employees start on the first day of the month following employment. Once your enrollment is completed, no changes will be allowed until the next annual open enrollment period unless you have a Qualifying Life Event. If you experience a qualifying life event, please contact your Safety and Risk Management Department within 30 days of the event in order to change current benefit elections.

Qualifying Life Events

If you choose not to enroll during your specified enrollment window (either New Hire or Annual Enrollment), you will not have any elective benefit coverage (medical, dental, vision, etc.) for yourself or your dependents. If you experience a qualifying life event (for example: getting married or having a baby) please contact your Safety and Risk Management Department within 30 days of the event in order to change current benefit elections.

A Qualifying Life Event is:

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A termination or commencement of employment of employee's spouse or eligible dependent with coverage;
- A change in employee's, spouse's or dependent's work hours;
- You or your spouse becomes eligible for Medicare benefits;
- Other events as the Plan Administrator determines to be permitted under I.R.S. Section 125 or any other applicable guidelines issued by the Internal Revenue Service.

Dependents added by a qualifying life event are covered the day of the event, provided that enrollment for the dependent is requested within 30 days from the date of the event.

Eligible Dependents

- A employee's legal spouse (common law spouses require a Common Law Certificate. (county courthouse issues these certificates.)
- A employee's unmarried dependent children under age 26 (including adopted children, stepchildren, foster children, minor child for whom a court has ordered coverage, a child being placed for adoption with the employee or a child for whom a court has appointed the employee or their spouse the legal guardian).
- Any dependent child of any age who is physically or mentally unable to care for themselves and are primarily dependent upon the employee for support.
- Dependent child(ren) for whom health care coverage is required through a Qualified Medical Child Support

Order or other court or administrative order – even if the child does not reside with the employee.

- If adding eligible dependent children including stepchildren or adopted children requires and original birth certificate.

Benefits 9/1/2021			
Benefit Plan	Medium Plan		High Plan
	Choice HMO		BCBS HMO
Network Access	In-Network	Non-Network	In-Network
Coinsurance	70%	Not Covered	80%
Calendar Year Deductible (Individual / Family)	\$4,500/\$11,250	Not Covered	\$2,500/\$6,250
Maximum Out of Pocket Limits: To include copays, coinsurance any charges that apply to your deductible	\$7,900/\$15,800	Not Covered	\$7,900/\$15,800
Physician Office Visit Copay	\$30 copay	Not Covered	\$20 copay
Specialist Office Visit Copay	\$50 copay	Not Covered	\$40 copay
Preventive Care Services	Covered at 100%	Not Covered	Covered at 100%
Urgent Care	\$75 copay	Not Covered	\$75 copay
Virtual Visits	Covered at 100%	Not Covered	Covered at 100%
Hospital Inpatient	70% after Ded	Not Covered	80% after Ded
Emergency Room Visit	\$500 copay then 80%	Not Covered	\$300 copay then 80%
Hospital Outpatient	70% after Ded	Not Covered	80% after Ded
Durable Medical Equipment	70% after Ded	Not Covered	80% after Ded
Lab & X - Ray	\$30 copay Physician office visit	Not Covered	\$20 copay Physician office visit
Major Diagnostics (CT, PET, MRI, MRA & Nuclear Medicine)	70% after Ded	Not Covered	80% after Ded
Prescription Benefit -- up to 30-day supply	\$10/\$30/\$30/10% up to \$100	Not Covered	\$10/\$30/\$30/10% up to \$100
Mail-order copay for 90-day supply	\$0/\$30/\$30	Not Covered	\$0/\$30/\$30

Both plans require PCP referrals

Medical Rates 2021 – 2022

Medium Plan

Employee Only	\$29.00
Employee + Spouse	\$386.78
Employee + 1 or 2 Children	\$253.55
Employee + 3 or More Children	\$373.40
Employee Family	\$610.44

High Plan

Employee Only	\$130.30
Employee + Spouse	\$491.23
Employee + 1 or 2 Children	\$339.13
Employee + 3 or More Children	\$501.39
Employee Family	\$745.76

Donna ISD Contribution	\$550.00
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Blue EssentialsSM

A Commonsense Health Care Benefit Option

Do you want an HMO plan that is easy to use? Are you looking for a cost-effective health plan for your family? If so, choosing our Blue Essentials plan may be the best choice for you.

Blue Essentials offers you access to a statewide network of hospitals and doctors. As a Blue Essentials member, you select a primary care provider (PCP) from the Blue EssentialsSM network. You may benefit from having your care coordinated by one doctor. Your doctor gets to know you and your health history, may recognize changes in your health as well as overseeing your routine care and making referrals if you need to see a specialist.

Take an active role in handling your health care and out-of-pocket costs.

- Know what your health plan covers.
- Check on your copayments and other limits.
- Become a smart health care consumer – go to Blue Access for MembersSM to learn more about health insurance.
- Read the health plan documents your employer gives you.¹

1. See your Summary of Benefits and Certificate of Coverage.



Out-of-state coverage

If you or your covered dependents are traveling outside of Texas and need urgent care, you can access the BlueCard® program. This program gives you the ability to obtain urgent health care services through a BCBS-affiliated physician or hospital when traveling. Learn more by calling the Customer Service phone number on the back of your ID card. You can also call the BlueCard phone number at 800-810-BLUE (2583). All you need to do is show your ID card with the suitcase logo to the doctor or hospital.

If you or a covered dependent will be temporarily living outside of Texas, in a participating location, for at least 90 days, you may be eligible to obtain covered services from a Blue Cross and Blue Shield Association-affiliated HMO. Under the Away From Home Care® (AFHC) Program you retain your coverage under HMO. To apply, call the home plan AFHC Coordinator at 888-522-2396 before you leave your service area.

Get support and the tools needed to make the best health care choices:

- Visit bcbstx.com to access Blue Access for Members — a secure, online tool where you can:
 - Get private claims data, view Explanation of Benefits and check your coverage
 - Search for a doctor, hospital or other health care provider

- Our customer service team can answer your questions and help you understand and use your health care benefits.

Get access to health and wellness programs, such as:

Blue365® Member Discount Program Blue365 offers exclusive health and wellness deals to our members, as well as savings from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating choices and much more.

Health and Wellness Resources² Our health and wellness resources programs give you tools and facts, which may help you lose weight, quit smoking or lower your chance for developing heart disease, stroke or diabetes.

Why Blue Essentials Works

- Access to a statewide network of providers, as well as a full range of participating ancillary services, such as home health care, hospice, surgery centers and skilled nursing facilities
- Access to health and wellness programs
- Web and mobile tools

² Our health and wellness resources vary by health plans.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your benefit booklet or call the Customer Service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. You may want to talk to your doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

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 EssentialsSM

Understanding and Using Your Benefits

If you're looking for a health care benefit plan that is easy to use and cost-effective, the Blue Essentials plan might be right for you.

What Is the Blue Essentials Plan?

Blue Essentials offers you access to a statewide network of hospitals and doctors. As a Blue Essentials member, you select a primary care provider (PCP) from the Blue EssentialsSM network. You may benefit from having your care coordinated by one doctor. Your doctor gets to know you and your health history, may recognize changes in your health as well as overseeing your routine care and making referrals if you need to see a specialist.

Helping You Budget for Health Care Costs

Blue Essentials is designed to offer:

- Predictable out-of-pocket expenses
- Consistent copayments
- 100 percent coverage of recommended routine care and preventive screenings

Other Benefits of This Plan

You will also have access to:

- Health and wellness programs
- The BlueCard® network, a national network of providers, which includes more than 97 percent of hospitals nationwide, for health care services when you're out of state
- The Blue365® member discount program, which offers exclusive discounts and deals on health and wellness products and services, such as fitness gear, gym memberships, weight loss programs, dental products and more*
- Web and mobile tools

Finding Providers is Easy

Through our Provider Finder® tool, it's easy to find a doctor, hospital or other health care provider that participates in the Blue Essentials network.

Log in to Blue Access for MembersSM (BAMSM) at bcbstx.com/member. To register for a BAM account, all you need are your group and identification numbers, found on your member ID card. BAM is secure and easy to use. When you search for providers in BAM, it will take you directly to network providers only.

Take an Active Role in Managing Your Health Care

- Know what your health plan covers.
- Check your copayments and other out-of-pocket costs.
- Read the health plan documents your employer gives you.

By logging in to BAM you can also use Provider Finder to:

- Estimate the cost of up to 1600 procedures, treatments and tests, including your out-of-pocket expenses.
- View patient reviews.
- See how industry experts rate your doctor.
- Review providers' certifications and recognitions.
- Rate your doctor or hospital after your visit.

For basic provider searches, you can also access Provider Finder without logging in to BAM. Just visit bcbstx.com and click on the 'Find a Doctor or Hospital' tab.

Or, download the BCBSTX app at the App Store or Google Play.

If you need help finding a network provider or have questions about your benefits, call the toll-free number on the back of your ID card.

* Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your benefit booklet or call the Customer Service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. You may want to talk to your doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

Get all the advantages your health plan offers



Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Texas (BCBSTX) secure member website, Blue Access for Members (BAMSM).

With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one

It's easy to get started

- 1 Go to bcbstx.com/member
- 2 Click Register Now
- 3 Use the information on your BCBSTX ID card to complete the registration process.



Text* BCBSTXAPP to 33633 to get the BCBSTX App that lets you use BAM while you're on the go.

*Message and data rates may apply



BlueCross BlueShield of Texas

Find what you need with Blue Access for Members

NATHAN SMITH Settings 9 Language Assistance En Español Log Out

BlueCross BlueShield of Texas

CURRENTLY VIEWING MY PLAN PPO View My Plans

Home My Coverage Claims Center My Health Doctors & Hospitals Forms & Documents

Welcome NATHAN SMITH!

Message Center 6 You have no messages View all messages

Quick Links 7 Stop receiving paper statements Connect Member Discount Program Manage preferences Verification of Coverage

MY COVERAGE Plan Type: PPO Group Number: 098765 ID Number: ABC123456789

MEDICAL BENEFITS Preferred Network

Individual Deductible	N/A
Family Deductible	N/A
Family Out of Pocket Maximum	\$8,500.00
Coinsurance	N/A

My Care Profile Blue Button Learn how to get your health care profile electronically Get Started »

10 11 Important Information | Non-Discrimination Notice | Help | Contact Us

- 1 **My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 **Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 **My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 **Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 **Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 **Message Center:** Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 **Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 **View My Plan:** See the details of your current health plan, as well as other plans you've had in the past.
- 9 **Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 10 **Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 11 **Contact Us:** Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.



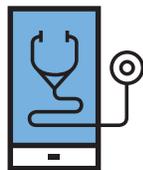
Your Doctor Is In...Provider Finder[®]

**Spend less time
looking for a doctor
and more time
enjoying your life.**

Provider Finder from Blue Cross and Blue Shield of Texas (BCBSTX) is a fast, easy-to-use tool to find your next health care provider. Plus, it can help you manage health care costs.

Go to **bcbstx.com** and log in or create a Blue Access for MembersSM (BAMSM) account and click on the Doctors and Hospitals tab in Provider Finder to:

- Find in-network providers, hospitals, laboratories and more.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Estimate the out-of-pocket costs of more than 1,600 health care procedures, treatments and tests.*
- Use quality awards such as Blue Distinction[®] Center (BDC), BDG+ or Total Care to inform your choices.
- See side-by-side provider or facility quality ratings and patient reviews.*



Go Mobile with BCBSTX

At **bcbstx.com**, log into or create your BAM account. You can stay linked to your claims activity, member ID card and coverage details. It's also where to see prescription refill reminders and health tips by text messages at 33633.

*Available for most networks and plans.



Blue EssentialsSM Provider Directory

Limited Provider Networks: Your primary care practitioner (PCP) is part of a provider network or association of health care professionals who work together to provide a full range of health care services. That means, when you choose your PCP, you are also choosing a limited provider network and in most instances, for services to be covered by your health care benefit plan. You are not allowed to receive services from any practitioner or health care professional that is not part of your PCP's network. You will not be able to select any practitioner or provider outside of your PCP's network, even if that practitioner or provider is participating in the Blue Essentials network. All of your care will be provided by or arranged for within the limited provider network to which your PCP belongs, so make sure that your PCP's network includes the specialists and hospitals that you prefer.

Attention Female Enrollees: Choosing OB/GYN Services: In selecting your PCP remember that his or her network affects your choice of an OB/GYN. For preventive care (well-woman exams), gynecological conditions, or maternity care, female members may see a network OB/GYN without first obtaining a referral from their PCP. If you choose to select an OB/GYN, the OB/GYN you select must belong to the same limited provider network as your PCP. This is another reason to make certain that your PCP's network includes the specialists, particularly the OB/GYN, and hospitals that you prefer. You are not required to select an OB/GYN; you may elect to receive your OB/GYN services from your PCP.



Provider Finder[®]

How to Find Providers as a Guest

To get the most accurate results based on your plan, use the **Member Login**.

Where to Start

A. Go to **bcbstx.com**

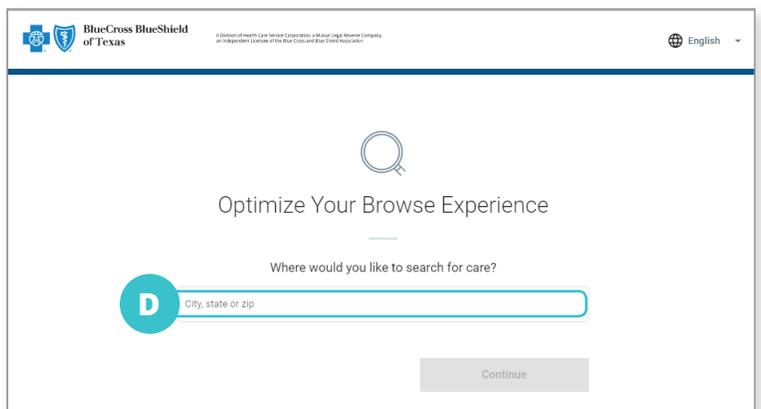
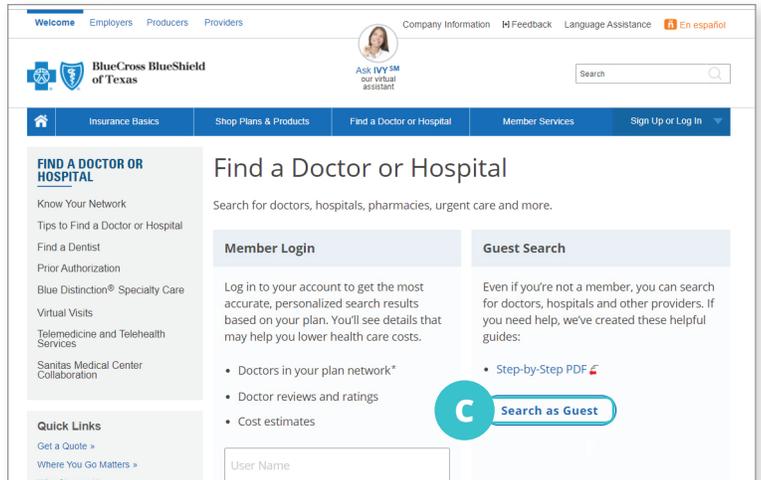
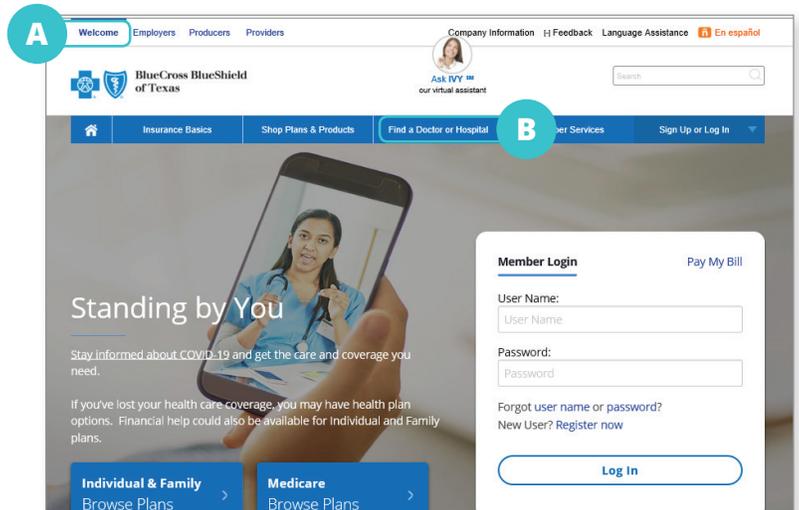
B. Select **Find a Doctor or Hospital**

C. Select **Search as Guest** to find providers when shopping for a health plan

Enter the Location Where You Want to Search for a Provider

D. Enter any of the following under **Optimize Your Browse Experience:**

- City
- State
- ZIP Code



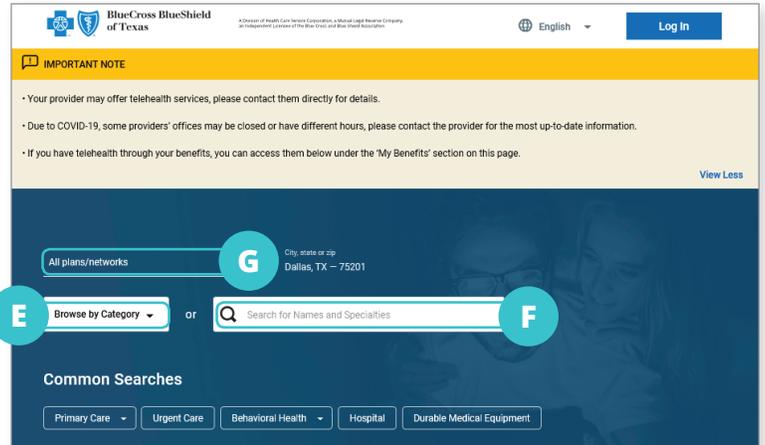


Complete at Least One of the Following

- E. Select **Category**
- F. Enter Provider's Name or Specialty

If You Know Your Plan/Network, Then Narrow Search to Show Only In-Network Providers

- G. Select **plan/network** (skip to Step L)



If You Do Not Know Your Plan/Network Narrow Search

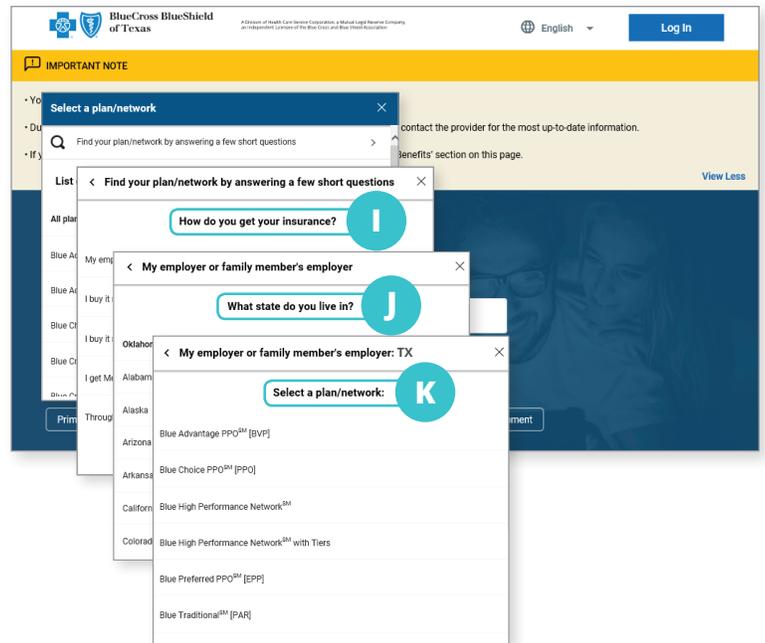
- H. Select **Find your plan/network by answering a few short questions**

Answer the Following Questions

- I. How do you get your insurance?
- J. What state do you live in?

Select a Plan

- K. Select a plan/network

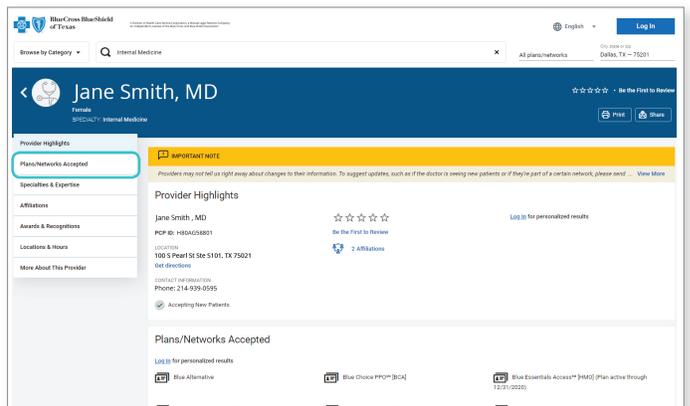
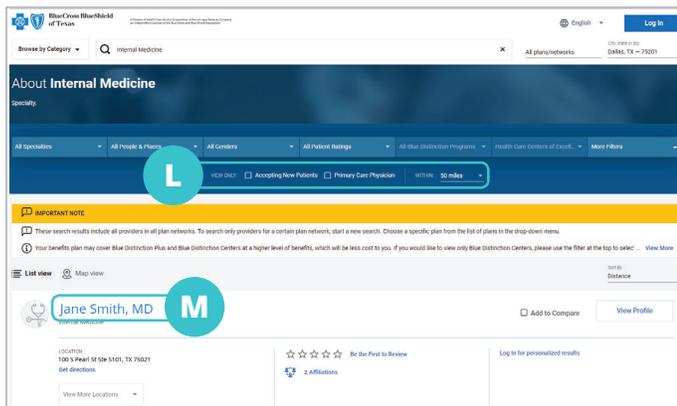


More Focused Results

Searching all plans/networks will sort by distance. Select a particular plan/network to sort by best match.

- L. Select **Accepting New Patients** or adjust distance from selected location
- M. Select the provider you wish to view

View Selected Provider/Facility and Networks Accepted





**BlueCross BlueShield
of Texas**



It's your
choice

Finding the right doctor

Taking time to find the right health care provider is one of the best ways to get the most out of your health care dollar. In fact, according to the Agency for Healthcare Research and Quality, people who ask questions and take an active role in their health are happier with their care and see more improvement in their health than patients who do not.

When you need to find a doctor, take the time to research your options. Choosing the right doctor for YOU is just that — **your choice**. Here are some tips to help you meet your match.

Start with the network

- Health plans like Health Maintenance Organizations (HMO) and Participating Provider Options (PPO) use a certain group of doctors and health care professionals. This is called a provider network. Before you see a doctor, search Provider Finder® for doctors in your provider network. Finding a doctor in your HMO or PPO network may help keep your costs in line.
- Visit the Blue Access for MembersSM website. Check Provider Finder or call the number on the back of your ID card to find out which doctors are in your network.



Tips to narrow your search

- Ask family members, friends or co-workers for their suggestions.
- Check local resources such as network hospitals to see if they have a referral service.
- Contact your state's department of insurance and see if the doctors you are considering have had complaints filed against them.

Pick three or four doctors you like who are in your network. Call their offices and ask these questions:

- Can you reconfirm that the doctor is in my network?
- Is the doctor taking new patients?
- What are the office hours?
- What is the doctor's training and is the doctor board certified?
- How long has the doctor been in practice?
- Does the doctor or someone in the office speak your language?
- Which hospital(s) does the doctor use to treat patients?
- How long does it take to get an appointment?

Once you've narrowed your list, consider setting up appointments so you can get to know the candidates. Bring a list of questions and be prepared to discuss any concerns. Some offices charge a small fee for a meet and greet, but it could be well worth it.

Get started today to find the doctor that best meets your needs.

Plan 1: Dental Plan Summary

Policy# 350697 Effective Date: 10/1/2020

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,500 per calendar year
Allowance	Discounted Fee
Dental Rewards*	Included
Waiting Period	None

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$2,000
Waiting Period	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under (1 per benefit period) Sealants (age 16 and under) Space Maintainers 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Monthly Rates

Employee Only (EE)	\$29.96
EE + Spouse	\$52.44
EE + Children	\$67.94
EE + Spouse & Children	\$89.84

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of DONNA ISD. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Dental Rewards*

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental contracted provider network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the member sees a Contracted Provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.



Vision plan benefits for Donna ISD

Copays		Monthly premiums		Services/frequency	
Exam ¹	\$20	Emp. only	\$6.03	Exam	12 months
Eyewear ²	\$25	Emp. + spouse	\$10.09	Frame	24 months
		Emp. + children	\$10.92	Lenses	12 months
		Emp. + family	\$16.54	Contact lenses	12 months

(Based on date of service)

Benefits through Superior Select Southwest network

	In-network	Out-of-network
Exam	Covered in full	Up to \$35 retail
Frames	\$125 retail allowance	Up to \$70 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ³	Up to \$45 retail
Contact lenses ⁴	\$150 retail allowance	Up to \$80 retail
Medically necessary contact lenses	Covered in full	Up to \$150 retail
LASIK vision correction ⁵		\$200 allowance

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Eye exam copay is a single payment due to the provider at the time of service.

² Eyewear copay applies to eyeglass lenses / frame and contact lenses. Eyewear copay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses)

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

⁴ Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

⁵ Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount features

Non-covered eyewear discount: members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

The national LASIK network of laser vision correction providers offers members special program pricing on services. The program pricing should be verified prior to service.

superiorvision.com

(800) 507-3800

The Plan discount features are not insurance.

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

Discounts are subject to change without notice.

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

Donna ISD Plan Benefits

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

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Your employer provides you with Basic Term Life and AD&D insurance coverage in the amount of \$20,000.

Supplemental Term Life Insurance Coverage Options

For You	\$10,000 increments, to a maximum of the lesser of 5x pay or \$500,000
For Your Spouse/Domestic Partner	\$5,000 increments, to a maximum of \$250,000, not to exceed 100% of your Optional Life
For Your Dependent Children*	Birth to 6 months \$1,000; more than 6 months \$10,000

*Child(ren)'s Eligibility: Dependent children ages from birth to 26 years old are eligible for coverage.

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

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age as of your last birthday) as well as those for your spouse/domestic partner. Rates to cover your child(ren) are also shown.

Age	Monthly Cost Per \$1,000 of Employee Coverage	Monthly Cost Per \$1,000 of Spouse/Domestic Partner Coverage
Under 25	\$0.045	\$0.045
25 - 29	\$0.045	\$0.045
30 - 34	\$0.055	\$0.055
35 - 39	\$0.079	\$0.079
40 - 44	\$0.100	\$0.100
45 - 49	\$0.150	\$0.150
50 - 54	\$0.230	\$0.230
55 - 59	\$0.393	\$0.393
60 - 64	\$0.631	\$0.631
65 - 69	\$1.037	\$1.037
70 +	\$1.654	\$1.654
Cost for your Child(ren)†	\$0.178	

† Covers all eligible children

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

Use the table below to calculate your premium based on the amount of life insurance you will need.
Example: \$100,000 Supplemental Life Coverage

1. Enter the rate from the table (example age 36)	\$0.079	\$ _____
2. Enter the amount of insurance in thousands of dollars (Example: for \$100,000 of coverage enter \$100)	100	_____
3. Monthly premium (1) x (2)	\$7.90	\$ _____

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

Once Enrolled, You have Access to MetLife AdvantagesSM - Services to Help Navigate What Life May Bring

Grief Counseling¹ *To help you, your dependents, and your beneficiaries cope with loss*

You, your dependents, and your beneficiaries have access to grief counseling¹ sessions and funeral related concierge services to help cope with a loss – at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.¹ In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-888-319-7819 or log on to www.metlifegc.lifeworks.com (Username: metlifeassist; Password: support).

Download this helpful Funeral Planning Guide at www.metlife.com/funeralguide.

Funeral Discounts and Planning Services²

Ensuring your final wishes are honored

As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services - either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones.

Beneficiary Claim Assistance³

For support when beneficiaries need it most

This program is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for Massachusetts Mutual Life Insurance Company (Mass Mutual) financial professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and help with financial questions.

Life Settlement Account⁵

For immediate access to death proceeds

The Total Control Account[®] (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accidental death and dismemberment claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

Travel Assistance⁶

A travel assistance benefit is available when you enroll in MetLife's AD&D coverage.

Travel assistance services, offered on your Supplemental AD&D coverage, offers you and your family access to emergency services while you travel, plus the advantage of concierge assistance for personal and work-related travel and entertainment requests. This service provides you and your dependents with medical, legal, transportation and financial assistance 24 hours a day, 365 days a year when you are more than 100 miles away from home. You also have access to Mobile Assist Service to provide you information to help avoid expensive mobile telephone charges and help effectively use overseas options. Mobile Assist Service also offers a detailed guide that includes essential applications and resources and connects employees to their concierge services. Identity Theft Solutions is also available to help educate you on identity theft prevention and provides assistance in the event you are a victim of identity theft. Please visit the AXA website for more information.

<http://webcorp.axa-assistance.com>

Login: axa

Password: travelassist

Will Preparation ⁷

To help ensure your decisions are carried out

When you enroll for supplemental term life coverage, you will automatically receive access to Will Preparation Services at no extra cost to you. Both you and your spouse/domestic partner will have unlimited in-person or telephone access to one of Hyatt Legal Plans' nationwide network of 14,000+ participating attorneys for preparation of or updating a will, living will or power of attorney.* When you use a participating plan attorney, there will be no charge for the services.* Like life insurance, a carefully prepared will (simple or complex), living will and power of attorney are important.

- A will lets you define your most important decisions, such as who will care for your children or inherit your property.
- A living will ensures your wishes are carried out and protects your loved ones from having to make very difficult and personal medical decisions by themselves. Also called an "advanced directive," it is a document authorized by statutes in all states that allows you to provide written instructions regarding use of extraordinary life-support measures and to appoint someone as your proxy or representative to make decisions on maintaining extraordinary life-support if you should become incapacitated and unable to communicate your wishes.
- Powers of attorney allow you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated

Call 1-800-821-6400 and a Client Service Representative will assist you.

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

Estate Resolution Services^{SM7} (ERS)

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

MetLife Estate Resolution ServicesSM provides probate services in person or over the phone to the representative (executor or administrator) of the deceased employee's estate and the estate of the employee's spouse/domestic partner. Estate Resolution Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. ERS covers participating plan attorneys' fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

WillsCenter.com⁸

Self-service online legal document preparation

Employees and spouses/domestic partners have access to WillsCenter.com, an online document service to prepare and update a will, living will, power of attorney, funeral directive, memorandum of wishes or HIPAA authorization form in a secure 24/7 environment at no additional cost. This service is available with all life coverages. Log on to www.willscenter.com to register as a new user.

Digital Storage⁹

MetLife Infinity is a resource that can help you create a digital legacy for your beneficiaries, estate administrators and others who play important roles in your major life events. It is available to anyone regardless of affiliation with MetLife. MetLife Infinity offers a unique way to capture and securely store your important documents, audio files, photos, and videos. Items you can store using MetLife Infinity include deeds, wills and executor instructions and financial and life stage planning documents. Once you've captured your digital legacy, MetLife Infinity allows you to designate individuals to receive your collection electronically in the event of your death or at another time you indicate. To access MetLife Infinity, visit <https://metlifeinfinity.com> to register and learn more.

Range of solutions for continuing workplace coverage

Portability

So you can keep your coverage even if you leave your current employer

Should you leave Donna IDS for any reason, and your Supplemental and Dependent Term Life and Supplemental and Dependent Accidental Death and Dismemberment insurance under this plan terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least \$10,000 up to a maximum of \$2,000,000.

Portability is also available on coverage you've selected for your spouse/domestic partner and dependent child(ren). The maximum amount of coverage for spouse/domestic partners is \$250,000; the maximum amount of dependent child coverage is \$25,000. Increases, decreases and maximums are subject to state availability.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your certificate for specific details.

Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-888-252-3607 or contact your plan administrator for more information.

Transition Solutions³

Assistance identifying solutions for your financial situations

Transition Solutions provides assistance for important, time-sensitive benefit and financial decisions due to change in benefits including:

- Group Life Insurance Continuation Options
- Lump-sum distributions
- Reduction in benefits for active or retired employees
- Benefits coordination due to layoffs, merger, acquisition or bankruptcy
- Define Contribution Plan termination
- Retiree Group Life elimination

Additional Features

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

Accelerated Benefits Option¹⁰

For access to funds during a difficult time

If you become terminally ill and are diagnosed with 24 months or less to live, you have the option to receive up to 80% of your life insurance proceeds. This can go a long way towards helping your family meet medical and other expenses at a difficult time. Amounts not accelerated will continue under your employer's plan for as long as you remain eligible per the certificate requirements and the group policy remains in effect.

The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g)).¹⁰

Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

The Accelerated Benefits Option is also available to spouses/domestic partners insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

Conversion

For protection after your coverage terminates

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in employee class. Conversion is available on all group life insurance coverages. Please note that conversion is **not** available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process. Please contact your plan administrator for more information.

Extended Death Benefit

Provides death benefit coverage

With this feature, you'll have death benefit protection without premium payment for a period of up to one year following termination of employment if you are Totally Disabled on the date your employment terminates. If you were covered under the plan for less than one year, coverage will be extended for the length of time you were covered.

What's Not Covered?

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

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

Accidental Death & Dismemberment Coverage Options

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

Supplemental AD&D Coverage Amounts for You

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

Supplemental AD&D Coverage Amounts for Spouse/Domestic Partner and Child(ren)

Your dependents will be eligible for coverage amounts equal to their amounts of Dependent Term Life coverage.

*Child(ren)'s Eligibility: Dependent children ages from birth to 26 years old are eligible for coverage.

Monthly Cost for Accidental Death & Dismemberment (AD&D) Insurance

Supplemental Coverage	Monthly Cost Per \$1,000 of Coverage
Employee	\$0.016
Dependent Spouse/Domestic Partner	\$0.018
Dependent Child	\$0.053

Covered Losses

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

Standard Additional Benefits Include

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

- Air Bag
- Seat Belt
- Common Carrier

What Is Not Covered by AD&D?

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

Additional Coverage Information

How To Apply*

Complete your enrollment form and return it to Safety and Risk Management Department today! Be sure to indicate your Beneficiary. **Act Now During the Enrollment Period.**

*All applications are subject to review and approval by Metropolitan Life Insurance Company. Based on the plan design and the amount of coverage requested, a Statement of Health may need to be submitted to complete your application.

For Employee Coverage

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

For 2019 Annual Enrollment Period

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had in the last year, or
- You are requesting to increase coverage equal to/less than of 3 times your basic annual earnings or \$160,000.

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for coverage equal to/less than 3 times your basic annual earnings or \$160,000.

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form.

For Dependent Coverage†

You must be covered in order to obtain coverage for your spouse/domestic partner and child(ren).

Your spouse/domestic partner and dependent children do not need to provide medical information as long as:

For Annual Enrollment

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

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for spouse/domestic partner coverage equal to/less than \$50,000.
-

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect in order for your spouse/domestic partner's and eligible children's coverage to take effect. In addition, your spouse/domestic partner and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

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

Who Can Be A Designated Beneficiary?

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

¹ Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have masters or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their Safety and Risk Management Department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.

² Services and discounts are provided through a member of the Dignity Memorial[®] Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. SCI offers planning services, expert assistance, and bereavement travel services to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers have been pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

³ MetLife administers this program but has arranged for Massachusetts Mutual Life Insurance Company (MassMutual) to have specially-trained financial professionals offer financial education and, upon request, provide personal guidance to employees and former employees of companies providing this program through MetLife.

⁵ The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCAs are maintained in MetLife's general account and are subject to claims of MetLife's creditors. MetLife bears the investment risk of the assets backing TCAs, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to TCAs will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.

⁶ Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated)

through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

⁷ Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio, a MetLife company. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

⁸ WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

⁹ MetLife Infinity is offered by MetLife Corporate Services, Inc., an affiliate of Metropolitan Life Insurance Company.

⁰ The Accelerated Benefits Option is subject to state availability and regulation. The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable federal tax treatment. If the accelerated benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation.

This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances.

Receipt of accelerated benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of accelerated benefits will have on public assistance eligibility for you, your spouse or your family.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Donna ISD and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates, when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group contract. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.





Employee-Paid

EDUCATOR DISABILITY INSURANCE

SUMMARY OF BENEFITS

Prepared for: Donna ISD Employees

If you had an unexpected illness of injury and were unable to work, how long would you be able to pay your bills?
 Long-term disability pays a portion of you salary if you're unable to work due to a covered disability.

ELIGIBILITY: If you are an active, full-time Donna ISD employee, who works at least 30 hours per week, you are eligible on your date of hire.

	Gross Monthly Benefit	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
Employee Options	<p>Select Monthly Benefit:</p> <p>Flat dollar benefit in \$100 increments between \$200 and \$7,500 that cannot exceed 66^{2/3}% of your current monthly earnings</p>	\$7,500	<p>Select from Seven Options:</p> <p>Accident/Sickness</p> <p>0 days/7 days*</p> <p>7 days/7days*</p> <p>14 days/14 days*</p> <p>30 days/30 days*</p> <p>60 days/60 days</p> <p>90 days/90 days</p> <p>180 days/180 days</p>	<p>Premium Plan:</p> <p>Benefits to SSNRA for Accident or Sickness</p> <p>Select Plan:</p> <p>Benefits to SSNRA for Accident and 5 years for Sickness</p> <p><i>Please refer to the "Maximum Benefit Period" Schedules below for more details</i></p>

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

Employee's Monthly Cost of Coverage: Use the attached rate sheets.

Important Definitions and Policy Provisions:

Disability- "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings- "Covered Earnings" means your wages or salary, not including bonuses, commissions, and other extra compensation.

When Benefits Begin- You must be continuously Disabled for your elected benefit waiting period before benefits will be payable for a covered Disability.

Maximum Benefit Period- Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to one of the following schedules, depending on your age at the time you become Disabled and the plan you select.

Premium Plan: Maximum Benefit Period Schedule (Benefits to SSNRA for Accident or Sickness)

Age at Disability	Prior to age 63	63	64	65	66	67	68	69+
Duration of Payments (resulting from a covered Accident or Sickness)	To SSNRA* or the date the 48 th monthly benefit is payable, if later	To SSNRA* or the date the 42 nd monthly benefit is payable, if later	Date the 36 th monthly benefit is payable	Date the 30 th monthly benefit is payable	Date the 27 th monthly benefit is payable	Date the 24 th monthly benefit is payable	Date the 21 st monthly benefit is payable	Date the 18 th monthly benefit is payable

Select Plan: Maximum Benefit Period Schedule (Benefits to SSNRA for Accident and 5 Years for Sickness)

Age at Disability	Prior to age 63	63	64	65	66	67	68	69+
Duration of Payments (Disability resulting from a covered Accident)	To SSNRA* or the date the 48 th monthly benefit is payable, if later	To SSNRA* or the date the 42 nd monthly benefit is payable, if later	Date the 36 th monthly benefit is payable	Date the 30 th monthly benefit is payable	Date the 27 th monthly benefit is payable	Date the 24 th monthly benefit is payable	Date the 21 st monthly benefit is payable	Date the 18 th monthly benefit is payable
Duration of Payments (Disability resulting from a covered Sickness)	Date the 60 th monthly benefit is payable			The later of Age 70 or the date the 12 th monthly benefit is payable				The date the 12 th monthly benefit is payable

*SSNRA means the Social Security Normal Retirement Age in effect under the Social Security Act on the policy effective date.

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits- This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by Other Income Benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Any amounts received (or assumed to be received*) by the Employee or his or her dependents under any workers' compensation. Disability benefits will be reduced by amounts received through Social Security disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits may also be reduced by amounts received through other government programs, employer's sabbatical leave, employer's assault leave plan, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer's summary plan description. *Note: Some of the Other Income Benefits, as defined in the group policy, will not be considered until after disability benefits are payable for 12 months.*

Earnings While Disabled- During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period- Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

Pre-existing Condition Limitation- Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures,) during the first 3 months insured and 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Pre-existing Condition Waiver: The Insurance Company will waive the Pre-Existing Condition Limitation for the first four weeks of Disability even if the Employee has a Pre-Existing Condition. The Disability Benefits as shown in the Schedule of Benefits will continue beyond 4 weeks only if the Pre-Existing Condition Limitation does not apply.

Termination of Disability Benefits- Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, or on the following events: (1) the date you earn from any occupation more than 80% of your Covered Earnings, or the date you fail to cooperate with us in a rehabilitation plan, or transitional work arrangement, or the administration of the claim.

Rehabilitation Requirement- To be eligible for Disability benefits under this plan, you may be required to participate in a rehabilitation plan at the sole discretion and expense of the insurance company or company administering benefits under this plan. If you fail to fully cooperate with the rehabilitation plan, no Disability benefits will be paid, and coverage will end. For details, see your Certificate of Insurance.

Exclusions- This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: • Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane. — war or any act of war, whether or not declared. — Active participation in a riot; • commission of a felony; • the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy. — any cosmetic surgery or surgical procedure that is not Medically Necessary. In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

1 Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section.

2 Costs are subject to change. Terms and conditions of coverage for Long-Term Disability insurance are set forth in Group Policy No. SLH100012. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192. *Cigna and the "Tree of Life" logo are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Life Insurance Company of North America and Cigna Life Insurance Company of New York, and not by Cigna Corporation. 882862 11/16 © 2016 Cigna. Some content provided under license.



Offered by Life Insurance Company of North America (a Cigna company)

Employee-Paid

DISABILITY INSURANCE FOR EDUCATORS

DONNA INDEPENDENT SCHOOL DISTRICT

Rates are subject to change; Salary updates occur at plan anniversary

Max. Benefit %	66.67%	Premium Plan							Select Plan						
		Option 1 Premium	Option 2 Premium	Option 3 Premium	Option 4 Premium	Option 5 Premium	Option 6 Premium	Option 7 Premium	Option 1 Select	Option 2 Select	Option 3 Select	Option 4 Select	Option 5 Select	Option 6 Select	Option 7 Select
Elimination Period:															
Injury (Days)	0	7	14	30	60	90	180	0	7	14	30	60	90	180	
Sickness (Days)	7	7	14	30	60	90	180	7	7	14	30	60	90	180	
Gross Annual Salary	Maximum Monthly Benefit	Select Plan Monthly Cost													
\$3,600	\$200	\$6.94	\$6.32	\$5.76	\$4.70	\$4.46	\$3.36	\$2.52	\$6.26	\$5.72	\$5.04	\$3.94	\$3.02	\$2.26	\$1.80
\$5,400	\$300	\$10.41	\$9.48	\$8.64	\$7.05	\$6.69	\$5.04	\$3.78	\$9.39	\$8.58	\$7.56	\$5.91	\$4.53	\$3.39	\$2.70
\$7,200	\$400	\$13.88	\$12.64	\$11.52	\$9.40	\$8.92	\$6.72	\$5.04	\$12.52	\$11.44	\$10.08	\$7.88	\$6.04	\$4.52	\$3.60
\$9,000	\$500	\$17.35	\$15.80	\$14.40	\$11.75	\$11.15	\$8.40	\$6.30	\$15.65	\$14.30	\$12.60	\$9.85	\$7.55	\$5.65	\$4.50
\$10,800	\$600	\$20.82	\$18.96	\$17.28	\$14.10	\$13.38	\$10.08	\$7.56	\$18.78	\$17.16	\$15.12	\$11.82	\$9.06	\$6.78	\$5.40
\$12,600	\$700	\$24.29	\$22.12	\$20.16	\$16.45	\$15.61	\$11.76	\$8.82	\$21.91	\$20.02	\$17.64	\$13.79	\$10.57	\$7.91	\$6.30
\$14,400	\$800	\$27.76	\$25.28	\$23.04	\$18.80	\$17.84	\$13.44	\$10.08	\$25.04	\$22.88	\$20.16	\$15.76	\$12.08	\$9.04	\$7.20
\$16,200	\$900	\$31.23	\$28.44	\$25.92	\$21.15	\$20.07	\$15.12	\$11.34	\$28.17	\$25.74	\$22.68	\$17.73	\$13.59	\$10.17	\$8.10
\$18,000	\$1,000	\$34.70	\$31.60	\$28.80	\$23.50	\$22.30	\$16.80	\$12.60	\$31.30	\$28.60	\$25.20	\$19.70	\$15.10	\$11.30	\$9.00
\$19,800	\$1,100	\$38.17	\$34.76	\$31.68	\$25.85	\$24.53	\$18.48	\$13.86	\$34.43	\$31.46	\$27.72	\$21.67	\$16.61	\$12.43	\$9.90
\$21,600	\$1,200	\$41.64	\$37.92	\$34.56	\$28.20	\$26.76	\$20.16	\$15.12	\$37.56	\$34.32	\$30.24	\$23.64	\$18.12	\$13.56	\$10.80
\$23,400	\$1,300	\$45.11	\$41.08	\$37.44	\$30.55	\$28.99	\$21.84	\$16.38	\$40.69	\$37.18	\$32.76	\$25.61	\$19.63	\$14.69	\$11.70
\$25,200	\$1,400	\$48.58	\$44.24	\$40.32	\$32.90	\$31.22	\$23.52	\$17.64	\$43.82	\$40.04	\$35.28	\$27.58	\$21.14	\$15.82	\$12.60
\$27,000	\$1,500	\$52.05	\$47.40	\$43.20	\$35.25	\$33.45	\$25.20	\$18.90	\$46.95	\$42.90	\$37.80	\$29.55	\$22.65	\$16.95	\$13.50
\$28,800	\$1,600	\$55.52	\$50.56	\$46.08	\$37.60	\$35.68	\$26.88	\$20.16	\$50.08	\$45.76	\$40.32	\$31.52	\$24.16	\$18.08	\$14.40
\$30,600	\$1,700	\$58.99	\$53.72	\$48.96	\$39.95	\$37.91	\$28.56	\$21.42	\$53.21	\$48.62	\$42.84	\$33.49	\$25.67	\$19.21	\$15.30
\$32,400	\$1,800	\$62.46	\$56.88	\$51.84	\$42.30	\$40.14	\$30.24	\$22.68	\$56.34	\$51.48	\$45.36	\$35.46	\$27.18	\$20.34	\$16.20
\$34,200	\$1,900	\$65.93	\$60.04	\$54.72	\$44.65	\$42.37	\$31.92	\$23.94	\$59.47	\$54.34	\$47.88	\$37.43	\$28.69	\$21.47	\$17.10
\$36,000	\$2,000	\$69.40	\$63.20	\$57.60	\$47.00	\$44.60	\$33.60	\$25.20	\$62.60	\$57.20	\$50.40	\$39.40	\$30.20	\$22.60	\$18.00
\$37,800	\$2,100	\$72.87	\$66.36	\$60.48	\$49.35	\$46.83	\$35.28	\$26.46	\$65.73	\$60.06	\$52.92	\$41.37	\$31.71	\$23.73	\$18.90
\$39,600	\$2,200	\$76.34	\$69.52	\$63.36	\$51.70	\$49.06	\$36.96	\$27.72	\$68.86	\$62.92	\$55.44	\$43.34	\$33.22	\$24.86	\$19.80
\$41,400	\$2,300	\$79.81	\$72.68	\$66.24	\$54.05	\$51.29	\$38.64	\$28.98	\$71.99	\$65.78	\$57.96	\$45.31	\$34.73	\$25.99	\$20.70
\$43,200	\$2,400	\$83.28	\$75.84	\$69.12	\$56.40	\$53.52	\$40.32	\$30.24	\$75.12	\$68.64	\$60.48	\$47.28	\$36.24	\$27.12	\$21.60
\$45,000	\$2,500	\$86.75	\$79.00	\$72.00	\$58.75	\$55.75	\$42.00	\$31.50	\$78.25	\$71.50	\$63.00	\$49.25	\$37.75	\$28.25	\$22.50
\$46,800	\$2,600	\$90.22	\$82.16	\$74.88	\$61.10	\$57.98	\$43.68	\$32.76	\$81.38	\$74.36	\$65.52	\$51.22	\$39.26	\$29.38	\$23.40
\$48,600	\$2,700	\$93.69	\$85.32	\$77.76	\$63.45	\$60.21	\$45.36	\$34.02	\$84.51	\$77.22	\$68.04	\$53.19	\$40.77	\$30.51	\$24.30
\$50,400	\$2,800	\$97.16	\$88.48	\$80.64	\$65.80	\$62.44	\$47.04	\$35.28	\$87.64	\$80.08	\$70.56	\$55.16	\$42.28	\$31.64	\$25.20

DONNA INDEPENDENT SCHOOL DISTRICT

Rates are subject to change; Salary updates occur at plan anniversary

Max. Benefit %	Premium Plan							Select Plan						
	Option 1 Premium	Option 2 Premium	Option 3 Premium	Option 4 Premium	Option 5 Premium	Option 6 Premium	Option 7 Premium	Option 1 Select	Option 2 Select	Option 3 Select	Option 4 Select	Option 5 Select	Option 6 Select	Option 7 Select
66.67%														
Elimination Period:														
Injury (Days)	0	7	14	30	60	90	180	0	7	14	30	60	90	180
Sickness (Days)	7	7	14	30	60	90	180	7	7	14	30	60	90	180
Gross Annual Salary	Premium Plan Monthly Cost													
\$52,200	\$100.63	\$91.64	\$83.52	\$68.15	\$64.67	\$48.72	\$36.54	\$90.77	\$82.94	\$73.08	\$57.13	\$43.79	\$32.77	\$26.10
\$54,000	\$104.10	\$94.80	\$86.40	\$70.50	\$66.90	\$50.40	\$37.80	\$93.90	\$85.80	\$75.60	\$59.10	\$45.30	\$33.90	\$27.00
\$55,800	\$107.57	\$97.96	\$89.28	\$72.85	\$69.13	\$52.08	\$39.06	\$97.03	\$88.66	\$78.12	\$61.07	\$46.81	\$35.03	\$27.90
\$57,600	\$111.04	\$101.12	\$92.16	\$75.20	\$71.36	\$53.76	\$40.32	\$100.16	\$91.52	\$80.64	\$63.04	\$48.32	\$36.16	\$28.80
\$59,400	\$114.51	\$104.28	\$95.04	\$77.55	\$73.59	\$55.44	\$41.58	\$103.29	\$94.38	\$83.16	\$65.01	\$49.83	\$37.29	\$29.70
\$61,200	\$117.98	\$107.44	\$97.92	\$79.90	\$75.82	\$57.12	\$42.84	\$106.42	\$97.24	\$85.68	\$66.98	\$51.34	\$38.42	\$30.60
\$63,000	\$121.45	\$110.60	\$100.80	\$82.25	\$78.05	\$58.80	\$44.10	\$109.55	\$100.10	\$88.20	\$68.95	\$52.85	\$39.55	\$31.50
\$64,800	\$124.92	\$113.76	\$103.68	\$84.60	\$80.28	\$60.48	\$45.36	\$112.68	\$102.96	\$90.72	\$70.92	\$54.36	\$40.68	\$32.40
\$66,600	\$128.39	\$116.92	\$106.56	\$86.95	\$82.51	\$62.16	\$46.62	\$115.81	\$105.82	\$93.24	\$72.89	\$55.87	\$41.81	\$33.30
\$68,400	\$131.86	\$120.08	\$109.44	\$89.30	\$84.74	\$63.84	\$47.88	\$118.94	\$108.68	\$95.76	\$74.86	\$57.38	\$42.94	\$34.20
\$70,200	\$135.33	\$123.24	\$112.32	\$91.65	\$86.97	\$65.52	\$49.14	\$122.07	\$111.54	\$98.28	\$76.83	\$58.89	\$44.07	\$35.10
\$72,000	\$138.80	\$126.40	\$115.20	\$94.00	\$89.20	\$67.20	\$50.40	\$125.20	\$114.40	\$100.80	\$78.80	\$60.40	\$45.20	\$36.00
\$73,800	\$142.27	\$129.56	\$118.08	\$96.35	\$91.43	\$68.88	\$51.66	\$128.33	\$117.26	\$103.32	\$80.77	\$61.91	\$46.33	\$36.90
\$75,600	\$145.74	\$132.72	\$120.96	\$98.70	\$93.66	\$70.56	\$52.92	\$131.46	\$120.12	\$105.84	\$82.74	\$63.42	\$47.46	\$37.80
\$77,400	\$149.21	\$135.88	\$123.84	\$101.05	\$95.89	\$72.24	\$54.18	\$134.59	\$122.98	\$108.36	\$84.71	\$64.93	\$48.59	\$38.70
\$79,200	\$152.68	\$139.04	\$126.72	\$103.40	\$98.12	\$73.92	\$55.44	\$137.72	\$125.84	\$110.88	\$86.68	\$66.44	\$49.72	\$39.60
\$81,000	\$156.15	\$142.20	\$129.60	\$105.75	\$100.35	\$75.60	\$56.70	\$140.85	\$128.70	\$113.40	\$88.65	\$67.95	\$50.85	\$40.50
\$82,800	\$159.62	\$145.36	\$132.48	\$108.10	\$102.58	\$77.28	\$57.96	\$143.98	\$131.56	\$115.92	\$90.62	\$69.46	\$51.98	\$41.40
\$84,600	\$163.09	\$148.52	\$135.36	\$110.45	\$104.81	\$78.96	\$59.22	\$147.11	\$134.42	\$118.44	\$92.59	\$70.97	\$53.11	\$42.30
\$86,400	\$166.56	\$151.68	\$138.24	\$112.80	\$107.04	\$80.64	\$60.48	\$150.24	\$137.28	\$120.96	\$94.56	\$72.48	\$54.24	\$43.20
\$88,200	\$170.03	\$154.84	\$141.12	\$115.15	\$109.27	\$82.32	\$61.74	\$153.37	\$140.14	\$123.48	\$96.53	\$73.99	\$55.37	\$44.10
\$90,000	\$173.50	\$158.00	\$144.00	\$117.50	\$111.50	\$84.00	\$63.00	\$156.50	\$143.00	\$126.00	\$98.50	\$75.50	\$56.50	\$45.00
\$91,800	\$176.97	\$161.16	\$146.88	\$119.85	\$113.73	\$85.68	\$64.26	\$159.63	\$145.86	\$128.52	\$100.47	\$77.01	\$57.63	\$45.90
\$93,600	\$180.44	\$164.32	\$149.76	\$122.20	\$115.96	\$87.36	\$65.52	\$162.76	\$148.72	\$131.04	\$102.44	\$78.52	\$58.76	\$46.80
\$95,400	\$183.91	\$167.48	\$152.64	\$124.55	\$118.19	\$89.04	\$66.78	\$165.89	\$151.58	\$133.56	\$104.41	\$80.03	\$59.89	\$47.70
\$97,200	\$187.38	\$170.64	\$155.52	\$126.90	\$120.42	\$90.72	\$68.04	\$169.02	\$154.44	\$136.08	\$106.38	\$81.54	\$61.02	\$48.60
\$99,000	\$190.85	\$173.80	\$158.40	\$129.25	\$122.65	\$92.40	\$69.30	\$172.15	\$157.30	\$138.60	\$108.35	\$83.05	\$62.15	\$49.50
\$100,800	\$194.32	\$176.96	\$161.28	\$131.60	\$124.88	\$94.08	\$70.56	\$175.28	\$160.16	\$141.12	\$110.32	\$84.56	\$63.28	\$50.40
\$102,600	\$197.79	\$180.12	\$164.16	\$133.95	\$127.11	\$95.76	\$71.82	\$178.41	\$163.02	\$143.64	\$112.29	\$86.07	\$64.41	\$51.30
\$104,400	\$201.26	\$183.28	\$167.04	\$136.30	\$129.34	\$97.44	\$73.08	\$181.54	\$165.88	\$146.16	\$114.26	\$87.58	\$65.54	\$52.20
\$106,200	\$204.73	\$186.44	\$169.92	\$138.65	\$131.57	\$99.12	\$74.34	\$184.67	\$168.74	\$148.68	\$116.23	\$89.09	\$66.67	\$53.10
\$108,000	\$208.20	\$189.60	\$172.80	\$141.00	\$133.80	\$100.80	\$75.60	\$187.80	\$171.60	\$151.20	\$118.20	\$90.60	\$67.80	\$54.00
\$109,800	\$211.67	\$192.76	\$175.68	\$143.35	\$136.03	\$102.48	\$76.86	\$190.93	\$174.46	\$153.72	\$120.17	\$92.11	\$68.93	\$54.90
\$111,600	\$215.14	\$195.92	\$178.56	\$145.70	\$138.26	\$104.16	\$78.12	\$194.06	\$177.32	\$156.24	\$122.14	\$93.62	\$70.06	\$55.80

DONNA INDEPENDENT SCHOOL DISTRICT

Rates are subject to change; Salary updates occur at plan anniversary

Max. Benefit %	Premium Plan							Select Plan						
	Option 1 Premium	Option 2 Premium	Option 3 Premium	Option 4 Premium	Option 5 Premium	Option 6 Premium	Option 7 Premium	Option 1 Select	Option 2 Select	Option 3 Select	Option 4 Select	Option 5 Select	Option 6 Select	Option 7 Select
66.67%														
Elimination Period:														
Injury (Days)	0	7	14	30	60	90	180	0	7	14	30	60	90	180
Sickness (Days)	7	7	14	30	60	90	180	7	7	14	30	60	90	180
Gross Annual Salary	Premium Plan Monthly Cost													
\$113,400	\$218.61	\$199.08	\$181.44	\$148.05	\$140.49	\$105.84	\$79.38	\$197.19	\$180.18	\$158.76	\$124.11	\$95.13	\$71.19	\$56.70
\$115,200	\$222.08	\$202.24	\$184.32	\$150.40	\$142.72	\$107.52	\$80.64	\$200.32	\$183.04	\$161.28	\$126.08	\$96.64	\$72.32	\$57.60
\$117,000	\$225.55	\$205.40	\$187.20	\$152.75	\$144.95	\$109.20	\$81.90	\$203.45	\$185.90	\$163.80	\$128.05	\$98.15	\$73.45	\$58.50
\$118,800	\$229.02	\$208.56	\$190.08	\$155.10	\$147.18	\$110.88	\$83.16	\$206.58	\$188.76	\$166.32	\$130.02	\$99.66	\$74.58	\$59.40
\$120,600	\$232.49	\$211.72	\$192.96	\$157.45	\$149.41	\$112.56	\$84.42	\$209.71	\$191.62	\$168.84	\$131.99	\$101.17	\$75.71	\$60.30
\$122,400	\$235.96	\$214.88	\$195.84	\$159.80	\$151.64	\$114.24	\$85.68	\$212.84	\$194.48	\$171.36	\$133.96	\$102.68	\$76.84	\$61.20
\$124,200	\$239.43	\$218.04	\$198.72	\$162.15	\$153.87	\$115.92	\$86.94	\$215.97	\$197.34	\$173.88	\$135.93	\$104.19	\$77.97	\$62.10
\$126,000	\$242.90	\$221.20	\$201.60	\$164.50	\$156.10	\$117.60	\$88.20	\$219.10	\$200.20	\$176.40	\$137.90	\$105.70	\$79.10	\$63.00
\$127,800	\$246.37	\$224.36	\$204.48	\$166.85	\$158.33	\$119.28	\$89.46	\$222.23	\$203.06	\$178.92	\$139.87	\$107.21	\$80.23	\$63.90
\$129,600	\$249.84	\$227.52	\$207.36	\$169.20	\$160.56	\$120.96	\$90.72	\$225.36	\$205.92	\$181.44	\$141.84	\$108.72	\$81.36	\$64.80
\$131,400	\$253.31	\$230.68	\$210.24	\$171.55	\$162.79	\$122.64	\$91.98	\$228.49	\$208.78	\$183.96	\$143.81	\$110.23	\$82.49	\$65.70
\$133,200	\$256.78	\$233.84	\$213.12	\$173.90	\$165.02	\$124.32	\$93.24	\$231.62	\$211.64	\$186.48	\$145.78	\$111.74	\$83.62	\$66.60
\$135,000	\$260.25	\$237.00	\$216.00	\$176.25	\$167.25	\$126.00	\$94.50	\$234.75	\$214.50	\$189.00	\$147.75	\$113.25	\$84.75	\$67.50

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Proposal Date: 8/23/2019

Donna ISD

Assumed Effective Date: October 01, 2019

State of Domicile: TX

AVAILABLE ONLY TO GROUPS WITH 5 OR MORE ENROLLED EMPLOYEES

% Employer Contributes to Employee Only cost: 0 % Will Dual Plans be Offered (Yes or No): No
 % Employer Contributes to Dependent cost: 0 %

- \$7,500 In-Hospital Benefit Maximum
- 0% Individual Out-Patient Benefit Maximum
- 3X Family Out-Patient Benefit Maximum (multiple of individual maximum)
- None Deductible Type
- \$0 Individual Deductible
- None Family Deductible (multiple of Individual Deductible)
- Expenses Deductible Applies To: *Inpatient and Outpatient
Accident & Sickness*
- \$0 Individual Physician Office Visit Benefit Maximum
- 0 Family Physician Office Visit Benefit Maximum (# of visits)

Monthly Rate*

Under Age 40:

Insured Only:	\$29.15
Insured & Spouse	\$52.48
Insured & Child(ren)	\$64.43
Insured & Family	\$87.75

Ages 40-49:

Insured Only:	\$40.43
Insured & Spouse	\$72.77
Insured & Child(ren)	\$74.39
Insured & Family	\$106.73

Ages 50 & Above:

Insured Only:	\$65.27
Insured & Spouse	\$117.48
Insured & Child(ren)	\$105.73
Insured & Family	\$157.95



BASE ACCIDENT BENEFITS

		Option 1	Option 2
Accidental Death	Insured Employee	\$40,000	\$60,000
	Spouse, if covered	\$20,000	\$30,000
	Child(ren), if covered	\$10,000	\$15,000
Common Carrier Accidental Death	Insured Employee	\$200,000	\$300,000
	Spouse, if covered	\$100,000	\$150,000
	Child(ren), if covered	\$50,000	\$75,000
Dismemberment	Insured Employee	\$40,000	\$60,000
	Spouse, if covered	\$20,000	\$30,000
	Child(ren), if covered	\$10,000	\$15,000
Dislocation or Fracture	Insured Employee	\$4,000	\$6,000
	Spouse, if covered	\$2,000	\$3,000
	Child(ren), if covered	\$1,000	\$1,500
Initial Hospitalization Confinement		\$1,000	\$1,500
Hospital Confinement (per day)		\$200	\$300
Intensive Care (per day)		\$400	\$600
Ambulance	Regular	\$200	\$300
	Air	\$600	\$900
Medical Expenses		\$500	\$750
Outpatient Physicians Treatment		\$50.00	\$75.00

BENEFIT ENHANCEMENT RIDER BENEFITS

Hospital Admission Benefit		\$500	\$500
Lacerations Benefit		\$50	\$50
Burns Benefit	less than 15% of body	\$100	\$100
	15% or more of body	\$500	\$500
Skin Graft Benefit (% of Burns)		50%	50%
Brain Injury Diagnosis Benefit		\$150	\$150
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) Benefit		\$50	\$50
Paralysis Benefit	Paraplegia	\$7,500	\$7,500
	Quadriplegia	\$15,000	\$15,000
Coma with Respiratory Assistance Benefit		\$10,000	\$10,000
Open Abdominal or Thoracic Surgery Benefit		\$1,000	\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery Benefit	Surgery	\$500	\$500
Ruptured Disc Surgery Benefit	Exploratory	\$150	\$150
Eye Surgery Benefit		\$500	\$500
General Anesthesia Benefit		\$100	\$100
Blood and Plasma Benefit		\$300	\$300
Appliance Benefit		\$125	\$125
Medical Supplies Benefit		\$5	\$5
Medicine Benefit		\$5	\$5
Prosthesis Benefit	1 device	\$500	\$500
	2 or more devices	\$1,000	\$1,000
Physical Therapy Benefit (per day)		\$30	\$30
Rehabilitation Unit Benefit (per day)		\$100	\$100
Non-local Transportation Benefit (per trip)		\$400	\$400
Family Member Lodging Benefit (per day)		\$100	\$100
Post-Accident Transportation Benefit		\$200	\$200
Accident Follow-Up Treatment Benefit (per day)		\$50	\$50



PREMIUMS

PLAN DESIGN	EE	EE + SP	EE + CH	F
OPTION 1 Monthly Premiums	\$17.99	\$33.86	\$36.84	\$44.89
OPTION 2 Monthly Premiums	\$24.67	\$47.22	\$51.68	\$63.45

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family

Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases

from Allstate Benefits

Offered to the employees of:

Donna ISD

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	\$100	\$300
Government or Charity Hospital (daily)	\$100	\$300
Private Duty Nursing Services (daily)	\$100	\$300
Extended Care Facility (daily)	\$100	\$300
At Home Nursing (daily)	\$100	\$300
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$100 \$100	\$300 \$300
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$5,000	\$10,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$5,000	\$10,000
Hematological Drugs ¹ (every 12 months)	\$100	\$200
Medical Imaging ¹ (every 12 months)	\$250	\$500
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery ²	\$1,500	\$4,500
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	\$500	\$1,500
2. Non-autologous (cancer or specified disease treatment)	\$1,250	\$3,750
3. Non-autologous (Leukemia)	\$2,500	\$7,500
Ambulatory Surgical Center (daily)	\$250	\$750
Second Opinion	\$200	\$600
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation ¹ (coach fare or amount shown per mile*)	0.40/Mile	0.40/Mile
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days)	\$50	\$50
and Transportation (coach fare or amount shown per mile**)	0.40/Mile	0.40/Mile
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000	\$5,000
Prosthesis ³ (per amputation)	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis ⁴	\$50	\$50
Anti-Nausea Benefit ⁴ (once per calendar year)	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
OPTIONAL/ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)	\$5,000	\$5,000
Intensive Care (ICU)		
ICU (daily)	\$200	\$200
Step-Down (daily)	\$100	\$100
Ambulance	Actual	Actual
	Charges	Charges
Wellness Benefit	\$50	\$100

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement.

PLAN 1 PREMIUMS

MODE	EE	F
Monthly	\$17.03	\$29.48

PLAN 2 PREMIUMS

MODE	EE	F
Monthly	\$30.49	\$51.83

Issue ages: 18 and over if actively at work

EE=Employee; F-Family



OPTION 1 - MONTHLY
\$10,000 Basic Benefit Amount
 non-tobacco

tobacco

Issue Age	EE, EE+CH	EE+SP, F		EE, EE+CH	EE+SP, F
18-29	\$3.22	\$5.69		\$4.02	\$6.89
30-39	\$5.31	\$8.83		\$7.32	\$11.84
40-49	\$8.61	\$13.77		\$13.75	\$21.49
50-59	\$14.94	\$23.28		\$23.45	\$36.04
60-63	\$24.90	\$38.22		\$40.35	\$61.40
64+	\$34.70	\$52.91		\$57.22	\$86.70

OPTION 2 - MONTHLY
\$20,000 Basic Benefit Amount
 non-tobacco

tobacco

Issue Age	EE, EE+CH	EE+SP, F		EE, EE+CH	EE+SP, F
18-29	\$8.98	\$16.47		\$10.59	\$18.88
30-39	\$13.17	\$22.75		\$17.18	\$28.77
40-49	\$19.77	\$32.65		\$30.05	\$48.07
50-59	\$32.44	\$51.65		\$49.43	\$77.15
60-63	\$52.35	\$81.52		\$83.25	\$127.87
64+	\$71.93	\$110.90		\$116.98	\$178.47

OPTION 3 - MONTHLY
\$30,000 Basic Benefit Amount
 non-tobacco

tobacco

Issue Age	EE, EE+CH	EE+SP, F		EE, EE+CH	EE+SP, F
18-29	\$10.47	\$18.70		\$12.87	\$22.30
30-39	\$16.74	\$28.11		\$22.77	\$37.15
40-49	\$26.64	\$42.96		\$42.07	\$66.10
50-59	\$45.65	\$71.47		\$71.15	\$109.72
60-63	\$75.52	\$116.28		\$121.87	\$185.80
64+	\$104.89	\$160.34		\$172.47	\$261.71



BENEFITS AND AMOUNTS

INITIAL CRITICAL ILLNESS BENEFITS*	OPTION 1	OPTION 2	OPTION 3
Heart Attack (100%)	\$10,000	\$20,000	\$30,000
Stroke (100%)	\$10,000	\$20,000	\$30,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000	\$7,500
Major Organ Transplant (100%)	\$10,000	\$20,000	\$30,000
End Stage Renal Failure (100%)	\$10,000	\$20,000	\$30,000
Waiver of Premium (employee only)	Yes	Yes	Yes
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS*			
Benign Brain Tumor (100%)	\$10,000	\$20,000	\$30,000
Coma (100%)	\$10,000	\$20,000	\$30,000
Complete Blindness (100%)	\$10,000	\$20,000	\$30,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000	\$30,000
Paralysis (100%)	\$10,000	\$20,000	\$30,000
Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000	\$7,500
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000	\$7,500
ADDITIONAL BENEFITS			
Second Event Initial Critical Illness Benefit	Yes	Yes	Yes
Wellness Benefit (per year)	\$50	\$100	\$100
Second Evaluation Benefit Rider	Yes	Yes	Yes
ADDITIONAL FEATURES			
Pre-Existing Condition Limitation Applies	No	No	No

* Insured employees are eligible for 100% of the benefit amounts listed; covered dependents are eligible for 50% of the employee benefit amount.



Group Voluntary Hospital Indemnity Insurance (Texas)
Non-HSA Compliant

BASE BENEFITS		OPTION 1	OPTION 2
Initial Hospitalization Confinement	year 1	\$250.00	\$500.00
	year 2	\$262.50	\$525.00
	year 3	\$275.00	\$550.00
	year 4	\$287.50	\$575.00
	year 5	\$300.00	\$600.00
	year 6+	\$312.50	\$625.00
Daily Hospital Confinement ¹	per day, year 1	\$100.00	\$200.00
	per day, year 2	\$105.00	\$210.00
	per day, year 3	\$110.00	\$220.00
	per day, year 4	\$115.00	\$230.00
	per day, year 5	\$120.00	\$240.00
	per day, year 6+	\$125.00	\$250.00
Hospital Intensive Care ²	per day, year 1	\$100.00	\$200.00
	per day, year 2	\$105.00	\$210.00
	per day, year 3	\$110.00	\$220.00
	per day, year 4	\$115.00	\$230.00
	per day, year 5	\$120.00	\$240.00
	per day, year 6+	\$125.00	\$250.00
Surgery (according to schedule)	per day, year 1	\$20 - \$500	\$20 - \$500
	per day, year 2	\$21.00 - \$525.00	\$21.00 - \$525.00
	per day, year 3	\$22.00 - \$550.00	\$22.00 - \$550.00
	per day, year 4	\$23.00 - \$575.00	\$23.00 - \$575.00
	per day, year 5	\$24.00 - \$600	\$24.00 - \$600
	per day, year 6+	\$25.00 - \$625.00	\$25.00 - \$625.00
Anesthesia (% of surgery benefit)		25%	25%
Inpatient Physician's Treatment ³	per day, year 1	\$25.00	\$25.00
	per day, year 2	\$26.25	\$26.25
	per day, year 3	\$27.50	\$27.50
	per day, year 4	\$28.75	\$28.75
	per day, year 5	\$30.00	\$30.00
	per day, year 6+	\$31.25	\$31.25
Outpatient Emergency Accident ⁴	per day, year 1	\$250.00	\$250.00
	per day, year 2	\$262.50	\$262.50
	per day, year 3	\$275.00	\$275.00
	per day, year 4	\$287.50	\$287.50
	per day, year 5	\$300.00	\$300.00
	per day, year 6+	\$312.50	\$312.50
Outpatient Physicians Treatment ⁵	per day, year 1	\$25.00	\$25.00
	per day, year 2	\$26.25	\$26.25
	per day, year 3	\$27.50	\$27.50
	per day, year 4	\$28.75	\$28.75
	per day, year 5	\$30.00	\$30.00
	per day, year 6+	\$31.25	\$31.25
At-Home Nursing ⁶	per day, year 1	\$50.00	\$50.00
	per day, year 2	\$52.50	\$52.50
	per day, year 3	\$55.00	\$55.00
	per day, year 4	\$57.50	\$57.50
	per day, year 5	\$60.00	\$60.00
	per day, year 6+	\$62.50	\$62.50
Ambulance ⁷	per day, year 1	\$150.00	\$150.00
	per day, year 2	\$157.50	\$157.50
	per day, year 3	\$165.00	\$165.00
	per day, year 4	\$172.50	\$172.50
	per day, year 5	\$180.00	\$180.00
	per day, year 6+	\$187.50	\$187.50



Group Voluntary Hospital Indemnity Insurance (Texas)
Non-HSA Compliant

Non-Local Transportation ⁷	per day, year 1	\$150.00	\$150.00
	per day, year 2	\$157.50	\$157.50
	per day, year 3	\$165.00	\$165.00
	per day, year 4	\$172.50	\$172.50
	per day, year 5	\$180.00	\$180.00
	per day, year 6+	\$187.50	\$187.50

¹Max 180 days per confinement

²Max 60 days per confinement, Daily Hospital Confinement benefit must also be payable

³Limited to number of days Daily Hospital Confinement is payable

⁴Limited to 2 days per covered person per coverage year

⁵Limited to 5 days per covered person per covered year; Max 10 days for Employee + Spouse or Employee + Child(ren); Max 15 days per Family

⁶Payable once per day, limited to 30 days within 60 days following hospital confinement

⁷Payable once per continuous hospital confinement, limited to Max 3 days per covered person per year

Option 1: 1 Base, 1 S&R, 1 OPT

Option 2: 2 Base, 1 S&R, 1 OPT

PREMIUMS				
OPTION 1 Monthly	EE	EE + SP	EE + CH	F
18-35	\$ 21.33	\$ 40.86	\$ 35.87	\$ 54.28
36-49	\$ 24.84	\$ 47.70	\$ 41.17	\$ 62.86
50-59	\$ 30.42	\$ 59.85	\$ 47.23	\$ 75.38
60-64	\$ 39.78	\$ 79.56	\$ 57.06	\$ 95.33
65+	\$ 52.38	\$ 104.76	\$ 71.28	\$ 121.88

EE = Employee, EE + SP = Employee & Spouse, EE + CH = Employee & Child(ren), F = Family

PREMIUMS				
OPTION 2 Monthly	EE	EE + SP	EE + CH	F
18-35	\$ 31.95	\$ 60.30	\$ 51.62	\$ 78.85
36-49	\$ 37.44	\$ 70.92	\$ 59.62	\$ 91.93
50-59	\$ 46.62	\$ 91.26	\$ 68.29	\$ 111.65
60-64	\$ 62.28	\$ 124.56	\$ 82.44	\$ 143.21
65+	\$ 83.43	\$ 166.86	\$ 103.68	\$ 185.33

EE = Employee, EE + SP = Employee & Spouse, EE + CH = Employee & Child(ren), F = Family



Allstate BENEFITS

Provides your beneficiary
a lump-sum cash benefit
when you die

Universal Life Insurance

A death not only leaves behind loved ones, but also overwhelming financial obligations. And, if you're like most people, you don't have enough life insurance to keep your family afloat if an unexpected death occurs. Give yourself and your loved ones a gift of love with Good Hands® protection from Allstate Benefits.

Without a Life Insurance policy, your family may have to tap into their savings, retirement, or 401k to help cover final expenses and everyday living expenses, should a breadwinner die unexpectedly.

Here's How It Works

You choose the coverage that's right for you and your family. With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Consult with your tax advisor for specific information. Then, if life comes to an end while coverage is in force, your beneficiary can receive a tax-free death benefit that can be used to help pay for funeral expenses, mortgage payments and more.

Meeting Your Needs

- You choose the death benefit amount to leave behind
- Coverage for spouse and children through a separate certificate or rider*
- Premiums are affordable and conveniently payroll deducted
- Tax benefits, withdrawals and loans are available. However, penalties and taxes may affect your decision**

With Allstate Benefits, you gain peace of mind knowing your loved ones will receive a financial safety net when you die - think of it as your final gift of love.

Practical benefits for everyday living.SM

*Coverage for spouse and child(ren) may be limited to a percentage of the employee's face amount in some states.
**Partial withdrawals, surrenders, non-qualified additional benefit rider charges and loans from life insurance policies may be subject to ordinary income taxes and possibly an additional 10% federal tax penalty. Outstanding loan balances and withdrawals generally reduce the death benefit and cash value. With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.

¹2016 Insurance Barometer Study, LIMRA

DID YOU KNOW ?



With the loss of the primary wage earner, 1 in 3 households would have immediate trouble paying living expenses¹



Common financial concerns among Americans include: the ability to afford a comfortable retirement, longevity risks, long-term care, and medical expenses.¹

Offered to the employees of:

Donna ISD

Meet Will

Will is like any parent who has emotional and financial responsibilities. He's worried about how his family will make ends meet if he dies unexpectedly. Most importantly, he worries about leaving them with a large debt.

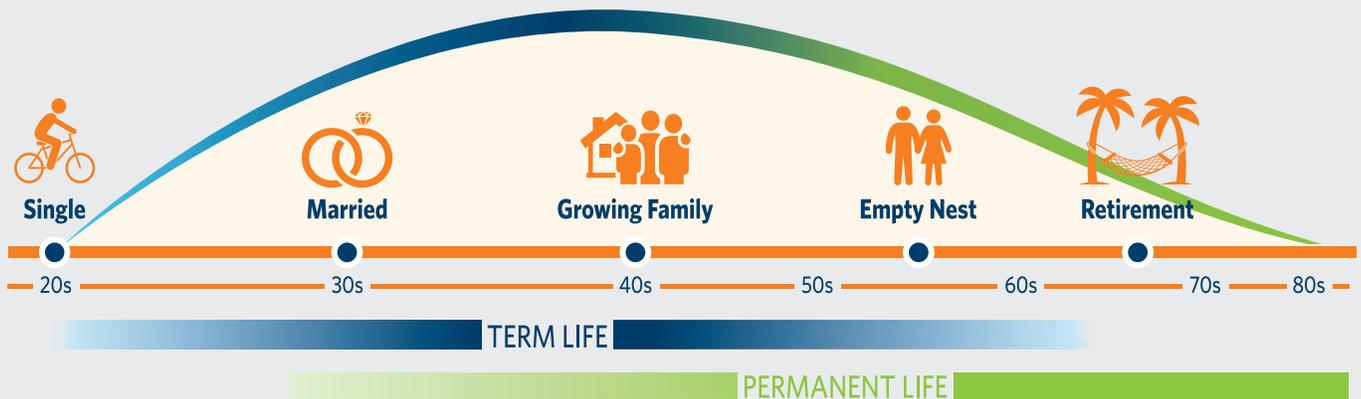
Here is what weighs heavily on his mind:

- He has a mortgage, and still owes a substantial amount before it is paid off
- His children go to private school, and will need income to help continue their education as they get older
- His debt to income ratio is high and would be a hardship on his family
- Daily living expenses for items such as gas, food, insurance, electricity, and water are a necessary part of life
- Funeral expenses are high and the government provides very little for assistance



Coverage for all stages of life

As people move through the stages of life, certain factors dictate the type of life insurance they need. During working years, an employer may provide Term Life insurance, but the wraparound coverage of our Group Universal Life product can help give peace of mind because the money you spent builds cash value that you can use later in life or add to the term benefit payout. The graph below illustrates the need for term and permanent whole life insurance throughout the various stages of life.



Using your cash benefits

Cash benefits provide you with options, because you or your beneficiary get to decide how to use them.



Finances

Cash benefits can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Travel

Your coverage will provide cash benefits to your beneficiary which can be used to help with travel related funeral expenses



Home

Your beneficiary can use the cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs



Expenses

The lump-sum cash benefit can be used to help pay for living expenses such as bills, electricity and gas



With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.

You may be required to answer health questions at enrollment. Coverage may be available with reduced underwriting through your employer during your initial enrollment period. If you enroll after your initial enrollment period, answers to health questions are required.

Prepare for the future today

Losing a loved one can be devastating. Final expenses and daily bills only add to your worries. Our Universal Life Insurance coverage may be used to:

- Pay off a mortgage or debts
- Provide for child care or educational expenses
- Replace income to continue the same standard of living

One way you can determine if you and your family need the coverage is to review the list below and check some or all that apply to you and your family.

- You're the primary wage earner in your family
- Your family would have trouble living comfortably without your income
- You have regular debts, like mortgage, car payment or credit cards
- You have children under 18
- You want flexible coverage that can change with your needs
- You'd like to plan to supplement your retirement income in later years

Here's how Universal Life works

Premium payments are deducted from your paycheck and added to the fund value. Each month, expenses and cost of insurance charges are deducted from the fund value and any excess in the fund continues to earn interest at a rate of at least 4% per year. Interest is not taxed as income until it is withdrawn.

Fund value and premium payments

Over time, as you continue to pay your premium, your fund value may grow. Monthly premiums are flexible, meaning you can choose to pay as much or as little as you can afford, subject to policy

Benefits

Life Insurance - pays a lump-sum cash benefit when you die

OPTIONAL/ADDITIONAL RIDER BENEFITS²

Accelerated Death Benefit for Terminal Illness - an advance of the death benefit, up to 75% of the face amount, when certified terminally ill

Accelerated Death Benefit for Long Term Care - a monthly advance of the death benefit for qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner

Total Disability Premium Waiver - we pay your planned premiums for you when we receive proof that the insured employee is totally disabled

Total Disability Payor Waiver of Premium - we pay your planned premiums for spouse's coverage when we receive proof that the employee/payor is totally disabled for at least 6 months

Accidental Death Benefit - an additional death benefit is paid if death occurs from accidental bodily injury

Children's Term³ - a death benefit is paid for each covered child less than 25 years old

Other Insured Person (Spouse) Level Term³ - a death benefit is paid if your spouse dies before age 65

²The rider availability varies by issue age, and riders may not be available in all states.

³Subject to state limits on dependent life coverage.

EXCLUSIONS AND LIMITATIONS

Suicide Exclusion - If a covered person commits suicide, the death benefit may be limited to the premiums paid for that covered person.

Pre-Existing Condition Limitation - The Accelerated Death Benefit for Long Term Care Rider (GULTC) may contain a pre-existing condition limitation. Please refer to your rider for details.

Other Exclusions and Limitations - The policy and riders have other elimination periods, exclusions, and limitations that may affect coverage. Please refer to your certificate for details.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company.
www.allstate.com or
allstatebenefits.com

This brochure is for use in enrollments situated in TX.

It is possible that coverage will expire when either no premiums are paid following the initial premium or subsequent premiums are insufficient to continue coverage.

This material is valid as long as information remains current, but in no event later than December 31, 2020.

Group Universal Life Insurance provided by policy form GUL22P, or state variations thereof. Rider benefits provided by the following forms, or state variations thereof: GULBR, GULTC, GUPW, GUPWP, GUADB, GUCTR, and GUOIR.

This information highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued.

NOTES

NOTES

