

Reagan County ISD

Highlights of Group Benefits with West Texas School Co-op

2023-2024



HIGHLIGHTS OF

Group Insurance Benefits for Employees of
Reagan County ISD – West Texas School Co-op

I. BASIC GROUP TERM LIFE AND AD&D INSURANCE - \$30,000

The Standard

- A. Paid for by Reagan County ISD
 - B. All eligible employees can elect Basic Dependent Life of \$10,000 for spouse and \$5,000 for children \$2.00/mo
 - i. Cannot have coverage for spouse if the spouse is also an eligible employee of Reagan County ISD.
- *** If you currently have the Basic Dependent Life and want to keep it you must enroll online for this plan again. Otherwise the coverage will be waived.
- *** If you waive the coverage for your spouse and/or child(ren) now, and request coverage at a future enrollment evidence of insurability (EOI) will be required.

II. OPTIONAL TERM LIFE INSURANCE

The Standard

- A. Paid for by the Employee by Payroll Deduction
 - B. Amounts available in \$10,000 increments up to 10X basic annual earnings for employees.
 - 1. All eligible employees are eligible for **\$250,000** of coverage guaranteed issue (no medical questions)
 - 2. If previously elected coverage above \$250,000 then coverage amount will be carried over without EOI (no medical questions)
 - C. Coverage for Spouse can be purchased up to 100% of the employee's amount in \$5,000 increments. Guaranteed Issue of **\$75,000**. Rates based on employees age.
 - 1. If previously elected coverage above \$75,000 then coverage amount will be carried over without EOI.
 - 2. Cannot have spouse coverage if spouse is also an eligible employee of Reagan County ISD.
 - D. Coverage for Dependent Children can be purchased up to \$10,000 of benefit in \$2,500 increments.
- *** If you currently have this coverage for yourself, spouse and/or child(ren) you must enroll online for the coverage again. Otherwise the coverage will be waived.
- *** If you waive the coverage now and request coverage at a future enrollment, evidence of insurability (EOI) will be required.

III. OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

The Standard

- A. Pays a benefit in addition to the Basic/Optional Life in the event of accidental death or loss of a limb, paralysis, sight, speech, or hearing. 24-hour protection at home or work.
 - B. Paid for by the Employee by Payroll Deduction
 - C. Amounts available in \$10,000 increments up to \$500,000.
 - 1. New Hires - guaranteed issue coverage (no medical questions)
 - 2. Active Employees – guaranteed issue coverage (no medical questions)
 - D. Coverage for Spouse can be purchased up to 100% of the employee's amount in \$5,000 increments.
 - E. Coverage for Dependent Children can be purchased up to \$10,000 of benefit in \$2,500 increments.
- *** If you currently have this coverage you must enroll online for the coverage again. Otherwise the coverage will be waived.

IV. VOLUNTARY LONG TERM DISABILITY Plan A: SSNRA Or Plan B: 3 yrs

The Standard

- A. Salary Protection Plan pays up to 66 2/3% of your monthly earnings or an amount you select in the event of your total or partial disability.
- B. Paid for by the Employee by Payroll Deduction
- C. Benefit amount can be customized by the employee who chooses the amount of salary to insure and the length of the Elimination Period before benefits begin paying.
 - 1. All eligible employees are eligible for up to 66 2/3% of monthly earnings benefit with guaranteed issue.

*** If you currently have this coverage you must enroll online for the coverage again. Otherwise the coverage will be waived.

V. VOLUNTARY DENTAL LINCOLN HIGH PLAN / LINCOLN LOW PLAN

HIGH PLAN

- A. Paid for by the Employee by Payroll Deduction
- B. Preventive Care (cleanings and checkups) covered at 100%.
- C. Annual Maximum Benefit of \$1,000 per person per calendar year. Includes Child Orthodontia.
 - 1. Annual Maximum can be increased each year through the Maximum Rollover benefit up to \$1,000. Requires you have at least one dental claim but do not exceed \$500 in benefits, then \$250 will be added to the following year's Annual Maximum Benefit.
- D. **COST:** ***You Only*** **\$33.67** ***You & Spouse*** **\$ 72.44**
 You & Child(ren) **\$87.58** ***You & Family*** **\$124.92**

LOW PLAN

- A. Paid for by the Employee by Payroll Deduction
- B. Preventive Care (cleanings and checkups) covered at 100% after a \$10 deductible.
- C. Annual Maximum Benefit of \$750 per person per calendar year.
- D. **COST:** ***You Only*** **\$20.40** ***You & Spouse*** **\$ 43.58**
 You & Child(ren) **\$46.26** ***You & Family*** **\$ 68.69**

VI. VOLUNTARY VISION

The Standard

- A. **New Benefit:** Frames every 12 months
 - i. Plan is based on calendar year, therefore you can get new frames every calendar year (Jan-Dec).
 - ii. For example, you can get new frames on 9/1/23 and new frames on 1/1/2024.
 - 1. For 2023 The Standard will not track prior usage, therefore you can get new frames as of 9/1/23 even if frames were purchased earlier this year.
- B. Paid for by the Employee by Payroll Deduction
- C. Copay benefits available when using In-Network Providers
- D. **COST:** ***You Only*** **\$9.42** ***You & Spouse*** **\$17.46**
 You & Child(ren) **\$17.39** ***You & Family*** **\$28.25**

VII. VOLUNTARY ACCIDENT INSURANCE

The Standard

- A. Paid for by the Employee by Payroll Deduction
- B. Pays you directly, so you can choose how to spend the money.
- C. **COST:** ***You Only*** **\$14.22** ***You & Spouse*** **\$22.30**
 You & Child(ren) **\$26.92** ***You & Family*** **\$42.20**

VIII. VOLUNTARY HOSPITAL INDEMNITY

The Standard

- A. Paid for by the Employee by Payroll Deduction
- B. Pays you directly, so you can choose how to spend the money.
- C. **COST:** ***You Only*** **\$25.49** ***You & Spouse*** **\$43.25**
 You & Child(ren) **\$36.58** ***You & Family*** **\$64.76**

IX. VOLUNTARY CRITICAL ILLNESS

The Standard

- A. Paid for by the Employee by Payroll Deduction
- B. Coverage for Employee at a flat amount of \$10,000, \$20,000 or \$30,000
 - i. Child(ren) are automatically cover at 50% of your coverage
- C. Coverage for your spouse at a flat amount of \$10,000, \$20,000 or \$30,000
[Please see the attached Information for more details](#)

REAGAN COUNTY ISD
HEALTH INSURANCE MONTHLY PREMIUMS 2023-2024

TRS-ACTIVECARE Primary

Employee Only
Employee & Spouse
Employee & Child(ren)
Employee & Family
Employee Couples Pooled
Employee Spouse Pooled
Employee and Family Split
Employee Spouse Split

| <u>Employee Contribution</u> | | <u>Employer Contribution</u> | | <u>TOTAL</u> |
|------------------------------|--|------------------------------|--|--------------|
| \$ - | | \$ 347.00 | | \$ 347.00 |
| \$ 387.00 | | \$ 550.00 | | \$ 937.00 |
| \$ 40.00 | | \$ 550.00 | | \$ 590.00 |
| \$ 630.00 | | \$ 550.00 | | \$ 1,180.00 |
| \$ 80.00 | | \$ 1,100.00 | | \$ 1,180.00 |
| \$ - | | \$ 937.00 | | \$ 937.00 |
| \$ 40.00 | | \$ 550.00 | | \$ 1,180.00 |
| \$ - | | \$ 468.50 | | \$ 937.00 |

TRS-ACTIVECARE HD

Employee Only
Employee & Spouse
Employee & Child(ren)
Employee & Family
Employee Couples Pooled
Employee Spouse Pooled
Employee and Family Split
Employee Spouse Split

| <u>Employee Contribution</u> | | <u>Employer Contribution</u> | | <u>TOTAL</u> |
|------------------------------|--|------------------------------|--|--------------|
| \$ - | | \$ 357.00 | | \$ 357.00 |
| \$ 414.00 | | \$ 550.00 | | \$ 964.00 |
| \$ 57.00 | | \$ 550.00 | | \$ 607.00 |
| \$ 664.00 | | \$ 550.00 | | \$ 1,214.00 |
| \$ 114.00 | | \$ 1,100.00 | | \$ 1,214.00 |
| \$ - | | \$ 964.00 | | \$ 964.00 |
| \$ 57.00 | | \$ 550.00 | | \$ 1,214.00 |
| \$ - | | \$ 482.00 | | \$ 964.00 |

TRS-ACTIVECARE Primary +

Employee Only
Employee & Spouse
Employee & Child(ren)
Employee & Family
Employee Couples Pooled
Employee Spouse Pooled
Employee and Family Split
Employee Spouse Split

| <u>Employee Contribution</u> | | <u>Employer Contribution</u> | | <u>TOTAL</u> |
|------------------------------|--|------------------------------|--|--------------|
| \$ - | | \$ 407.00 | | \$ 407.00 |
| \$ 509.00 | | \$ 550.00 | | \$ 1,059.00 |
| \$ 142.00 | | \$ 550.00 | | \$ 692.00 |
| \$ 794.00 | | \$ 550.00 | | \$ 1,344.00 |
| \$ 244.00 | | \$ 1,100.00 | | \$ 1,344.00 |
| \$ - | | \$ 1,059.00 | | \$ 1,059.00 |
| \$ 122.00 | | \$ 550.00 | | \$ 1,344.00 |
| \$ - | | \$ 529.50 | | \$ 1,059.00 |

TRS-ACTIVECARE 2**(No new enrollees; only those currently on plan can re-enroll)**

| <u>currently on plan can re-enroll</u> | <u>Employee Contribution</u> | | <u>Employer Contribution</u> | | <u>TOTAL</u> |
|--|------------------------------|----------|------------------------------|-------------|--------------|
| Employee Only | \$ | 463.00 | | \$ 550.00 | \$ 1,013.00 |
| Employee & Spouse | \$ | 1,852.00 | | \$ 550.00 | \$ 2,402.00 |
| Employee & Child(ren) | \$ | 957.00 | | \$ 550.00 | \$ 1,507.00 |
| Employee & Family | \$ | 2,291.00 | | \$ 550.00 | \$ 2,841.00 |
| Employee Couples Pooled | \$ | 1,741.00 | | \$ 1,100.00 | \$ 2,841.00 |
| Employee Spouse Pooled | \$ | 1,302.00 | | \$ 1,100.00 | \$ 2,402.00 |
| Employee and Family Split | \$ | 870.50 | | \$ 550.00 | \$ 2,841.00 |
| Employee Spouse Split | \$ | 651.00 | | \$ 550.00 | \$ 2,402.00 |

West Texas Blue Essentials HMO

| <u>West Texas Blue Essentials HMO</u> | <u>Employee Contribution</u> | | <u>Employer Contribution</u> | | <u>TOTAL</u> | | |
|---------------------------------------|------------------------------|----------|------------------------------|----|--------------|----|----------|
| Employee Only | \$ | 315.00 | | \$ | 550.00 | \$ | 865.00 |
| Employee & Spouse | \$ | 1,553.16 | | \$ | 550.00 | \$ | 2,103.16 |
| Employee & Child(ren) | \$ | 811.42 | | \$ | 550.00 | \$ | 1,361.42 |
| Employee & Family | \$ | 1,683.34 | | \$ | 550.00 | \$ | 2,233.34 |
| Employee Couples Pooled | \$ | 1,133.34 | | \$ | 1,100.00 | \$ | 2,233.34 |
| Employee Spouse Pooled | \$ | 1,003.16 | | \$ | 1,100.00 | \$ | 2,103.16 |
| Employee and Family Split | \$ | 566.67 | | \$ | 550.00 | \$ | 2,233.34 |
| Employee Spouse Split | \$ | 501.58 | | \$ | 550.00 | \$ | 2,103.16 |

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Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's, or his or her dependent's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Reagan County Independent School District, except for the cost of your dependent's insurance, which is paid by you through payroll deduction. Enrollment materials needed to elect coverage will be provided.

Eligibility

| | |
|-----------------------------------|---|
| Definition of a Member | You are a member if you are a regular employee of Reagan County Independent School District and actively working at least 20 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor. |
| Eligibility Waiting Period | You are eligible on the first of the month that follows the date you become a member. |

Benefits

| | |
|---|--|
| Basic Life Coverage Amount | Your Basic Life coverage amount is \$30,000. |
| Basic AD&D Coverage Amount | For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable. |
| Life Age Reductions | Basic Life and AD&D insurance coverage amount reduces to 40 percent at age 70 and to 30 percent at age 75. |
| Basic Dependent Life Coverage Amount | <p>The Basic Dependent Life coverage amount for your eligible spouse is \$10,000. Your spouse is the person to whom you are legally married.</p> <p>The Basic Dependent Life coverage amount for each of your eligible children is \$5,000. Child means your child from live birth through age 25.</p> |



Group Additional Life Insurance

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die
- An annual enrollment opportunity. See [Annual Enrollment](#) section for additional details.

? About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

| | | | | | | | | | | | |
|---|---|----------|--|------------------|--|----------------------|---|----------|------------------------|------------------|-----------------------|
| <p>How Much Can I Apply For?</p> <p>Your Additional Life amount cannot exceed a maximum of 10 times your annual earnings or \$500,000 whichever is less. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.</p> <p>What is the Guarantee Issue Maximum?</p> <p>Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.</p> | <table> <tr> <td>For You:</td><td>\$10,000 – \$500,000 in increments of \$10,000</td></tr> <tr> <td>For Your Spouse:</td><td>\$5,000 – \$500,000 in increments of \$5,000</td></tr> <tr> <td>For Your Child(ren):</td><td>\$2,500 – \$10,000 in increments of \$2,500</td></tr> <tr> <td>For You:</td><td>Up to \$250,000</td></tr> <tr> <td>For Your Spouse:</td><td>Up to \$75,000</td></tr> </table> | For You: | \$10,000 – \$500,000 in increments of \$10,000 | For Your Spouse: | \$5,000 – \$500,000 in increments of \$5,000 | For Your Child(ren): | \$2,500 – \$10,000 in increments of \$2,500 | For You: | Up to \$250,000 | For Your Spouse: | Up to \$75,000 |
| For You: | \$10,000 – \$500,000 in increments of \$10,000 | | | | | | | | | | |
| For Your Spouse: | \$5,000 – \$500,000 in increments of \$5,000 | | | | | | | | | | |
| For Your Child(ren): | \$2,500 – \$10,000 in increments of \$2,500 | | | | | | | | | | |
| For You: | Up to \$250,000 | | | | | | | | | | |
| For Your Spouse: | Up to \$75,000 | | | | | | | | | | |

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

≡ Annual Enrollment

During Reagan County Independent School District's Annual Enrollment Period

For You. If you are currently enrolled in Additional Life insurance for an amount less than \$250,000, you may elect to increase your coverage by \$10,000 or \$20,000 annually, up to, but not to exceed, the guarantee issue amount of \$250,000 without having to answer health questions.

For Your Spouse. If your spouse is currently enrolled in Dependent Life insurance for an amount less than \$75,000, you may elect to increase coverage by \$5,000 or \$10,000 annually, up to, but not to exceed, the guarantee issue amount of \$75,000 without having to answer health questions.

For Your Child(ren). If your child(ren) is/are currently enrolled in Dependent Life insurance for an amount less than \$10,000, you may elect to increase coverage by \$2,500 or \$5,000 annually, up to the maximum coverage amount of \$10,000 without having to answer health questions.

If you, and/or your spouse and/or your child(ren) were previously declined coverage by The Standard, you, and/or your spouse and/or your child(ren) will need to submit a medical history statement in order to apply for any amount of coverage during the Annual Enrollment period. Visit <https://myeoi.standard.com/762508> to complete and submit a medical history statement online.

≡ Additional Feature

| | |
|---------------------------|---|
| Accelerated Death Benefit | If you become terminally ill, you may be eligible to receive up to 80 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000. |
|---------------------------|---|

How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children’s education
- Daily expenses

To estimate your insurance needs, you’ll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

\$How Much Your Coverage Costs

Your Basic Life insurance is paid for by Reagan County Independent School District. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

÷ 1000 =

Enter your rate from the rate table.

x

=

This amount is an estimate of how much you would pay each month.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Dependent Life coverage for your child(ren), your monthly rate is \$0.148 per \$1,000, no matter how many children you're covering.

| Age (as of September 1) | Your Rate (Per \$1,000 of Total Coverage) | Your Spouse's Rate (Per \$1,000 of Total Coverage) |
|----------------------------|---|--|
| <30 | \$0.06 | \$0.06 |
| 30–34 | \$0.08 | \$0.08 |
| 35–39 | \$0.09 | \$0.09 |
| 40–44 | \$0.13 | \$0.13 |
| 45–49 | \$0.18 | \$0.18 |
| 50–54 | \$0.32 | \$0.32 |
| 55–59 | \$0.54 | \$0.54 |
| 60–64 | \$0.70 | \$0.70 |
| 65–69 | \$1.25 | \$1.25 |
| 70–74 | \$2.05 | \$2.05 |
| 75+ | \$3.88 | \$3.88 |



Group Accidental Death & Dismemberment Insurance

Enhance Your Safety Net With Protection Against Unexpected Loss

Accidental Death & Dismemberment (AD&D) insurance helps protect against the sudden financial loss often brought on by an accidental death. It can also help you pay for unexpected expenses associated with surviving an accident that results in a severe physical loss. You can elect to cover your eligible spouse and children as well.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Coverage for accidental death and dismemberment

Ⓢ About This Coverage

| | | |
|---|----------------------|--|
| How Much Can I Apply For? Note: You can't buy more coverage for your spouse and child(ren) than you buy for yourself. Coverage for your spouse is limited to 100% of your coverage. Coverage for your child(ren) cannot exceed 100% of your coverage. | For You: | \$10,000 – \$500,000 in increments of \$10,000 |
| | For Your Spouse: | \$5,000 – \$500,000 in increments of \$5,000 |
| | For Your Child(ren): | \$2,500 – \$10,000 in increments of \$2,500 |

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

Additional Features

Your coverage comes with some added features:

| | |
|--------------------------------|--|
| Seat Belt and Air Bag Benefits | The Standard may pay an additional benefit if you die while wearing a seat belt, provided certain conditions are met. If the car's air bags deploy during an accident, an air bag benefit may also be payable. |
| Family Benefits Package | This package is designed to help surviving family members maintain their standard of living and pursue their dreams. Included in the package are benefits to help with child care, career adjustment for your spouse and higher education for your children. |

How Much Your Coverage Costs

Because this insurance is offered through Reagan County Independent School District, you'll have access to competitive group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on the benefit amount you elect.

Use this formula to calculate your premium payment:

Enter the amount of AD&D coverage you're requesting (see benefit amounts in the About This Coverage section).

÷ \$1,000 =

x

=

This amount is an estimate of how much you would pay each month.

If you buy coverage for your spouse and/or children, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use the appropriate rate for the premium you are calculating.

| Coverage for... | Cost per \$1,000 of Coverage |
|---------------------------------------|------------------------------|
| You | \$0.02 |
| Your spouse | \$0.02 |
| Your children, regardless of how many | \$0.02 |



Standard Insurance Company
Educator Options Voluntary Long Term Disability Coverage Highlights
Reagan County Independent School District

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through Reagan County Independent School District.

Eligibility Requirements

- | | |
|-----------------|--|
| Policy | <ul style="list-style-type: none">• A minimum number of eligible employees must apply and qualify for the proposed plan before Educator Options Voluntary LTD coverage can become effective |
| Employee | <ul style="list-style-type: none">• A regular employee of Reagan County Independent School District• Actively working at least 20 hours each week• A citizen or resident of the United States or Canada• Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible |
| Premium | <ul style="list-style-type: none">• You pay 100 percent of the premium for this coverage through easy payroll deduction |

Benefit Amount

- | | |
|-------------------------------------|---|
| Benefit Amount | You may select a monthly benefit amount in \$100 increments, 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 predisability earnings. The minimum monthly amount you may elect is \$200. |
| Plan Maximum Monthly Benefit | The lesser of \$8,000 or 66 2/3 percent of your predisability earnings |
| Plan Minimum Monthly Benefit | 25 percent of your LTD benefit before reduction by deductible income |

Note:

- If you do not apply for this coverage within 31 days after becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.
- Reinstatements are subject to medical underwriting approval. To submit a medical history statement online, visit: <https://myeoi.standard.com/762511>

Disability Needs Calculator

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: <http://www.standard.com/calculators/dineeds.html>

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. 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.

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

Understanding Your Plan Design
Benefit Waiting 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 benefit waiting period options associated with your plan include:

| <u>Accidental Injury</u> | <u>Other Disabilities</u> |
|--------------------------|---------------------------|
| 0 days | 7 days |
| 14 days | 14 days |
| 30 days | 30 days |
| 60 days | 60 days |
| 90 days | 90 days |
| 180 days | 180 days |

Own Occupation Definition of Disability

For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Any Occupation Definition of Disability

After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

Deductible Income

Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- After you have been disabled for 12 months: Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Understanding Your Plan Design (Continued)**Maximum Benefit Period**

The maximum periods for which benefits are payable are shown in the tables below:

3 Years

If you become disabled before age 64, LTD benefits may continue during disability for 3 years. If you become disabled at age 64 or older, the benefit duration is determined by your age when disability begins:

| <u>Age</u> | <u>Maximum Benefit Period</u> |
|-------------------|--------------------------------------|
| 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 |

To Age 65

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 |

Benefit Calculation**Example**

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of \$100, from a minimum of \$200 to a maximum of the lesser of \$8,000 or 66 2/3 percent of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are \$4,500, you may select any dollar amount (in \$100 increments) between \$200 and \$3,000 (66 2/3 percent of predisability earnings). In the example below, assume you elected the maximum benefit amount of \$3,000, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900. Your monthly LTD benefit would be calculated as follows:

| | |
|---|--------------|
| Insured predisability earnings | \$4,500 |
| Maximum benefit percentage | X 66 2/3% |
| Maximum benefit amount | \$3,000 |
| Less Social Security disability benefit | -\$1,200 |
| Less retirement benefit | -\$900 |
| Amount of LTD benefit | \$900 |

Additional Features

Please see your human resources representative for additional information about the features and benefits below.

| | |
|---|--|
| Rehabilitation Plan | If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses. |
| Reasonable Accommodation Expense Benefit | If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification. |
| Rehabilitation Incentive Benefit | If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional benefit equal to 10 percent of your predisability earnings. When added to any other amount you receive from The Standard, your total benefit cannot exceed the maximum benefit allowed by the policy. |
| Survivors Benefit | If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three time your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard). |
| First Day Hospital Benefit | If you are hospital confined for at least 4 hours during the benefit waiting period, the following will apply; the remainder of your benefit waiting period will be waived, LTD benefits will become payable on the first day you are hospital confined, and your maximum benefit period will begin on the date your LTD benefits are payable. You are eligible for this benefit only if your elected benefit waiting period is 0/7, 14/14 or 30/30. |
| Family Care Expense Benefit | Applies when a disabled employee has returned to work and continues to receive LTD benefits. For 12 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings. |

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- If applicable, with respect to insurance increases, you are not covered for the insurance increase if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period

Preexisting Condition Provision

Preexisting Condition For the first 90 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 90 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply. Benefit amounts subject to the preexisting condition exclusion will be excluded from payment.

A preexisting condition is a mental or physical condition:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Preexisting Condition Period The 90-day period just before your insurance becomes effective or any insurance increases become effective

Specified Exclusion and Limitation Period 12 months

Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work during the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If applicable, if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period
- If your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

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 disability insurance 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

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

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 chart, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

- 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.
- 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.
- 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.

Maximum Benefit Period: To Age 65 for both Accident and Sickness

| Annual Earnings | Monthly Earnings | Monthly Disability Benefit | Accident/Sickness Benefit Waiting Period Cost per Month | | | | | |
|-----------------|------------------|----------------------------|---|-------|-------|-------|-------|---------|
| | | | 0/7 | 14/14 | 30/30 | 60/60 | 90/90 | 180/180 |
| 3,600 | 300 | 200 | 6.12 | 4.40 | 3.78 | 3.44 | 3.14 | 1.88 |
| 5,400 | 450 | 300 | 9.18 | 6.60 | 5.67 | 5.16 | 4.71 | 2.82 |
| 7,200 | 600 | 400 | 12.24 | 8.80 | 7.56 | 6.88 | 6.28 | 3.76 |
| 9,000 | 750 | 500 | 15.30 | 11.00 | 9.45 | 8.60 | 7.85 | 4.70 |
| 10,800 | 900 | 600 | 18.36 | 13.20 | 11.34 | 10.32 | 9.42 | 5.64 |
| 12,600 | 1,050 | 700 | 21.42 | 15.40 | 13.23 | 12.04 | 10.99 | 6.58 |
| 14,400 | 1,200 | 800 | 24.48 | 17.60 | 15.12 | 13.76 | 12.56 | 7.52 |
| 16,200 | 1,350 | 900 | 27.54 | 19.80 | 17.01 | 15.48 | 14.13 | 8.46 |
| 18,000 | 1,500 | 1,000 | 30.60 | 22.00 | 18.90 | 17.20 | 15.70 | 9.40 |
| 19,800 | 1,650 | 1,100 | 33.66 | 24.20 | 20.79 | 18.92 | 17.27 | 10.34 |
| 21,600 | 1,800 | 1,200 | 36.72 | 26.40 | 22.68 | 20.64 | 18.84 | 11.28 |
| 23,400 | 1,950 | 1,300 | 39.78 | 28.60 | 24.57 | 22.36 | 20.41 | 12.22 |
| 25,200 | 2,100 | 1,400 | 42.84 | 30.80 | 26.46 | 24.08 | 21.98 | 13.16 |
| 27,000 | 2,250 | 1,500 | 45.90 | 33.00 | 28.35 | 25.80 | 23.55 | 14.10 |
| 28,800 | 2,400 | 1,600 | 48.96 | 35.20 | 30.24 | 27.52 | 25.12 | 15.04 |
| 30,600 | 2,550 | 1,700 | 52.02 | 37.40 | 32.13 | 29.24 | 26.69 | 15.98 |
| 32,400 | 2,700 | 1,800 | 55.08 | 39.60 | 34.02 | 30.96 | 28.26 | 16.92 |
| 34,200 | 2,850 | 1,900 | 58.14 | 41.80 | 35.91 | 32.68 | 29.83 | 17.86 |
| 36,000 | 3,000 | 2,000 | 61.20 | 44.00 | 37.80 | 34.40 | 31.40 | 18.80 |
| 37,800 | 3,150 | 2,100 | 64.26 | 46.20 | 39.69 | 36.12 | 32.97 | 19.74 |
| 39,600 | 3,300 | 2,200 | 67.32 | 48.40 | 41.58 | 37.84 | 34.54 | 20.68 |
| 41,400 | 3,450 | 2,300 | 70.38 | 50.60 | 43.47 | 39.56 | 36.11 | 21.62 |
| 43,200 | 3,600 | 2,400 | 73.44 | 52.80 | 45.36 | 41.28 | 37.68 | 22.56 |
| 45,000 | 3,750 | 2,500 | 76.50 | 55.00 | 47.25 | 43.00 | 39.25 | 23.50 |
| 46,800 | 3,900 | 2,600 | 79.56 | 57.20 | 49.14 | 44.72 | 40.82 | 24.44 |
| 48,600 | 4,050 | 2,700 | 82.62 | 59.40 | 51.03 | 46.44 | 42.39 | 25.38 |
| 50,400 | 4,200 | 2,800 | 85.68 | 61.60 | 52.92 | 48.16 | 43.96 | 26.32 |
| 52,200 | 4,350 | 2,900 | 88.74 | 63.80 | 54.81 | 49.88 | 45.53 | 27.26 |
| 54,000 | 4,500 | 3,000 | 91.80 | 66.00 | 56.70 | 51.60 | 47.10 | 28.20 |
| 55,800 | 4,650 | 3,100 | 94.86 | 68.20 | 58.59 | 53.32 | 48.67 | 29.14 |
| 57,600 | 4,800 | 3,200 | 97.92 | 70.40 | 60.48 | 55.04 | 50.24 | 30.08 |
| 59,400 | 4,950 | 3,300 | 100.98 | 72.60 | 62.37 | 56.76 | 51.81 | 31.02 |
| 61,200 | 5,100 | 3,400 | 104.04 | 74.80 | 64.26 | 58.48 | 53.38 | 31.96 |
| 63,000 | 5,250 | 3,500 | 107.10 | 77.00 | 66.15 | 60.20 | 54.95 | 32.90 |
| 64,800 | 5,400 | 3,600 | 110.16 | 79.20 | 68.04 | 61.92 | 56.52 | 33.84 |
| 66,600 | 5,550 | 3,700 | 113.22 | 81.40 | 69.93 | 63.64 | 58.09 | 34.78 |
| 68,400 | 5,700 | 3,800 | 116.28 | 83.60 | 71.82 | 65.36 | 59.66 | 35.72 |
| 70,200 | 5,850 | 3,900 | 119.34 | 85.80 | 73.71 | 67.08 | 61.23 | 36.66 |
| 72,000 | 6,000 | 4,000 | 122.40 | 88.00 | 75.60 | 68.80 | 62.80 | 37.60 |

Maximum Benefit Period: To Age 65 for both Accident and Sickness (Continued)

| Annual Earnings | Monthly Earnings | Monthly Disability Benefit | Accident/Sickness Benefit Waiting Period Cost per Month | | | | | |
|-----------------|------------------|----------------------------|---|--------|--------|--------|--------|---------|
| | | | 0/7 | 14/14 | 30/30 | 60/60 | 90/90 | 180/180 |
| 73,800 | 6,150 | 4,100 | 125.46 | 90.20 | 77.49 | 70.52 | 64.37 | 38.54 |
| 75,600 | 6,300 | 4,200 | 128.52 | 92.40 | 79.38 | 72.24 | 65.94 | 39.48 |
| 77,400 | 6,450 | 4,300 | 131.58 | 94.60 | 81.27 | 73.96 | 67.51 | 40.42 |
| 79,200 | 6,600 | 4,400 | 134.64 | 96.80 | 83.16 | 75.68 | 69.08 | 41.36 |
| 81,000 | 6,750 | 4,500 | 137.70 | 99.00 | 85.05 | 77.40 | 70.65 | 42.30 |
| 82,800 | 6,900 | 4,600 | 140.76 | 101.20 | 86.94 | 79.12 | 72.22 | 43.24 |
| 84,600 | 7,050 | 4,700 | 143.82 | 103.40 | 88.83 | 80.84 | 73.79 | 44.18 |
| 86,400 | 7,200 | 4,800 | 146.88 | 105.60 | 90.72 | 82.56 | 75.36 | 45.12 |
| 88,200 | 7,350 | 4,900 | 149.94 | 107.80 | 92.61 | 84.28 | 76.93 | 46.06 |
| 90,000 | 7,500 | 5,000 | 153.00 | 110.00 | 94.50 | 86.00 | 78.50 | 47.00 |
| 91,800 | 7,650 | 5,100 | 156.06 | 112.20 | 96.39 | 87.72 | 80.07 | 47.94 |
| 93,600 | 7,800 | 5,200 | 159.12 | 114.40 | 98.28 | 89.44 | 81.64 | 48.88 |
| 95,400 | 7,950 | 5,300 | 162.18 | 116.60 | 100.17 | 91.16 | 83.21 | 49.82 |
| 97,200 | 8,100 | 5,400 | 165.24 | 118.80 | 102.06 | 92.88 | 84.78 | 50.76 |
| 99,000 | 8,250 | 5,500 | 168.30 | 121.00 | 103.95 | 94.60 | 86.35 | 51.70 |
| 100,800 | 8,400 | 5,600 | 171.36 | 123.20 | 105.84 | 96.32 | 87.92 | 52.64 |
| 102,600 | 8,550 | 5,700 | 174.42 | 125.40 | 107.73 | 98.04 | 89.49 | 53.58 |
| 104,400 | 8,700 | 5,800 | 177.48 | 127.60 | 109.62 | 99.76 | 91.06 | 54.52 |
| 106,200 | 8,850 | 5,900 | 180.54 | 129.80 | 111.51 | 101.48 | 92.63 | 55.46 |
| 108,000 | 9,000 | 6,000 | 183.60 | 132.00 | 113.40 | 103.20 | 94.20 | 56.40 |
| 109,800 | 9,150 | 6,100 | 186.66 | 134.20 | 115.29 | 104.92 | 95.77 | 57.34 |
| 111,600 | 9,300 | 6,200 | 189.72 | 136.40 | 117.18 | 106.64 | 97.34 | 58.28 |
| 113,400 | 9,450 | 6,300 | 192.78 | 138.60 | 119.07 | 108.36 | 98.91 | 59.22 |
| 115,200 | 9,600 | 6,400 | 195.84 | 140.80 | 120.96 | 110.08 | 100.48 | 60.16 |
| 117,000 | 9,750 | 6,500 | 198.90 | 143.00 | 122.85 | 111.80 | 102.05 | 61.10 |
| 118,800 | 9,900 | 6,600 | 201.96 | 145.20 | 124.74 | 113.52 | 103.62 | 62.04 |
| 120,600 | 10,050 | 6,700 | 205.02 | 147.40 | 126.63 | 115.24 | 105.19 | 62.98 |
| 122,400 | 10,200 | 6,800 | 208.08 | 149.60 | 128.52 | 116.96 | 106.76 | 63.92 |
| 124,200 | 10,350 | 6,900 | 211.14 | 151.80 | 130.41 | 118.68 | 108.33 | 64.86 |
| 126,000 | 10,500 | 7,000 | 214.20 | 154.00 | 132.30 | 120.40 | 109.90 | 65.80 |
| 127,800 | 10,650 | 7,100 | 217.26 | 156.20 | 134.19 | 122.12 | 111.47 | 66.74 |
| 129,600 | 10,800 | 7,200 | 220.32 | 158.40 | 136.08 | 123.84 | 113.04 | 67.68 |
| 131,400 | 10,950 | 7,300 | 223.38 | 160.60 | 137.97 | 125.56 | 114.61 | 68.62 |
| 133,200 | 11,100 | 7,400 | 226.44 | 162.80 | 139.86 | 127.28 | 116.18 | 69.56 |
| 135,000 | 11,250 | 7,500 | 229.50 | 165.00 | 141.75 | 129.00 | 117.75 | 70.50 |
| 136,800 | 11,400 | 7,600 | 232.56 | 167.20 | 143.64 | 130.72 | 119.32 | 71.44 |
| 138,600 | 11,550 | 7,700 | 235.62 | 169.40 | 145.53 | 132.44 | 120.89 | 72.38 |
| 140,400 | 11,700 | 7,800 | 238.68 | 171.60 | 147.42 | 134.16 | 122.46 | 73.32 |
| 142,200 | 11,850 | 7,900 | 241.74 | 173.80 | 149.31 | 135.88 | 124.03 | 74.26 |
| 144,000 | 12,000 | 8,000 | 244.80 | 176.00 | 151.20 | 137.60 | 125.60 | 75.20 |

Maximum Benefit Period: To Age 65 for Accident and 3 Years for Sickness

| Annual Earnings | Monthly Earnings | Monthly Disability Benefit | Accident/Sickness Benefit Waiting Period Cost per Month | | | | | |
|-----------------|------------------|----------------------------|---|-------|-------|-------|-------|---------|
| | | | 0/7 | 14/14 | 30/30 | 60/60 | 90/90 | 180/180 |
| 3,600 | 300 | 200 | 4.86 | 3.62 | 3.16 | 2.68 | 1.44 | 1.12 |
| 5,400 | 450 | 300 | 7.29 | 5.43 | 4.74 | 4.02 | 2.16 | 1.68 |
| 7,200 | 600 | 400 | 9.72 | 7.24 | 6.32 | 5.36 | 2.88 | 2.24 |
| 9,000 | 750 | 500 | 12.15 | 9.05 | 7.90 | 6.70 | 3.60 | 2.80 |
| 10,800 | 900 | 600 | 14.58 | 10.86 | 9.48 | 8.04 | 4.32 | 3.36 |
| 12,600 | 1,050 | 700 | 17.01 | 12.67 | 11.06 | 9.38 | 5.04 | 3.92 |
| 14,400 | 1,200 | 800 | 19.44 | 14.48 | 12.64 | 10.72 | 5.76 | 4.48 |
| 16,200 | 1,350 | 900 | 21.87 | 16.29 | 14.22 | 12.06 | 6.48 | 5.04 |
| 18,000 | 1,500 | 1,000 | 24.30 | 18.10 | 15.80 | 13.40 | 7.20 | 5.60 |
| 19,800 | 1,650 | 1,100 | 26.73 | 19.91 | 17.38 | 14.74 | 7.92 | 6.16 |
| 21,600 | 1,800 | 1,200 | 29.16 | 21.72 | 18.96 | 16.08 | 8.64 | 6.72 |
| 23,400 | 1,950 | 1,300 | 31.59 | 23.53 | 20.54 | 17.42 | 9.36 | 7.28 |
| 25,200 | 2,100 | 1,400 | 34.02 | 25.34 | 22.12 | 18.76 | 10.08 | 7.84 |
| 27,000 | 2,250 | 1,500 | 36.45 | 27.15 | 23.70 | 20.10 | 10.80 | 8.40 |
| 28,800 | 2,400 | 1,600 | 38.88 | 28.96 | 25.28 | 21.44 | 11.52 | 8.96 |
| 30,600 | 2,550 | 1,700 | 41.31 | 30.77 | 26.86 | 22.78 | 12.24 | 9.52 |
| 32,400 | 2,700 | 1,800 | 43.74 | 32.58 | 28.44 | 24.12 | 12.96 | 10.08 |
| 34,200 | 2,850 | 1,900 | 46.17 | 34.39 | 30.02 | 25.46 | 13.68 | 10.64 |
| 36,000 | 3,000 | 2,000 | 48.60 | 36.20 | 31.60 | 26.80 | 14.40 | 11.20 |
| 37,800 | 3,150 | 2,100 | 51.03 | 38.01 | 33.18 | 28.14 | 15.12 | 11.76 |
| 39,600 | 3,300 | 2,200 | 53.46 | 39.82 | 34.76 | 29.48 | 15.84 | 12.32 |
| 41,400 | 3,450 | 2,300 | 55.89 | 41.63 | 36.34 | 30.82 | 16.56 | 12.88 |
| 43,200 | 3,600 | 2,400 | 58.32 | 43.44 | 37.92 | 32.16 | 17.28 | 13.44 |
| 45,000 | 3,750 | 2,500 | 60.75 | 45.25 | 39.50 | 33.50 | 18.00 | 14.00 |
| 46,800 | 3,900 | 2,600 | 63.18 | 47.06 | 41.08 | 34.84 | 18.72 | 14.56 |
| 48,600 | 4,050 | 2,700 | 65.61 | 48.87 | 42.66 | 36.18 | 19.44 | 15.12 |
| 50,400 | 4,200 | 2,800 | 68.04 | 50.68 | 44.24 | 37.52 | 20.16 | 15.68 |
| 52,200 | 4,350 | 2,900 | 70.47 | 52.49 | 45.82 | 38.86 | 20.88 | 16.24 |
| 54,000 | 4,500 | 3,000 | 72.90 | 54.30 | 47.40 | 40.20 | 21.60 | 16.80 |
| 55,800 | 4,650 | 3,100 | 75.33 | 56.11 | 48.98 | 41.54 | 22.32 | 17.36 |
| 57,600 | 4,800 | 3,200 | 77.76 | 57.92 | 50.56 | 42.88 | 23.04 | 17.92 |
| 59,400 | 4,950 | 3,300 | 80.19 | 59.73 | 52.14 | 44.22 | 23.76 | 18.48 |
| 61,200 | 5,100 | 3,400 | 82.62 | 61.54 | 53.72 | 45.56 | 24.48 | 19.04 |
| 63,000 | 5,250 | 3,500 | 85.05 | 63.35 | 55.30 | 46.90 | 25.20 | 19.60 |
| 64,800 | 5,400 | 3,600 | 87.48 | 65.16 | 56.88 | 48.24 | 25.92 | 20.16 |
| 66,600 | 5,550 | 3,700 | 89.91 | 66.97 | 58.46 | 49.58 | 26.64 | 20.72 |
| 68,400 | 5,700 | 3,800 | 92.34 | 68.78 | 60.04 | 50.92 | 27.36 | 21.28 |
| 70,200 | 5,850 | 3,900 | 94.77 | 70.59 | 61.62 | 52.26 | 28.08 | 21.84 |
| 72,000 | 6,000 | 4,000 | 97.20 | 72.40 | 63.20 | 53.60 | 28.80 | 22.40 |

Maximum Benefit Period: To Age 65 for Accident and 3 Years for Sickness (Continued)

| Annual Earnings | Monthly Earnings | Monthly Disability Benefit | Accident/Sickness Benefit Waiting Period Cost per Month | | | | | |
|-----------------|------------------|----------------------------|---|--------|--------|--------|-------|---------|
| | | | 0/7 | 14/14 | 30/30 | 60/60 | 90/90 | 180/180 |
| 73,800 | 6,150 | 4,100 | 99.63 | 74.21 | 64.78 | 54.94 | 29.52 | 22.96 |
| 75,600 | 6,300 | 4,200 | 102.06 | 76.02 | 66.36 | 56.28 | 30.24 | 23.52 |
| 77,400 | 6,450 | 4,300 | 104.49 | 77.83 | 67.94 | 57.62 | 30.96 | 24.08 |
| 79,200 | 6,600 | 4,400 | 106.92 | 79.64 | 69.52 | 58.96 | 31.68 | 24.64 |
| 81,000 | 6,750 | 4,500 | 109.35 | 81.45 | 71.10 | 60.30 | 32.40 | 25.20 |
| 82,800 | 6,900 | 4,600 | 111.78 | 83.26 | 72.68 | 61.64 | 33.12 | 25.76 |
| 84,600 | 7,050 | 4,700 | 114.21 | 85.07 | 74.26 | 62.98 | 33.84 | 26.32 |
| 86,400 | 7,200 | 4,800 | 116.64 | 86.88 | 75.84 | 64.32 | 34.56 | 26.88 |
| 88,200 | 7,350 | 4,900 | 119.07 | 88.69 | 77.42 | 65.66 | 35.28 | 27.44 |
| 90,000 | 7,500 | 5,000 | 121.50 | 90.50 | 79.00 | 67.00 | 36.00 | 28.00 |
| 91,800 | 7,650 | 5,100 | 123.93 | 92.31 | 80.58 | 68.34 | 36.72 | 28.56 |
| 93,600 | 7,800 | 5,200 | 126.36 | 94.12 | 82.16 | 69.68 | 37.44 | 29.12 |
| 95,400 | 7,950 | 5,300 | 128.79 | 95.93 | 83.74 | 71.02 | 38.16 | 29.68 |
| 97,200 | 8,100 | 5,400 | 131.22 | 97.74 | 85.32 | 72.36 | 38.88 | 30.24 |
| 99,000 | 8,250 | 5,500 | 133.65 | 99.55 | 86.90 | 73.70 | 39.60 | 30.80 |
| 100,800 | 8,400 | 5,600 | 136.08 | 101.36 | 88.48 | 75.04 | 40.32 | 31.36 |
| 102,600 | 8,550 | 5,700 | 138.51 | 103.17 | 90.06 | 76.38 | 41.04 | 31.92 |
| 104,400 | 8,700 | 5,800 | 140.94 | 104.98 | 91.64 | 77.72 | 41.76 | 32.48 |
| 106,200 | 8,850 | 5,900 | 143.37 | 106.79 | 93.22 | 79.06 | 42.48 | 33.04 |
| 108,000 | 9,000 | 6,000 | 145.80 | 108.60 | 94.80 | 80.40 | 43.20 | 33.60 |
| 109,800 | 9,150 | 6,100 | 148.23 | 110.41 | 96.38 | 81.74 | 43.92 | 34.16 |
| 111,600 | 9,300 | 6,200 | 150.66 | 112.22 | 97.96 | 83.08 | 44.64 | 34.72 |
| 113,400 | 9,450 | 6,300 | 153.09 | 114.03 | 99.54 | 84.42 | 45.36 | 35.28 |
| 115,200 | 9,600 | 6,400 | 155.52 | 115.84 | 101.12 | 85.76 | 46.08 | 35.84 |
| 117,000 | 9,750 | 6,500 | 157.95 | 117.65 | 102.70 | 87.10 | 46.80 | 36.40 |
| 118,800 | 9,900 | 6,600 | 160.38 | 119.46 | 104.28 | 88.44 | 47.52 | 36.96 |
| 120,600 | 10,050 | 6,700 | 162.81 | 121.27 | 105.86 | 89.78 | 48.24 | 37.52 |
| 122,400 | 10,200 | 6,800 | 165.24 | 123.08 | 107.44 | 91.12 | 48.96 | 38.08 |
| 124,200 | 10,350 | 6,900 | 167.67 | 124.89 | 109.02 | 92.46 | 49.68 | 38.64 |
| 126,000 | 10,500 | 7,000 | 170.10 | 126.70 | 110.60 | 93.80 | 50.40 | 39.20 |
| 127,800 | 10,650 | 7,100 | 172.53 | 128.51 | 112.18 | 95.14 | 51.12 | 39.76 |
| 129,600 | 10,800 | 7,200 | 174.96 | 130.32 | 113.76 | 96.48 | 51.84 | 40.32 |
| 131,400 | 10,950 | 7,300 | 177.39 | 132.13 | 115.34 | 97.82 | 52.56 | 40.88 |
| 133,200 | 11,100 | 7,400 | 179.82 | 133.94 | 116.92 | 99.16 | 53.28 | 41.44 |
| 135,000 | 11,250 | 7,500 | 182.25 | 135.75 | 118.50 | 100.50 | 54.00 | 42.00 |
| 136,800 | 11,400 | 7,600 | 184.68 | 137.56 | 120.08 | 101.84 | 54.72 | 42.56 |
| 138,600 | 11,550 | 7,700 | 187.11 | 139.37 | 121.66 | 103.18 | 55.44 | 43.12 |
| 140,400 | 11,700 | 7,800 | 189.54 | 141.18 | 123.24 | 104.52 | 56.16 | 43.68 |
| 142,200 | 11,850 | 7,900 | 191.97 | 142.99 | 124.82 | 105.86 | 56.88 | 44.24 |
| 144,000 | 12,000 | 8,000 | 194.40 | 144.80 | 126.40 | 107.20 | 57.60 | 44.80 |

Dental Insurance

High Option

The Lincoln DentalConnect® PPO Plan:

- Covers many preventive, basic, and major dental care services
- Also covers orthodontic treatment for children
- Features group coverage for West Texas Co-op employees
- Allows you to choose any dentist you wish, though you can lower your out-of-pocket costs by selecting a contracting dentist
- Does not make you and your loved ones wait six months between routine cleanings

| | Contracting Dentists | Non-Contracting Dentists |
|-------------------------------------|---|---|
| Calendar (Annual) Deductible | Individual: \$50 Family: \$150 Waived for: Preventive | Individual: \$50 Family: \$150 Waived for: Preventive |

Deductibles are combined for basic and major Contracting Dentists' services. Deductibles are combined for basic and major Non-Contracting Dentists' services.

| | | |
|-----------------------|---------|---------|
| Annual Maximum | \$1,000 | \$1,000 |
|-----------------------|---------|---------|

MaxRewards® lets you and your covered family members roll a portion of unused dental benefits from one year into the next. So you have extra benefit dollars available when you need them most.

- **Eligible Range (claim threshold):** \$500
- **Rollover Amount:** \$250 per calendar year
- **Rollover Amount with Preferred Provider:** \$350 per calendar year
- **Maximum Rollover Account Balance:** \$1,000

| | | |
|---------------------------------|---------|---------|
| Lifetime Orthodontic Max | \$1,500 | \$1,500 |
|---------------------------------|---------|---------|

Orthodontic Coverage is available for dependent children.

| | |
|-----------------------|--|
| Waiting Period | There are no benefit waiting periods for any service types |
|-----------------------|--|

Visit LincolnFinancial.com/FindADentist

You can search by:

- Location
- Dentist name or office name
- Distance you are willing to travel
- Specialty, language and more

Your search will automatically provide up to 100 dentists that most closely match your criteria. If your search does not locate the dentist you prefer, you can nominate one—just click the **Nominate a Dentist** link and complete the online form.

| Preventive Services | Contracting Dentists | Non-Contracting Dentists |
|--|-------------------------|--------------------------|
| Routine oral exams Bitewing X-rays Full-mouth or panoramic X-rays Other dental X-rays (including periapical films) Routine cleanings Fluoride treatments Space maintainers for children Sealants Harmful habit appliances | 100% No Deductible | 100% No Deductible |
| Basic Services | Contracting Dentists | Non-Contracting Dentists |
| Problem focused exams Consultations Palliative treatment (including emergency relief of dental pain) Fillings Prefabricated stainless steel and resin crowns Simple extractions Biopsy and examination of oral tissue (including brush biopsy) General anesthesia and I.V. sedation Prosthetic repair and recementation services Periodontal maintenance procedures Denture reline and rebase services Labs & other tests Occlusal adjustments | 80% After Deductible | 80% After Deductible |
| Major Services | Contracting Dentists | Non-Contracting Dentists |
| Surgical extractions Oral surgery Endodontics (including root canal treatment) Non-surgical periodontal therapy Periodontal surgery Bridges Full and partial dentures Crowns, inlays, onlays and related services Implants & implant related services | 50% After Deductible | 50% After Deductible |
| Orthodontics | Contracting Dentists | Non-Contracting Dentists |
| Orthodontic exams X-rays Extractions Study models Appliances | 50% | 50% |

| Contracting Dentists/Non-Contracting Dentists | Contracting Dentists | Non-Contracting Dentists |
|---|--|---|
| <p>To find a contracting dentist near you, visit www.LincolnFinancial.com/FindADentist.</p> <p>This plan lets you choose any dentist you wish. However, your out-of-pocket costs are likely to be lower when you choose a contracting dentist. For example, if you need a crown...</p> | <p>...you pay a deductible (if applicable), then 50% of the remaining discounted fee for PPO members. This is known as a PPO contracted fee.</p> | <p>... you pay a deductible (if applicable), then 50% of the usual and customary fee, which is the maximum expense covered by the plan. You are responsible for the difference between the usual and customary fee and the dentist's billed charge.</p> |

With the Lincoln Dental Mobile App

- Find a network dentist near you in minutes
- Have an ID card on your phone
- Customize the app to get details of your plan
- Find out how much your plan covers for checkups and other services
- Keep track of your claims

Lincoln DentalConnect® Online Health Center

- Determine the average cost of a dental procedure
- Have your questions answered by a licensed dentist
- Learn all about dental health for children, from baby's first tooth to dental emergencies
- Evaluate your risk for oral cancer, periodontal disease and tooth decay

Covered Family Members

When you choose coverage for yourself, you can also provide coverage for:

- Your spouse.
- Dependent children, up to age 26.

Benefit Exclusions

Like any coverage, this dental coverage does have some exclusions.

- The plan does not cover services started before coverage begins or after it ends. Benefits are limited to appropriate and necessary procedures listed in the summary plan description. Benefits are not payable for duplication of services. Covered expenses will not exceed the summary plan description's usual and customary allowances.
- Plan benefits are not payable for a condition that is covered under Workers' Compensation or a similar law; that occurs during the course of employment or military service or involvement in an illegal occupation, felony, or riot; or that results from a self-inflicted injury.
- The plan does not cover an orthodontia treatment plan started before coverage begins unless the member was receiving orthodontia benefits from the employer's previous group dental summary plan description. In this case, Lincoln Financial will continue orthodontia benefits until the combined benefit paid by both policies is equal to this summary plan description's lifetime orthodontia maximum. Plan benefits are not payable if the orthodontic appliance was installed after the age of 19.
- In certain situations, there may be more than one method of treating a dental condition. This summary plan description includes an alternative benefits provision that may reduce benefits to the lowest-cost, generally effective, and necessary form of treatment.
- Certain conditions, such as age and frequency limitations, may impact your coverage. See the summary plan description for details.
- This plan includes continuation of coverage for employees with dental coverage from a previous employer. The member is required to complete the Continuity of Coverage form located on www.lfg.com. The form must be provided to us prior to the effective date to be eligible for continuation of coverage.

A complete list of benefit exclusions is included in the summary plan description.

Dental Rate

Here's how little you pay with group rates.

As a West Texas Co-op employee, you can take advantage of this dental coverage for less than \$1.12 a day. Plus, you can add loved ones to the plan for just a little more.

Your estimated cost is itemized below.

| Coverage | Monthly Rate |
|---------------------------|--------------|
| Employee only | \$33.67 |
| Employee & spouse | \$72.44 |
| Employee & child/children | \$87.58 |
| Employee & family | \$124.92 |

Dental Insurance

Low Option

The *Lincoln* *DentalConnect*® PPO Plan:

- Covers many preventive and basic dental care services
- Features group coverage for West Texas Co-op employees
- Allows you to choose any dentist you wish, though you can lower your out-of-pocket costs by selecting a contracting dentist
- Does not make you and your loved ones wait six months between routine cleanings

| | Contracting Dentists | Non-Contracting Dentists |
|-------------------------------------|---|---|
| Calendar (Annual) Deductible | Individual: \$50 Family: \$150 Waived for: Preventive and Major | Individual: \$50 Family: \$150 Waived for: Preventive and Major |
| Annual Maximum | \$750 | \$750 |

Annual Maximums are combined for preventive and basic services.

| | |
|-----------------------|--|
| Waiting Period | There are no benefit waiting periods for any service types |
|-----------------------|--|

Visit LincolnFinancial.com/FindADentist

You can search by:

- Location
- Dentist name or office name
- Distance you are willing to travel
- Specialty, language and more

Your search will automatically provide up to 100 dentists that most closely match your criteria. If your search does not locate the dentist you prefer, you can nominate one—just click the **Nominate a Dentist** link and complete the online form.

| Preventive Services | Contracting Dentists | Non-Contracting Dentists |
|---|--|---|
| Routine oral exams Bitewing X-rays Full-mouth or panoramic X-rays Other dental X-rays (including periapical films) Routine cleanings Fluoride treatments | 100% No Deductible | 100% No Deductible |
| Basic Services | Contracting Dentists | Non-Contracting Dentists |
| Sealants Problem focused exams Palliative treatment (including emergency relief of dental pain) Fillings Periodontal maintenance procedures Non-surgical periodontal therapy Labs & other tests | 80% After Deductible | 80% After Deductible |
| Contracting Dentists/Non-Contracting Dentists | Contracting Dentists | Non-Contracting Dentists |
| <p>To find a contracting dentist near you, visit www.LincolnFinancial.com/FindADentist.</p> <p>This plan lets you choose any dentist you wish. However, your out-of-pocket costs are likely to be lower when you choose a contracting dentist. For example, if you need a crown...</p> | <p>...you pay a deductible (if applicable), then % of the remaining discounted fee for PPO members. This is known as a PPO contracted fee.</p> | <p>... you pay a deductible (if applicable), then % of the usual and customary fee, which is the maximum expense covered by the plan. You are responsible for the difference between the usual and customary fee and the dentist's billed charge.</p> |

With the Lincoln Dental Mobile App

- Find a network dentist near you in minutes
- Have an ID card on your phone
- Customize the app to get details of your plan
- Find out how much your plan covers for checkups and other services
- Keep track of your claims

Lincoln DentalConnect® Online Health Center

- Determine the average cost of a dental procedure
- Have your questions answered by a licensed dentist
- Learn all about dental health for children, from baby's first tooth to dental emergencies
- Evaluate your risk for oral cancer, periodontal disease and tooth decay

Covered Family Members

When you choose coverage for yourself, you can also provide coverage for:

- Your spouse.
- Dependent children, up to age 26.

Benefit Exclusions

Like any coverage, this dental coverage does have some exclusions.

- The plan does not cover services started before coverage begins or after it ends. Benefits are limited to appropriate and necessary procedures listed in the summary plan description. Benefits are not payable for duplication of services. Covered expenses will not exceed the summary plan description's usual and customary allowances.
- Plan benefits are not payable for a condition that is covered under Workers' Compensation or a similar law; that occurs during the course of employment or military service or involvement in an illegal occupation, felony, or riot; or that results from a self-inflicted injury.
- In certain situations, there may be more than one method of treating a dental condition. This summary plan description includes an alternative benefits provision that may reduce benefits to the lowest-cost, generally effective, and necessary form of treatment.
- Certain conditions, such as age and frequency limitations, may impact your coverage. See the summary plan description for details.
- This plan includes continuation of coverage for employees with dental coverage from a previous employer. The member is required to complete the Continuity of Coverage form located on www.lfg.com. The form must be provided to us prior to the effective date to be eligible for continuation of coverage.

A complete list of benefit exclusions is included in the summary plan description.

Dental Rate

Here's how little you pay with group rates.

As a West Texas Co-op employee, you can take advantage of this dental coverage for less than \$0.68 a day. Plus, you can add loved ones to the plan for just a little more.

Your estimated cost is itemized below.

| Coverage | Monthly Rate |
|---------------------------|--------------|
| Employee only | \$20.40 |
| Employee & spouse | \$43.58 |
| Employee & child/children | \$46.26 |
| Employee & family | \$68.69 |

Lincoln Dental Providers

Abilene

Abilene Dental
Abilene Dental Care & Orthodontics
Abilene Dental Care South, PLLC
Abilene Family Dentistry
Abilene Pediatric Dental
Abilene Wisdom Teeth
Affordable Dentures
Allington Dental
Aspen Dental
Children's Dentistry of Abilene
Monarch Dental
Key City Dental Studio PLLC
Amy Morris, DDS
Charles Taylor, DDS

Alpine

Bella Dental West Texas, PLLC
Family Health Services of Alpine
Iris V. Korus DDS

Brady

Brady Dental Group, PA
Frontera Healthcare Network

Brownwood

Abbeville Dentistry Brownwood
Aspen Dental
Avenue Dental
Cross Timbers Health Clinics, Inc.
Kyle W. Kirkland, DDS
Charley Kennon McLean, DDS
Red River Dental, PLLC
Scott Law Ortho Corp. PC

Burnet

Burnet Dental
Seven Lakes Dental in Burnet, TX
Susan E. Henson, DMD

Del Rio

Amistad Dentistry
Delrio Dentistry, PC
United Medical Centers
Vrc Vargas, PLLC

Fredericksburg

Lance C. Kovar, DDS
Ericka T. McBrine, DDS, PA
Shelly J. Nagle, DDS
William R. Shehling, DDS, PA

Junction

April A. Brown, DMD
Barbara E. Whitworth, DDS

Kerrville

Aspen Dental
April A. Brown, DDS
Dental Trends, PLLC
Kerrville Pediatric Dentistry
Tracy H. Holmes, DDS
Star Smiles
Gary A. Thorne, DDS
Randall L. Wagner, DDS

Lampasas

A1 Dental, PLLC

Marble Falls

Austin Oral Maxillofacial Surgery
Birght Smiles Dental III, PC
Lakeside Children's Dentistry, PLLC Lone
Star Circle of Care
Highland Lakes Dental
Hill Country Pediatric Dentistry
Specialty Dental Partners of Ausin, PLLC
Timberwood Dental, PLLC

Midland

Allington Dental
Bliss Dental and Orthodontics
Bliss Rankin Dentistry, PLLC
Boyles General Dentistry & Implant Center
Familia Dental Midland, PLLC
Gray Cosmetic and Family Dentistry
JSL Dental, PLLC
Midland Community Healthcare Services
Midland Community Health Center
Midland Oral and Maxillofacial Surgery
Modern Dental Professionals, PC
Monarch Dental

Odessa

Abbeville Dentistry
Abbeville Dentistry Odessa East, PLLC
Allington Dental
Aspen Dental
Bliss Dental
Familia Dental Odessa, PLLC
Kid's Dental
Kid's Dentistree of Abbeville Odessa
Modern Dental Professionals
Monarch Dental Odessa
Permian Basin Smiles
Winwood Dental and Orthodontics

San Angelo

Allington Dental
Aspen Dental
William A. Buche, DDS
Chitsey Family Dentistry
Dove Dental
KidSmiles
La Esperanza Clinic
Lush Dental
Thomas D. Marsden, DDS
Kelly K. Sawyer, DDS
San Angelo Dental

San Saba

Susan E. Henson, DMD, PA

Sweetwater

Achieve Dental
Jason Brownings, DDS Charles M.
Taylor, DDS

NO PROVIDERS

| | |
|------------|--------|
| Big Lake | Iraan |
| Bronte | Mason |
| Lohn | Ozona |
| Eldorado | Sonora |
| Fort Davis | |

Out of Network Dental providers are reimbursed based on Reasonable & Customary, at the 90th percentile. This means that 9 out of 10 dentists will be within Reasonable & Customary and should have little, if any, balance billing. Dentists over the 90th percentile can balance bill.

Group Vision Insurance

Help protect your eye health with coverage for exams, glasses and contacts.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered vision care services.

NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 1: Balanced Care Vision I Plan Summary

Effective Date: 9/1/2023

| | VSP Choice Network + Affiliates | Out of Network |
|-----------------------|----------------------------------|---------------------------------|
| Deductibles | | |
| | \$10 Exam | \$10 Exam |
| | \$10 Eye Glass Lenses or Frames* | \$10 Eye Glass Lenses or Frames |
| Annual Eye Exam | Covered in full | Up to \$45 |
| Lenses (per pair) | | |
| Single Vision | Covered in full | Up to \$30 |
| Bifocal | Covered in full | Up to \$50 |
| Trifocal | Covered in full | Up to \$65 |
| Lenticular | Covered in full | Up to \$100 |
| Progressive | See lens options | NA |
| Contacts | | |
| Fit & Follow Up Exams | Participant cost up to \$60 | Not covered |
| | | |
| Elective | Up to \$150 | Up to \$120 |
| Medically Necessary | Covered in full | Up to \$210 |
| Frame Allowance | \$150** | Up to \$70 |
| Frequencies (months) | | |
| Exam/Lens/Frame | 12/12/12 | 12/12/12 |
| | Based on date of service | Based on date of service |

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco and Walmart allowance will be the wholesale equivalent.

Lens Options (participant cost)*

| | VSP Choice Network + Affiliates (Other than Costco) | Out of Network |
|--|--|--------------------------------|
| Progressive Lenses: *Standard | Covered in Full | Up to Lined Bifocal allowance. |
| *Premium | Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge. | |
| Std. Polycarbonate | Covered in full for dependent children \$33 adults | Not covered |
| Solid Plastic Dye | \$15 (except Pink I & II) | Not covered |
| Plastic Gradient Dye | \$17 | Not covered |
| Photochromatic Lenses (Glass & Plastic) | \$31-\$82 | Not covered |
| Scratch Resistant Coating | \$17-\$33 | Not covered |
| Anti-Reflective Coating | \$43-\$85 | Not covered |
| Ultraviolet Coating | \$16 | Not covered |

*Lens Option participant costs vary by prescription, option chosen and retail locations.

| Monthly Rates | |
|------------------------|---------|
| Employee Only (EE) | \$9.42 |
| EE + Spouse | \$17.46 |
| EE + Children | \$17.39 |
| EE + Spouse & Children | \$28.25 |

| Additional Balanced Care Vision I Choice Network Features | |
|---|---|
| Contact Lenses Elective | Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance. |
| Additional Glasses | 20% off additional complete pairs of prescription glasses and/or prescription sunglasses.* |
| Frame Discount | VSP offers 20% off any amount above the retail allowance.* |
| Laser VisionCare | VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure. |
| Low Vision | With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years). |

Based on applicable laws, reduced costs may vary by doctor location.

Section 125

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

Vision Plan Participant Service

Balanced Care Vision I from The Standard features the money-saving eye care network of VSP. Customer service is available to plan participants through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 800.877.7195

- Service representative hours: 5 a.m. to 7 p.m. Pacific Monday through Friday, 6 a.m. to 2:30 p.m. Pacific Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at:

www.standard.com/services

Vision Providers

Abilene

Abilene Advanced Eye Care, Inc.
Abilene Eye Care, Inc.
Abilene Professional Eyecare Associates, PLLC
Amplified Vision
Russell Dressen, OD
Elite Eyecare of Abilene
Family Vision Associates, LLP
Greg N. Hogan, PA
Visionworks
Walmart Optical

Alpine

Perla Bermudez, OD

Ballinger

City Eye Care

Brady

Advanced Eye Care

Brownwood

Commerce Square Optical
Lone Star Optical
Walmart Optical

Burnet

Burnet Eye Care

Del Rio

Amaro Eye Clinic, PLLC
Walmart Optical

Early

Early Vision Source

Fort Stockton

West Texas Eyecare

Fredericksburg

Eye Country
Hill Country Vision Center
Texas State Optical
Walmart Optical

Kerrville

Ford Eye Care Center
Hill Country Vision Center
Texas State Optical
Vision Source
Walmart Optical

Lampasas

Lampasas Eye Care

Llano

Burnet Eyecare

Marble Falls

David Drinkard, OD
Poole Eye Associates
Walmart Optical

Midland

James W. Carpenter, OD
Greg N. Hogan, PA
McAndrew's Eye Clinic of Midland
Midland Vision Health Specialties
Optics Unique
Phillips Eye Clinic
Stephen L. Hankinson, OD
Texas Country Eye Care
Visionworks
Walmart Optical

Odessa

Advanced Care of Odessa
Bright Eyes, PLLC
Feeser Eyecare
Grandview Eye
Stanley E. Lassa, OD Inc.
MCH Family Health Clinic
Odessa Vision Center
Permian Basin Eyecare
Visionworks
20/20 Vision Center
Walmart Optical

Pecos

West Texas Eyecare

San Angelo

Advanced Eye Care
Caplan Eye Center
Lamm David Eye Care, PLLC
Sams Optical
MyEyeDr.
Sunset Eye Care
Walmart Optical

San Saba

No Providers

Sweetwater

Total Family Eye Care

NO PROVIDERS

| | |
|------------|----------|
| Big Lake | Junction |
| Bronte | Lohn |
| Eden | Mason |
| Eldorado | Ozona |
| Fort Davis | Sonora |
| Iraan | |



Group Accident Insurance

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works

1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- **Goes with you** if you leave your employer.
- **Provides coverage without answering any medical questions.**
- Gives you the option to **cover your spouse and children.**
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck.**

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

| Benefits Paid to You | Benefit Amounts |
|---------------------------------|-----------------|
| Emergency Room Visit | \$200 |
| X-ray | \$60 |
| Concussion | \$200 |
| Leg Fracture (Surgical) | \$3,400 |
| Knee Cartilage Repair | \$1,000 |
| Hospital Admission | \$1,500 |
| 2 Days Hospital Confinement | \$800 |
| Medical Appliance | \$200 |
| Physician Follow-Up Appointment | \$70 |
| 2 Physical Therapy Appointments | \$100 |
| TOTAL | \$7,530 |

Here's what it would cost you:

| Coverage for... | Monthly Premium |
|------------------------------------|-----------------|
| You | \$14.22 |
| You and your spouse | \$22.30 |
| You and your children | \$26.92 |
| You, your spouse and your children | \$42.20 |

Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary. Please consult with your human resources representative or plan administrator for more details.

| Injury | Emergency | Surgery |
|---|--|--|
| <ul style="list-style-type: none">• Burns• Dislocations• Eye Injuries• Concussion• Loss of Hearing• Lacerations• Fractures• Coma | <ul style="list-style-type: none">• Emergency Dental• Urgent Care• Ambulance• Emergency Room• X-ray• Major Diagnostic Exam | <ul style="list-style-type: none">• Abdominal/Thoracic Surgery• Outpatient Surgical Facility• Skin Grafts• Knee Cartilage/ Ligament/ Tendon Repair• Ruptured Disk• Rotator Cuff |
| Hospitalization | Follow-Up Care | Value Added Benefits |
| <ul style="list-style-type: none">• Hospital Admission• Hospital Confinement• CCU Confinement• CCU Admission | <ul style="list-style-type: none">• Medical Appliance• Hearing Device• Physical Therapy• Physician Care• Prosthesis• Rehab Facility | <ul style="list-style-type: none">• Transportation• Lodging• Youth Organized Sports Benefit |

Additional Benefits

24-hour coverage – Includes coverage for accidents that occur on and off the job.

Accidental Death & Dismemberment — Includes a benefit for an accidental death or covered dismemberment for you or your dependents.

Health Maintenance Screening Benefit — Pays a \$200 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.



Group Hospital Indemnity Insurance

Keep your finances on track when you're in the hospital.

1 You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

2 We send you a check.

The Standard will send a check directly to you - not to your medical providers - upon approval of your claim. You decide how you spend the money.

3 You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most - your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- Gives you the option to **cover your spouse and children**
- **Protects your HSA Account**
- Provides the convenience of having your **premium payments deducted directly from your paycheck**

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

Group Hospital Indemnity Insurance

Here's how it works:

Ruptured Ulcer: Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to \$3,850.

Here's what your plan would cover for this example:

| Benefits Paid to You | Benefit Amount |
|---|----------------|
| Hospital admission | \$1,500 |
| Hospital confinement (10 days) | \$3,500 |
| Critical care unit confinement (3 days) | \$1,050 |
| Total paid to you | \$6,050 |

Here's what it would cost you:

| Coverage for... | Monthly Premium |
|------------------------------------|-----------------|
| You | \$25.49 |
| You and your spouse | \$43.25 |
| You and your children | \$36.58 |
| You, your spouse and your children | \$64.76 |

Group Hospital Indemnity Insurance

Here's what it covers:

| Benefits Paid to You | Benefit Amount |
|---|---|
| Hospital Admission ¹ | \$1,500 Maximum 1 per calendar year |
| Daily Hospital Confinement ¹ | \$350 per day Maximum 15 days per stay |
| Daily Critical Care Unit Confinement ^{1,2} | \$350 per day Maximum 15 days per stay |

1 Defined as a stay for at least 20 consecutive hours in a hospital setting.

2 Payable in addition to the Hospital Admission and Daily Hospital Confinement benefit you may be eligible to receive.

Additional Benefits

Waiver of Premium – Premium waived if you are confined to a hospital for more than 30 days.

Health Maintenance Screening Benefit — Pays a \$50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

Protect your HSA Account — Hospital Indemnity insurance provides financial protection while you are building your HSA assets. Contact your employer to determine if this Hospital Indemnity plan impacts the taxability of your contributions to an HSA. It's protection that's also convenient: Your premium payments can be deducted directly from your paycheck.



Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 50% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse**

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

Here's an example of what this benefit could cover:

Example Of Out-Of-Pocket Expenses

| | |
|--|-----------------|
| Medical plan | \$1,400 |
| Lost wages | \$5,000 |
| Alternate treatments and diets not covered by medical plan | \$4,500 |
| Total Out-Of-Pocket Expenses | \$10,900 |

Example Of Benefits

| | |
|---|-----------------|
| Critical Illness Benefit Option | \$20,000 |
| Total Out-Of-Pocket Expenses | \$10,900 |
| Remaining Out-Of-Pocket Expenses | \$0 |
| Remaining Benefit For Other Expenses | \$9,100 |

These are the benefit options you may elect:

| Coverage for... | Coverage Amount... |
|-----------------|--|
| You | Flat amount of \$10,000, \$20,000 or \$30,000 |
| Your spouse | Flat amount of \$10,000, \$20,000, or \$30,000, as long as it's not more than your coverage amount |
| Your children | Automatically covered at 50% of your coverage amount |

See the Important Details section for more information, including requirements, exclusions and definitions.

Affordable Group Rates

Because you'll be buying this insurance through The School District, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The monthly premiums you would pay for Critical Illness insurance benefits are below.

| Employee Monthly Attained Age Premiums | | | | | | | | | | | |
|--|--------------|--------|--------|---------|---------|---------|---------|---------|---------|----------|----------|
| Coverage Amount | Employee Age | | | | | | | | | | |
| | 18-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ |
| \$10,000 | \$2.00 | \$2.40 | \$3.00 | \$4.00 | \$5.90 | \$8.60 | \$12.70 | \$17.70 | \$25.50 | \$35.80 | \$70.90 |
| \$20,000 | \$4.00 | \$4.80 | \$6.00 | \$8.00 | \$11.80 | \$17.20 | \$25.40 | \$35.40 | \$51.00 | \$71.60 | \$141.80 |
| \$30,000 | \$6.00 | \$7.20 | \$9.00 | \$12.00 | \$17.70 | \$25.80 | \$38.10 | \$53.10 | \$76.50 | \$107.40 | \$212.70 |

| Spouse Monthly Attained Age Premiums | | | | | | | | | | | |
|--------------------------------------|--------------|--------|--------|---------|---------|---------|---------|---------|---------|----------|----------|
| Coverage Amount | Employee Age | | | | | | | | | | |
| | 18-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ |
| \$10,000 | \$2.00 | \$2.40 | \$3.00 | \$4.00 | \$5.90 | \$8.60 | \$12.70 | \$17.70 | \$25.50 | \$35.80 | \$70.90 |
| \$20,000 | \$4.00 | \$4.80 | \$6.00 | \$8.00 | \$11.80 | \$17.20 | \$25.40 | \$35.40 | \$51.00 | \$71.60 | \$141.80 |
| \$30,000 | \$6.00 | \$7.20 | \$9.00 | \$12.00 | \$17.70 | \$25.80 | \$38.10 | \$53.10 | \$76.50 | \$107.40 | \$212.70 |

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to \$30,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$50 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- **Access a Health Advocate*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

* Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

Payment of benefits is subject to the terms and conditions of the group critical illness policy and insurance certificate. These plan documents are the final arbiter of coverages.

Diagnosis and recommendation must occur after your coverage becomes effective.

Please see your certificate for full medical definitions that guide eligibility for payment, which may differ slightly from commonly used terms.

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees¹ that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



YOU OWN IT



**YOU CAN TAKE IT
WITH YOU WHEN YOU
CHANGE JOBS OR RETIRE**



**YOU PAY FOR IT
THROUGH CONVENIENT
PAYROLL DEDUCTIONS**



**YOU CAN COVER YOUR
SPOUSE, CHILDREN AND
GRANDCHILDREN, TOO²**



**YOU CAN GET A LIVING
BENEFIT IF YOU BECOME
TERMINALLY ILL³**



IT'S AFFORDABLE

3 QUICK QUESTIONS

You can qualify by answering just
3 questions – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

- 1** Been actively at work on a full time basis, performing usual duties?
- 2** Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
- 3** Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

1. After the guarantee period, premiums may go down, stay the same or go up.
2. Coverage not available on children in WA or on grandchildren in WA or MD.
In MD, children must reside with the applicant to be eligible for coverage.
3. Conditions apply.

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

WOULD YOUR GROUP BENEFITS COVER THIS?

You can protect you and your family from unexpected ambulance transportation out-of-pocket costs.**



Modern Health Insurance is Leaving You Exposed

Most people assume that their health insurance policy will cover them for ambulance rides and other emergency transportation. Unfortunately, this is not always the case. During the last ten years, gaps have opened in most insurance plans, which can leave you and your family exposed to unexpected out of pocket expenses for ground and air ambulance, **particularly when emergency ground ambulance transportation is involved.**



think employee benefits are more important than ever due to pandemic
MetLife, 2021



Americans worry about impact of unexpected high-cost medical bills
Kaiser Family Foundation, 2018



of employees say safety and protection are more important than ever before
MetLife, 2021

An Industry Pioneer in Protection

As the medical transport solutions industry pioneer for almost 50 years, MASA MTS works hand-in-hand with the benefits health plan administrators and transport companies to ensure you and your family have **no out-of-pocket costs** no matter which provider completes the ambulance transport** within the continental United States and while traveling in Canada.

MASA MTS - Now More Than Ever

You may have heard of **"The No Surprises Act"** and believe you'll no longer need to bridge the potential gap in your Group Benefits plan.

Before mistakenly giving into a false sense of security, it's important to note that "The No Surprises Act" **does NOT include ground ambulance services.**

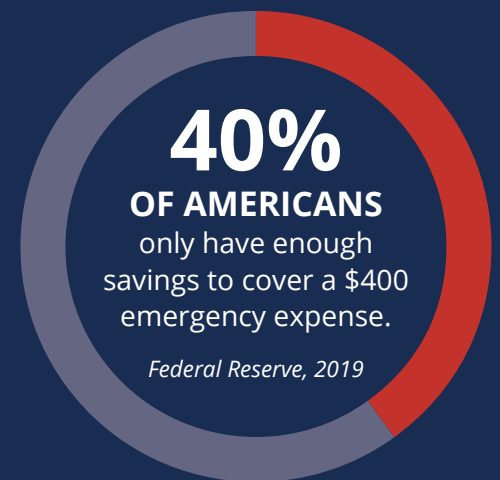
Unfortunately, ground ambulance services are among the most common sources of out-of-network bills and can cost consumers thousands of dollars. According to Consumer Reports, **79% of ground ambulance providers are out-of-network***, which means two things; 1) their charges do **NOT** count toward the MAX out-of-pocket, and 2) this most likely could result in out-of-pocket costs.

Contact us today to learn how MASA MTS can protect you and your family from out-of-pocket costs** associated with ground and air ambulance transportation.

WHY MASA MTS

Unexpected medical bills rank as the **#1 concern** for Americans

KFF - Kaiser Family Foundation, 2020



WHY NOW

1. Nearly 4 in 10 Americans would borrow money to cover a \$1,000 Emergency.

Bankrate, 2020

2. Over 200 Million medical claims are denied every year.

AARP, 2009

3. Medical bills are the #1 cause of bankruptcy in America.

Metlife, 2021

TWO PLANS TO PROTECT YOU AND YOUR FAMILY

The issue of out-of-pocket ambulance expenses isn't going away, and we'll all continue to require these services. A MASA MTS Membership bridges the gap in ambulance transport coverage at an affordable rate for emergency ground and air transportation within the continental United States, Alaska, Hawaii and while traveling in Canada, regardless of whether the provider is in or out of the group healthcare benefits network.

While our critical benefits are included in both memberships, Platinum members enjoy additional services. Whether you'd like to protect your family from costly emergency ambulance transports or provide overall peace of mind, MASA MTS has them covered.

Who is eligible to be covered under the employee's membership?

With the employee's membership, the employee, spouse/domestic partner, and any legal dependents up until age 26 are covered. "Legal Dependent" shall mean the unmarried, biological and/or legal son, daughter, stepson, or stepdaughter of the Member or some other similar person over whom Member has legal custody and/or control that (i) shares the same Residence as Member, unless enrolled as a full-time student, and (ii) who is under the age of twenty-six (26) years old.

| | Emergent* | Emergent Plus Membership | Platinum Membership |
|---|-----------|--------------------------|---------------------|
| Emergency Air Ambulance Coverage | ● | ● | ● |
| Emergency Ground Ambulance Coverage | ● | ● | ● |
| Hospital to Hospital Ambulance Coverage | | ● | ● |
| Repatriation to Hospital Near Home Coverage | | ● | ● |
| Patient Return Transportation Coverage | | | ● |
| Companion Transportation Coverage | | | ● |
| Hospital Visitor Transportation Coverage | | | ● |
| Minor Return Transportation Coverage | | | ● |
| Vehicle & RV Return Coverage | | | ● |
| Pet Return Transportation Coverage | | | ● |
| Organ Retrieval & Organ Recipient Transportation Coverage | | | ● |
| Mortal Remains Transportation Coverage | | | ● |

40 **\$9** /month **\$14** /month **\$39** /month

* Policies in place before 2018

The MASA MTS Benefits

After the group health plan pays its portion, MASA MTS works hand-in-hand with the benefits administrators and transport providers to make certain our Members have no out-of-pocket expenses* for emergency ambulance transportation assistance and other related services. See the full list of Benefits available based on plan chosen below.

Emergency Air Ambulance Coverage

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Patient Return Transportation Coverage

MASA MTS provides services and covers the out-of-pocket expenses associated with coordinating a Member's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Member's home.

Companion Transportation Coverage

MASA MTS provides services associated with the coordination of transportation for the Member's spouse, other family member, or companion to accompany the Member's emergency transport by a medically equipped, rotary (i.e., helicopter) or fixed-wing aircraft, giving due priority to the medical personnel and/or equipment and the welfare and safety of the patient.

Hospital Visitor Transportation Coverage

MASA MTS provides services and covers air transportation expenses associated with coordinating a round-trip, regularly scheduled, commercial airfare for Member's spouse, other family Member or companion to join the Member in the event of in-patient hospitalization more than one hundred (100) statute miles from Member's home.

Minor Return Transportation Coverage

MASA MTS provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of Member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, or Mortal Remains Transportation coverages. MASA MTS also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

Vehicle & RV Return Coverage

MASA MTS provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) a safe operational car, truck, van, motorcycle, travel trailer, or motor home to the Member's home. This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages. MASA MTS pays the cost of fuel, oil and driver.

Pet Return Transportation Coverage

MASA MTS provides services and covers out-of-pocket expenses for the return transportation to a Member's home for up to two (2) pet(s) belonging to the Member that includes either a dog, cat or other small animal(s). This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages.

Organ Retrieval & Organ Recipient Transportation Coverage

MASA MTS provides services and covers air transportation expenses associated with coordinating transportation for an organ when the Member requires an organ transplant. MASA MTS will also provide service and cover transportation costs of Member and Member's spouse, other family Member or a companion should the Member need to travel to the location where the procedure will occur. If medically necessary, the organ will be transported by a medically equipped fixed-wing aircraft; otherwise, the organ is delivered by a commercial airline to the suitable airport nearest the location of the operation.

Mortal Remains Transportation Coverage

MASA MTS covers the air transportation expense for a Member's mortal remains in the event of their death when it occurs more than one hundred (100) statute miles from home. Remains are transported by a regularly scheduled commercial airline to the commercial airport nearest a Member's home.