Artesia Public Schools

- FSAs
- Telehealth
- Hospital Indemnity
- Critical Illness
- Cancer
- Vision
- Accident
- Long-Term Disability
- Term Life
- Permanent Life
- 403(b) Retirement Plans

2026 - 2027 Employee Benefit Guide

Plan Year: October 1, 2026 - September 30, 2027

IMPORTANT INFORMATION

Artesia Public Schools is pleased to offer our employees a wide variety of benefits to suit your needs. The information found within this book is designed to assist you in making important decisions regarding your benefits and provide you with important contact information. **BIS** has been chosen by Artesia Public Schools to implement our Cafeteria Plan as established by Section 125 of the Internal Revenue Code. Participation in the plan is voluntary.

Annual Enrollment

The **ANNUAL ENROLLMENT** for Artesia Public Schools will take place during the month of September for an October 1st effective date. ***ALL FULL TIME EMPLOYEES MUST ANNUALLY COMPLETE YOUR ENROLLMENT TO EITHER PARTICIPATE OR DECLINE THE PLAN DURING THE ANNUAL ENROLLMENT .*** Specific enrollment dates will be sent through your campus.

Section 125 Plan Year

The Plan year for Artesia Public Schools is October 1st through September 30th.

New Employees

New Employees will have 31 days, from their date of hire to enroll in benefits. This applies to the Cafeteria Plan, Health Insurance and Supplemental Benefits. Benefits will then become effective the first of the month following your date of hire.

Mid-Year Changes

Once enrolled under the Cafeteria Plan, Mid-Year Changes can only be made based on an IRS Qualifying Event. Employees have 31 days after a Qualifying Event to make changes based on that event. It is the responsibility of the employee to notify your Administration Office of such changes.

Qualifying Events

IRS Qualifying Events include, but are not limited to: Change in Marital Status, Birth or Adoption of a Child, Death of a Dependent, Change of Employee's or Spouse's Employment, Entitlement to Medicare or Medicaid, FMLA Leave and COBRA Qualifying Event. Should you have specific questions regarding certain circumstances, please contact BIS for approval of changes. Please note that any change must correspond with the qualifying event you incur.

Contact Information and Table of Contents

Employee Benefits Portal

Artesia Public Schools Employee Benefits Portal has been designed to assist you with your benefit decisions.

To access please go to www.bisnm.com/artesia

Artesia Public Schools

Welcome to Your Artesia Public Schools Benefits Portal

Artesia Public Schools is pleased to offer our employees a wide variety of benefits to suit your needs. The information found within this web site is designed to assist you in making important decisions regarding your benefits and provide you with important contact information.

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Online Enrollment Guide

View *Online Enrollment Guide* above then click the *Online Enrollment Link* below to complete your benefit enrollment.

Please Note the Company Identifier for registration is Artesia PS

Online Enrollment Login

Need to Upload a File? (upload)

BIS
a Combined Benefits Group, Inc *company*

Toll-free: 800-894-9990
Toll-free Fax: 877-837-7171
BISNM.com

- Benefit Guide
- Section 125 Documents
- Access Medical
- Flexible Spending Accounts
- Hospital Indemnity
- Critical Illness
- Cancer
- Long Term Disability
- Employee Assistance Program
- Vision
- Accident
- Permanent Life Insurance
- Term Life Insurance
- 403(b) Retirement Plans
- Grandfathered Cancer
- NMPSIA

Flexible Spending Account (FSA)

Help Make Medical Cost Painless

Two Types of FSAs

To take advantage of a health FSA, start by choosing an annual election amount. This amount will be available on day one of your plan year for eligible medical expenses.
Payroll deductions will then be made throughout the plan year to fund your account.
A dependent care FSA works differently than a health FSA. Money only becomes available as it is contributed and can only be used for dependent care expenses.
Both are pre-tax benefits your employer offers through a cafeteria plan. Choose one or both — whichever is right for you.

What is a Cafeteria Plan?

A cafeteria plan enables you to save money on group insurance, healthcare expenses, and dependent care expenses. Your contributions are deducted from your paycheck by your employer before taxes are withheld. These deductions lower your taxable income which can save you up to 35% on income taxes!

Partial List of Eligible Expenses:

- Medical/Dental/Vision Copays and Deductibles
- Prescription Drugs
- Physical Therapy
- Chiropractor
- First-Aid Supplies
- Lab Fees
- Psychiatrist/Psychologist
- Vaccinations
- Dental Work/Orthodontia
- Eye Exams
- Laser Eye Surgery, Eyeglasses, Contact Lenses, Lens Solution
- OTC Medication
- Menstrual Care Products

For a complete list go to: fsastore.com

How to Spend

Spending is easy

Our convenient NBS Smart Card allows you to avoid out-of-pocket expenses, cumbersome claim forms and reimbursement delays. You may also utilize the “pay a provider” option on our web portal.

Account access is easy

Get account information from our easy-to-use online portal and mobile app. See your account balance, contributions and account history in real time.

National Benefit Services

Flexible Spending Account (FSA)

What If I Don't Use It All?

Because an FSA is a planning tool with great tax benefits, you must use the account balance in its entirety before the end of the plan year or it will be forfeited. This is known as the "use-it-or-lose-it" rule. Your employer may offer a grace period or a rollover to help if you miss the mark a little bit. Make sure to plan carefully when you enroll.

Enrollment Consideration

After the enrollment period ends, you may increase, decrease, or stop your contribution only when you experience a qualifying "change of status" (e.g. marriage, divorce, employment change, dependent change). Be conservative in the total amount you elect to avoid forfeiting money at the end of the plan year.

	FSA	No FSA
Annual Taxable Income	$24,000	$24,000
Health FSA	$1,500	$0
Dependent Care FSA	$1,500	$0
Total Pre-tax Contributions	-$3,000	$0
Taxable Income after FSA	$21,000	$24,000
Income Taxes	-$6,300	-$7,200
After-tax Income	$14,700	$16,800
After-tax Health and Welfare Expenses	$0	-$3,000
Take-home Pay	$14,700	$13,800
You Saved	**$900**	**$0**

AccessMedical
Your Smart Solution for Convenient Care

Access Medical
Package

Healthcare can be complicated and expensive. With this benefits package, you're connected with tools and services that help guide a smoother, more cost-effective healthcare experience.

Teladoc ($0 Visit Fee)

Feel better now! 24/7 access to a doctor is only a call or click away—anytime, anywhere with a $0 visit fee for general medical issues. With Teladoc, you can talk to a doctor by phone or online video to get a diagnosis, treatment options and prescription, if medically necessary. Save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic or ER. Just use your phone, computer, smartphone or tablet to get a quick diagnosis by a U.S.-licensed physician.

Health Advocate™ Solutions

Healthcare is becoming harder to understand. Personal Health Advocates help you navigate through insurance and healthcare systems. Advocates research treatments, resolve claims and locate doctors, specialists, hospitals, dentists and pharmacies. Skilled negotiators will attempt to negotiate discounts on your behalf, no matter your benefit status. Registered nurses are on-call 24/7 to answer questions and provide medical explanations.

NB Rx

Healthcare keeps getting more expensive, but you shouldn't have to choose between your prescription medications and other essential expenses. Make sure you're always getting the best deal on your prescriptions with deep discounts through NB Rx. Save 10% to 85% on most prescriptions at 60,000 retail pharmacies nationwide.

Hearing

If you suffer from hearing loss, you shouldn't have to empty your wallet to access hearing aids. Retail Hearing Care by Amplifon, the #1 direct-to-consumer hearing aid brand, will help you find an affordable solution with the fit, comfort, and amplification you need.

Worklife Services

Everyday help for everyday living. Need childcare, relocation services or caregiver support? Your worklife concierge helps with the good, the challenging and everything in between.

Diabetic Supplies

Save 10% to 50% on diabetic testing supplies, and get a free fully-audible blood glucose meter with your first order. With the convenient online, pre-paid program, you receive discounted diabetic testing supplies shipped directly to your home.

Durable Medical Equipment

Need an easy way to order medical equipment online or by phone? Not only will your supplies ship to you, but you'll save 20% to 50% and an additional $5 on orders* of $50 or more! Save on walking aids, wheelchairs, scooters, hospital beds, bathroom safety, orthopedic products, and more.

**Restrictions may apply.*

ANDROID APP ON Google Play | Available on the App Store

Download the **My Benefits Work Mobile App**
800.800.7616 | **MyBenefitsWork.com**

Disclosures: **This program is NOT insurance coverage** and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Website to obtain participating providers: MyBenefitsWork.com. Not available to UT, VT or WA residents. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA-controlled substances, non-therapeutic drugs, and certain other drugs that may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. For dermatology consultations, members must complete a Dermatology Intake Form and upload a minimum of three images through the secure message center before each initial consultation. The Health Advocate program is not health insurance. Health Advocate provides administrative, information and referral type services, through its employees. Health Advocate does not provide medical services and does not recommend treatment. Independent healthcare practitioners, who are not Health Advocacate's employees or agents, provide all medical services. In life-threatening emergencies, call 911 or go directly to the nearest hospital emergency room for treatment. If 911 is not available in your area, call the local police or fire department or go directly to the nearest hospital emergency room.

MedChoice™ Group Limited Benefit Hospital Indemnity Insurance

IMPORTANT: This is a fixed indemnity policy,
NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit** HealthCare.gov or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

MedChoice™ Group Limited Benefit Hospital Indemnity Insurance

New Mexico Schools - HSA Compatible

Summary of Benefits	Plan 1
Hospital Admission Benefit	$1,500 per day; maximum of 4 day(s)
Hospital Confinement Benefit	$50 per day; maximum of 5 day(s)

Plan 1 - HSA Compatible				
Monthly Premiums*				
	Individual	Individual & Spouse	Individual & Child(ren)	Individual & Family
Ages 18+	$14.91	$36.54	$22.54	$46.71

* Total premium includes the Plan selected and any applicable rider premium. Premiums are subject to increase with notice. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

Benefits

Benefits are per day, up to the maximum number of days per calendar year, per covered person. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate. A covered person means a person who is eligible for coverage under the policy and for whom coverage is in force. An eligible dependent means your lawful spouse and/or your child (natural, adopted or step) who is under 26 years of age and/or any minor under your charge, care and control, who has been placed for adoption and is under 26 years of age.

Hospital Admission Benefit - Pays a benefit when a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. APL will not pay this benefit for outpatient treatment, emergency room treatment or a stay less than 18 hours in an observation unit. This benefit is only payable once per period of confinement. A hospital is not an institution, or part thereof, used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Hospital Confinement Benefit - Pays a per day benefit when a covered person is confined as an inpatient to a hospital due to an injury or covered sickness.

Exclusions

No benefits are payable for any loss resulting from or caused, whether directly or indirectly by: hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs within six months after the certificate effective date unless due to an emergency; war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); dental treatment or routine vision services unless due to injury and if performed within 12 months of the date of the covered accident or due to congenital defect or birth anomaly of a covered newborn child; an intentionally self-inflicted injury or sickness; committing, or attempting to commit, an illegal act that is defined as a felony (felony is as defined by the law of the jurisdiction in which the act takes place); an injury or sickness incurred while engaging in an illegal occupation; cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery (medical necessary reconstructive plastic surgery is defined as: surgery to restore a normal bodily function, surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect or birth anomaly, breast reconstruction following mastectomy); being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred); experimental treatment, drugs or surgery, except in connection with an approved cancer clinical trial; immunizations; artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation or vasectomy, and reversal thereof; participation in any sport for pay or profit; mental and emotional disorders without demonstrable organic disease; alcoholism or drug addiction treatment; services for which payment is not legally required, except for: Medicaid; treatment of non-service connected disabilities in Veterans Administration hospitals and care rendered to armed services retirees and dependents in military medical facilities of the United States Government; voluntary abortion except, with respect to you or your covered eligible dependent spouse: where you or your dependent spouse's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; pregnancy of an eligible dependent child; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (this does not include a loss which occurs while acting in a lawful manner within the scope of authority); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; sex changes; a diagnosis or treatment received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States. The covered person, at his or her own expense, is responsible for obtaining such confirmation.

MedChoice™ Group Limited Benefit Hospital Indemnity Insurance

New Mexico Schools - HSA Compatible

Summary of Benefits	Plan 1
Hospital Admission Benefit	$2,000 per day; maximum of 4 day(s)
Hospital Confinement Benefit	$50 per day; maximum of 5 day(s)

Plan 1 - HSA Compatible				
Monthly Premiums*				
	Individual	Individual & Spouse	Individual & Child(ren)	Individual & Family
Ages 18+	$19.44	$47.62	$29.29	$60.74

* Total premium includes the Plan selected and any applicable rider premium. Premiums are subject to increase with notice. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

Benefits

Benefits are per day, up to the maximum number of days per calendar year, per covered person. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate. A covered person means a person who is eligible for coverage under the policy and for whom coverage is in force. An eligible dependent means your lawful spouse and/or your child (natural, adopted or step) who is under 26 years of age and/or any minor under your charge, care and control, who has been placed for adoption and is under 26 years of age.

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Exclusions

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Plan 1 - HSA Compatible				
Monthly Premiums*				
	Individual	Individual & Spouse	Individual & Child(ren)	Individual & Family
Ages 18+	$23.97	$58.69	$36.04	$74.77

* Total premium includes the Plan selected and any applicable rider premium. Premiums are subject to increase with notice. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

Benefits

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Termination of Certificate

Your insurance coverage under the certificate, including any attached riders, will end on the earliest of these dates: the date the policy terminates; the end of the grace period if the premium remains unpaid; the date you no longer qualify as an insured or the date of your death.

Termination of Coverage

Your insurance coverage under the policy and/or attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the end of the grace period if the premium remains unpaid; the end of the certificate period in which we receive a written request from you to terminate the covered person's coverage; the date a covered person no longer qualifies as an insured or eligible dependent or the date of the covered person's death. APL may end coverage of any covered person who submits a fraudulent claim.

COBRA Continuation of Coverage

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.

AMERICAN PUBLIC LIFE
Expanding the Benefits Horizon®
2305 Lakeland Drive | Flowood, MS 39232
ampublic.com | 800.256.8606

Critical Illness Insurance

Sun Life®

- **HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.** When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit.
- **PAYMENT COMES DIRECTLY TO YOU.** While your medical plan may cover most direct costs associated with an illness, Critical Illness insurance can be used to pay for any expenses, medical or not. It pays in addition to other coverage you may already have.

BENEFITS *This coverage is available with no medical questions asked.*	
For you	You can choose between **$10,000** and **$30,000** of coverage, in increments of $10,000.
For your Spouse	If you elect coverage for your spouse, your spouse will receive 100% of your elected benefit.
For your child(ren)	If you elect coverage for your child, your child will receive 50% of your elected benefit. An eligible child is defined as your child from birth to age 26.

ARTESIA PUBLIC SCHOOLS

All Eligible Employees

POLICY #: 827890

Sun Life Assurance Company of Canada

2864348 SEQ5 CL1 05/20/2026 07:51:38

The amount payable is based on your elected amount of coverage and whether the covered condition pays a full (i.e. 100% of the elected amount) or partial (i.e., 25% of elected amount) benefit. For a benefit to be payable, your condition must be diagnosed after your coverage effective date.

For more detailed information on covered conditions and qualifications for payment, visit sunlife.com/ciconditions.

COVERED CONDITIONS	
Cardiac Conditions	
Heart attack - Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	25%
Heart attack - ST-Segment Elevation Myocardial Infarction (STEMI)	100%
Coronary Artery Disease	5%
Coronary Artery Obstruction	25%
Sudden Cardiac Arrest	100%
Congestive Heart Failure - Stage 3 or higher	25%
Vascular Conditions	
Transient Ischemic Attack (TIA)	10%
Stroke	100%
Organ Failure Conditions	
End Stage Kidney Failure	100%
Major Organ Failure	100%
Other Conditions	
Benign Brain or Spinal Cord Tumor	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Blindness	100%
Loss of Speech	100%
Loss of Hearing	100%
Occupational Infectious Disease	100%
Progressive Neurological Conditions	
ALS/Lou Gehrig's disease	100%
Advanced Dementia	100%
Advanced Huntington's Disease	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's Disease	100%
Childhood Conditions	
Cerebral Palsy	100%
Type 1 Diabetes Mellitus	100%
Congenital Structural Anomaly	100%
Congenital Heart Defects	100%
Congenital Metabolic Disorder	100%
Other Genetic Disorders	100%
Cancer conditions Unlimited occurrences	
Non-Invasive Cancer	25%
Invasive Cancer	100%

COVERED CONDITIONS	
Metastasis of Non-Invasive Cancer	75%
Skin Cancer	5%
Infectious Disease Conditions	
Severe Infectious Disease (includes COVID)	15%

Frequently asked questions

Why is the Recurrence Benefit important?

If you receive a benefit for a condition or type of condition covered under this plan and are later diagnosed with the same condition, a Recurrence Benefit may be payable. If this happens to you we'll pay you an additional benefit if you meet the Recurrence Benefit requirements for that condition. Not all covered conditions are eligible for recurrence. See your Certificate for more information on recurrence benefits. Benefit requirements may vary by condition.

Can I receive benefits for more than one critical illness?

Yes. To receive benefits for more than one condition, there must be at least 6 months between each diagnosis date. You can only claim benefits once for each covered condition unless a Recurrence Benefit is payable.

How do I file a Critical Illness claim?

If you have a diagnosis after the effective date of coverage, you can file a claim with us online at sunlife.com/account. We'll ask that you and your doctor provide information about your medical condition.

How is my benefit taxed?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue coverage when your employment terminates. Your employer can advise you about your options.

Read the *Important information* section for more details including limitations and exclusions.

"Critical Illness insurance" is a limited benefit policy. The certificate has exclusions, limitations and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. Read the Important information section for more details including limitations and exclusions.

Important information

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage"). It does NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Exclusions

The below exclusions may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate for details.

Critical Illness

We will not pay any benefit that is caused by, contributed to in any way, or resulting from any Covered Condition Diagnosed outside the United States or Canada without confirmation of the Diagnosis by a Physician who practices in the United States or Canada.

We will not pay a benefit that is due to or results from services, treatment or complications not included in the Benefit Highlights; provided by an immediate family member; or unrelated to a Critical Illness/Specified Disease. These include:

- Substance abuse, including abuse of alcohol, alcoholism, abuse of a legally obtained prescription medication, and illegal use of a non-prescribed drug or narcotic; or
- Voluntarily taking or using any drug, medication, narcotic, or controlled substance, unless it is:
  - Administered and taken as prescribed by a Physician for the covered person; or
  - Taken according to the "over the counter" package directions

Covered conditions have specific definitions and diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For more information, please refer to your Certificate, contact your Benefit Administrator or visit sunlife.com/ciconditions.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

SHCIBH-1574

Rates

Rates are effective as of October 1, 2026.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Employee Critical Illness – Uni-Tobacco rates | Age and cost – pay period (semi-monthly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$10,000	1.00	1.40	2.00	2.85	4.40	6.60	9.80	13.90	17.70	24.05	32.85	47.85
$20,000	2.00	2.80	4.00	5.70	8.80	13.20	19.60	27.80	35.40	48.10	65.70	95.70
$30,000	3.00	4.20	6.00	8.55	13.20	19.80	29.40	41.70	53.10	72.15	98.55	143.55

Employee premium includes child coverage

Rates

Rates are effective as of October 1, 2026.
The chart below shows possible coverage amounts and their **semi-monthly** costs.
Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.
Spouse rates are based on the employee's age.

Spouse Critical Illness – Uni-Tobacco rates | Age and cost – pay period (semi-monthly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$10,000	1.00	1.40	2.00	2.85	4.40	6.60	9.80	13.90	17.70	24.05	32.85	47.85
$20,000	2.00	2.80	4.00	5.70	8.80	13.20	19.60	27.80	35.40	48.10	65.70	95.70
$30,000	3.00	4.20	6.00	8.55	13.20	19.80	29.40	41.70	53.10	72.15	98.55	143.55

Child(ren) Critical Illness

Coverage amounts
$5,000
$10,000
$15,000

Child coverage is included in the Employee premium

Aflac
Cancer Protection Assurance

CANCER INDEMNITY INSURANCE – OPTION 2

We've been dedicated to helping provide peace of mind and financial security for more than 60 years.

THIS BROCHURE IS FOR A LIMITED BENEFIT, SPECIFIED-DISEASE POLICY. THE POLICY PAYS BENEFITS FOR CANCER, ASSOCIATED CANCEROUS CONDITIONS, AND CANCER-RELATED TREATMENT ONLY. THE POLICY DOES NOT PROVIDE MAJOR MEDICAL INSURANCE, AS DEFINED UNDER NEW MEXICO LAW.

Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

B70275NRNMR1 IC(5/25)

AFLAC CANCER PROTECTION ASSURANCE

CANCER INDEMNITY INSURANCE – OPTION 2

Policy Series B70000

We're there when you need us most

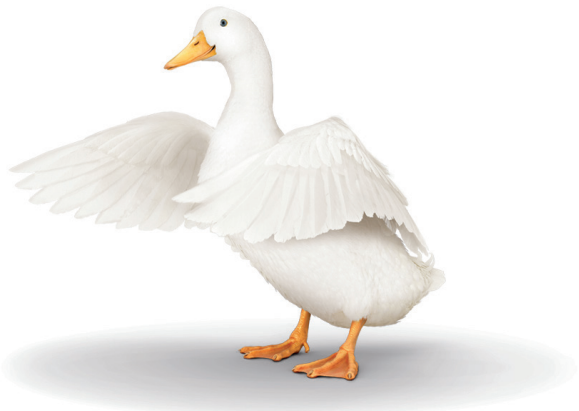
The unfortunate reality is cancer touches almost everyone at some point in their lives, whether it's yourself or a loved one. But each person has a unique story, especially when it comes to cancer treatment. We believe if faced with a cancer diagnosis, you need real solutions that help you face the financial, physical and emotional challenges often experienced by cancer patients and their families – before, during, and after treatment.

Since 1958, Aflac has been a pioneer in cancer insurance. As cancer treatment protocols have changed, our coverage has evolved to help cover the costs of those innovative treatments and provide solutions that empower you to seek treatment, while easing the financial concerns that often accompany it.

Benefits paid directly to you

Aflac Cancer Protection Assurance pays cash benefits directly to you, unless assigned, when you need them most. If you're ever diagnosed with a covered cancer, these benefits are more important than ever. Why? Because cancer treatment can be expensive.

Health insurance was never intended to cover the cost of things like deductibles, co-pays, lost work time, or even travel. Aflac Cancer Protection Assurance can help with cancer-associated costs like these.



Aflac herein means American Family Life Assurance Company of Columbus.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you can have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

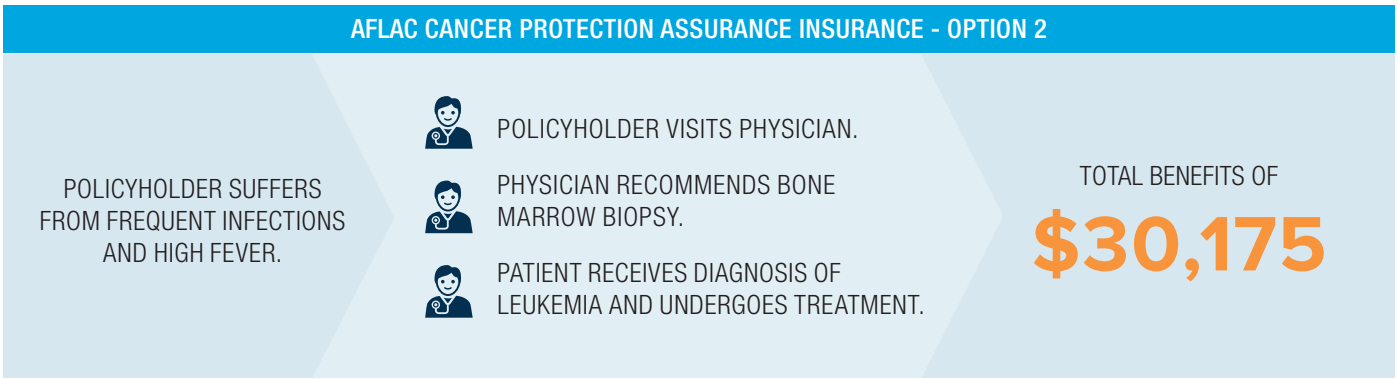
Aflac Cancer Protection Assurance stays with you for life*

We're with you, even when you're well. We pay a benefit for early detection and preventive care, like mammograms, PSA blood tests, and many other kinds of cancer screenings.

We'll see you all the way through treatment. If you're diagnosed with cancer, we offer benefits that you can count on. You'll receive a benefit upon initial diagnosis of a covered cancer and our support doesn't end there.

We give you the freedom to choose the best care for you. You and your doctor decide on a treatment plan together; we help provide you with financial support for every month that you're undergoing that treatment. Want a second opinion? We provide a benefit for that, too.

How it works



The above example is based on a scenario for Aflac Cancer Protection Assurance – Option 2 with five units of the Initial Diagnosis Building Benefit Rider (purchased three years prior to claim) and includes the following benefit conditions: Initial Diagnosis Benefit of $5,000, Initial Diagnosis Building Benefit Rider (five units for three years) of $1,500, Bone Marrow Biopsy (Cancer Screening Benefit) of $75, IV Chemotherapy for 3 months (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of $4,800, Immunotherapy (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of $9,600, Antinausea Benefit (9 months) of $900, Stem Cell Transplant Benefit of $7,000, Hospital Confinement Benefit (4 days) of $800, Annual Care Benefit (paid on the first anniversary of diagnosis) of $500.

*Coverage remains in force as long as premiums are paid.

Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional cost. The policy/riders have limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy/riders for complete benefit details, definitions, limitations and exclusions.

For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:
INITIAL DIAGNOSIS	Named Insured or Spouse: $5,000 Dependent Child: $10,000 Payable once per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: $375 per calendar month Physician Administered: $1,600 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month
ANNUAL CARE	$500 on the anniversary date of diagnosis; lifetime maximum of five annual $500 payments per covered person
CANCER SCREENING	One $75 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	$250 per covered person, per lifetime
ADDITIONAL OPINION	$300 per covered person, per lifetime
HORMONAL THERAPY	$25 once per calendar month
TOPICAL CHEMOTHERAPY	$150 once per calendar month
ANTINAUSEA	$100 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	$7,000; lifetime maximum of $7,000 per covered person Donor Benefit: $100 for stem cell donation, or $750 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: $50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: $175 per day, per covered person
SURGICAL/ANESTHESIA	$100-$3,400 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed $4,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: $35 Excision of lesion of skin without flap or graft: $170 Flap or graft without excision: $250 Excision of lesion of skin with flap or graft: $400 Maximum daily benefit will not exceed $400. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)	$250 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: $200 Dependent Child: $250
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: $400 Dependent Child: $500

OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	$200 per day, per covered person
EXTENDED-CARE FACILITY	$100 per day; limited to 30 days in each calendar year, per covered person
HOME HEALTH CARE	$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person
HOSPICE CARE	$1,000 for first day; $50 per day thereafter; $12,000 lifetime maximum per covered person
NURSING SERVICES	$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable
SURGICAL PROSTHESIS	$2,000; lifetime maximum of $4,000 per covered person
NONSURGICAL PROSTHESIS	$175 per occurrence, per covered person; lifetime maximum of $350 per covered person
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: $2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): $500 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): $220 Permanent Areola Repigmentation (on the diseased breast): $100 Maximum daily benefit will not exceed $2,000
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: $500 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed $500
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	$1,000 for a covered person to have oocytes extracted and harvested $200 for the storage of a covered person's oocyte(s) or sperm $200 for embryo transfer Lifetime maximum of $1,400 per covered person
AMBULANCE	$250 ground $2,000 air ambulance
TRANSPORTATION	$.40 cents per mile for transportation; payable up to a combined maximum of $1,200, per round trip
LODGING	$65 per day; limited to 90 days per calendar year
WAIVER OF PREMIUM	Yes
CONTINUATION OF COVERAGE	Yes
OPTIONAL RIDERS:	**DESCRIPTION:**
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by $500 for each covered person on the anniversary date of coverage, while coverage remains in force.
SPECIFIED-DISEASE BENEFIT RIDER	When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:

Initial diagnosis	Hospitalization	
$2,000	30 days or less; $400 per day	31 days or more; $800 per day

DEPENDENT CHILD RIDER	$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child

A Look at Your VSP Vision Coverage

With VSP and Artesia Public Schools, your health comes first.

As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

vsp vision care

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over $3,000 in savings.

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

vsp PREMIER edge

Preferred private practice and retail in-network choices

private practice doctors

Visionworks

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

More Ways to Save

Extra

$20

to spend on Featured Brands†

bebe · CALVIN KLEIN · COLE HAAN · DRAGON · FLEXON · LACOSTE · and more

See all brands and offers at **vsp.com/offers**.

+

Up to

40%

Savings on lens enhancements‡

Create an account today.

Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

Artesia Public Schools and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
VSP Signature
EFFECTIVE DATE:
10/01/2025

vsp vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	$10	Every 12 months
ESSENTIAL MEDICAL EYE CARE	• Retinal screening for members with diabetes • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP doctor for details.	$0 per screening $20 per exam	Available as needed
PRESCRIPTION GLASSES		**$25**	
FRAME[+]	• $270 featured frame brands allowance • $250 frame allowance • 20% savings on the amount over your allowance	Included in Prescription Glasses	Every 24 months
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	• Progressive lenses • Scratch-resistant coating • Average savings of 40% on other lens enhancements	$0 $0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	• $250 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every 12 months
LIGHTCARE™[+]	• $250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	$25	Every 24 months
EXTRA SAVINGS	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to **vsp.com/offers** for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.		
	Routine Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider.

Employee Only	$11.20 per month
Employee + One	$16.24 per month
Employee and Family	$29.10 per month

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.

Classification: Restricted

Accident Insurance

Sun Life

You can purchase this coverage for you and your family. Child coverage is available to age 26.

HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

ACCIDENT FAST FACTS

Falls *are the leading cause of injuries treated in emergency rooms every year, for people of all ages.*[1]

This coverage pays benefits whether your covered accident happens at work, at home, or away (also known as 24-hour coverage).

ARTESIA PUBLIC SCHOOLS

All Eligible Employees

POLICY # 827890

Sun Life Assurance Company of Canada

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Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here. Choose the plan that best meets your needs and your budget.

DISLOCATIONS	LOW PLAN		HIGH PLAN	
	OPEN (SURGERY)	CLOSED (NO SURGERY)	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	$8,000	$4,000	$10,000	$5,000
Knee, ankle, or bones of the foot	$3,000	$1,500	$4,000	$2,000
Elbow or wrist	$2,000	$1,000	$2,500	$1,500
Shoulder, Collarbone, bones of the hand or Lower jaw	$2,000	$1,000	$3,000	$1,500
Finger(s) or toe(s)	$400	$200	$600	$300
FRACTURES	**OPEN (SURGERY)**	**CLOSED (NO SURGERY)**	**OPEN (SURGERY)**	**CLOSED (NO SURGERY)**
Hip or thigh	$6,000	$3,000	$10,000	$5,000
Skull-depressed	$7,500	$3,750	$12,000	$6,000
Skull-simple	$4,000	$2,000	$7,000	$3,500
Vertebral processes, Upper jaw, upper arm, Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow, Heel or Multiple ribs	$1,500	$750	$2,000	$1,000
Bones of the face or Nose	$1,500	$750	$3,000	$1,500
Leg	$3,000	$1,500	$4,000	$2,000
Vertebrae, Sternum	$2,400	$1,200	$4,000	$2,000
Pelvis	$2,400	$1,200	$5,000	$2,500
Rib, Finger, Toe or Coccyx	$600	$300	$800	$400
ADDITIONAL INJURIES				
Eye Injury - surgical repair		$300		$400
Eye Injury - object remove		$300		$400
Brain injury		$500		$500
Paralysis—paraplegia		$12,500		$25,000
Paralysis—quadriplegia		$20,000		$50,000
Coma		$10,000		$15,000
Concussion		$200		$300
BURNS	**2ND DEGREE**	**3RD DEGREE**	**2ND DEGREE**	**3RD DEGREE**
21-40 square centimeters	$300	$750	$400	$1,000
41-65 square centimeters	$600	$1,500	$800	$2,000
66-160 square centimeters	$800	$4,500	$1,200	$6,000
161-225 square centimeters	$1,200	$10,000	$1,600	$14,000
More than 225 square centimeters	$1,500	$15,000	$2,000	$20,000
Skin graft	50% of the applicable Burn Benefit		50% of the applicable Burn Benefit	
LACERATIONS				
No sutures and treated by doctor		$35		$65
Single laceration under 5 cm with sutures		$65		$100
5-15 cm with sutures (total of all lacerations)		$250		$350
Greater than 15 cm with sutures (total of all lacerations)		$700		$1,000

MEDICAL SERVICES		
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	$300	$400
Diagnostic Exam - X-ray (1 time per covered accident)	$300	$400
Accident Emergency Treatment, non-emergency room (once per covered accident)	$250	$300
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	$250	$250
Physical Therapy (per visit up to 10 visits per covered accident)	$75	$100
Medical Devices	$400	$600
Epidural Pain Management (up to 2 times per covered accident)	$100	$150
Prescription drug	$75	$100
Prosthesis (one)	$750	$1,000
Prosthesis (two)	$1,500	$2,000
Blood, Plasma, or Platelet Transfusion	$300	$400
HOSPITAL		
Hospital Admission (once per benefit year)	$2,000	$2,500
Hospital Confinement (per day up to 365 days per covered accident)	$400	$500
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	$2,500	$3,000
Intensive Care Unit Confinement (per day up to 15 days, payable in addition to any Hospital Confinement benefit)	$400	$500
Ambulance (Ground)	$500	$600
Ambulance (Air)	$1,500	$2,000
Emergency Room Admission	$400	$500
Family Lodging (per day up to 30 days per benefit year)	$100	$200
Transportation (100 or more miles up to 3 times per covered accident)	$500	$600
Rehabilitation Unit (per day up to 30 days per covered accident)	$100	$150
SURGERY		
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	$750	$750
Open Surgery	$1,500	$2,000
Exploratory Surgery or Debridement	$500	$500
Tendon/Ligament/Rotator Cuff Tear	$750	$1,250
Torn Knee Cartilage	$750	$1,250
Ruptured/Herniated Disc	$750	$1,250
EMERGENCY DENTAL		
Emergency Dental extraction	$65	$100
Emergency Dental crown	$200	$400

LIFE AND DISMEMBERMENT LOSSES*	LOW PLAN	HIGH PLAN
Accidental Death	$75,000	$100,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	$150,000	$200,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	$25,000	$50,000
Loss of one hand, foot, leg, or arm	$15,000	$25,000
Loss of sight of one eye or loss of one eye	$15,000	$25,000
Two or more fingers or toes	$3,000	$5,000
One finger or one toe	$1,500	$2,500
Loss of hearing of one ear or loss of one ear	$5,000	$7,500

*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

Frequently asked questions

How do I file an accident claim?
If you have an accident after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about the accident and the treatment provided.

What happens once my claim is approved?
The benefit amount you receive will depend on your injury and/or the treatment provided. Remember, benefits are payable only once for each covered accident, unless noted otherwise in the benefit schedule.

Is there a time period that I need to follow?
Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your Certificate for details.

Can I take my insurance with me if I leave my employer?
Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Is my benefit taxable?
If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Accident insurance is a limited benefit policy. The Certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of your Certificate.

1. "Health, United States, 2016," US Department of Health and Human Services, Table 75.

Read the *Important information* section for more details including limitations and exclusions.

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Accident

We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger; work-related illness or injuries unless you are enrolled in 24-hour coverage.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

GVBH-EE-8384 SLPC 29579

Rates

Coverage and **semi-monthly** cost for Accident.

Rates are effective as of October 1, 2026.

Accident coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Low plan

Coverage	Cost per pay period*
Employee	$4.62
Employee + Spouse	$8.31
Employee + Child(ren)	$9.07
Employee + Family	$12.76

High plan

Coverage	Cost per pay period*
Employee	$7.32
Employee + Spouse	$12.75
Employee + Child(ren)	$14.93
Employee + Family	$20.36

*Contact your employer to confirm your part of the cost.

Artesia Public Schools

What you need to know:

- **Are you eligible?** Benefits are available to employees who are actively at work on the effective date of coverage and working the minimum number of hours per week stated in the contract.
- **Your premiums and benefits may vary.** Actual premiums and benefit amounts will be calculated by OneAmerica.

What you need to do:

- **Carefully review the contents of this packet.** Enclosed is personal information about the benefits offered to you by OneAmerica on behalf of your employer. This is your opportunity to learn more about group insurance from OneAmerica, but it is not a complete explanation of benefits. For more information, consult the contract about exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued.
- **Review the Notices and Limitations.** Visit www.employeebenefits.aul.com to find the Notices and Limitations, G-14320 (05 NonPrudent) 12/28/12. Go to Forms, Policy/Employee Admin, and Notices and Limitations.

Note: *Products issued and underwritten by American United Life Insurance Company® (AUL), a OneAmerica company. Not available in all states or may vary by state.*

THE NEED FOR DISABILITY INSURANCE

Protect your paycheck

You insure your home, car and other valuable possessions, so why not also protect what pays for all those things? Your income. Without it, think about how your mortgage/rent, groceries or credit card bills would get paid. That's where disability insurance can help.

A disability can happen to anyone at any time and it can last for a short or long period of time. Purchasing disability insurance through your workplace is a way to replace a portion of your pre-disability earnings if you get sick or hurt and are unable to work. Being prepared can help ease the financial burden for you.

Things to think about

A severe injury or illness can leave you unable to work for years. Workers' compensation only covers injuries that happen on the job and, to qualify for coverage, you must meet certain eligibility requirements. Additionally, medical insurance will only help cover your medical costs.

You might be able to dip into savings or borrow money from loved ones, but if you don't have these options, can you really afford not to have disability insurance?

Protect yourself and your income with disability insurance.

Disability insurance can provide you with the income protection you need. Consider purchasing it today.

Let's figure it out

Everyone's circumstances are different. This calculator can help you figure out how much you need to protect your lifestyle and the lifestyles of those you love if you become disabled.

Estimate your essential monthly expenses

Living expenses	Amount
Monthly housing *(e.g., mortgage, rent, insurance, taxes)*	
Utilities *(e.g., telephone, electricity, gas, oil, cable, TV, Internet)*	
Food	
Transportation *(e.g., car payments, gasoline, insurance)*	
Subtotal =	
Debt expenses	
Education *(e.g., tuition, books, supplies)*	
Health care *(e.g., out-of-pocket costs, insurance premiums)*	
Debt payments *(e.g., credit cards, other debt)*	
Subtotal =	
Other expenses	
Dependent care	
Life insurance premiums	
Subtotal =	
Minimum monthly amount to cover with disability insurance	**$**

Note: Products issues and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company.

Artesia Public Schools

Products and financial services provided by
American United Life Insurance Company®
a ONEAMERICA® *company*
One American Square, P.O. Box 6123
Indianapolis, IN 46206-6123
(800) 553-5318

ONEAMERICA®

Group Educator Disability Terms and Definitions

Eligible Employees:	This benefit is available for employees who are actively at work on the effective date and working a minimum of 20 hours per week.
Flexible Choices:	Since everyone's needs are different, these plans offer flexibility for you to choose a benefit option that fits your income replacement needs and budget.
Timely Enrollment:	Enrolling timely means you have enrolled during the initial enrollment period when benefits were first offered by AUL, or as a newly hired employee within 31 days following completion of any applicable waiting period.
Evidence of Insurability:	If you do not enroll timely, you will need to submit a Statement of Insurability form for review. Based on health history, you will be approved or declined by AUL.
Portability:	Should your coverage terminate, you may be eligible to take this disability insurance with you without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible.
Waiver of Premium:	If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck.
Elimination Period:	This is a period of consecutive days of disability before benefits may become payable under the contract.
Total Disability:	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation, you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability:	You may be paid a partial disability benefit, if because of injury or sickness, you are unable to perform every material and substantial duty of your regular occupation on a full-time basis, are performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and are earning less than 80% of your pre-disability earnings due to the same injury or sickness.
Residual:	The elimination period can be satisfied by total disability, partial disability, or a combination of both.
Return to Work:	You may be able to return to work for a specified time period without having your partial disability benefits reduced according to the contract. The Return to Work Benefit is offered up to a maximum of 12 months.
Integration:	The method by which your benefit may be reduced by Other Income Benefits.
Offset:	An offset is an amount that reduces your benefit amount by amounts you receive from other sources for your disability and will be specified in the contract.
Pre-Existing Condition Limitations:	The pre-existing period is 3/12. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which a person has received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage.
About Your Benefits:	Group Educator Disability benefits are illustrated and paid on a monthly basis.

This invitation to inquire allows eligible employees an opportunity to inquire further about AUL's group insurance and is limited to a brief description of any losses for which benefits are payable. The contract has exclusions, limitations reduction of benefits, and terms under which the contract may be continued in force or discontinued.

Artesia Public Schools

ONEAMERICA®

Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

About your benefit options:

- Group Educator Disability benefits are illustrated and paid on a monthly basis.

- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

Option 1:		Elimination Period 14 days / 14 days				Maximum Benefit Duration Accident SSFRA Sickness 5 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$3,600	$200	$2.64	$2.64	$2.64	$3.38	$3.60	$4.36	$5.48	$6.58	$7.46	$7.46	$7.46	$7.46
$5,400	$300	$3.96	$3.96	$3.96	$5.07	$5.40	$6.54	$8.22	$9.87	$11.19	$11.19	$11.19	$11.19
$7,200	$400	$5.28	$5.28	$5.28	$6.76	$7.20	$8.72	$10.96	$13.16	$14.92	$14.92	$14.92	$14.92
$9,000	$500	$6.60	$6.60	$6.60	$8.45	$9.00	$10.90	$13.70	$16.45	$18.65	$18.65	$18.65	$18.65
$10,799	$600	$7.92	$7.92	$7.92	$10.14	$10.80	$13.08	$16.44	$19.74	$22.38	$22.38	$22.38	$22.38
$12,599	$700	$9.24	$9.24	$9.24	$11.83	$12.60	$15.26	$19.18	$23.03	$26.11	$26.11	$26.11	$26.11
$14,399	$800	$10.56	$10.56	$10.56	$13.52	$14.40	$17.44	$21.92	$26.32	$29.84	$29.84	$29.84	$29.84
$16,199	$900	$11.88	$11.88	$11.88	$15.21	$16.20	$19.62	$24.66	$29.61	$33.57	$33.57	$33.57	$33.57
$17,999	$1,000	$13.20	$13.20	$13.20	$16.90	$18.00	$21.80	$27.40	$32.90	$37.30	$37.30	$37.30	$37.30
$19,799	$1,100	$14.52	$14.52	$14.52	$18.59	$19.80	$23.98	$30.14	$36.19	$41.03	$41.03	$41.03	$41.03
$21,599	$1,200	$15.84	$15.84	$15.84	$20.28	$21.60	$26.16	$32.88	$39.48	$44.76	$44.76	$44.76	$44.76
$23,399	$1,300	$17.16	$17.16	$17.16	$21.97	$23.40	$28.34	$35.62	$42.77	$48.49	$48.49	$48.49	$48.49
$25,199	$1,400	$18.48	$18.48	$18.48	$23.66	$25.20	$30.52	$38.36	$46.06	$52.22	$52.22	$52.22	$52.22
$26,999	$1,500	$19.80	$19.80	$19.80	$25.35	$27.00	$32.70	$41.10	$49.35	$55.95	$55.95	$55.95	$55.95
$28,799	$1,600	$21.12	$21.12	$21.12	$27.04	$28.80	$34.88	$43.84	$52.64	$59.68	$59.68	$59.68	$59.68
$30,598	$1,700	$22.44	$22.44	$22.44	$28.73	$30.60	$37.06	$46.58	$55.93	$63.41	$63.41	$63.41	$63.41
$32,398	$1,800	$23.76	$23.76	$23.76	$30.42	$32.40	$39.24	$49.32	$59.22	$67.14	$67.14	$67.14	$67.14
$34,198	$1,900	$25.08	$25.08	$25.08	$32.11	$34.20	$41.42	$52.06	$62.51	$70.87	$70.87	$70.87	$70.87
$35,998	$2,000	$26.40	$26.40	$26.40	$33.80	$36.00	$43.60	$54.80	$65.80	$74.60	$74.60	$74.60	$74.60
$37,798	$2,100	$27.72	$27.72	$27.72	$35.49	$37.80	$45.78	$57.54	$69.09	$78.33	$78.33	$78.33	$78.33
$39,598	$2,200	$29.04	$29.04	$29.04	$37.18	$39.60	$47.96	$60.28	$72.38	$82.06	$82.06	$82.06	$82.06
$41,398	$2,300	$30.36	$30.36	$30.36	$38.87	$41.40	$50.14	$63.02	$75.67	$85.79	$85.79	$85.79	$85.79
$43,198	$2,400	$31.68	$31.68	$31.68	$40.56	$43.20	$52.32	$65.76	$78.96	$89.52	$89.52	$89.52	$89.52
$44,998	$2,500	$33.00	$33.00	$33.00	$42.25	$45.00	$54.50	$68.50	$82.25	$93.25	$93.25	$93.25	$93.25
$46,798	$2,600	$34.32	$34.32	$34.32	$43.94	$46.80	$56.68	$71.24	$85.54	$96.98	$96.98	$96.98	$96.98
$48,598	$2,700	$35.64	$35.64	$35.64	$45.63	$48.60	$58.86	$73.98	$88.83	$100.71	$100.71	$100.71	$100.71
$50,397	$2,800	$36.96	$36.96	$36.96	$47.32	$50.40	$61.04	$76.72	$92.12	$104.44	$104.44	$104.44	$104.44
$52,197	$2,900	$38.28	$38.28	$38.28	$49.01	$52.20	$63.22	$79.46	$95.41	$108.17	$108.17	$108.17	$108.17

Rates Effective 11/1/2018

About Premiums: The premiums shown above may vary slightly due to rounding; actual premiums will be calculated by American United Life Insurance Company® (AUL), and may increase upon reaching certain age brackets, according to contract terms, and are subject to change.

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Artesia Public Schools

ONEAMERICA®

Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

About your benefit options:

- Group Educator Disability benefits are illustrated and paid on a monthly basis.

- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

Option 1:		Elimination Period 14 days / 14 days			Maximum Benefit Duration Accident SSFRA Sickness 5 years/SSFRA						Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$53,997	$3,000	$39.60	$39.60	$39.60	$50.70	$54.00	$65.40	$82.20	$98.70	$111.90	$111.90	$111.90	$111.90
$55,797	$3,100	$40.92	$40.92	$40.92	$52.39	$55.80	$67.58	$84.94	$101.99	$115.63	$115.63	$115.63	$115.63
$57,597	$3,200	$42.24	$42.24	$42.24	$54.08	$57.60	$69.76	$87.68	$105.28	$119.36	$119.36	$119.36	$119.36
$59,397	$3,300	$43.56	$43.56	$43.56	$55.77	$59.40	$71.94	$90.42	$108.57	$123.09	$123.09	$123.09	$123.09
$61,197	$3,400	$44.88	$44.88	$44.88	$57.46	$61.20	$74.12	$93.16	$111.86	$126.82	$126.82	$126.82	$126.82
$62,997	$3,500	$46.20	$46.20	$46.20	$59.15	$63.00	$76.30	$95.90	$115.15	$130.55	$130.55	$130.55	$130.55
$64,797	$3,600	$47.52	$47.52	$47.52	$60.84	$64.80	$78.48	$98.64	$118.44	$134.28	$134.28	$134.28	$134.28
$66,597	$3,700	$48.84	$48.84	$48.84	$62.53	$66.60	$80.66	$101.38	$121.73	$138.01	$138.01	$138.01	$138.01
$68,397	$3,800	$50.16	$50.16	$50.16	$64.22	$68.40	$82.84	$104.12	$125.02	$141.74	$141.74	$141.74	$141.74
$70,196	$3,900	$51.48	$51.48	$51.48	$65.91	$70.20	$85.02	$106.86	$128.31	$145.47	$145.47	$145.47	$145.47
$71,996	$4,000	$52.80	$52.80	$52.80	$67.60	$72.00	$87.20	$109.60	$131.60	$149.20	$149.20	$149.20	$149.20
$73,796	$4,100	$54.12	$54.12	$54.12	$69.29	$73.80	$89.38	$112.34	$134.89	$152.93	$152.93	$152.93	$152.93
$75,596	$4,200	$55.44	$55.44	$55.44	$70.98	$75.60	$91.56	$115.08	$138.18	$156.66	$156.66	$156.66	$156.66
$77,396	$4,300	$56.76	$56.76	$56.76	$72.67	$77.40	$93.74	$117.82	$141.47	$160.39	$160.39	$160.39	$160.39
$79,196	$4,400	$58.08	$58.08	$58.08	$74.36	$79.20	$95.92	$120.56	$144.76	$164.12	$164.12	$164.12	$164.12
$80,996	$4,500	$59.40	$59.40	$59.40	$76.05	$81.00	$98.10	$123.30	$148.05	$167.85	$167.85	$167.85	$167.85
$82,796	$4,600	$60.72	$60.72	$60.72	$77.74	$82.80	$100.28	$126.04	$151.34	$171.58	$171.58	$171.58	$171.58
$84,596	$4,700	$62.04	$62.04	$62.04	$79.43	$84.60	$102.46	$128.78	$154.63	$175.31	$175.31	$175.31	$175.31
$86,396	$4,800	$63.36	$63.36	$63.36	$81.12	$86.40	$104.64	$131.52	$157.92	$179.04	$179.04	$179.04	$179.04
$88,196	$4,900	$64.68	$64.68	$64.68	$82.81	$88.20	$106.82	$134.26	$161.21	$182.77	$182.77	$182.77	$182.77
$89,996	$5,000	$66.00	$66.00	$66.00	$84.50	$90.00	$109.00	$137.00	$164.50	$186.50	$186.50	$186.50	$186.50
$91,795	$5,100	$67.32	$67.32	$67.32	$86.19	$91.80	$111.18	$139.74	$167.79	$190.23	$190.23	$190.23	$190.23
$93,595	$5,200	$68.64	$68.64	$68.64	$87.88	$93.60	$113.36	$142.48	$171.08	$193.96	$193.96	$193.96	$193.96
$95,395	$5,300	$69.96	$69.96	$69.96	$89.57	$95.40	$115.54	$145.22	$174.37	$197.69	$197.69	$197.69	$197.69
$97,195	$5,400	$71.28	$71.28	$71.28	$91.26	$97.20	$117.72	$147.96	$177.66	$201.42	$201.42	$201.42	$201.42
$98,995	$5,500	$72.60	$72.60	$72.60	$92.95	$99.00	$119.90	$150.70	$180.95	$205.15	$205.15	$205.15	$205.15
$100,795	$5,600	$73.92	$73.92	$73.92	$94.64	$100.80	$122.08	$153.44	$184.24	$208.88	$208.88	$208.88	$208.88
$102,595	$5,700	$75.24	$75.24	$75.24	$96.33	$102.60	$124.26	$156.18	$187.53	$212.61	$212.61	$212.61	$212.61

Rates Effective 11/1/2018

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Artesia Public Schools

ONEAMERICA®

Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

About your benefit options:

- Group Educator Disability benefits are illustrated and paid on a monthly basis.

- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

		Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
Option 1:		14 days / 14 days	Accident SSFRA Sickness 5 years/SSFRA	3/12

If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$104,395	$5,800	$76.56	$76.56	$76.56	$98.02	$104.40	$126.44	$158.92	$190.82	$216.34	$216.34	$216.34	$216.34
$106,195	$5,900	$77.88	$77.88	$77.88	$99.71	$106.20	$128.62	$161.66	$194.11	$220.07	$220.07	$220.07	$220.07
$107,995	$6,000	$79.20	$79.20	$79.20	$101.40	$108.00	$130.80	$164.40	$197.40	$223.80	$223.80	$223.80	$223.80
$109,795	$6,100	$80.52	$80.52	$80.52	$103.09	$109.80	$132.98	$167.14	$200.69	$227.53	$227.53	$227.53	$227.53
$111,594	$6,200	$81.84	$81.84	$81.84	$104.78	$111.60	$135.16	$169.88	$203.98	$231.26	$231.26	$231.26	$231.26
$113,394	$6,300	$83.16	$83.16	$83.16	$106.47	$113.40	$137.34	$172.62	$207.27	$234.99	$234.99	$234.99	$234.99
$115,194	$6,400	$84.48	$84.48	$84.48	$108.16	$115.20	$139.52	$175.36	$210.56	$238.72	$238.72	$238.72	$238.72
$116,994	$6,500	$85.80	$85.80	$85.80	$109.85	$117.00	$141.70	$178.10	$213.85	$242.45	$242.45	$242.45	$242.45
$118,794	$6,600	$87.12	$87.12	$87.12	$111.54	$118.80	$143.88	$180.84	$217.14	$246.18	$246.18	$246.18	$246.18
$120,594	$6,700	$88.44	$88.44	$88.44	$113.23	$120.60	$146.06	$183.58	$220.43	$249.91	$249.91	$249.91	$249.91
$122,394	$6,800	$89.76	$89.76	$89.76	$114.92	$122.40	$148.24	$186.32	$223.72	$253.64	$253.64	$253.64	$253.64
$124,194	$6,900	$91.08	$91.08	$91.08	$116.61	$124.20	$150.42	$189.06	$227.01	$257.37	$257.37	$257.37	$257.37
$125,994	$7,000	$92.40	$92.40	$92.40	$118.30	$126.00	$152.60	$191.80	$230.30	$261.10	$261.10	$261.10	$261.10
$127,794	$7,100	$93.72	$93.72	$93.72	$119.99	$127.80	$154.78	$194.54	$233.59	$264.83	$264.83	$264.83	$264.83
$129,594	$7,200	$95.04	$95.04	$95.04	$121.68	$129.60	$156.96	$197.28	$236.88	$268.56	$268.56	$268.56	$268.56
$131,393	$7,300	$96.36	$96.36	$96.36	$123.37	$131.40	$159.14	$200.02	$240.17	$272.29	$272.29	$272.29	$272.29
$133,193	$7,400	$97.68	$97.68	$97.68	$125.06	$133.20	$161.32	$202.76	$243.46	$276.02	$276.02	$276.02	$276.02
$134,993	$7,500	$99.00	$99.00	$99.00	$126.75	$135.00	$163.50	$205.50	$246.75	$279.75	$279.75	$279.75	$279.75

Rates Effective 11/1/2018

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Artesia Public Schools

ONEAMERICA®

Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

About your benefit options:

- Group Educator Disability benefits are illustrated and paid on a monthly basis.

- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

		Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
Option 2:		30 days / 30 days	Accident SSFRA Sickness 5 years/SSFRA	3/12

If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$3,600	$200	$2.08	$2.08	$2.08	$2.64	$2.82	$3.42	$4.28	$5.14	$5.80	$5.80	$5.80	$5.80
$5,400	$300	$3.12	$3.12	$3.12	$3.96	$4.23	$5.13	$6.42	$7.71	$8.70	$8.70	$8.70	$8.70
$7,200	$400	$4.16	$4.16	$4.16	$5.28	$5.64	$6.84	$8.56	$10.28	$11.60	$11.60	$11.60	$11.60
$9,000	$500	$5.20	$5.20	$5.20	$6.60	$7.05	$8.55	$10.70	$12.85	$14.50	$14.50	$14.50	$14.50
$10,799	$600	$6.24	$6.24	$6.24	$7.92	$8.46	$10.26	$12.84	$15.42	$17.40	$17.40	$17.40	$17.40
$12,599	$700	$7.28	$7.28	$7.28	$9.24	$9.87	$11.97	$14.98	$17.99	$20.30	$20.30	$20.30	$20.30
$14,399	$800	$8.32	$8.32	$8.32	$10.56	$11.28	$13.68	$17.12	$20.56	$23.20	$23.20	$23.20	$23.20
$16,199	$900	$9.36	$9.36	$9.36	$11.88	$12.69	$15.39	$19.26	$23.13	$26.10	$26.10	$26.10	$26.10
$17,999	$1,000	$10.40	$10.40	$10.40	$13.20	$14.10	$17.10	$21.40	$25.70	$29.00	$29.00	$29.00	$29.00
$19,799	$1,100	$11.44	$11.44	$11.44	$14.52	$15.51	$18.81	$23.54	$28.27	$31.90	$31.90	$31.90	$31.90
$21,599	$1,200	$12.48	$12.48	$12.48	$15.84	$16.92	$20.52	$25.68	$30.84	$34.80	$34.80	$34.80	$34.80
$23,399	$1,300	$13.52	$13.52	$13.52	$17.16	$18.33	$22.23	$27.82	$33.41	$37.70	$37.70	$37.70	$37.70
$25,199	$1,400	$14.56	$14.56	$14.56	$18.48	$19.74	$23.94	$29.96	$35.98	$40.60	$40.60	$40.60	$40.60
$26,999	$1,500	$15.60	$15.60	$15.60	$19.80	$21.15	$25.65	$32.10	$38.55	$43.50	$43.50	$43.50	$43.50
$28,799	$1,600	$16.64	$16.64	$16.64	$21.12	$22.56	$27.36	$34.24	$41.12	$46.40	$46.40	$46.40	$46.40
$30,598	$1,700	$17.68	$17.68	$17.68	$22.44	$23.97	$29.07	$36.38	$43.69	$49.30	$49.30	$49.30	$49.30
$32,398	$1,800	$18.72	$18.72	$18.72	$23.76	$25.38	$30.78	$38.52	$46.26	$52.20	$52.20	$52.20	$52.20
$34,198	$1,900	$19.76	$19.76	$19.76	$25.08	$26.79	$32.49	$40.66	$48.83	$55.10	$55.10	$55.10	$55.10
$35,998	$2,000	$20.80	$20.80	$20.80	$26.40	$28.20	$34.20	$42.80	$51.40	$58.00	$58.00	$58.00	$58.00
$37,798	$2,100	$21.84	$21.84	$21.84	$27.72	$29.61	$35.91	$44.94	$53.97	$60.90	$60.90	$60.90	$60.90
$39,598	$2,200	$22.88	$22.88	$22.88	$29.04	$31.02	$37.62	$47.08	$56.54	$63.80	$63.80	$63.80	$63.80
$41,398	$2,300	$23.92	$23.92	$23.92	$30.36	$32.43	$39.33	$49.22	$59.11	$66.70	$66.70	$66.70	$66.70
$43,198	$2,400	$24.96	$24.96	$24.96	$31.68	$33.84	$41.04	$51.36	$61.68	$69.60	$69.60	$69.60	$69.60
$44,998	$2,500	$26.00	$26.00	$26.00	$33.00	$35.25	$42.75	$53.50	$64.25	$72.50	$72.50	$72.50	$72.50
$46,798	$2,600	$27.04	$27.04	$27.04	$34.32	$36.66	$44.46	$55.64	$66.82	$75.40	$75.40	$75.40	$75.40
$48,598	$2,700	$28.08	$28.08	$28.08	$35.64	$38.07	$46.17	$57.78	$69.39	$78.30	$78.30	$78.30	$78.30
$50,397	$2,800	$29.12	$29.12	$29.12	$36.96	$39.48	$47.88	$59.92	$71.96	$81.20	$81.20	$81.20	$81.20
$52,197	$2,900	$30.16	$30.16	$30.16	$38.28	$40.89	$49.59	$62.06	$74.53	$84.10	$84.10	$84.10	$84.10

Rates Effective 11/1/2018

About Premiums: The premiums shown above may vary slightly due to rounding; actual premiums will be calculated by American United Life Insurance Company® (AUL), and may increase upon reaching certain age brackets, according to contract terms, and are subject to change.

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Artesia Public Schools

ONEAMERICA®

Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

About your benefit options:

- Group Educator Disability benefits are illustrated and paid on a monthly basis.

- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

Option 2:		Elimination Period 30 days / 30 days			Maximum Benefit Duration Accident SSFRA Sickness 5 years/SSFRA						Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$53,997	$3,000	$31.20	$31.20	$31.20	$39.60	$42.30	$51.30	$64.20	$77.10	$87.00	$87.00	$87.00	$87.00
$55,797	$3,100	$32.24	$32.24	$32.24	$40.92	$43.71	$53.01	$66.34	$79.67	$89.90	$89.90	$89.90	$89.90
$57,597	$3,200	$33.28	$33.28	$33.28	$42.24	$45.12	$54.72	$68.48	$82.24	$92.80	$92.80	$92.80	$92.80
$59,397	$3,300	$34.32	$34.32	$34.32	$43.56	$46.53	$56.43	$70.62	$84.81	$95.70	$95.70	$95.70	$95.70
$61,197	$3,400	$35.36	$35.36	$35.36	$44.88	$47.94	$58.14	$72.76	$87.38	$98.60	$98.60	$98.60	$98.60
$62,997	$3,500	$36.40	$36.40	$36.40	$46.20	$49.35	$59.85	$74.90	$89.95	$101.50	$101.50	$101.50	$101.50
$64,797	$3,600	$37.44	$37.44	$37.44	$47.52	$50.76	$61.56	$77.04	$92.52	$104.40	$104.40	$104.40	$104.40
$66,597	$3,700	$38.48	$38.48	$38.48	$48.84	$52.17	$63.27	$79.18	$95.09	$107.30	$107.30	$107.30	$107.30
$68,397	$3,800	$39.52	$39.52	$39.52	$50.16	$53.58	$64.98	$81.32	$97.66	$110.20	$110.20	$110.20	$110.20
$70,196	$3,900	$40.56	$40.56	$40.56	$51.48	$54.99	$66.69	$83.46	$100.23	$113.10	$113.10	$113.10	$113.10
$71,996	$4,000	$41.60	$41.60	$41.60	$52.80	$56.40	$68.40	$85.60	$102.80	$116.00	$116.00	$116.00	$116.00
$73,796	$4,100	$42.64	$42.64	$42.64	$54.12	$57.81	$70.11	$87.74	$105.37	$118.90	$118.90	$118.90	$118.90
$75,596	$4,200	$43.68	$43.68	$43.68	$55.44	$59.22	$71.82	$89.88	$107.94	$121.80	$121.80	$121.80	$121.80
$77,396	$4,300	$44.72	$44.72	$44.72	$56.76	$60.63	$73.53	$92.02	$110.51	$124.70	$124.70	$124.70	$124.70
$79,196	$4,400	$45.76	$45.76	$45.76	$58.08	$62.04	$75.24	$94.16	$113.08	$127.60	$127.60	$127.60	$127.60
$80,996	$4,500	$46.80	$46.80	$46.80	$59.40	$63.45	$76.95	$96.30	$115.65	$130.50	$130.50	$130.50	$130.50
$82,796	$4,600	$47.84	$47.84	$47.84	$60.72	$64.86	$78.66	$98.44	$118.22	$133.40	$133.40	$133.40	$133.40
$84,596	$4,700	$48.88	$48.88	$48.88	$62.04	$66.27	$80.37	$100.58	$120.79	$136.30	$136.30	$136.30	$136.30
$86,396	$4,800	$49.92	$49.92	$49.92	$63.36	$67.68	$82.08	$102.72	$123.36	$139.20	$139.20	$139.20	$139.20
$88,196	$4,900	$50.96	$50.96	$50.96	$64.68	$69.09	$83.79	$104.86	$125.93	$142.10	$142.10	$142.10	$142.10
$89,996	$5,000	$52.00	$52.00	$52.00	$66.00	$70.50	$85.50	$107.00	$128.50	$145.00	$145.00	$145.00	$145.00
$91,795	$5,100	$53.04	$53.04	$53.04	$67.32	$71.91	$87.21	$109.14	$131.07	$147.90	$147.90	$147.90	$147.90
$93,595	$5,200	$54.08	$54.08	$54.08	$68.64	$73.32	$88.92	$111.28	$133.64	$150.80	$150.80	$150.80	$150.80
$95,395	$5,300	$55.12	$55.12	$55.12	$69.96	$74.73	$90.63	$113.42	$136.21	$153.70	$153.70	$153.70	$153.70
$97,195	$5,400	$56.16	$56.16	$56.16	$71.28	$76.14	$92.34	$115.56	$138.78	$156.60	$156.60	$156.60	$156.60
$98,995	$5,500	$57.20	$57.20	$57.20	$72.60	$77.55	$94.05	$117.70	$141.35	$159.50	$159.50	$159.50	$159.50
$100,795	$5,600	$58.24	$58.24	$58.24	$73.92	$78.96	$95.76	$119.84	$143.92	$162.40	$162.40	$162.40	$162.40
$102,595	$5,700	$59.28	$59.28	$59.28	$75.24	$80.37	$97.47	$121.98	$146.49	$165.30	$165.30	$165.30	$165.30

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Option 2:		Elimination Period 30 days / 30 days			Maximum Benefit Duration Accident SSFRA Sickness 5 years/SSFRA						Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$104,395	$5,800	$60.32	$60.32	$60.32	$76.56	$81.78	$99.18	$124.12	$149.06	$168.20	$168.20	$168.20	$168.20
$106,195	$5,900	$61.36	$61.36	$61.36	$77.88	$83.19	$100.89	$126.26	$151.63	$171.10	$171.10	$171.10	$171.10
$107,995	$6,000	$62.40	$62.40	$62.40	$79.20	$84.60	$102.60	$128.40	$154.20	$174.00	$174.00	$174.00	$174.00
$109,795	$6,100	$63.44	$63.44	$63.44	$80.52	$86.01	$104.31	$130.54	$156.77	$176.90	$176.90	$176.90	$176.90
$111,594	$6,200	$64.48	$64.48	$64.48	$81.84	$87.42	$106.02	$132.68	$159.34	$179.80	$179.80	$179.80	$179.80
$113,394	$6,300	$65.52	$65.52	$65.52	$83.16	$88.83	$107.73	$134.82	$161.91	$182.70	$182.70	$182.70	$182.70
$115,194	$6,400	$66.56	$66.56	$66.56	$84.48	$90.24	$109.44	$136.96	$164.48	$185.60	$185.60	$185.60	$185.60
$116,994	$6,500	$67.60	$67.60	$67.60	$85.80	$91.65	$111.15	$139.10	$167.05	$188.50	$188.50	$188.50	$188.50
$118,794	$6,600	$68.64	$68.64	$68.64	$87.12	$93.06	$112.86	$141.24	$169.62	$191.40	$191.40	$191.40	$191.40
$120,594	$6,700	$69.68	$69.68	$69.68	$88.44	$94.47	$114.57	$143.38	$172.19	$194.30	$194.30	$194.30	$194.30
$122,394	$6,800	$70.72	$70.72	$70.72	$89.76	$95.88	$116.28	$145.52	$174.76	$197.20	$197.20	$197.20	$197.20
$124,194	$6,900	$71.76	$71.76	$71.76	$91.08	$97.29	$117.99	$147.66	$177.33	$200.10	$200.10	$200.10	$200.10
$125,994	$7,000	$72.80	$72.80	$72.80	$92.40	$98.70	$119.70	$149.80	$179.90	$203.00	$203.00	$203.00	$203.00
$127,794	$7,100	$73.84	$73.84	$73.84	$93.72	$100.11	$121.41	$151.94	$182.47	$205.90	$205.90	$205.90	$205.90
$129,594	$7,200	$74.88	$74.88	$74.88	$95.04	$101.52	$123.12	$154.08	$185.04	$208.80	$208.80	$208.80	$208.80
$131,393	$7,300	$75.92	$75.92	$75.92	$96.36	$102.93	$124.83	$156.22	$187.61	$211.70	$211.70	$211.70	$211.70
$133,193	$7,400	$76.96	$76.96	$76.96	$97.68	$104.34	$126.54	$158.36	$190.18	$214.60	$214.60	$214.60	$214.60
$134,993	$7,500	$78.00	$78.00	$78.00	$99.00	$105.75	$128.25	$160.50	$192.75	$217.50	$217.50	$217.50	$217.50

Rates Effective 11/1/2018

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Option 3:		Elimination Period 60 days / 60 days				Maximum Benefit Duration Accident SSFRA Sickness 5 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$3,600	$200	$0.94	$0.94	$0.94	$1.34	$1.84	$2.48	$3.30	$4.16	$4.64	$4.64	$4.64	$4.64
$5,400	$300	$1.41	$1.41	$1.41	$2.01	$2.76	$3.72	$4.95	$6.24	$6.96	$6.96	$6.96	$6.96
$7,200	$400	$1.88	$1.88	$1.88	$2.68	$3.68	$4.96	$6.60	$8.32	$9.28	$9.28	$9.28	$9.28
$9,000	$500	$2.35	$2.35	$2.35	$3.35	$4.60	$6.20	$8.25	$10.40	$11.60	$11.60	$11.60	$11.60
$10,799	$600	$2.82	$2.82	$2.82	$4.02	$5.52	$7.44	$9.90	$12.48	$13.92	$13.92	$13.92	$13.92
$12,599	$700	$3.29	$3.29	$3.29	$4.69	$6.44	$8.68	$11.55	$14.56	$16.24	$16.24	$16.24	$16.24
$14,399	$800	$3.76	$3.76	$3.76	$5.36	$7.36	$9.92	$13.20	$16.64	$18.56	$18.56	$18.56	$18.56
$16,199	$900	$4.23	$4.23	$4.23	$6.03	$8.28	$11.16	$14.85	$18.72	$20.88	$20.88	$20.88	$20.88
$17,999	$1,000	$4.70	$4.70	$4.70	$6.70	$9.20	$12.40	$16.50	$20.80	$23.20	$23.20	$23.20	$23.20
$19,799	$1,100	$5.17	$5.17	$5.17	$7.37	$10.12	$13.64	$18.15	$22.88	$25.52	$25.52	$25.52	$25.52
$21,599	$1,200	$5.64	$5.64	$5.64	$8.04	$11.04	$14.88	$19.80	$24.96	$27.84	$27.84	$27.84	$27.84
$23,399	$1,300	$6.11	$6.11	$6.11	$8.71	$11.96	$16.12	$21.45	$27.04	$30.16	$30.16	$30.16	$30.16
$25,199	$1,400	$6.58	$6.58	$6.58	$9.38	$12.88	$17.36	$23.10	$29.12	$32.48	$32.48	$32.48	$32.48
$26,999	$1,500	$7.05	$7.05	$7.05	$10.05	$13.80	$18.60	$24.75	$31.20	$34.80	$34.80	$34.80	$34.80
$28,799	$1,600	$7.52	$7.52	$7.52	$10.72	$14.72	$19.84	$26.40	$33.28	$37.12	$37.12	$37.12	$37.12
$30,598	$1,700	$7.99	$7.99	$7.99	$11.39	$15.64	$21.08	$28.05	$35.36	$39.44	$39.44	$39.44	$39.44
$32,398	$1,800	$8.46	$8.46	$8.46	$12.06	$16.56	$22.32	$29.70	$37.44	$41.76	$41.76	$41.76	$41.76
$34,198	$1,900	$8.93	$8.93	$8.93	$12.73	$17.48	$23.56	$31.35	$39.52	$44.08	$44.08	$44.08	$44.08
$35,998	$2,000	$9.40	$9.40	$9.40	$13.40	$18.40	$24.80	$33.00	$41.60	$46.40	$46.40	$46.40	$46.40
$37,798	$2,100	$9.87	$9.87	$9.87	$14.07	$19.32	$26.04	$34.65	$43.68	$48.72	$48.72	$48.72	$48.72
$39,598	$2,200	$10.34	$10.34	$10.34	$14.74	$20.24	$27.28	$36.30	$45.76	$51.04	$51.04	$51.04	$51.04
$41,398	$2,300	$10.81	$10.81	$10.81	$15.41	$21.16	$28.52	$37.95	$47.84	$53.36	$53.36	$53.36	$53.36
$43,198	$2,400	$11.28	$11.28	$11.28	$16.08	$22.08	$29.76	$39.60	$49.92	$55.68	$55.68	$55.68	$55.68
$44,998	$2,500	$11.75	$11.75	$11.75	$16.75	$23.00	$31.00	$41.25	$52.00	$58.00	$58.00	$58.00	$58.00
$46,798	$2,600	$12.22	$12.22	$12.22	$17.42	$23.92	$32.24	$42.90	$54.08	$60.32	$60.32	$60.32	$60.32
$48,598	$2,700	$12.69	$12.69	$12.69	$18.09	$24.84	$33.48	$44.55	$56.16	$62.64	$62.64	$62.64	$62.64
$50,397	$2,800	$13.16	$13.16	$13.16	$18.76	$25.76	$34.72	$46.20	$58.24	$64.96	$64.96	$64.96	$64.96
$52,197	$2,900	$13.63	$13.63	$13.63	$19.43	$26.68	$35.96	$47.85	$60.32	$67.28	$67.28	$67.28	$67.28

Rates Effective 11/1/2018

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Artesia Public Schools

ONEAMERICA®

Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

About your benefit options:

- Group Educator Disability benefits are illustrated and paid on a monthly basis.

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Option 3:		Elimination Period 60 days / 60 days				Maximum Benefit Duration Accident SSFRA Sickness 5 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$53,997	$3,000	$14.10	$14.10	$14.10	$20.10	$27.60	$37.20	$49.50	$62.40	$69.60	$69.60	$69.60	$69.60
$55,797	$3,100	$14.57	$14.57	$14.57	$20.77	$28.52	$38.44	$51.15	$64.48	$71.92	$71.92	$71.92	$71.92
$57,597	$3,200	$15.04	$15.04	$15.04	$21.44	$29.44	$39.68	$52.80	$66.56	$74.24	$74.24	$74.24	$74.24
$59,397	$3,300	$15.51	$15.51	$15.51	$22.11	$30.36	$40.92	$54.45	$68.64	$76.56	$76.56	$76.56	$76.56
$61,197	$3,400	$15.98	$15.98	$15.98	$22.78	$31.28	$42.16	$56.10	$70.72	$78.88	$78.88	$78.88	$78.88
$62,997	$3,500	$16.45	$16.45	$16.45	$23.45	$32.20	$43.40	$57.75	$72.80	$81.20	$81.20	$81.20	$81.20
$64,797	$3,600	$16.92	$16.92	$16.92	$24.12	$33.12	$44.64	$59.40	$74.88	$83.52	$83.52	$83.52	$83.52
$66,597	$3,700	$17.39	$17.39	$17.39	$24.79	$34.04	$45.88	$61.05	$76.96	$85.84	$85.84	$85.84	$85.84
$68,397	$3,800	$17.86	$17.86	$17.86	$25.46	$34.96	$47.12	$62.70	$79.04	$88.16	$88.16	$88.16	$88.16
$70,196	$3,900	$18.33	$18.33	$18.33	$26.13	$35.88	$48.36	$64.35	$81.12	$90.48	$90.48	$90.48	$90.48
$71,996	$4,000	$18.80	$18.80	$18.80	$26.80	$36.80	$49.60	$66.00	$83.20	$92.80	$92.80	$92.80	$92.80
$73,796	$4,100	$19.27	$19.27	$19.27	$27.47	$37.72	$50.84	$67.65	$85.28	$95.12	$95.12	$95.12	$95.12
$75,596	$4,200	$19.74	$19.74	$19.74	$28.14	$38.64	$52.08	$69.30	$87.36	$97.44	$97.44	$97.44	$97.44
$77,396	$4,300	$20.21	$20.21	$20.21	$28.81	$39.56	$53.32	$70.95	$89.44	$99.76	$99.76	$99.76	$99.76
$79,196	$4,400	$20.68	$20.68	$20.68	$29.48	$40.48	$54.56	$72.60	$91.52	$102.08	$102.08	$102.08	$102.08
$80,996	$4,500	$21.15	$21.15	$21.15	$30.15	$41.40	$55.80	$74.25	$93.60	$104.40	$104.40	$104.40	$104.40
$82,796	$4,600	$21.62	$21.62	$21.62	$30.82	$42.32	$57.04	$75.90	$95.68	$106.72	$106.72	$106.72	$106.72
$84,596	$4,700	$22.09	$22.09	$22.09	$31.49	$43.24	$58.28	$77.55	$97.76	$109.04	$109.04	$109.04	$109.04
$86,396	$4,800	$22.56	$22.56	$22.56	$32.16	$44.16	$59.52	$79.20	$99.84	$111.36	$111.36	$111.36	$111.36
$88,196	$4,900	$23.03	$23.03	$23.03	$32.83	$45.08	$60.76	$80.85	$101.92	$113.68	$113.68	$113.68	$113.68
$89,996	$5,000	$23.50	$23.50	$23.50	$33.50	$46.00	$62.00	$82.50	$104.00	$116.00	$116.00	$116.00	$116.00
$91,795	$5,100	$23.97	$23.97	$23.97	$34.17	$46.92	$63.24	$84.15	$106.08	$118.32	$118.32	$118.32	$118.32
$93,595	$5,200	$24.44	$24.44	$24.44	$34.84	$47.84	$64.48	$85.80	$108.16	$120.64	$120.64	$120.64	$120.64
$95,395	$5,300	$24.91	$24.91	$24.91	$35.51	$48.76	$65.72	$87.45	$110.24	$122.96	$122.96	$122.96	$122.96
$97,195	$5,400	$25.38	$25.38	$25.38	$36.18	$49.68	$66.96	$89.10	$112.32	$125.28	$125.28	$125.28	$125.28
$98,995	$5,500	$25.85	$25.85	$25.85	$36.85	$50.60	$68.20	$90.75	$114.40	$127.60	$127.60	$127.60	$127.60
$100,795	$5,600	$26.32	$26.32	$26.32	$37.52	$51.52	$69.44	$92.40	$116.48	$129.92	$129.92	$129.92	$129.92
$102,595	$5,700	$26.79	$26.79	$26.79	$38.19	$52.44	$70.68	$94.05	$118.56	$132.24	$132.24	$132.24	$132.24

Rates Effective 11/1/2018

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Artesia Public Schools

ONEAMERICA®

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Monthly Payroll Deduction Illustration

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Option 3:		Elimination Period 60 days / 60 days				Maximum Benefit Duration Accident SSFRA Sickness 5 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$104,395	$5,800	$27.26	$27.26	$27.26	$38.86	$53.36	$71.92	$95.70	$120.64	$134.56	$134.56	$134.56	$134.56
$106,195	$5,900	$27.73	$27.73	$27.73	$39.53	$54.28	$73.16	$97.35	$122.72	$136.88	$136.88	$136.88	$136.88
$107,995	$6,000	$28.20	$28.20	$28.20	$40.20	$55.20	$74.40	$99.00	$124.80	$139.20	$139.20	$139.20	$139.20
$109,795	$6,100	$28.67	$28.67	$28.67	$40.87	$56.12	$75.64	$100.65	$126.88	$141.52	$141.52	$141.52	$141.52
$111,594	$6,200	$29.14	$29.14	$29.14	$41.54	$57.04	$76.88	$102.30	$128.96	$143.84	$143.84	$143.84	$143.84
$113,394	$6,300	$29.61	$29.61	$29.61	$42.21	$57.96	$78.12	$103.95	$131.04	$146.16	$146.16	$146.16	$146.16
$115,194	$6,400	$30.08	$30.08	$30.08	$42.88	$58.88	$79.36	$105.60	$133.12	$148.48	$148.48	$148.48	$148.48
$116,994	$6,500	$30.55	$30.55	$30.55	$43.55	$59.80	$80.60	$107.25	$135.20	$150.80	$150.80	$150.80	$150.80
$118,794	$6,600	$31.02	$31.02	$31.02	$44.22	$60.72	$81.84	$108.90	$137.28	$153.12	$153.12	$153.12	$153.12
$120,594	$6,700	$31.49	$31.49	$31.49	$44.89	$61.64	$83.08	$110.55	$139.36	$155.44	$155.44	$155.44	$155.44
$122,394	$6,800	$31.96	$31.96	$31.96	$45.56	$62.56	$84.32	$112.20	$141.44	$157.76	$157.76	$157.76	$157.76
$124,194	$6,900	$32.43	$32.43	$32.43	$46.23	$63.48	$85.56	$113.85	$143.52	$160.08	$160.08	$160.08	$160.08
$125,994	$7,000	$32.90	$32.90	$32.90	$46.90	$64.40	$86.80	$115.50	$145.60	$162.40	$162.40	$162.40	$162.40
$127,794	$7,100	$33.37	$33.37	$33.37	$47.57	$65.32	$88.04	$117.15	$147.68	$164.72	$164.72	$164.72	$164.72
$129,594	$7,200	$33.84	$33.84	$33.84	$48.24	$66.24	$89.28	$118.80	$149.76	$167.04	$167.04	$167.04	$167.04
$131,393	$7,300	$34.31	$34.31	$34.31	$48.91	$67.16	$90.52	$120.45	$151.84	$169.36	$169.36	$169.36	$169.36
$133,193	$7,400	$34.78	$34.78	$34.78	$49.58	$68.08	$91.76	$122.10	$153.92	$171.68	$171.68	$171.68	$171.68
$134,993	$7,500	$35.25	$35.25	$35.25	$50.25	$69.00	$93.00	$123.75	$156.00	$174.00	$174.00	$174.00	$174.00

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		Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
Option 4:		90 days / 90 days	Accident SSFRA Sickness 5 years/SSFRA	3/12

If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$3,600	$200	$0.58	$0.58	$0.58	$0.98	$1.40	$1.96	$2.66	$3.46	$3.88	$3.88	$3.88	$3.88
$5,400	$300	$0.87	$0.87	$0.87	$1.47	$2.10	$2.94	$3.99	$5.19	$5.82	$5.82	$5.82	$5.82
$7,200	$400	$1.16	$1.16	$1.16	$1.96	$2.80	$3.92	$5.32	$6.92	$7.76	$7.76	$7.76	$7.76
$9,000	$500	$1.45	$1.45	$1.45	$2.45	$3.50	$4.90	$6.65	$8.65	$9.70	$9.70	$9.70	$9.70
$10,799	$600	$1.74	$1.74	$1.74	$2.94	$4.20	$5.88	$7.98	$10.38	$11.64	$11.64	$11.64	$11.64
$12,599	$700	$2.03	$2.03	$2.03	$3.43	$4.90	$6.86	$9.31	$12.11	$13.58	$13.58	$13.58	$13.58
$14,399	$800	$2.32	$2.32	$2.32	$3.92	$5.60	$7.84	$10.64	$13.84	$15.52	$15.52	$15.52	$15.52
$16,199	$900	$2.61	$2.61	$2.61	$4.41	$6.30	$8.82	$11.97	$15.57	$17.46	$17.46	$17.46	$17.46
$17,999	$1,000	$2.90	$2.90	$2.90	$4.90	$7.00	$9.80	$13.30	$17.30	$19.40	$19.40	$19.40	$19.40
$19,799	$1,100	$3.19	$3.19	$3.19	$5.39	$7.70	$10.78	$14.63	$19.03	$21.34	$21.34	$21.34	$21.34
$21,599	$1,200	$3.48	$3.48	$3.48	$5.88	$8.40	$11.76	$15.96	$20.76	$23.28	$23.28	$23.28	$23.28
$23,399	$1,300	$3.77	$3.77	$3.77	$6.37	$9.10	$12.74	$17.29	$22.49	$25.22	$25.22	$25.22	$25.22
$25,199	$1,400	$4.06	$4.06	$4.06	$6.86	$9.80	$13.72	$18.62	$24.22	$27.16	$27.16	$27.16	$27.16
$26,999	$1,500	$4.35	$4.35	$4.35	$7.35	$10.50	$14.70	$19.95	$25.95	$29.10	$29.10	$29.10	$29.10
$28,799	$1,600	$4.64	$4.64	$4.64	$7.84	$11.20	$15.68	$21.28	$27.68	$31.04	$31.04	$31.04	$31.04
$30,598	$1,700	$4.93	$4.93	$4.93	$8.33	$11.90	$16.66	$22.61	$29.41	$32.98	$32.98	$32.98	$32.98
$32,398	$1,800	$5.22	$5.22	$5.22	$8.82	$12.60	$17.64	$23.94	$31.14	$34.92	$34.92	$34.92	$34.92
$34,198	$1,900	$5.51	$5.51	$5.51	$9.31	$13.30	$18.62	$25.27	$32.87	$36.86	$36.86	$36.86	$36.86
$35,998	$2,000	$5.80	$5.80	$5.80	$9.80	$14.00	$19.60	$26.60	$34.60	$38.80	$38.80	$38.80	$38.80
$37,798	$2,100	$6.09	$6.09	$6.09	$10.29	$14.70	$20.58	$27.93	$36.33	$40.74	$40.74	$40.74	$40.74
$39,598	$2,200	$6.38	$6.38	$6.38	$10.78	$15.40	$21.56	$29.26	$38.06	$42.68	$42.68	$42.68	$42.68
$41,398	$2,300	$6.67	$6.67	$6.67	$11.27	$16.10	$22.54	$30.59	$39.79	$44.62	$44.62	$44.62	$44.62
$43,198	$2,400	$6.96	$6.96	$6.96	$11.76	$16.80	$23.52	$31.92	$41.52	$46.56	$46.56	$46.56	$46.56
$44,998	$2,500	$7.25	$7.25	$7.25	$12.25	$17.50	$24.50	$33.25	$43.25	$48.50	$48.50	$48.50	$48.50
$46,798	$2,600	$7.54	$7.54	$7.54	$12.74	$18.20	$25.48	$34.58	$44.98	$50.44	$50.44	$50.44	$50.44
$48,598	$2,700	$7.83	$7.83	$7.83	$13.23	$18.90	$26.46	$35.91	$46.71	$52.38	$52.38	$52.38	$52.38
$50,397	$2,800	$8.12	$8.12	$8.12	$13.72	$19.60	$27.44	$37.24	$48.44	$54.32	$54.32	$54.32	$54.32
$52,197	$2,900	$8.41	$8.41	$8.41	$14.21	$20.30	$28.42	$38.57	$50.17	$56.26	$56.26	$56.26	$56.26

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		Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
Option 4:		90 days / 90 days	Accident SSFRA Sickness 5 years/SSFRA	3/12

If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$53,997	$3,000	$8.70	$8.70	$8.70	$14.70	$21.00	$29.40	$39.90	$51.90	$58.20	$58.20	$58.20	$58.20
$55,797	$3,100	$8.99	$8.99	$8.99	$15.19	$21.70	$30.38	$41.23	$53.63	$60.14	$60.14	$60.14	$60.14
$57,597	$3,200	$9.28	$9.28	$9.28	$15.68	$22.40	$31.36	$42.56	$55.36	$62.08	$62.08	$62.08	$62.08
$59,397	$3,300	$9.57	$9.57	$9.57	$16.17	$23.10	$32.34	$43.89	$57.09	$64.02	$64.02	$64.02	$64.02
$61,197	$3,400	$9.86	$9.86	$9.86	$16.66	$23.80	$33.32	$45.22	$58.82	$65.96	$65.96	$65.96	$65.96
$62,997	$3,500	$10.15	$10.15	$10.15	$17.15	$24.50	$34.30	$46.55	$60.55	$67.90	$67.90	$67.90	$67.90
$64,797	$3,600	$10.44	$10.44	$10.44	$17.64	$25.20	$35.28	$47.88	$62.28	$69.84	$69.84	$69.84	$69.84
$66,597	$3,700	$10.73	$10.73	$10.73	$18.13	$25.90	$36.26	$49.21	$64.01	$71.78	$71.78	$71.78	$71.78
$68,397	$3,800	$11.02	$11.02	$11.02	$18.62	$26.60	$37.24	$50.54	$65.74	$73.72	$73.72	$73.72	$73.72
$70,196	$3,900	$11.31	$11.31	$11.31	$19.11	$27.30	$38.22	$51.87	$67.47	$75.66	$75.66	$75.66	$75.66
$71,996	$4,000	$11.60	$11.60	$11.60	$19.60	$28.00	$39.20	$53.20	$69.20	$77.60	$77.60	$77.60	$77.60
$73,796	$4,100	$11.89	$11.89	$11.89	$20.09	$28.70	$40.18	$54.53	$70.93	$79.54	$79.54	$79.54	$79.54
$75,596	$4,200	$12.18	$12.18	$12.18	$20.58	$29.40	$41.16	$55.86	$72.66	$81.48	$81.48	$81.48	$81.48
$77,396	$4,300	$12.47	$12.47	$12.47	$21.07	$30.10	$42.14	$57.19	$74.39	$83.42	$83.42	$83.42	$83.42
$79,196	$4,400	$12.76	$12.76	$12.76	$21.56	$30.80	$43.12	$58.52	$76.12	$85.36	$85.36	$85.36	$85.36
$80,996	$4,500	$13.05	$13.05	$13.05	$22.05	$31.50	$44.10	$59.85	$77.85	$87.30	$87.30	$87.30	$87.30
$82,796	$4,600	$13.34	$13.34	$13.34	$22.54	$32.20	$45.08	$61.18	$79.58	$89.24	$89.24	$89.24	$89.24
$84,596	$4,700	$13.63	$13.63	$13.63	$23.03	$32.90	$46.06	$62.51	$81.31	$91.18	$91.18	$91.18	$91.18
$86,396	$4,800	$13.92	$13.92	$13.92	$23.52	$33.60	$47.04	$63.84	$83.04	$93.12	$93.12	$93.12	$93.12
$88,196	$4,900	$14.21	$14.21	$14.21	$24.01	$34.30	$48.02	$65.17	$84.77	$95.06	$95.06	$95.06	$95.06
$89,996	$5,000	$14.50	$14.50	$14.50	$24.50	$35.00	$49.00	$66.50	$86.50	$97.00	$97.00	$97.00	$97.00
$91,795	$5,100	$14.79	$14.79	$14.79	$24.99	$35.70	$49.98	$67.83	$88.23	$98.94	$98.94	$98.94	$98.94
$93,595	$5,200	$15.08	$15.08	$15.08	$25.48	$36.40	$50.96	$69.16	$89.96	$100.88	$100.88	$100.88	$100.88
$95,395	$5,300	$15.37	$15.37	$15.37	$25.97	$37.10	$51.94	$70.49	$91.69	$102.82	$102.82	$102.82	$102.82
$97,195	$5,400	$15.66	$15.66	$15.66	$26.46	$37.80	$52.92	$71.82	$93.42	$104.76	$104.76	$104.76	$104.76
$98,995	$5,500	$15.95	$15.95	$15.95	$26.95	$38.50	$53.90	$73.15	$95.15	$106.70	$106.70	$106.70	$106.70
$100,795	$5,600	$16.24	$16.24	$16.24	$27.44	$39.20	$54.88	$74.48	$96.88	$108.64	$108.64	$108.64	$108.64
$102,595	$5,700	$16.53	$16.53	$16.53	$27.93	$39.90	$55.86	$75.81	$98.61	$110.58	$110.58	$110.58	$110.58

Rates Effective 11/1/2018

About Premiums: The premiums shown above may vary slightly due to rounding; actual premiums will be calculated by American United Life Insurance Company® (AUL), and may increase upon reaching certain age brackets, according to contract terms, and are subject to change.

This invitation to inquire allows eligible employees an opportunity to inquire further about AUL's group insurance and is limited to a brief description of any losses for which benefits are payable. The contract has exclusions, limitations reduction of benefits, and terms under which the contract may be continued in force or discontinued.

Products and financial services provided by American United Life Insurance Company®
a ONEAMERICA® company. Visit us at www.oneamerica.com for more information.

Artesia Public Schools

ONEAMERICA®

Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

About your benefit options:

- Group Educator Disability benefits are illustrated and paid on a monthly basis.

- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

Option 4:		Elimination Period 90 days / 90 days			Maximum Benefit Duration Accident SSFRA Sickness 5 years/SSFRA						Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$104,395	$5,800	$16.82	$16.82	$16.82	$28.42	$40.60	$56.84	$77.14	$100.34	$112.52	$112.52	$112.52	$112.52
$106,195	$5,900	$17.11	$17.11	$17.11	$28.91	$41.30	$57.82	$78.47	$102.07	$114.46	$114.46	$114.46	$114.46
$107,995	$6,000	$17.40	$17.40	$17.40	$29.40	$42.00	$58.80	$79.80	$103.80	$116.40	$116.40	$116.40	$116.40
$109,795	$6,100	$17.69	$17.69	$17.69	$29.89	$42.70	$59.78	$81.13	$105.53	$118.34	$118.34	$118.34	$118.34
$111,594	$6,200	$17.98	$17.98	$17.98	$30.38	$43.40	$60.76	$82.46	$107.26	$120.28	$120.28	$120.28	$120.28
$113,394	$6,300	$18.27	$18.27	$18.27	$30.87	$44.10	$61.74	$83.79	$108.99	$122.22	$122.22	$122.22	$122.22
$115,194	$6,400	$18.56	$18.56	$18.56	$31.36	$44.80	$62.72	$85.12	$110.72	$124.16	$124.16	$124.16	$124.16
$116,994	$6,500	$18.85	$18.85	$18.85	$31.85	$45.50	$63.70	$86.45	$112.45	$126.10	$126.10	$126.10	$126.10
$118,794	$6,600	$19.14	$19.14	$19.14	$32.34	$46.20	$64.68	$87.78	$114.18	$128.04	$128.04	$128.04	$128.04
$120,594	$6,700	$19.43	$19.43	$19.43	$32.83	$46.90	$65.66	$89.11	$115.91	$129.98	$129.98	$129.98	$129.98
$122,394	$6,800	$19.72	$19.72	$19.72	$33.32	$47.60	$66.64	$90.44	$117.64	$131.92	$131.92	$131.92	$131.92
$124,194	$6,900	$20.01	$20.01	$20.01	$33.81	$48.30	$67.62	$91.77	$119.37	$133.86	$133.86	$133.86	$133.86
$125,994	$7,000	$20.30	$20.30	$20.30	$34.30	$49.00	$68.60	$93.10	$121.10	$135.80	$135.80	$135.80	$135.80
$127,794	$7,100	$20.59	$20.59	$20.59	$34.79	$49.70	$69.58	$94.43	$122.83	$137.74	$137.74	$137.74	$137.74
$129,594	$7,200	$20.88	$20.88	$20.88	$35.28	$50.40	$70.56	$95.76	$124.56	$139.68	$139.68	$139.68	$139.68
$131,393	$7,300	$21.17	$21.17	$21.17	$35.77	$51.10	$71.54	$97.09	$126.29	$141.62	$141.62	$141.62	$141.62
$133,193	$7,400	$21.46	$21.46	$21.46	$36.26	$51.80	$72.52	$98.42	$128.02	$143.56	$143.56	$143.56	$143.56
$134,993	$7,500	$21.75	$21.75	$21.75	$36.75	$52.50	$73.50	$99.75	$129.75	$145.50	$145.50	$145.50	$145.50

Rates Effective 11/1/2018

About Premiums: The premiums shown above may vary slightly due to rounding; actual premiums will be calculated by American United Life Insurance Company® (AUL), and may increase upon reaching certain age brackets, according to contract terms, and are subject to change.

This invitation to inquire allows eligible employees an opportunity to inquire further about AUL's group insurance and is limited to a brief description of any losses for which benefits are payable. The contract has exclusions, limitations reduction of benefits, and terms under which the contract may be continued in force or discontinued.

Artesia Public Schools

ONEAMERICA®

What you need to know:

- **Are you eligible?** Benefits are available to employees who are actively at work on the effective date of coverage and working the minimum number of hours per week stated in the contract.
- **Your premiums and benefits may vary.** Actual premiums and benefit amounts will be calculated by OneAmerica and may change upon reaching certain ages, according to contract terms, and are subject to change. Volumes and benefit amounts shown may be subject to reductions due to age.
- **Enroll timely for guaranteed issue coverage.** You may be eligible for coverage without having to answer any health questions if you enroll during the initial enrollment period when benefits are first offered by OneAmerica®, or if you enroll as a newly hired employee within 31 days after any applicable waiting period.
- **Enrolling later requires approval.** If you decline coverage now, you will lose your only chance to apply for group insurance coverage without having to first undergo medical underwriting. If you decide to enroll later, you will need to submit a Statement of Insurability form for review. OneAmerica will then decide to approve or deny your coverage based on your health history. You may not be approved for any type of coverage at a later date if you have any current or future medical conditions.

What you need to do:

- **Carefully review the contents of this packet.** Enclosed is personal information about the benefits offered to you by OneAmerica on behalf of your employer. This is your opportunity to learn more about group insurance from OneAmerica, but it is not a complete explanation of benefits. For more information, consult the contract about exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued.
- **Review the Notices and Limitations.** Visit www.employeebenefits.aul.com to find the Notices and Limitations, G-14320 (05 Prudent) 12/28/12. Go to Forms, Policy/Employee Admin, and Notices and Limitations.

Note: *Products issued and underwritten by American United Life Insurance Company® (AUL), a OneAmerica company. Not available in all states or may vary by state.*

ONEAMERICA®

What you need to know about your Voluntary Term Life and AD&D Benefits

Flexible Options: Employee: $10,000 to $500,000, in $10,000 increments, not to exceed 5 times your annual salary
Spouse: $10,000 to $250,000, in $5,000 increments, not to exceed 100% of the employee's amount

Guaranteed Issue: Employee: $200,000 Spouse: $50,000 Child: $10,000

Dependent Life Coverage: Optional dependent life coverage is available to eligible employees. You must select employee coverage in order to cover your spouse and/or child(ren).

Accidental Death and Dismemberment (AD&D): You must select Life coverage in order to select any AD&D coverage. Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract.

Accelerated Life Benefit: If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.

Guaranteed Increase In Benefit: You may be eligible to increase your coverage annually until you reach your maximum amount without providing evidence of insurability.

Reductions: Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule. The amounts of dependent life insurance and dependent AD&D principal sum will reduce according to the employee's reduction schedule.

Age:	70
Reduces To:	50%

Payroll Deduction Illustration: Monthly
Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$10,000	$1.20	$1.20	$1.20	$1.40	$1.80	$2.40	$2.90	$3.40	$6.90	$8.20	$12.90	$31.10	$33.70
$20,000	$2.40	$2.40	$2.40	$2.80	$3.60	$4.80	$5.80	$6.80	$13.80	$16.40	$25.80	$62.20	$67.40
$30,000	$3.60	$3.60	$3.60	$4.20	$5.40	$7.20	$8.70	$10.20	$20.70	$24.60	$38.70	$93.30	$101.10
$40,000	$4.80	$4.80	$4.80	$5.60	$7.20	$9.60	$11.60	$13.60	$27.60	$32.80	$51.60	$124.40	$134.80
$50,000	$6.00	$6.00	$6.00	$7.00	$9.00	$12.00	$14.50	$17.00	$34.50	$41.00	$64.50	$155.50	$168.50
$90,000	$10.80	$10.80	$10.80	$12.60	$16.20	$21.60	$26.10	$30.60	$62.10	$73.80	$116.10	$279.90	$303.30
$100,000	$12.00	$12.00	$12.00	$14.00	$18.00	$24.00	$29.00	$34.00	$69.00	$82.00	$129.00	$311.00	$337.00
$120,000	$14.40	$14.40	$14.40	$16.80	$21.60	$28.80	$34.80	$40.80	$82.80	$98.40	$154.80	$373.20	$404.40
$150,000	$18.00	$18.00	$18.00	$21.00	$27.00	$36.00	$43.50	$51.00	$103.50	$123.00	$193.50	$466.50	$505.50
$200,000	$24.00	$24.00	$24.00	$28.00	$36.00	$48.00	$58.00	$68.00	$138.00	$164.00	$258.00	$622.00	$674.00

Spouse Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$10,000	$1.20	$1.20	$1.20	$1.40	$1.80	$2.40	$2.90	$3.40	$6.90	$8.20	$12.90	$31.10	$33.70
$20,000	$2.40	$2.40	$2.40	$2.80	$3.60	$4.80	$5.80	$6.80	$13.80	$16.40	$25.80	$62.20	$67.40
$30,000	$3.60	$3.60	$3.60	$4.20	$5.40	$7.20	$8.70	$10.20	$20.70	$24.60	$38.70	$93.30	$101.10
$40,000	$4.80	$4.80	$4.80	$5.60	$7.20	$9.60	$11.60	$13.60	$27.60	$32.80	$51.60	$124.40	$134.80
$50,000	$6.00	$6.00	$6.00	$7.00	$9.00	$12.00	$14.50	$17.00	$34.50	$41.00	$64.50	$155.50	$168.50

Child Options

Life	Child(ren) 6 months to age 26	Child(ren) live birth to 6 months	Deduction amount Child(ren)
Option 1:	$5,000	$1,000	$1.40
Option 2:	$10,000	$1,000	$2.80

Note: Employee and Spouse premiums are based on your age as of 11/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

OneAmerica® is the marketing name for the companies of OneAmerica.

TRAVEL ASSISTANCE

Providing you peace of mind when traveling

Emergencies happen, but help is now only a phone call or email away. Generali Global Assistance® offers a suite of services to help you in your time of need — from small inconveniences like losing your medication to life-threatening situations — all delivered with a caring, human touch.

Find comfort in knowing you and your loved ones are protected by the Travel Assistance benefit when traveling more than 100 miles from home on a trip that lasts 90 days or less for business or pleasure. The Travel Assistance benefit protects you when covered under a OneAmerica® group life insurance contract. It also extends coverage to your spouse, domestic partner and children, even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.

Medical assistance services

Medical and dental referral to assist in finding physicians, dentists and medical facilities.

Replacement of medication or eyeglasses that have been lost or stolen, with guarantee of reimbursement by you.

Medical monitoring and review of documentation utilizing professional case managers and medical professionals to ensure appropriate care is received.

Visitation with a family member or a friend if you are traveling alone and must be hospitalized for at least seven days or are listed as in critical condition.

Dependent children assistance in the event you are hospitalized, including payment for their trip home and a qualified escort to accompany them.

Traveling companion assistance in the event they must cancel their travel arrangements due to medical emergencies.

Emergency evacuation in the event you must be transported to a medical facility or home under medical supervision.

Repatriation or cremation of remains in the event of death while traveling.

Trip interruption to arrange alternate transportation and accommodations necessary due to a medical emergency.

Emergency medical payment to cover medical and dental care expenses in the case of sudden, unexpected illness or injury during your trip, with guarantee of reimbursement by you.

For assistance call:
1-866-294-2469 (US/Canada)
+**1-240-330-1509** (call collect from other locations)
or email **ops@europassistance-usa.com**

Personal assistance services

Pre-trip informational services including: visa, passport, immunization requirements, weather conditions, travel advisories and more.

Language interpretation for all major languages.

Location or replacement of lost or stolen items such as luggage, documents and personal possessions.

Emergency cash advance subject to guarantee of reimbursement by you.

Emergency travel arrangements when appropriate, such as airline changes or hotel and car rental reservations.

Legal assistance and advanced bail bond will be arranged, where permitted by law, with guarantee of reimbursement by you.

Emergency message relay via toll-free, direct or collect access.

Vehicle return arranged and paid for if you become physically unable to operate a non-commercial vehicle due to a medical emergency.

Pet return home coordinated if covered traveler is hospitalized.

Upon verification of coverage, Generali Global Assistance will arrange and cover the cost of the following services, subject to policy limits and eligibility:

- **Emergency evacuation:** $1,000,000 Combined Single Limit (CSL)
- **Medically necessary repatriation:** Included in CSL
- **Repatriation or cremation of remains:** Up to $25,000

If traveling alone:

- **Visit of family member or friend:** Up to $5,000
- **Return of minor children:** Up to $5,000
- **Traveling companion transportation:** Up to $5,000
- **Vehicle return:** Up to $2,500
- **Bereavement transportation:** Up to $2,500
- **Pet return:** Up to $1,000

Note: Group life products are issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, In., a OneAmerica company. Not available in all states or may vary by state. Travel assistance provided by Generali Global Assistance. Generali Global Assistance is not an affiliate of AUL, and is not a OneAmerica Company. Generali Global Assistance provides noted services worldwide for covered individuals. Services may be unavailable in countries currently under U.S. economic or trade sanctions. A list of affected counties is available at treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx. Please refer to your policy for covered limits and eligibility details.

When contacting Generali Global Assistance, be prepared to provide:

- The name of your employer
- A phone number where you can be reached

Call Your ComPsych® GuidanceResources® program anytime for confidential assistance.

Call: **855.387.9727**
Go online: **guidanceresources.com**
TDD: 800.697.0353
Your company Web ID: **ONEAMERICA3**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

Confidential Counseling

3 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultants℠—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- Stress, anxiety and depression
- Relationship/marital conflicts
- Problems with children
- Job pressures
- Grief and loss
- Substance abuse

Financial Information and Resources

Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college

Legal Support and Resources

Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- Contracts

Work-Life Solutions

Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

GuidanceResources® Online

Knowledge at your fingertips.

GuidanceResources Online is your one stop for expert information on the issues that matter most to you...relationships, work, school, children, wellness, legal, financial, free time and more.

- Timely articles, HelpSheets℠, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searches

Free Online Will Preparation

Get peace of mind.

EstateGuidance® lets you quickly and easily write a will on your computer. Just go to www.guidanceresources.com and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- Name an executor to manage your estate
- Choose a guardian for your children
- Specify your wishes for your property
- Provide funeral and burial instructions

Just call or click to access your services.

ONEAMERICA®

OneAmerica is the marketing name for American United Life Insurance Company(R) (AUL). AUL markets ComPsych services. ComPsych Corporation is not an affiliate of AUL and is not a OneAmerica company.

Your ComPsych® GuidanceResources® Program

CALL ANYTIME
Call: **855.387.9727**
TDD: 800.697.0353
Online: **guidanceresources.com**
Your company Web ID: **ONEAMERICA3**

VOLUNTARY PERMANENT LIFE INSURANCE

PURELIFE-PLUS

TEXASLIFE INSURANCE COMPANY

The Ideal Complement

Our voluntary permanent life insurance product can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary permanent universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

No Exams Or Needles!

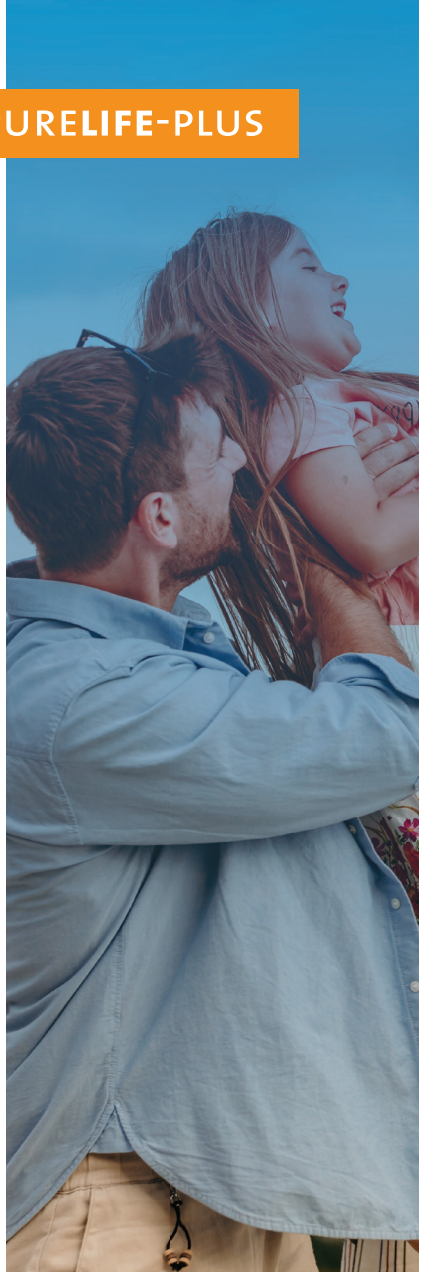
You can qualify by answering just 3 quick questions.[1]

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?

Product Features

- You own it and the cost is reasonable, plus it features a high death benefit
- You can cover your spouse, children and grandchildren, too[2]
- You can take it with you when you change jobs or retire[3]
- You can get a living benefit if you become terminally ill[4]
- You pay for it through convenient payroll deductions
- You can exercise a living benefit to cover care expenses if you become chronically ill[5]



Additional Information

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-plus features one of the highest death benefits per payroll-deducted dollar offered at the worksite.[6]
- **Refund of Premium.** Unique in the workplace, PURELIFE-plus offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.**[4] Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a $150 ($100 in Florida) administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive.
- **Accelerated Death Benefit for Chronic Illness Rider.**[5] This valuable living benefit is available to employees only and upon approval will be included in their life contract at an additional cost. This rider will be triggered by the loss of two out of six Activities of Daily Living[7] or Severe Cognitive Impairment for a period of 90 days. It pays the insured up to 92% of the death benefit minus a $150 administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility.
- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-plus helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium for a significant period of time (after the premium guaranteed period, premiums may go down, stay the same, or go up).[8]

The agent/agency offering this coverage is not affiliated with Texas Life other than to market its products. Underwritten and claims paid by Texas Life. Licensed in DC and all states except NY.

Important Note: Texas Life does not offer financial advice. Contact a financial advisor in your state for financial information.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. See a Texas Life representative or the Purelife-plus brochure for costs and complete details. Form series PRFNG-NI.

1 Issuance of coverage will depend on the answers to these questions.
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 As long as the necessary premiums are paid.
4 Accelerated Death Benefit Due to Terminal Illness Rider. Conditions apply. Form series ULABR.
5 Chronic Illness Rider available for an additional cost for employees, upon approval. Conditions apply. Requires additional underwriting questions; issuance of coverage will depend on the answers to these questions. Form series ULABR-CI.
6 Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022
7 Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in; (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.
8 As long as you pay the necessary premium. Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength. Forty-five (45) years average for all ages based on our actuarial review.

Texas Life Insurance Company | 900 Washington Ave | PO Box 830 | Waco, Texas 76703-0830 | 800.283.9233 | texaslife.com

26M020-C IDC-EDU-CI 1006 (exp0628) Not for use in CA, FL, and NH.

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age Issue	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$15,000	$25,000	$40,000	$50,000	$75,000	$100,000	$125,000	$150,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20			13.05	19.53	23.85	34.65	45.45	56.25	67.05	75
21-22			13.33	19.97	24.40	35.48	46.55	57.63	68.70	74
23			13.60	20.41	24.95	36.30	47.65	59.00	70.35	75
24-25			13.88	20.85	25.50	37.13	48.75	60.38	72.00	74
26			14.43	21.73	26.60	38.78	50.95	63.13	75.30	75
27-28			14.70	22.17	27.15	39.60	52.05	64.50	76.95	74
29			14.98	22.61	27.70	40.43	53.15	65.88	78.60	74
30-31			15.25	23.05	28.25	41.25	54.25	67.25	80.25	73
32			16.08	24.37	29.90	43.73	57.55	71.38	85.20	74
33			16.63	25.25	31.00	45.38	59.75	74.13	88.50	74
34			17.45	26.57	32.65	47.85	63.05	78.25	93.45	75
35		12.03	18.55	28.33	34.85	51.15	67.45	83.75	100.05	76
36		12.36	19.10	29.21	35.95	52.80	69.65	86.50	103.35	76
37		12.86	19.93	30.53	37.60	55.28	72.95	90.63	108.30	77
38		13.35	20.75	31.85	39.25	57.75	76.25	94.75	113.25	77
39		14.18	22.13	34.05	42.00	61.88	81.75	101.63	121.50	78
40	10.75	15.00	23.50	36.25	44.75	66.00	87.25	108.50	129.75	79
41	11.52	16.16	25.43	39.33	48.60	71.78	94.95	118.13	141.30	80
42	12.40	17.48	27.63	42.85	53.00	78.38	103.75	129.13	154.50	81
43	13.17	18.63	29.55	45.93	56.85	84.15	111.45	138.75	166.05	82
44	13.94	19.79	31.48	49.01	60.70	89.93	119.15	148.38	177.60	83
45	14.71	20.94	33.40	52.09	64.55	95.70	126.85	158.00	189.15	83
46	15.59	22.26	35.60	55.61	68.95	102.30	135.65	169.00	202.35	84
47	16.36	23.42	37.53	58.69	72.80	108.08	143.35	178.63	213.90	84
48	17.13	24.57	39.45	61.77	76.65	113.85	151.05	188.25	225.45	85
49	18.12	26.06	41.93	65.73	81.60	121.28	160.95	200.63	240.30	85
50	19.22	27.71	44.68	70.13	87.10	129.53				86
51	20.54	29.69	47.98	75.41	93.70	139.43				87
52	21.97	31.83	51.55	81.13	100.85	150.15				88
53	23.07	33.48	54.30	85.53	106.35	158.40				88
54	24.17	35.13	57.05	89.93	111.85	166.65				88
55	25.38	36.95	60.08	94.77	117.90	175.73				89
56	26.48	38.60	62.83	99.17	123.40	183.98				89
57	27.80	40.58	66.13	104.45	130.00	193.88				89
58	29.01	42.39	69.15	109.29	136.05	202.95				89
59	30.33	44.37	72.45	114.57	142.65	212.85				89
60	31.18	45.65	74.58	117.97	146.90	219.23				90
61	32.61	47.79	78.15	123.69	154.05	229.95				90
62	34.37	50.43	82.55	130.73	162.85	243.15				90
63	36.13	53.07	86.95	137.77	171.65	256.35				90
64	38.00	55.88	91.63	145.25	181.00	270.38				90
65	40.09	59.01	96.85	153.61	191.45	286.05				90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at
Issue	$10,000	$15,000	$25,000	$40,000	$50,000	$75,000	$100,000	$125,000	$150,000	Table Premium
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20			18.55	28.33	34.85	51.15	67.45	83.75	100.05	71
21-22			19.38	29.65	36.50	53.63	70.75	87.88	105.00	71
23			20.20	30.97	38.15	56.10	74.05	92.00	109.95	72
24-25			20.75	31.85	39.25	57.75	76.25	94.75	113.25	71
26			21.30	32.73	40.35	59.40	78.45	97.50	116.55	72
27-28			21.85	33.61	41.45	61.05	80.65	100.25	119.85	71
29			22.13	34.05	42.00	61.88	81.75	101.63	121.50	71
30-31			24.88	38.45	47.50	70.13	92.75	115.38	138.00	72
32			25.70	39.77	49.15	72.60	96.05	119.50	142.95	72
33			25.98	40.21	49.70	73.43	97.15	120.88	144.60	72
34			26.25	40.65	50.25	74.25	98.25	122.25	146.25	71
35		17.81	28.18	43.73	54.10	80.03	105.95	131.88	157.80	72
36		18.30	29.00	45.05	55.75	82.50	109.25	136.00	162.75	72
37		19.46	30.93	48.13	59.60	88.28	116.95	145.63	174.30	73
38		19.95	31.75	49.45	61.25	90.75	120.25	149.75	179.25	73
39		21.27	33.95	52.97	65.65	97.35	129.05	160.75	192.45	74
40	16.14	23.09	36.98	57.81	71.70	106.43	141.15	175.88	210.60	76
41	17.13	24.57	39.45	61.77	76.65	113.85	151.05	188.25	225.45	77
42	18.34	26.39	42.48	66.61	82.70	122.93	163.15	203.38	243.60	78
43	19.88	28.70	46.33	72.77	90.40	134.48	178.55	222.63	266.70	80
44	20.65	29.85	48.25	75.85	94.25	140.25	186.25	232.25	278.25	80
45	21.75	31.50	51.00	80.25	99.75	148.50	197.25	246.00	294.75	81
46	22.63	32.82	53.20	83.77	104.15	155.10	206.05	257.00	307.95	81
47	23.73	34.47	55.95	88.17	109.65	163.35	217.05	270.75	324.45	82
48	24.72	35.96	58.43	92.13	114.60	170.78	226.95	283.13	339.30	82
49	26.15	38.10	62.00	97.85	121.75	181.50	241.25	301.00	360.75	83
50	27.36	39.92	65.03	102.69	127.80	190.58				83
51	28.57	41.73	68.05	107.53	133.85	199.65				83
52	30.33	44.37	72.45	114.57	142.65	212.85				84
53	31.87	46.68	76.30	120.73	150.35	224.40				85
54	33.30	48.83	79.88	126.45	157.50	235.13				85
55	34.84	51.14	83.73	132.61	165.20	246.68				85
56	36.60	53.78	88.13	139.65	174.00	259.88				85
57	38.36	56.42	92.53	146.69	182.80	273.08				86
58	40.23	59.22	97.20	154.17	192.15	287.10				86
59	42.10	62.03	101.88	161.65	201.50	301.13				86
60	43.28	63.80	104.83	166.37	207.40	309.98				86
61	45.81	67.59	111.15	176.49	220.05	328.95				86
62	48.23	71.22	117.20	186.17	232.15	347.10				87
63	50.65	74.85	123.25	195.85	244.25	365.25				87
64	53.07	78.48	129.30	205.53	256.35	383.40				87
65	55.71	82.44	135.90	216.09	269.55	403.20				87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Universal Availability Notice

Artesia Public Schools 403(b)

PLAN HIGHLIGHTS

Visit NBSbenefits.com/403b for additional information

Congratulations! You are eligible to participate in the 403(b) retirement plan provided by the **Artesia Public Schools** 403(b). Contributing to a 403(b) plan will give you peace of mind through financial security during your retirement. A 403(b) plan allows you to contribute a portion of your compensation as a pre-tax or post-tax (Roth) contribution (if allowed by your Employer) in order to save for retirement. Participation in the 403(b) plan is completely voluntary. If you are already contributing to the 403(b) plan, now is a perfect time to increase your contributions.

What is a 403(b) Plan?

A 403(b) plan, also known as a Tax-Sheltered Annuity (TSA), is a tax-deferred retirement plan provided for employees of certain tax-exempt, governmental organizations or public education institutions.

What are the benefits of contributing to a 403(b) Plan?

LOWER TAXES
The 403(b) contributions you make can be on a pre-tax basis. This means that the money used to invest in the 403(b) plan is not taxed until the funds are withdrawn. For example, if your federal marginal income tax rate is 25%, and you contribute $100 a month to a 403(b) plan, you have reduced your federal income taxes by nearly $25. In effect, your $100 contribution costs you only $75. The tax savings grow with the size of your 403(b) contribution.

TAX-DEFERRED GROWTH
In your 403(b) plan, interest and earnings grow tax-deferred. This means that your interest will grow tax-free until the time of your withdrawal. The compounding interest on your 403(b) plan allows your account to grow more quickly than money saved in a taxable account where interest and earnings are taxed each year.

TAKING THE INITIATIVE
Contributing to a 403(b) retirement plan helps you take control of your future retirement needs. Other sources of retirement income, including state pension plans and Social Security, often do not adequately replace a person's salary upon retirement. A 403(b) plan can be a great way to supplement your income at retirement.

POSSIBLE TAX CREDITS
Pre-tax contributions may put you in a lower tax bracket reducing your overall tax rate.

DISTRIBUTIONS FROM THE PLAN
You or your beneficiary will be able to withdraw your vested balance when one of the following occurs:

1. Retirement
2. Termination of Employment
3. Attainment of Age 59 ½
4. Total Disability
5. Death

The vendors may require additional paperwork.

LOANS
You may borrow up to 50% of your vested balance up to $50,000 (whichever is less). Contact your current vendor about their specific loan provisions.

REQUIRED MINIMUM DISTRIBUTIONS (RMD)
Distributions are required at age 73. Exceptions may apply.

HIGHER LIMITS
Annual contribution limits are much higher than those of an IRA.

How much can you contribute to a 403(b) Plan?

You may elect to save:

- 100% of your income up to $24,500 (2026)
- Extra $8,000 if age 50+

HOW TO ENROLL IN THE PLAN
Your employer has provided investment option(s) for you. A list of approved vendor(s) and the Salary Reduction Agreement ("SRA") can be found by visiting the National Benefit Services website at http://www.nbsbenefits.com/non-erisa-403b-forms/ or by contacting NBS (contact information below).

Once you have chosen an approved vendor, please open a 403(b) account directly with them. To begin investing, send the completed SRA form to NBS who will work with your employer to begin contributions.

INVESTMENT CHOICES
Annuity contracts made available through insurance companies or custodial accounts through a retirement account custodian are allowed in 403(b) plans. You will need to contact the vendor for a comprehensive listing and information regarding the available investment options.

EXCHANGES
As a participant in the 403(b) plan, you have the option to move funds, or "exchange" tax-free between different vendors within the same plan.

ROLLOVERS
You also have the option of rolling retirement funds from previous employers to your current employer's plan thus simplifying retirement management.

ROTH
You may also choose to invest part of your income on an after-tax (Roth) basis. Roth contributions are taxed at the time of the investment though contributions *and* earnings grow tax-free until withdrawn. Qualified distributions will allow you to withdraw your money tax-free.

HARDSHIP DISTRIBUTIONS
An in-service hardship distribution may be allowed if you satisfy certain criteria. Contact NBS for more information about the requirements.

NBS Retirement Service Center
8523 S. Redwood Rd.
West Jordan, UT 84088
800.274.0503 ext. 2,5
Fax - 1.800. 597.8206

Contact NBS if you have questions about the retirement plan

Artesia Public Schools

Plan Contact Person:
Lisa Lewis
1106 West Quay Avenue
Artesia, NM 88210
1.575.746.3585

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1096 Mechem Drive, Suite 223
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