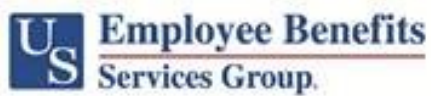




Abilene
Independent School District

2019-2020 PLAN YEAR
EMPLOYEE BENEFIT GUIDE



Abilene ISD
241 Pine Street
Abilene, TX 79604
(325) 677-1444
www.abileneisd.org

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CONTACT INFORMATION

U.S. Employee Benefits Services Group

1106 Ridge Road, Suite A
Rockwall, TX 75087
(972) 772-0900/ Fax 1 (972) 722-0901

InRoll Plus Online Benefit Enrollment Assistance

(877) 730-7780
www.inrollplus.com

Allstate- Accident and Critical Illness

P.O. Box 43067
Jacksonville, FL 32203-3067
(800) 348-4489/ FAX (866) 424-8482
www.allstatebenefits.com

Colonial Life- Cancer and Gap

P.O. Box 10095
Columbia, SC 29202-3195
(800)325-4368/ FAX 1(800) 800-9325
www.colonial.com

Combined Insurance- Chubb Life

1-855-241-9891 Option 3
CLAIMS:
1(800) 635-4467/ Fax (603) 352-1179

Humana- Dental

PO Box 14601
Lexington, KY 40512-4601
1-800-448-6262
www.humana.com

Legal Club of America

7771 W. Oakland Park Blvd, Suite 217
Sunrise, FL 33351
Member Services (800) 305-6816
www.legalclub.com

Lincoln Financial- Life

P.O. Box 2609
Omaha, NE 68103-2609
(800) 487-1485/ FAX (877)668-5331
www.LincolnFinancial.com

MASA MTS

1250 W. Southlake Blvd.
Southlake, TX 76092
(800) 643-9023/FAX (817) 416-2326
Emergency Access (800)643-9023
www.masamts.com

The Standard – Disability

Claims and Administration Offices
P.O. Box 2800
Portland, OR 97208
(855) 747-4717/ FAX (888) 878-3686
www.standard.com

Superior Vision

11101 White Rock Road
Rancho Cordova, CA 95670
(800) 923-6766
www.superiorvision.com

TASC Flex System- Customer Service

2302 International Lane
Madison, WI 53704-3140
(800) 422-4661
www.tasconline.com

TRS ActiveCare- Aetna

Customer Service (800) 222-9205
www.trsactivecareaetna.com

GENERAL INFORMATION

Abilene ISD offers a wide range of benefits to eligible employees and their family members. All eligible employees will either go online or meet with enrollment staff on your campus to enroll.

You will be required to provide the name, date of birth and social security number for any dependents (this includes spouse) that are listed. You will not be allowed to enroll without all the required information.

If you are a new or newly eligible employee, you have **31 days from your date of employment** (start date) to enroll in benefits.

In the event that you do not enroll by the **31st** day, your next window of opportunity to enroll in benefits will be during annual open enrollment.

The plan options and coverage levels you select for the 2019-2020 plan year will remain in effect from September 1, 2019 through August 31, 2020.

After the initial enrollment period during the plan year, you can only add or change coverage during the year if you have a Qualified Family Status Change/Special Enrollment event such as: marriage, divorce, birth or adoption, death, court order (child(ren) coverage only), gain or loss of coverage due to employment change.

You must submit all required documentation and make your plan changes within **30 days from the date of the event.**

As an active, full time or part time, benefits eligible employee you will receive basic life from the district, at no cost.

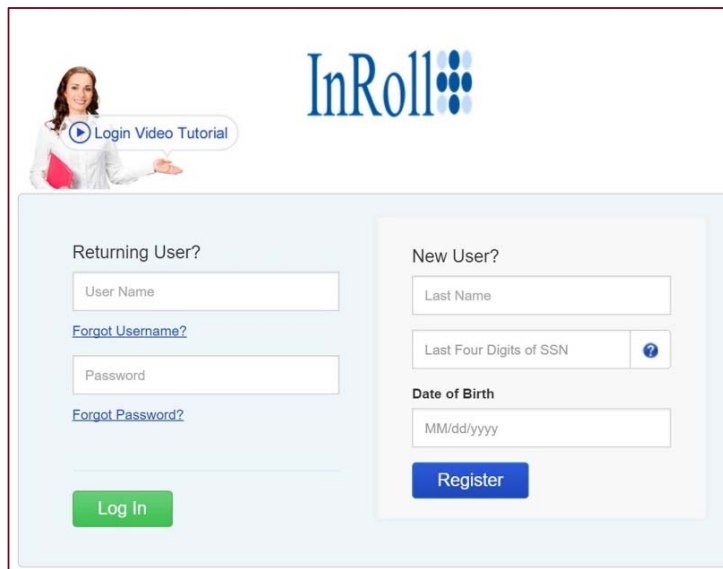
There are certain benefits that are offered on a guaranteed issue basis. This means that if you sign up during the annual enrollment period you will not be denied coverage. If you do not enroll and later decide to, you may be required to answer medical questions and coverage could be declined.

You will enroll in or decline all benefit options through our online enrollment system InRoll+, at www.inrollplus.com or meet with an enrollment specialist at your campus during the scheduled times.

When signing up online please remember to:

- ❖ **Verify all information for yourself and all dependents.**
- ❖ **Only the dependents listed in In-Roll+ will be eligible for benefits.**
- ❖ **Under each benefit section, you must enroll in or decline the coverage for yourself and each dependent listed.**
- ❖ **Always print a confirmation sheet once you have completed your enrollment to keep for your records.**

HOW DO I ENROLL ONLINE?



The image shows the InRoll+ login and registration interface. At the top left, there is a woman icon with a 'Login Video Tutorial' button. The InRoll+ logo is at the top center. The form is divided into two sections: 'Returning User?' and 'New User?'. The 'Returning User?' section has fields for 'User Name' and 'Password', with links for 'Forgot Username?' and 'Forgot Password?'. A green 'Log In' button is at the bottom. The 'New User?' section has fields for 'Last Name', 'Last Four Digits of SSN', and 'Date of Birth' (MM/dd/yyyy). A blue 'Register' button is at the bottom.

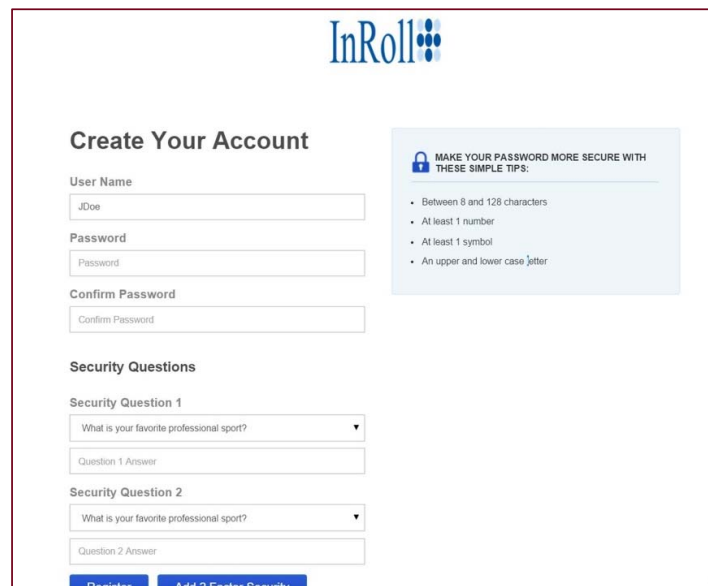
You will sign up for all benefits through our online enrollment system, www.inrollplus.com or meet with an enrollment specialist at your campus during the scheduled times.

Creating Your Account

The first time you login to InRoll+, you will enter your last name, last four digits of your social security number and your date of birth under the **New User?** Section of the welcome page. You may also view the **Login Video Tutorial** for step by step instructions.

You will then be prompted to *Create Your Account*. You will choose a User Name and Password as well as two Security Questions in order to register.

***Works best in Google Chrome.**



The image shows the 'Create Your Account' form in the InRoll+ system. The InRoll+ logo is at the top right. The form has sections for 'User Name' (with 'JDoe' entered), 'Password', 'Confirm Password', and 'Security Questions'. The 'Security Questions' section has two questions, both with 'What is your favorite professional sport?' selected. A blue 'Register' button and a blue 'Add 2 Factor Security' button are at the bottom. A sidebar on the right titled 'MAKE YOUR PASSWORD MORE SECURE WITH THESE SIMPLE TIPS:' lists: 'Between 8 and 128 characters', 'At least 1 number', 'At least 1 symbol', and 'An upper and lower case letter'.

ENROLLMENT INFORMATION

WELCOME PAGE

This page includes important information about the benefits and how to enroll in or decline coverage.

EDUCATIONAL VIDEOS

During your enrollment, you will have access to short, but very educational videos that provide information regarding each of the benefits you are being offered. If you are not sure how the benefit works, you can click on the video and it will give you a brief explanation of that particular benefit.

LIVE CHAT FUNCTIONALITY

During your open enrollment, you will also have the ability to chat with a representative about your benefits or any issues that you encounter while enrolling in your benefit plans. The chat function will be available during your open enrollment period, Monday – Friday, 8:30 am to 4:45 pm.

CONFIRMATION STATEMENT

Once you have completed your enrollment, you will see a “Confirmation Statement”. This page shows you the benefit selections made, the cost of these benefits, and dependents entered into the system. Print for your records.

ACCESS ANYTIME

You can log back into the system, at any time during the open enrollment period. At the log in screen, enter your user name and your newly created password. Once in the site, click on the benefit selection you want to review located under the “Status Bar” on the left side of the page. Process any changes necessary, submit those changes, and print or email another confirmation statement for your records.

Once the open enrollment period has ended, you will only be able to log in to the system to review benefit selections, check beneficiary designations, or print and manage forms and documents. If you have a Change of Family Status, that needs to be reported to the Abilene ISD Benefits Department within 30 days of the Qualifying Event

Abilene ISD Open Enrollment Schedule

Location	Address	Enrollment Day(s)	Location of enrollment
Abilene High School (Center for Technology & Planetarium w/ AHS)	2800 North 6th, 79603	April 22 - 24	Distance Learning Lab in LRC
Cooper High School	3639 Sayles Blvd, 79605	April 22 - 24	LRC
Long Early Learning Ctr	3600 Sherry Lane, 79603	April 22 - 23	Den
ATEMS HS	650 E. Hwy 80, 79601 TSTC	April 22	Room 237
Jefferson Ctr. (JDC/JJAEP/Acadia/ Opp Ctr/ Reassign Ctr/ SAC)	1741 South 14th, 79602	April 24	Computer Lab next to LRC
Woodson Center for Excellence	342 Cockerell Drive, 79602	April 23	LRC
Adult Learning Center and Tech support	1929 South 11 th , 79602	April 24	LRC
Crockett EHS	3282 South 13th, 79605	April 25	Cafeteria
Craig MS	702 South Judge Ely Blvd, 79602	April 25 - 26	LRC
Madison MS	3145 Barrow Street, 79605	April 25 - 26	LRC
Mann MS + Holland	2545 Mimosa, 79603	April 25 -26	LRC
Clack MS	1610 Corsicana, 70605	April 26	LRC
Lee Ele	1026 North Pioneer, 79603	April 29	LRC
Ortiz Ele	2550 Vogel, 79603	April 29	LRC
Bassetti Ele	5749 Hyw 277 south, 79606	April 29,	Room 203
Myra Martinez Ele	1250 Merchant Street, 79603	April 29	LRC
Maintenance/Purchasing/ Warehouse	241 Pine Street, 79601	April 30	Admin Bldg - Jefferson Room (downstairs)
Bowie Ele	2034 Jeanette, 79602	April 30	Conference/ARD Room
Jackson Ele	2650 South 32nd, 79605	April 30	I Station Lab
Bonham Ele	717 Buccaneer Dr., 79605	April 30	I Station Lab
Thomas Ele	1240 Lakeside, 79602	May 1	Room 203
Johnston Ele	3633 North 14th, 79603	May 1	Conference Room
Ward Ele	3750 Paint Brush, 79606	May 1	Room 107
Dyess Ele	402 Delaware Road, 79607	May 1	LRC
Taylor Ele	916 East North 13th, 79601	May 2	LRC
Transportation	5809 Santa Fe, 79605	May 2	Training Room
Austin Ele	2341 Greenbriar, 79605	May 2	LRC
Reagan Ele	5340 Hartford, 79605	May 2	LRC
Custodians	241 Pine Street, 79601	May 3	Admin Bldg - Jefferson Room (downstairs)
Administration & Make up	241 Pine Street, 79601	May 3	Jefferson Room (downstairs)



Abilene ISD provides this valuable benefit at
no cost to you.

Life and AD&D Insurance

Safeguard the most important people in your life.

Think about what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like covering everyday expenses, paying off debt, and protecting savings. AD&D provides even more coverage if you die or suffer a covered loss in an accident.

AT A GLANCE:

- A cash benefit of \$10,000 to your loved ones in the event of your death, plus a matching cash benefit if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- The option to cover your spouse / domestic partner for \$2,000 and children for up to \$1,000 for only \$0.72 per month.
- *Accident Plus* - If you suffer an AD&D loss in an accident, you may also receive benefits for the following on top of your core AD&D benefits: coma, plegia, education, child care, spouse training, and more.
- *LifeKeys*® services, which provide access to counseling, financial, and legal support
- *TravelConnect*™ services, which give you and your family access to emergency medical help when you're traveling

You also have the option to increase your cash benefit by securing additional coverage at affordable group rates. See the enclosed life insurance information for details.

ADDITIONAL DETAILS

Conversion: You can convert your group term life coverage to an individual life insurance policy without providing evidence of insurability if you lose coverage due to leaving your job or for another reason outlined in the plan contract. AD&D benefits cannot be converted.

Benefit Reduction: Coverage amounts begin to reduce at age 70 and benefits terminate at retirement. See the plan certificate for details.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

EmployeeConnect™ and *LifeKeys*® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych®, EstateGuidance® and GuidanceResources® are registered trademarks of ComPsych® Corporation. *TravelConnect*™ services are provided by UnitedHealthcare Global, Baltimore, MD. ComPsych® and UnitedHealthcare Global are not Lincoln Financial Group® companies. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Benefits Overview | The Lincoln National Life Insurance Company

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Abilene ISD

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist*	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,000			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (routine extractions) 	80% after deductible		80% after deductible	
Extended Annual Max Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	NA		NA	

More Value

Basic services

- Stainless steel crowns
- Harmful habit appliances for children

Major services

- Crowns
- Inlays and onlays
- Bridges
- Dentures
- Denture relines/rebases
- Denture repair and adjustments
- Implants
- Periodontics (gums)
- Endodontics (root canals)

Orthodontia services

- Adult and child orthodontia

These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.

Humana Dental Preventive Plus

***Out of Network Dentists** can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	Not available	Not available
Late applicant ¹	No	12 months	Not available	Not available

¹ Late applicants not allowed with open enrollment option.

Humana Dental Preventative Plus Rates

<u>Tier</u>	<u>Monthly Premium</u>
Employee Only	\$ 13.75
Employee and Spouse	\$ 28.59
Employee and Children	\$ 26.71
Employee and Family	\$ 33.22

Abilene ISD

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist*	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	\$1,500 + extended annual maximum (see section below)			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) 	50% after deductible		50% after deductible	
Major services <ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	50% after deductible		50% after deductible	

Humana Dental Traditional Plus Low

	If you use an IN-NETWORK dentist	If you use an OUT-OF-NETWORK dentist*
Extended Annual Max Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	30%	30%
Orthodontia services	Adult/child orthodontia. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

***Out of Network dentists** can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant ^{1,2}	No	12 months	12 months	12 months

¹ Late applicants not allowed with open enrollment option.

² Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

Humana Dental Low Plan Rates

<u>Tier</u>	<u>Monthly Premium</u>
Employee Only	\$ 25.06
Employee and Spouse	\$ 52.12
Employee and Children	\$ 48.69
Employee and Family	\$ 60.57

Abilene ISD

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist*	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	\$1,500 + extended annual maximum (see section below)			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) 	80% after deductible		80% after deductible	
Major services <ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	50% after deductible		50% after deductible	

Humana Dental Traditional Plus High

	If you use an IN-NETWORK dentist	If you use an OUT-OF-NETWORK dentist*
Extended Annual Max Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	30%	30%
Orthodontia services	Adult/child orthodontia. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

***Out of Network Dentists** can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant ^{1,2}	No	12 months	12 months	12 months

¹ Late applicants not allowed with open enrollment option.

² Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

Humana Dental High Plan Rates

<u>Tier</u>	<u>Monthly Premium</u>
Employee Only	\$ 43.11
Employee and Spouse	\$ 89.64
Employee and Children	\$ 83.74
Employee and Family	\$ 104.15

Humana Dental Traditional Plus

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **HumanaDental.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Humana®

Humana.com



Extended annual maximum

Unique solution for extended coverage

With Humana's **Extended annual maximum**, employees won't have to put off important dental care procedures for themselves or their covered dependents.

Extended annual maximum is available immediately after the annual maximum for a plan is reached, and there's no cap on the dollars paid in a year. That's an attractive advantage over traditional rollover options.

Extended annual maximum helps employees save money by ensuring they have access to network discounts and 30 percent coinsurance, even after they have reached their annual maximum. Employees can achieve and maintain their best health by getting dental care when it's needed, before oral health issues may affect their overall health and well-being.

Plus, the **Extended annual maximum** is a great way for groups and employees to buy down their annual maximum or coinsurance, or adjust plan deductibles and their out-of-network reimbursements.

30% coinsurance coverage after network discount and maximum benefit is reached

CALL YOUR HUMANA REPRESENTATIVE TO FIND OUT MORE ABOUT THIS BENEFIT OPTION



Uniquely different from traditional rollover plans:

- No need to delay care
- No paid claims thresholds
- No dollars to roll over
- No provider restrictions
- No mandatory claims submissions
- No need to track annual usage

Extended annual maximum advantages:

- **Simple** - all employees and their dependents have the same benefits
- **Easy** - the plan is easy to describe and administer
- **Immediate** - employees can use the benefit beginning day one
- **Available** - included in all Traditional Preferred (Plus) and PPO plan groups of two or more

Humana®

Humana.com



Vision Plan Benefits for Abilene ISD

Co-Pays		Monthly Premiums		Services/Frequency	
Exam	\$10	Emp. only	\$8.00	Exam	12 months
Materials	\$20	Emp.+1dependent	\$13.82	Frame	12 months
		Emp. +family	\$19.60	Lenses	12 months
				Contact Lenses	12 months

(Based on date of service)

Benefits through [Superior Select Southwest Network](#)

	<u>In-Network</u>	<u>Out-of-Network</u>
Exam	Covered in full	Up to \$35 retail
Frames	\$150 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 ¹	Up to \$75 retail
Scratch Resistant Coating	Covered in full	Up to \$25 retail
Ultraviolet Coating	Covered in full	Up to \$20 retail
Lenticular	Covered in full	Up to \$80 retail
Contact Lenses ²	\$150 retail allowance	Up to \$80 retail
Medically Necessary Contact Lenses	Covered in full	Up to \$150 retail
Lasik Vision Correction	\$200 allowance ³	

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

¹ 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

² Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

³ 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.

SuperiorVision.com
Customer Service
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



Group Hospital Indemnity Insurance

Plan 1 (HSA-Compliant)



For more information,
talk with your
benefits counselor.

ColonialLife.com

Group Medical BridgeSM insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement **\$1,500 or 2,500 per day**
Maximum of one day per covered person per calendar year

Waiver of premium
Available after 30 continuous days of a covered confinement of the named insured

Daily hospital confinement **\$100 per day**
Maximum of 365 days per covered person per confinement. Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement.

Health savings account (HSA) compatible

This plan is compatible with HSA guidelines and any other HSA plan that a covered family member may participate in. It may also be offered to employees who do not have HSAs.

Colonial Life & Accident Insurance Company’s Group Medical Bridge offers an HSA-compatible plan in most states.

PA: “Hospital Confinement Admission” benefit replaces the “Hospital Confinement” benefit

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay any benefits for injuries received in accidents or for sicknesses which are caused by, contributed to by or occur as a result of the following exclusions and limitations. (a) alcoholism or drug addiction; (b) dental procedures; (c) elective procedures and cosmetic surgery; (d) felonies or illegal occupations; (e) mental or nervous disorders; (f) pregnancy of a dependent child; (g) suicide or injuries which any covered person intentionally does to himself or herself; (h) war, or (i) giving birth within the first nine months after the effective date of the certificate. (j) We will not pay benefits for hospital confinement or daily hospital confinement, if included, of a newborn child following his birth unless he is injured or sick. (k) The policy may have additional exclusions and limitations which may affect any benefits payable.

PRE-EXISTING CONDITION LIMITATIONS

(l) We will not pay benefits for loss during the first 12 months after the certificate effective date due to a pre-existing condition. (m) A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the certificate effective date. (n) This limitation applies to the following benefits, if applicable: Hospital Confinement and Daily Hospital Confinement.

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form GMB7000-P and certificate form GMB7000-C (including state abbreviations where applicable, such as policy forms GMB7000-P-AU-TX and GMB7000-P-EE-TX, and certificate forms GMB7000-C-AU-TX and GMB7000-C-EE-TX). Coverage may vary by state and may not be available in all states. This form is not complete without form #101733.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
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Deductions per year: 12

Group Medical Bridge (GMB7000) for TX *Age-Banded*

Applicable to Policy Forms GMB7000-P & GMB7000-C

- Without Wellbeing Assistance, Daily Hospital Confinement

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 3: \$1500	17-49	\$18.60	\$34.55	\$27.35	\$43.30
	50-59	\$25.05	\$50.10	\$33.80	\$58.85
	60-64	\$35.05	\$72.60	\$43.80	\$81.35
	65-99	\$53.60	\$110.20	\$62.35	\$118.95

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 5: \$2500	17-49	\$32.75	\$59.95	\$47.50	\$74.70
	50-59	\$43.25	\$86.30	\$58.00	\$101.05
	60-64	\$60.65	\$125.95	\$75.40	\$140.70
	65-99	\$89.60	\$185.10	\$104.35	\$199.85

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

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Voluntary Long Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through Abilene Independent School District. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please check with your human resources representative.

Employer Plan Effective Date

A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary LTD coverage can become effective. This level of participation has been agreed upon by Abilene Independent School District and The Standard.

Eligibility

To become insured, you must be:

- A regular employee of Abilene Independent School District, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- Actively at work at least 15 hours each week
- A citizen or resident of the United States or Canada

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period (check with your human resources representative)
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Benefit Amount

You may select a monthly benefit amount in \$100 increments from \$200 to \$8,000; based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly earnings.

Benefits are payable for non-occupational disabilities only. Occupational disabilities are not covered.

Plan Maximum Monthly Benefit: 66 2/3 percent of predisability earnings

Plan Minimum Monthly Benefit: 10 percent of your LTD benefit before reduction by deductible income

Benefit Waiting Period and Maximum Benefit Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The maximum benefit period is the period for which benefits are payable. The benefit waiting period and maximum benefit period associated with your plan options are shown below:

<u>Option</u>	<u>Accidental Injury</u>	<u>Other Disability</u>	<u>Maximum Benefit Period</u>
1	14 days	14 days	To Age 65 for both Accident and Sickness
2	30 days	30 days	To Age 65 for both Accident and Sickness
3	60 days	60 days	To Age 65 for both Accident and Sickness
4	90 days	90 days	To Age 65 for both Accident and Sickness
5	180 days	180 days	To Age 65 for both Accident and Sickness

Options 1-5: Maximum Benefit Period To Age 65 for Accident and Sickness

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

First Day Hospital Benefit

With this benefit, if an insured employee is hospital confined for at least four hours, is admitted as an inpatient and is charged room and board during the benefit waiting period, the benefit waiting period will be satisfied. Benefits become payable on the date of hospitalization; the maximum benefit period also begins on that date. This feature is included only on LTD plans with benefit waiting periods of 30 days or less.

Preexisting Condition Exclusion

A detailed description of the preexisting condition exclusion is included in the Group Policy. If you have questions, please check with your human resources representative.

Preexisting Condition Period: The 90-day period just before your insurance becomes effective

Exclusion Period: 12 months

Preexisting Condition Waiver

The Standard may pay benefits for up to 90 days even if you have a preexisting condition. After 90 days, The Standard will continue benefits only if the preexisting condition exclusion does not apply.

Own Occupation Period

For the plan's definition of disability, as described in your brochure, the own occupation period is the first 24 months for which LTD benefits are paid.

Any Occupation Period

The any occupation period begins at the end of the own occupation period and continues until the end of the maximum benefit period.

Other LTD Features

- **Employee Assistance Program (EAP)** – This program offers support, guidance and resources that can help an employee resolve personal issues and meet life's challenges.
- **Special Dismemberment Provision** – If an employee suffers a loss as a result of an accident, the employee will be considered disabled for the applicable Minimum Benefit Period and can extend beyond the end of the Maximum Benefit Period
- **Reasonable Accommodation Expense Benefit** – Subject to The Standard's prior approval, this benefit allows us to pay up to \$25,000 of an employer's expenses toward work-site modifications that result in a disabled employee's return to work.
- **Survivor Benefit** – A Survivor Benefit may also be payable. This benefit can help to address a family's financial need in the event of the employee's death.
- **Return to Work (RTW) Incentive** – The Standard's RTW Incentive is one of the most comprehensive in the employee benefits history. For the first 12 months after returning to work, the employee's LTD benefit will not be reduced by work earnings until work earnings plus the LTD benefit exceed 100 percent of predisability earnings. After that period, only 50 percent of work earnings are deducted.
- **Rehabilitation Plan Provision** – Subject to The Standard's prior approval, rehabilitation incentives may include training and education expense, family (child and elder) care expenses, and job-related and job search expenses.

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

Rates

Employees can select a monthly LTD benefit ranging from a minimum of \$200 to a maximum amount based on how much they earn. Referencing the appropriate attached charts, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

1. Find the maximum LTD benefit by locating the amount of your earnings in either the Annual Earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
2. Select the desired monthly LTD benefit between the minimum of \$200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
3. In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period, or the premium payment of your desired benefit, please contact your human resources representative.

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Cost per Month				
			14-14	30-30	60-60	90-90	180-180
3,600	300	200	\$5.44	\$4.34	\$3.24	\$2.72	\$2.04
5,400	450	300	\$8.16	\$6.51	\$4.86	\$4.08	\$3.06
7,200	600	400	\$10.88	\$8.68	\$6.48	\$5.44	\$4.08
9,000	750	500	\$13.60	\$10.85	\$8.10	\$6.80	\$5.10
10,800	900	600	\$16.32	\$13.02	\$9.72	\$8.16	\$6.12
12,600	1,050	700	\$19.04	\$15.19	\$11.34	\$9.52	\$7.14
14,400	1,200	800	\$21.76	\$17.36	\$12.96	\$10.88	\$8.16
16,200	1,350	900	\$24.48	\$19.53	\$14.58	\$12.24	\$9.18
18,000	1,500	1,000	\$27.20	\$21.70	\$16.20	\$13.60	\$10.20
19,800	1,650	1,100	\$29.92	\$23.87	\$17.82	\$14.96	\$11.22
21,600	1,800	1,200	\$32.64	\$26.04	\$19.44	\$16.32	\$12.24
23,400	1,950	1,300	\$35.36	\$28.21	\$21.06	\$17.68	\$13.26
25,200	2,100	1,400	\$38.08	\$30.38	\$22.68	\$19.04	\$14.28
27,000	2,250	1,500	\$40.80	\$32.55	\$24.30	\$20.40	\$15.30
28,800	2,400	1,600	\$43.52	\$34.72	\$25.92	\$21.76	\$16.32
30,600	2,550	1,700	\$46.24	\$36.89	\$27.54	\$23.12	\$17.34
32,400	2,700	1,800	\$48.96	\$39.06	\$29.16	\$24.48	\$18.36
34,200	2,850	1,900	\$51.68	\$41.23	\$30.78	\$25.84	\$19.38
36,000	3,000	2,000	\$54.40	\$43.40	\$32.40	\$27.20	\$20.40
37,800	3,150	2,100	\$57.12	\$45.57	\$34.02	\$28.56	\$21.42
39,600	3,300	2,200	\$59.84	\$47.74	\$35.64	\$29.92	\$22.44
41,400	3,450	2,300	\$62.56	\$49.91	\$37.26	\$31.28	\$23.46
43,200	3,600	2,400	\$65.28	\$52.08	\$38.88	\$32.64	\$24.48
45,000	3,750	2,500	\$68.00	\$54.25	\$40.50	\$34.00	\$25.50
46,800	3,900	2,600	\$70.72	\$56.42	\$42.12	\$35.36	\$26.52
48,600	4,050	2,700	\$73.44	\$58.59	\$43.74	\$36.72	\$27.54
50,400	4,200	2,800	\$76.16	\$60.76	\$45.36	\$38.08	\$28.56
52,200	4,350	2,900	\$78.88	\$62.93	\$46.98	\$39.44	\$29.58
54,000	4,500	3,000	\$81.60	\$65.10	\$48.60	\$40.80	\$30.60
55,800	4,650	3,100	\$84.32	\$67.27	\$50.22	\$42.16	\$31.62
57,600	4,800	3,200	\$87.04	\$69.44	\$51.84	\$43.52	\$32.64
59,400	4,950	3,300	\$89.76	\$71.61	\$53.46	\$44.88	\$33.66
61,200	5,100	3,400	\$92.48	\$73.78	\$55.08	\$46.24	\$34.68
63,000	5,250	3,500	\$95.20	\$75.95	\$56.70	\$47.60	\$35.70
64,800	5,400	3,600	\$97.92	\$78.12	\$58.32	\$48.96	\$36.72
66,600	5,550	3,700	\$100.64	\$80.29	\$59.94	\$50.32	\$37.74
68,400	5,700	3,800	\$103.36	\$82.46	\$61.56	\$51.68	\$38.76
70,200	5,850	3,900	\$106.08	\$84.63	\$63.18	\$53.04	\$39.78
72,000	6,000	4,000	\$108.80	\$86.80	\$64.80	\$54.40	\$40.80

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Cost per Month				
			14-14	30-30	60-60	90-90	180-180
73,800	6,150	4,100	\$111.52	\$88.97	\$66.42	\$55.76	\$41.82
75,600	6,300	4,200	\$114.24	\$91.14	\$68.04	\$57.12	\$42.84
77,400	6,450	4,300	\$116.96	\$93.31	\$69.66	\$58.48	\$43.86
79,200	6,600	4,400	\$119.68	\$95.48	\$71.28	\$59.84	\$44.88
81,000	6,750	4,500	\$122.40	\$97.65	\$72.90	\$61.20	\$45.90
82,800	6,900	4,600	\$125.12	\$99.82	\$74.52	\$62.56	\$46.92
84,600	7,050	4,700	\$127.84	\$101.99	\$76.14	\$63.92	\$47.94
86,400	7,200	4,800	\$130.56	\$104.16	\$77.76	\$65.28	\$48.96
88,200	7,350	4,900	\$133.28	\$106.33	\$79.38	\$66.64	\$49.98
90,000	7,500	5,000	\$136.00	\$108.50	\$81.00	\$68.00	\$51.00
91,800	7,650	5,100	\$138.72	\$110.67	\$82.62	\$69.36	\$52.02
93,600	7,800	5,200	\$141.44	\$112.84	\$84.24	\$70.72	\$53.04
95,400	7,950	5,300	\$144.16	\$115.01	\$85.86	\$72.08	\$54.06
97,200	8,100	5,400	\$146.88	\$117.18	\$87.48	\$73.44	\$55.08
99,000	8,250	5,500	\$149.60	\$119.35	\$89.10	\$74.80	\$56.10
100,800	8,400	5,600	\$152.32	\$121.52	\$90.72	\$76.16	\$57.12
102,600	8,550	5,700	\$155.04	\$123.69	\$92.34	\$77.52	\$58.14
104,400	8,700	5,800	\$157.76	\$125.86	\$93.96	\$78.88	\$59.16
106,200	8,850	5,900	\$160.48	\$128.03	\$95.58	\$80.24	\$60.18
108,000	9,000	6,000	\$163.20	\$130.20	\$97.20	\$81.60	\$61.20
109,800	9,150	6,100	\$165.92	\$132.37	\$98.82	\$82.96	\$62.22
111,600	9,300	6,200	\$168.64	\$134.54	\$100.44	\$84.32	\$63.24
113,400	9,450	6,300	\$171.36	\$136.71	\$102.06	\$85.68	\$64.26
115,200	9,600	6,400	\$174.08	\$138.88	\$103.68	\$87.04	\$65.28
117,000	9,750	6,500	\$176.80	\$141.05	\$105.30	\$88.40	\$66.30
118,800	9,900	6,600	\$179.52	\$143.22	\$106.92	\$89.76	\$67.32
120,600	10,050	6,700	\$182.24	\$145.39	\$108.54	\$91.12	\$68.34
122,400	10,200	6,800	\$184.96	\$147.56	\$110.16	\$92.48	\$69.36
124,200	10,350	6,900	\$187.68	\$149.73	\$111.78	\$93.84	\$70.38
126,000	10,500	7,000	\$190.40	\$151.90	\$113.40	\$95.20	\$71.40
127,800	10,650	7,100	\$193.12	\$154.07	\$115.02	\$96.56	\$72.42
129,600	10,800	7,200	\$195.84	\$156.24	\$116.64	\$97.92	\$73.44
131,400	10,950	7,300	\$198.56	\$158.41	\$118.26	\$99.28	\$74.46
133,200	11,100	7,400	\$201.28	\$160.58	\$119.88	\$100.64	\$75.48
135,000	11,250	7,500	\$204.00	\$162.75	\$121.50	\$102.00	\$76.50
136,800	11,400	7,600	\$206.72	\$164.92	\$123.12	\$103.36	\$77.52
138,600	11,550	7,700	\$209.44	\$167.09	\$124.74	\$104.72	\$78.54
140,400	11,700	7,800	\$212.16	\$169.26	\$126.36	\$106.08	\$79.56
142,200	11,850	7,900	\$214.88	\$171.43	\$127.98	\$107.44	\$80.58
144,000	12,000	8,000	\$217.60	\$173.60	\$129.60	\$108.80	\$81.60

Colonial Life
Group Cancer Benefits
Levels 3 and 4

Base Benefits	Level 3	Level 4
Cancer Screening/Wellness Benefit, per calendar year	\$75	\$100
Hospital Confinement/Hospital Intensive Care Unit Confinement		
per day for first 30 days of hospital confinement in a calendar year	\$200	\$300
per day after first 30 days of hospital confinement in a calendar year	\$400	\$600
per day for hospital intensive care unit confinement	\$400	\$600
maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined		
Hospital Confinement/Hospital Intensive Care Unit Confinement in a US Government Hospital		
per day for first 30 days of hospital confinement in a calendar year	\$200	\$300
per day after first 30 days of hospital confinement in a calendar year	\$400	\$600
per day for hospital intensive care unit confinement	\$400	\$600
maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined		
Private Full-Time Nursing, per day	\$200	300
Radiation/Chemotherapy, per day	\$225	\$300
calendar year maximum	\$7,500	\$10,000
Antinausea Medication, per day	\$50	\$50
calendar year maximum	\$200	\$200
Blood/Plasma/Platelets/Immunoglobulins, per day	\$225	\$300
calendar year maximum	\$7,500	\$10,000
Supportive or Protective Care Drugs and Colony Stimulating Factors, per day	\$150	\$200
calendar year maximum	\$1,200	\$1,600
Bone Marrow Stem Cell Transplant, per lifetime	\$10,000	\$10,000
Peripheral Stem Cell Transplant, per lifetime	\$5,000	\$5,000
Transportation (per mile) up to 700 miles per round trip	\$0.40	\$0.40
Transportation for Companion (per mile) up to 700 miles per round trip	\$0.40	\$0.40
Lodging, per day, up to 70 days per calendar year	\$50	\$50
Surgical Procedures-Unit Value	\$60	\$90
maximum per procedure	\$3,000	\$4,500
Anesthesia		
General Anesthesia % of surgical procedure	25%	25%
local anesthesia per procedure	\$50	\$75
Second Medical Opinion, per malignant condition	\$300	\$300
Reconstructive Surgery-Unit Value	\$60	\$90
maximum per procedure including anesthesia, limit 2 per site	\$3,000	\$4,500
Outpatient Surgical Center, per day	\$500	\$750
calendar year maximum	\$1,500	\$2,250
Waiver of Premium	Yes	Yes
Additional Benefits		
Ambulance, per trip, limit 2 trips per confinement	\$100	\$100
Attending Physician, per day, max 180 days per calendar year	\$50	\$50
Experimental Treatment, per treatment	\$300	\$300
lifetime maximum	\$10,000	\$10,000
Hair, External Breast, Voice Box Prosthesis, per calendar year	\$200	\$200
Prosthesis, Artificial Limb per device, limit 1 per site, \$4,000 lifetime maximum	\$2,000	\$2,000
Skilled Nursing Care Facility, per day up to days confined	\$300	\$300
Hospice, per day, no lifetime limit	\$300	\$300
Home Health Care Services, per day, up to greater of 30 days/calendar year or 2x days confined	\$300	\$300

Monthly Premium: **Level 3** **Level 4**
Employee **\$22.55** **\$29.15**
Family **\$37.50** **\$48.45**

Group Cancer Insurance— Initial Diagnosis of Cancer Rider



The diagnosis of internal cancer can be an upsetting time. You do not need to add financial worry to what is already a very difficult situation. When you add an Initial Diagnosis of Cancer rider to your group cancer insurance coverage, you add a little more financial protection at the point you or an insured family member is diagnosed with internal cancer—a time before many medical costs are incurred.

Rider Benefits

This rider pays a lump sum, \$5,000, benefit for the initial diagnosis of internal (not skin) cancer. Use the benefit any way you choose, such as to help pay for deductibles and coinsurance on your major medical insurance or settle any outstanding debts.

Rider Features

- Guaranteed renewable as long as your cancer insurance policy is in force.
- Covers the same family members as your cancer insurance policy.
- Pays benefits regardless of any other insurance you have with other insurance companies.
- Pays benefits directly to you, unless you specify otherwise.

This rider has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to rider form R-GCAN-Indx (including state abbreviations where used - for example: R-GCAN-Indx-TX).

Critical Illness Insurance

from Allstate Benefits



Benefits are paid to you

Protection for out-of-pocket expenses upon a positive diagnosis

1 CHOOSE

You choose the benefits to protect yourself and any family members if diagnosed with a covered critical illness

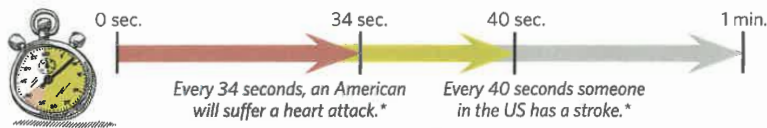
2 USE

You go to your annual exam, the doctor runs tests, the results come back and you're diagnosed with a critical illness

3 CLAIM

You go online and file a claim. The cash benefits are paid to you, to use however you wish

You can't predict the future, but you can plan for it. We invite you to put yourself in Good Hands with Critical Illness insurance from Allstate Benefits.



Our coverage helps offer financial support if you are diagnosed with a covered critical illness. With the expense of treatment often so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs, what you should be focusing on is getting better. With Allstate Benefits, you gain the power to take control of your health when faced with a covered event.

Here's How It Works

You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, our coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk.

Are you in Good Hands? You can be.

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

* <http://www.criticalillnessinsuranceinfo.org/learning-center/critical-illness-coverage-facts.php>.


Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer at initial enrollment
- Coverage available for spouse and child(ren)
- Benefits are paid regardless of any other coverage
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued

[See reverse for plan details](#)



ABJ33568X

 Allstate Benefits | allstatebenefits.com

YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



Expenses

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

Benefits

The percentage shown for each benefit is the percentage of the Basic Benefit Amount payable for each critical illness. After 100% of the Basic Benefit Amount has been paid within a category (Category 1 or 2), no more benefits are paid for any illness associated with that category. Once a covered person has exhausted all benefit maximums in Categories 1 and 2, coverage ends for that person.

Category 1 Benefits	
Heart Attack (100%)	Stroke (100%)
Heart Transplant (100%)	Coronary Artery Bypass Surgery (25%)
Category 2 Benefits	
Major Organ Transplant (100%)	Paralysis (100%)
End Stage Renal Failure (100%)	Alzheimer's Disease (25%)
Additional Wellness Benefit	
Bone Marrow Testing	Chest X-ray
Colonoscopy	Flexible sigmoidoscopy
Hemoccult stool analysis	Mammography (including breast ultrasound)
Pap Smear (including ThinPrep Pap Test)	PSA (blood test for prostate cancer)
Biopsy for skin cancer	Serum Protein Electrophoresis (Myeloma test)
Stress test on bike or treadmill	Electrocardiogram (EKG)
Carotid Doppler	Echocardiogram
Blood tests for lipid panel (cholesterol), triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer)	

Access Your Benefits and Claim Filings

Accessing your benefit information using **MyBenefits** has never been easier.

MyBenefits is an easy-to-use website that offers you 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

For use in enrollments situated in: TX.

This material is valid as long as information remains current, but in no event later than March 1, 2020. Group Critical Illness benefits provided by policy form GVCIP1, or state variations thereof.

Coverage is provided by Limited Benefit Supplemental Critical Illness Insurance. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. 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.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



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Critical Illness (GVCIP1)

Group Voluntary Critical Illness Insurance from Allstate Benefits

See attached important information about coverage.

BENEFIT AMOUNTS

Covered Dependents receive 50% of your Benefit Amount for Categories 1 and 2

CATEGORY 1 BASIC BENEFIT AMOUNTS ¹	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Heart Transplant (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
CATEGORY 2 BASIC BENEFIT AMOUNTS ¹	PLAN 1	PLAN 2
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Alzheimer's Disease (25%)	\$2,500	\$5,000
ADDITIONAL BENEFIT	PLAN 1	PLAN 2
Wellness Benefit (per year)	\$100	\$100

¹After 100% of the Basic Benefit Amount (\$10,000 for Plan 1 and \$20,000 for Plan 2) has been paid within a category (Category 1 or Category 2), no more benefits for any illness associated with that category are payable. Once a covered person has received 100% of the Basic Benefit Amount in Categories 1 and 2, coverage ends for that person.

PREMIUMS

PLAN 1 - \$10,000 Basic Benefit Amount

MODE	EE	EE + SP	EE + CH	F
Monthly	\$19.32	\$29.19	\$19.56	\$29.44

PLAN 2 - \$20,000 Basic Benefit Amount

MODE	EE	EE + SP	EE + CH	F
Monthly	\$34.65	\$51.86	\$35.14	\$52.35

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family
Issue Ages: 18 and over if Actively at Work



For use in enrollments situated in: TX. This rate insert is part of forms ABJ33568X and ABJ30064-1 and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than March 1, 2020. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2017 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

ABJ33568X-Insert-Abilene

Allstate Benefits | allstatebenefits.com

Accident Insurance

from Allstate Benefits



Benefits are paid to you

Protection for accidental injuries off-the-job

1 CHOOSE

You choose the benefits to help protect yourself and any family members from accidental injury expenses

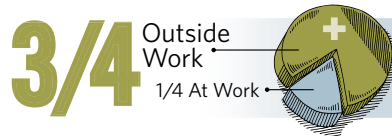
2 USE

You experience an accidental injury and seek medical attention from a medical professional

3 CLAIM

You go online and file a claim. The cash benefits are paid to you, to use however you wish

Even when you live well, accidents happen. Treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.



Nearly three-fourths of medically consulted injuries take place outside of work.¹

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With accident insurance from Allstate Benefits, you can gain the advantage of financial protection, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to get well.

Here's How It Works

Our coverage pays you cash benefits that correspond with a variety of covered occurrences, such as: dismemberment; dislocation or fracture; hospital confinement; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

With Allstate Benefits, you can protect your finances against life's slips and falls.

Are you in Good Hands? You can be.

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

¹National Safety Council, Injury Facts®, 2014 Edition

Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer
- Coverage available for spouse and child(ren)
- Premiums are affordable and are conveniently payroll deducted
- Coverage can be continued, as long as premiums are paid to Allstate Benefits

[See reverse for plan details](#)



POD7699

 Allstate Benefits | allstatebenefits.com

YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



Expenses

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

Benefits

Base Policy

Accidental Death	Common Carrier Accidental Death
Dismemberment	Dislocation or Fracture
Hospital Confinement	Daily Hospital Confinement
Intensive Care	Ambulance
Accident Physician Treatment	X-ray
Emergency Room Services	

Benefit Enhancements

Lacerations	Burns
Skin Graft	Brain Injury Diagnosis
Paralysis	Coma with Respiratory Assistance
Blood and Plasma	General Anesthesia
Appliance	Medicine
Physical Therapy	Non-Local Transportation
Ruptured Spinal Disc Surgery	Eye Surgery
Open Abdominal or Thoracic Surgery	Medical Supplies
Prosthesis	Rehabilitation Unit
Family Member Lodging	Post-Accident Transportation
Accident Follow-up Treatment	Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)	

Access Your Benefits and Claim Filings

Accessing your benefit information using **MyBenefits** has never been easier.

MyBenefits is an easy-to-use website that offers you 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.



Allstate
BENEFITS

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For use in enrollments situated in: TX

This material is valid as long as information remains current, but in no event later than February 13, 2020. Group Accident benefits are provided by policy form GVAP2, or state variations thereof.

Coverage is provided by Limited Benefit Supplemental Accident Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. 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.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Group Voluntary Accident (GVAP2)

Off-the-Job Accident Insurance

from Allstate Benefits

See attached **Important information About Coverage.**

Offered to the employees of:

Abilene ISD

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the Important Information About Coverage.

BASE ACCIDENT BENEFITS		PLAN 1	PLAN 2
Accidental Death	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000	\$300,000
	Spouse	\$100,000	\$150,000
	Children	\$50,000	\$75,000
Dismemberment ¹	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Dislocation or Fracture ¹	Employee	\$4,000	\$6,000
	Spouse	\$2,000	\$3,000
	Children	\$1,000	\$1,500
Hospital Confinement (Pays once/year)		\$1,000	\$1,500
Daily Hospital Confinement (Pays daily)		\$200	\$300
Intensive Care (Pays daily)		\$400	\$600
Ambulance	Ground	\$200	\$300
	Air	\$600	\$900
Accident Physician's Treatment		\$100	\$150
X-Ray		\$200	\$300
Emergency Room Services		\$200	\$300

¹Up to amount shown; actual amount paid depends on injury and is based on Schedule of Benefits and Factors in your certificate of coverage. Multiple losses from same injury pay only up to amount shown above.

BENEFIT ENHANCEMENTS		PLAN 1	PLAN 2
Lacerations ² (Pays once/year)		\$50	\$100
Burns ² (other than sunburns)	< 15% body surface	\$100	\$200
	> 15% or more	\$500	\$1,000
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis ² (Pays once)		\$150	\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		\$50	\$100
Paralysis ² (Pays once)	Paraplegia	\$7,500	\$15,000
	Quadriplegia	\$15,000	\$30,000
Coma with Respiratory Assistance (Pays once)		\$10,000	\$20,000
Open Abdominal or Thoracic Surgery ²		\$1,000	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500	\$1,000
	Exploratory	\$150	\$300
Ruptured Spinal Disc Surgery		\$500	\$1,000
Eye Surgery		\$100	\$200
General Anesthesia		\$100	\$200
Blood and Plasma ²		\$300	\$600
Appliance		\$125	\$250
Medical Supplies		\$5	\$10
Medicine		\$5	\$10
Prosthesis	1 device	\$500	\$1,000
	2 or more devices	\$1,000	\$2,000
Physical Therapy (Pays daily; max. 6 days/accident)		\$30	\$60
Rehabilitation Unit (Pays daily)		\$100	\$200
Non-Local Transportation		\$400	\$800
Family Member Lodging		\$100	\$200
Post-Accident Transportation (Pays once/year)		\$200	\$400
Accident Follow-Up Treatment		\$50	\$100
ADDITIONAL RIDER BENEFIT		PLAN 1	PLAN 2
Outpatient Physician's Benefit		\$25	\$25

²Within 3 days after accident.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$11.02	\$16.32	\$22.15	\$27.69

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

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$16.66	\$24.78	\$33.43	\$41.79

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

See reverse for details on rates.
 For more information, visit www.allstatebenefits.com
 Allstate Insurance Company, 2016



For use in enrollments situated in: TX. This rate insert is part of the approved flyer for Abilene ISD and form ABJ29987-1 and is not to be used on its own.

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ABJ29987-1-Insert-31018

Coverage against unplanned medical emergencies is surprisingly affordable.



Facts You Should Know

- Emergent Ground Ambulance transports can easily surpass \$2,000 and can reach as high as \$5,000.
- Emergent Air Ambulance transports frequently cost more than \$40,000, reaching as high as \$70,000.
- If you are in need of specialized care and can be transported on a non-emergent basis, it is common for a medically equipped plane to cost more than \$20,000.
- Most people assume that their health insurance will cover most, if not all, of the costs for these transports. Usually, the opposite is true, leaving you with financially crippling bills.

BENEFIT	EMERGENT GROUND \$9/mo
Emergent Ground Transportation	U.S./Canada

Coverage available for spouses/domestic partners and dependents up to age 26.

MASA MTS protects you when your insurance falls short.

- One low fee for peace of mind for emergent transport costs
- No deductibles
- Easy claim process
- No health questions
- Anyone can join

MASA MTS provides peace of mind.

Be prepared for the unexpected with a MASA membership. No matter where you live, you could have access to vital emergency medical transportation for a minimal monthly fee. That membership could one day save your life, and, every day, it will give you peace of mind like nothing else.

When is your next medical emergency planned?
Are you prepared?



Any Ground. Any Air. Anywhere.

Coverage against unplanned medical emergencies is surprisingly affordable.



Facts You Should Know

- Emergent Ground Ambulance transports can easily surpass \$2,000 and can reach as high as \$5,000.
- Emergent Air Ambulance transports frequently cost more than \$40,000, reaching as high as \$70,000.
- If you are in need of specialized care and can be transported on a non-emergent basis, it is common for a medically equipped plane to cost more than \$20,000.
- Most people assume that their health insurance will cover most, if not all, of the costs for these transports. Usually, the opposite is true, leaving you with financially crippling bills.

BENEFIT	EMERGENT PLUS \$14/mo
Emergent Ground Transportation	U.S./Canada
Emergency Air Transportation	U.S./Canada
Repatriation	U.S./Canada

Coverage available for spouses/domestic partners and dependents up to age 26.

MASA MTS provides peace of mind.

Be prepared for the unexpected with a MASA membership. No matter where you live, you could have access to vital emergency medical transportation for a minimal monthly fee. That membership could one day save your life, and, every day, it will give you peace of mind like nothing else.

MASA MTS protects you when your insurance falls short.

- One low fee for peace of mind for emergent transport costs
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- Easy claim process
- No health questions
- Anyone can join

When is your next medical emergency planned?
Are you prepared?



A division of MASA Global.

Any Ground. Any Air. Anywhere.



Abilene ISD

Benefits At-A-Glance

Supplemental Life Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Abilene ISD employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*™ services, which give you and your family access to emergency medical help when you're traveling

Employee	
Guaranteed coverage amount during initial offering or approved special enrollment period	\$250,000
Newly hired employee guaranteed coverage amount	\$250,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000 or \$20,000
Maximum coverage amount	5 times your annual salary (\$500,000 maximum)
Minimum coverage amount	\$10,000
Spouse / Domestic Partner	
Guaranteed coverage amount during initial offering or approved special enrollment period	\$50,000
Newly hired employee guaranteed coverage amount	\$50,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$5,000 or \$10,000
Maximum coverage amount	50% of the employee coverage amount (\$100,000 maximum)
Minimum coverage amount	\$5,000
Dependent Children	
6 months to age 26 guaranteed coverage amount	\$10,000
Age 14 days to 6 months guaranteed coverage amount	\$500

The Lincoln National Life Insurance Company

What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$250,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by \$10,000 or \$20,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 5 times your annual salary (\$500,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- Your coverage amount will reduce by 50% when you reach age 70

Spouse / Domestic Partner Coverage - You can secure term life insurance for your spouse / domestic partner if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to 50% of your coverage amount (\$50,000 maximum) for your spouse / domestic partner without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse / domestic partner by \$5,000 or \$10,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$10,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 50% of your coverage amount (\$100,000 maximum) for your spouse / domestic partner with evidence of insurability.
- Coverage amounts are reduced by 50% when an employee reaches age 70

Dependent Children Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options: \$2,500, \$5,000, \$7,500, and \$10,000.

Supplemental Life Insurance Benefits At-A-Glance

Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.



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Supplemental Life Insurance Benefits At-A-Glance

LFE-ENRO-BRC001-TX

Monthly Supplemental Life Insurance Premium

Here's how little you pay with group rates.

Employee Age Range	Life Premium Rate
0 - 29	0.0000380
30 - 34	0.0000450
35 - 39	0.0000640
40 - 44	0.0001000
45 - 49	0.0001500
50 - 54	0.0002300
55 - 59	0.0004300
60 - 64	0.0006000
65 - 69	0.0010000
70 - 74	0.0011140
75 - 99	0.0011140

Group Rates for You

The estimated monthly premium for life insurance is determined by multiplying the desired amount of coverage (in increments of \$10,000) by the employee age-range premium rate.

$$\begin{array}{ccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\ & \text{coverage amount} & & \text{premium rate} & & \text{monthly premium} \end{array}$$

Note: Rates are subject to change and can vary over time.

Employee Age Range	Life Premium Rate
0 - 29	0.0000380
30 - 34	0.0000450
35 - 39	0.0000640
40 - 44	0.0001000
45 - 49	0.0001500
50 - 54	0.0002300
55 - 59	0.0004300
60 - 64	0.0006000
65 - 69	0.0010000
70 - 74	0.0011140
75 - 99	0.0011140

Group Rates for Your Spouse / Domestic Partner

The estimated monthly premium for life insurance is determined by multiplying the desired amount of coverage (in increments of \$5,000) by the employee age-range premium rate.

$$\begin{array}{ccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\ & \text{coverage amount} & & \text{premium rate} & & \text{monthly premium} \end{array}$$

Note: Rates are subject to change and can vary over time.

Dependent Children Monthly Premium for Life Insurance Coverage

Coverage Amount	Monthly Premium
\$2,500	\$0.48
\$5,000	\$0.96
\$7,500	\$1.44
\$10,000	\$1.92

Group Rates for Your Dependent Children

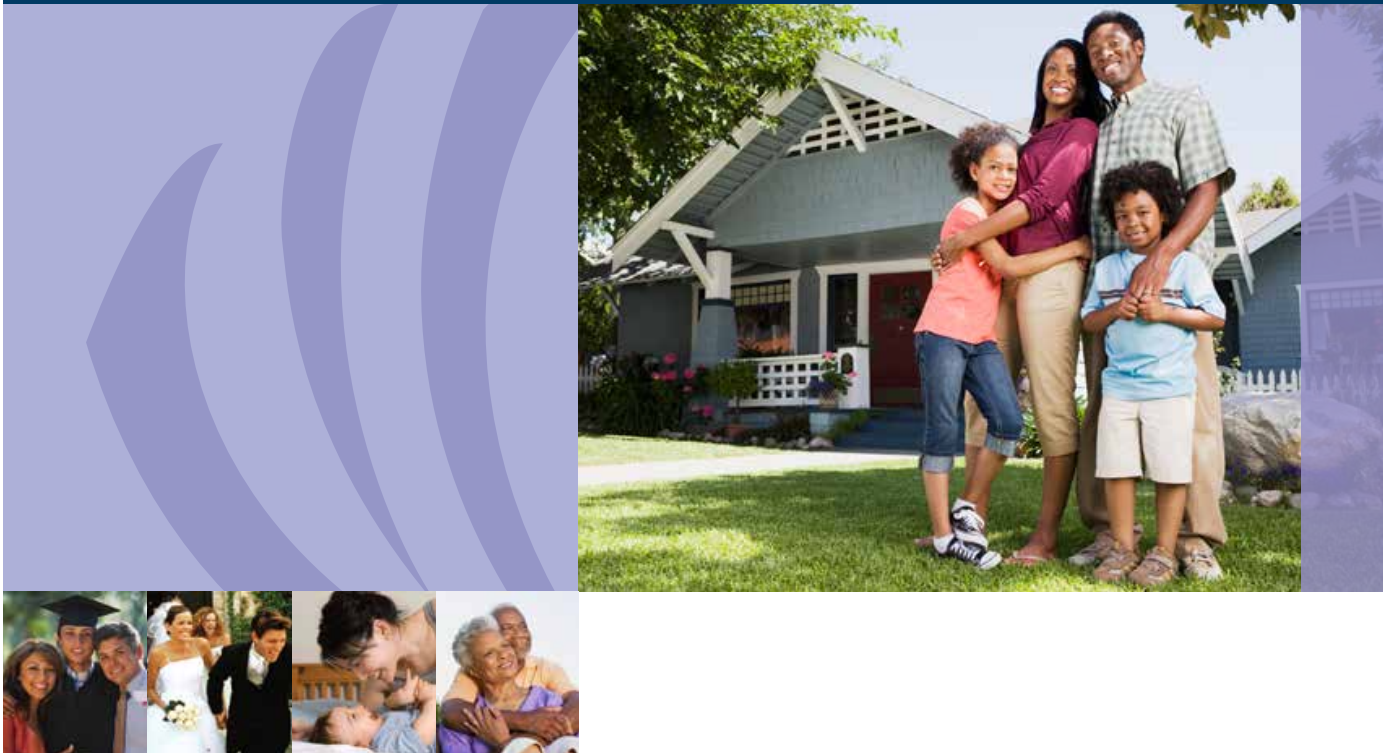
One affordable monthly premium covers all of your eligible dependent children.

Note: You must be an active Abilene ISD employee to select coverage for a spouse / domestic partner and/or dependent children. To be eligible for coverage, a spouse / domestic partner or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.

The Lincoln National Life Insurance Company
Please see prior page for product information.

Supplemental Life Insurance Premium Calculation

LFE-ENRO-BRC001-TX



If they need you, you need a Champion

Good things in life happen every day, and unfortunately, hardship happens too. You need a champion to help defend and protect everything you value—your family, your goals, your dreams, your independence—in essence, your life.



**Abilene Independent
School District**

LBT-EE2-LTC-TX-R1

LIFETIME BENEFIT TERM | CHAMPION
Life Insurance with Money for Long Term Care

LIFETIME BENEFIT TERM | CHAMPION

Life Insurance with Money for Long Term Care



Let LifeTime Benefit Term be **your Champion!**

Life Insurance—Valuable protection for your loved ones

You work hard to provide a good life for your family. However, what if something happens to you? If they need you, you need a champion to help defend and protect your family with money to help pay for:

- Rent and mortgage
- College Education
- Retirement
- Household Expenses
- Long Term Care
- Childcare
- Family Debt
- Burial

Make a promise to help protect the future. Let LifeTime Benefit Term (LBT) be your Champion. It lasts a lifetime—guaranteed. LifeTime Benefit Term provides money to your family at death, and while you are living too, if you need home health care, assisted living or nursing care. Lifetime Benefit Term provides highly competitive rates and benefits, and lasts to age 121.

Creative Solutions for Term Life Insurance

Guaranteed Premiums

Life insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue.

Guaranteed Benefits During Working Years

While the policy is in force, the death benefit is guaranteed 100% when it is needed most—during your working years when your family is relying on your income. Through age 70 (or 25 years if greater) your death benefit is 100% guaranteed.

Guaranteed Benefits After Age 70

Even after age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50%. And based on current interest rates and mortality assumptions, the full death benefit is designed to last a lifetime.

Paid-up Benefits

After 10 years, paid up benefit begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

Long Term Care (LTC)*

If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. After the required elimination period, you get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.

Contingent Benefit

If your LTC rider premiums were to be increased and would cause you to lapse your coverage within 120 days of an increase, you may reduce your benefit amount without any increase in premium or convert LTC coverage to paid up status equal to 100% of all LTC rider premiums paid, or 30 times the daily nursing home benefit allowed under the LTC rider.



LifeTime Benefit Term is a great way to help protect your most important asset and help provide the peace of mind your family deserves.

Flexible | Affordable | Competitive



Life insurance provides your family with money after your death. It helps replace your income and ensure that your dependents are not burdened with debt.

Here's how LifeTime Benefit Term can help be Your Family's Champion

As Life Insurance

LifeTime Benefit Term helps protect your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.

For Long Term Care

If you become chronically ill, your LifeTime Benefit Term policy will pay you 4% of your death benefit each month you receive Long Term Care. You can use this money any way you choose, and your life insurance premiums will be waived.

Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. Your life insurance will continue to help you protect your assets for 25 months. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero.

For Terminal Illness

After your coverage has been in force for two years, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.

Features

Dependable Guarantees

Guaranteed life insurance premium and death benefits last a lifetime.

Fully Portable and Guaranteed Renewable for Life

Your coverage cannot be cancelled as long as premiums are paid as due.

Family Coverage

Coverage available for your spouse, children and dependent grandchildren.

* LTC premiums may be adjusted based upon the experience of the group or other group characteristics that may affect results. Premiums cannot be increased solely because of an independent claim. New premiums will be based on the Insured's age and premium class on the rider's coverage date.

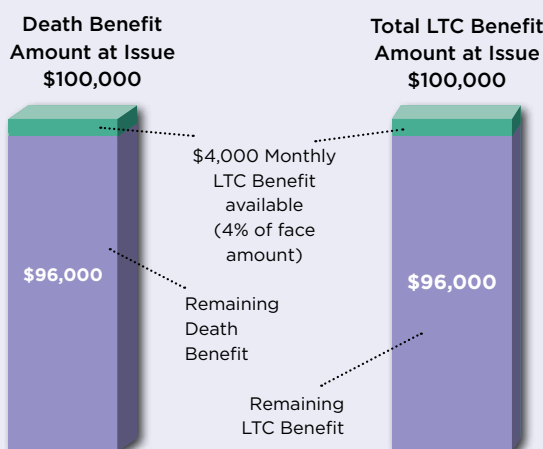
Flexible Benefit Choices

Once you make the promise to help protect your family with Lifetime Benefit term, there are several ways it can work for you. You don't have to make any decisions on how you use your benefits until you actually need them.

Here is an example of how LifeTime Benefit Term can be your Champion.

\$100,000\ LifeTime Benefit Term Coverage**

- A 35-year-old non-smoker can purchase \$100,000 of coverage including the Accelerated Death Benefit for Long Term Care and Terminal Illness.
- Long Term Care benefit of \$4,000 (4% of \$100,000) per month would be available for up to 25 months.
- Long Term Care benefit reduces the death benefit by an equal amount.



While in Long Term Care Status, premiums are waived.

Depending on your needs

- 100% of the Death Benefit amount can be paid to your beneficiary if no Long Term Care benefits are used, or
- 100% of the Long Term Care benefit amount can be paid to you, if care is needed, or
- Any remaining Death Benefit less any Long Term Care benefits received will be paid to your beneficiary.

The monthly LTC payment equals 4% of the initial death benefit. The maximum LTC payments equals 1 times the current death benefit. The current death benefit at time of LTC payment may differ from original death benefit. The certificate contains a guarantee ensuring that the initial death benefit will last for the longer of 25 years or to age 70 and thereafter can never be less than 50% of your initial death benefit. Premiums are payable to age 100.

** This example is only an illustration. Do not send money to the insurer in response to this advertisement; one needs to complete an application to obtain coverage. Benefit exclusions and limitation may apply to the coverage.

LIFETIME BENEFIT TERM | CHAMPION

Life Insurance with Money for Long Term Care

You need a champion to help defend and protect everything you value—your family, your goals, your dreams, your independence—in essence, your life.

Choose a Champion. Choose LifeTime Benefit Term.



Flexible and Customizable

Every plan starts with guaranteed death benefits and accelerated benefits for Long Term Care.

Benefit Summary

	Death Benefit	LTC Benefits	Child Term Benefits
Applicant:	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spouse:	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Children/Grandchildren:	\$		
	\$		

This is not an application for coverage. Refer to your enrollment form in order to apply for coverage. Enrollments are subject to underwriting approval.

Additional Benefit Option

(additional premium required)

Child Term Benefit

Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26—up to 5 times the benefit amount.

A senior insurance counseling program is provided by The Health Information Counseling & Advocacy Program (HICAP). This program is available to assist older Texans with disabilities by providing information about health insurance and public benefits. You may contact this office by writing at 701W. 51st W-352, Austin, Texas, 78751 or call toll free 1-800-252-9240.

LifeTime Benefit Term Exclusions If the insured commits suicide, while sane or insane, within two years from the Date of Issue, and while this Coverage is in force, We will pay in one sum to the Beneficiary, the amount of premiums paid for this Coverage.

Long Term Care Exclusions We will not pay Long Term Care benefits for care that is received or loss incurred as a result of: 1) Mental or nervous conditions except Alzheimer's Disease; 2) Alcoholism and drug addiction; 3) Illness, treatment or medical conditions arising out of: War or act of war (whether declared or undeclared); Participation in a felony, riot or insurrection; Service in the armed forces or units auxiliary thereto; Suicide (sane or insane), attempted suicide, or intentionally self-inflicted injury; or 4) Treatment provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare or other Governmental program (except Medicaid), any state or federal workers' compensation, employers' liability or occupational disease law, or any motor vehicle no-fault law, services provided by a member of the covered person's immediate family, and services for which no charge is normally made in the absence of insurance. 5) Expenses for services or items available or paid under another long term care insurance or health insurance policy. 6) In the case of a qualified long term care contract, expenses for services or items to the extent that the expenses are reimbursable under Title XVIII of the Social Security Act; or would be so reimbursable but for the application of a deductible or coinsurance amount; or 7) Care or services received outside the United States or its territories.

Marketed by
U.S. Employee Benefits
Services Group
877-730-7780



Combined Insurance Company of America
Chicago, IL

This document is a brief description of Certificate Form No. C34544TX. Benefits, rates, exclusions and limitations may apply. Refer to your certificate of insurance for specific details.

LBT-EE4-LTC25-Abilene-TX-0418



- FREE
- DEEPLY DISCOUNTED
- REDUCED HOURLY RATE



... buying or selling a home?



... speeding ticket?



... dealing with a divorce or child support?



... need an attorney to review a document?



Get your taxes
done FREE!



Identity Theft is a real threat.
Do you want to protect yourself?

- *Single tier rates*
- *Low monthly premiums*
- *Convenient payroll deduction*
- *No exclusions or pre-existing limitations*
- *No waiting periods*
- *Includes eligible dependents/liberal definition of dependent*
- *1,000's of online legal forms*
- *ID card and guidebook delivered in about 10 business days*

Enroll in the Legal Club Family Protection Plan?

Free & Discounted Legal Care

You receive unlimited **FREE and Deeply Discounted Legal Care** from a nationwide proprietary network of plan attorneys. Plan attorneys have contracted to charge 40% off their normal hourly rate, with a minimum of \$125 per hour, for legal care beyond the free and discounted services.

- Free Simple Will for you and your family
- Guaranteed low hourly rate
- Discounted rates on: Simple Divorce, Traffic Ticket Defense, Bankruptcy, Personal Real Estate Closing and more!
- **Online Legal Forms** – wide-ranging selection of ready to use forms to create legally valid documents

Free Tax Preparation & Advice

You receive **FREE Federal and State Tax Return Preparation saving you between \$250 and \$300 every year** (1040, 1040A, 1040EZ*).

Identity Theft Solutions

You receive prevention and restoration solutions:

- Privacy Plus Software protects personal information while online
- Identity Monitoring** alerts if concerning activity involving your personal information occurs
- Additional monitoring includes Bank Takeover Monitoring, Cyberbullying and Sex Offender Monitoring
- Full Service Restoration of identity to pre-theft state if theft occurs
- Assistance with replacement of misplaced or stolen identification and credit cards
- \$1,000,000 of identity theft insurance**

Identity Theft Solutions

You receive prevention and restoration solutions:

3-Bureau Credit Monitoring**

- Privacy Plus Software protects personal information while online
- Identity Monitoring** alerts if concerning activity involving your personal information occurs
- Additional monitoring includes Bank Takeover Monitoring, Cyberbullying and Sex Offender Monitoring
- Full Service Restoration of identity to pre-theft state if theft occurs
- Assistance with replacement of misplaced or stolen identification and credit cards
- \$1,000,000 of identity theft insurance**

FAMILY PROTECTION PLAN \$16 per employee per month

Enroll: ☐ YES ☐ NO

FAMILY PROTECTION PLAN PLUS \$20 per employee per month

Enroll: ☐ YES ☐ NO

This is only an outline of benefits. For a complete description of benefits, terms and conditions, please visit legalclub.com.

** Limit one per household ** Credit Monitoring, Identity Monitoring and Insurance are limited only to the member*

Understand how to determine your annual FSA elections



Healthcare Flexible Spending Account (FSA) annual contributions are capped at **\$2,700** per Plan Year (indexed for inflation), per employee, as set forth by the Patient Protection & Affordable Care Act (PPACA).

The following guidelines apply to this healthcare regulation:

- The limit applies only to employee salary reduction contributions to a Health FSA. (Employer contributions are not included when calculating this limit.)
- Limit is for the Plan Year, per employee.
- Husband and wife can both elect the maximum in their respective Health FSAs (even if working for the same employer).
- Employees changing jobs can elect up to the limit in their prior employer's Health FSA and up to the limit in their new employer's Health FSA as long as the employers are not related entities.
- Rehired employees and employees with a qualifying change in status mid-year are limited to the maximum for the entire Plan Year.
- Limit must be pro-rated based on the number of months for short Plan Years (Plan Years less than 12 months).
- Limit is indexed annually for cost of living adjustments.

Eligible Expenses

FlexSystem medical-only FSA funds may only be used for eligible expenses under your Healthcare FSA. Some eligible expenses include:

- Medical care services
- Dental care services
- Vision care expenses
- Prescriptions

FlexSystem Calculator

Need help calculating your FlexSystem savings and how much to contribute?

Use our handy FlexSystem Savings Calculator under Resources on our website at:

www.tasconline.com/tasc-calculators/

Consider the 'Use it or Lose it Rule'

It is important to be conservative in making elections because unused funds left in your account at the close of the Plan Year are **not refundable** to you and are returned to your employer.

You are urged to take precautionary steps to avoid having leftover funds in your account at year-end, such as tracking account balances via the following methods:

- TASC participant web portal (www.tasconline.com)
- MyTASC Mobile App (www.tasconline.com/mobile)
- Interactive Voice Response (IVR) phone system (608-241-1900 or 800-422-4661)

Carryover Exception: If your employer has elected the Healthcare FSA Carryover for your Plan, you may carryover up to \$500 from one Plan Year to the next with no cost or penalty.



Valuable tax-savings on healthcare expenses for today *and* tomorrow

Increase your take-home pay by using pre-tax dollars to pay for eligible healthcare expenses! A Health Savings Account (HSA) works with your High Deductible Health Plan (HDHP) and lets you set aside a portion of your paycheck—before taxes—into an account. Use those funds to help pay for medical expenses (before you reach your deductible) that aren't covered by your HDHP.

It's simple. It's smart. It'll save you money and help you plan for future medical expenses.

The Triple Tax Advantage

TASC HSA is a tax-advantaged investment vehicle that offers three separate tax benefits:

1. Contributions into an HSA are **pre-tax**.
2. Earned interest on investment funds is **tax-free**.
3. Withdrawals for qualified medical expenses are **tax-free**.

Benefits of an HSA

- **Reduces your taxable income.** Your elected Plan contributions are deducted from your payroll **pre-tax**, which reduces your taxable income and thereby increases your take-home pay.
- **Gives you control.** Funds in your TASC HSA stay with you, even if you change jobs. And, if you're no longer covered by an HDHP, your HSA stays active and remaining funds can still be used for medical expenses.
- **Grows with you.** If you maintain a minimum balance of \$2,000, any additional funds may be invested in top-ranking mutual funds yielding tax-free earnings.
- **Helps you plan for the future.** Until you turn 65, withdrawals used for eligible expenses are tax-free. After you turn 65, or if you become disabled, your HSA becomes similar to a regular IRA. Withdrawals you use for non-eligible expenses will be taxed at your regular income tax rate but won't incur additional penalties.

TASC HSA Service Features

- Online enrollment and account management
- Benefits debit card for eligible purchases
- Top rated investment options
- Fast reimbursements

HSA Eligible Expenses

- Expenses for most medical care and services
- Dental care services
- Vision care expenses
- Prescriptions
- Certain over-the-counter medications
- Certain insurance premiums

Complete lists of eligible and non-eligible expenses can be found in IRS Publication 502, which can be accessed by visiting www.irs.gov.

How the TASC HSA Plan Works

You and your employer can deposit money into your TASC HSA, up to an annual per person or family limit set by the IRS. You can use money in your HSA to pay for insurance deductibles and medical care/supplies such as dentistry, ophthalmology, and prescription drugs.

When you enroll online and set up your TASC HSA investment accounts, you'll be given access to a secure, easy-to-use web portal where you can track your account balance, manage your investment accounts, and submit a request for distribution.

In addition, you'll be issued a **benefits debit card** you can use at point-of-sale to pay for approved medical expenses. You can request distributions online for any purchases not made with your debit card. Payment will be made based on your available funds and may be sent via direct deposit.

You can make contributions anytime during the Plan Year, up to the annual maximum. All of your contributions are tax-deductible. Your HSA is similar to an IRA, but better. Withdrawals used for eligible medical expenses are always tax-free.

View current IRS limits for HSA contributions at: www.tasconline.com/benefits-limits

How it Saves You Money

Enrolling in the TASC HSA can help you save money in several ways. Choosing an HDHP may help you reduce your monthly insurance premiums and you can use these savings to fund your TASC HSA. Money you deposit into your HSA isn't subject to income taxes, which means your take-home pay increases. Use money from your HSA to pay for medical care/supplies that aren't typically covered by health insurance. Because that money isn't taxed, you're essentially getting a 25% to 40% discount on these expenses. Unused money kept in your HSA may be invested in mutual funds with no taxes to you on qualified withdrawals, interest, or growth.*

Your HDHP monthly premiums may lower.	You contribute a tax-free amount each month.	You use your funds to pay un-covered expenses.	Your unused funds earn interest, and can be invested in mutual funds*.
Savings #1	Savings #2	Savings #3	Savings #4
You (or your employer) pay lower premiums.	Your take-home pay increases by your tax rate	You essentially get a 25% to 40% discount on medical expenses.	You don't get taxed on qualified withdrawals, interest, or growth.

Important Considerations

Eligibility:

- If you are claimed as a dependent on someone else's taxes or are covered by any other health insurance policies that are not considered HDHPs, including Medicare and unlimited Flexible Spending Accounts, you are not eligible for an HSA.
- If you participate in an unlimited FSA or HRA through your employer or your spouse's employer, you are not eligible for an HSA.
- You and your spouse can each have an HSA if you both have high deductible coverage. If you have family HDHP coverage, the maximum contribution is split equally unless you and your spouse agree on a different division.

Reimbursement:

- You don't have to submit receipts to receive your reimbursement. However, you need to keep receipts and documentation for each year's federal tax return (Form 8889 attached to Form 1040).
- You can make a withdrawal at any time. Reimbursements for qualified medical expenses are tax-free. If you are disabled or reach age 65, you can receive non-medical distributions without penalty, but you must report the distribution as taxable income. You may also use your funds for a spouse or dependent not covered under your HDHP.

Using an HSA with an FSA:

As long as the FSA is a Limited-Purpose FSA (dental and/or vision expenses only), you can also have an HSA.

Timing:

- You're eligible to begin an HSA plan starting on the first day of each month. If you get HDHP coverage mid-month, your HSA eligibility starts on the first of the following month.
- An HSA must be set up and the contributions must be made by your tax return due date for the year, not including extensions.





Determine if your Dependent Care expenses qualify for FSA reimbursement



The FlexSystem Dependent Care FSA allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full time. **Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care FSA.**

Eligibility for the dependent care benefit requires that certain criteria be met, which is outlined in this document.

- A) **The dependent care expenses must be work-related.** The care must be necessary for the employee and/or the employee's spouse to work, to look for work, or to attend school full-time, or if they are physically unable to care for their children.
- B) **The dependent care expenses provided during a calendar year cannot exceed \$5,000.** In the case of a separate return by a married individual, the limit is \$2,500. This amount may be less if the employee's earned income or spouse's earned income is less than \$5,000.

The dependent care expenses must be for the care of one or more qualifying persons. A "Qualifying Person" is defined as one of the following:

- A) A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.
- B) A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.
- C) A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.

Eligible and Ineligible Expenses for Dependent Care FSA Reimbursement (partial list):

Allowed for Reimbursement:

- ☒ Fees for licensed day care or adult care facilities
- ☒ Before and after school care programs for dependents under age 13
- ☒ Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- ☒ Nanny expenses attributed to dependent care
- ☒ Nursery school (preschool) fees
- ☒ Summer Day Camp – primary purpose must be custodial care and not educational in nature
- ☒ Late pick-up fees

NOT Allowed for Reimbursement:

- ☐ Medical expenses
- ☐ Baby-sitter in or out of your home for reasons other than to enable you to work
- ☐ Activity fees/ educational supplies
- ☐ Food, clothing, and entertainment
- ☐ Transportation expenses
- ☐ Child support payments
- ☐ Kindergarten fees
- ☐ Overnight camp
- ☐ Late payment charges

Continued on next page...



Total Administrative Services Corporation
2302 International Lane | Madison, WI 53704-3140

For more information regarding Dependent Care FSA expenses, please review IRS Publication 503 or ask your employer for a copy of your Summary Plan Description (SPD).

You can also find helpful information and rates on our resource page at:

www.tasconline.com/benefits-limits

How Much Should You Contribute?

Determine your total annual amount of qualified dependent care expenses for the Plan Year. Your annual contribution to the FlexSystem Dependent Care FSA must be within the minimum and maximum amounts set by your employer based on the maximum allowed by the IRS (view IRS limits at www.tasconline.com/benefits-limits).

To receive the dependent care benefit, one must follow these procedures:

- A) All persons and organizations that provide dependent care for a qualified person must be identified. This information is requested on IRS Form 2441. The name, address, and taxpayer identification number of the provider must be included. Under certain circumstances, the taxpayer identification number will be a social security number.
- B) If the care is being provided by a center that cares for more than six persons, the center must comply with all state and local regulations.
- C) Payments made to relatives who are not dependents can be included. However, do not include amounts paid to a dependent for whom you can claim an exemption or for your child who is under age 19 at the end of the year, regardless of whether he or she is your dependent.
- D) Use Form W-10 to request the required information from the care provider.

Special rules apply to children of divorced or separated parents:

Even if you cannot claim your child as a dependent, he or she is treated as your qualifying person if all of the following are true:

- The child was under age 13 or was not physically or mentally able to care for himself or herself.
- One or both parents provided more than half of the child's support for the year and are divorced, legally separated, or lived apart at all times during the last 6 months of the calendar year.
- One or both parents had custody of the child for more than half of the year.
- You were the child's custodial parent. The custodial parent is the parent having custody for the greater portion of the calendar year. If the child was with both parents for an equal number of nights the parent with the higher adjusted gross income is the custodial parent.

A non-custodial parent that is entitled to claim the child as a dependent on their tax return may not treat the child as a qualifying individual for the dependent care benefit even when that parent is financially responsible for providing the care. Only one parent (the custodial parent) may qualify for the dependent care benefit for a taxable year. The regulations do not provide any relief for a non-custodial parent that incurs dependent care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.

