Portales Municipal Schools

- FSAs
- Access Medical
- Hospital Indemnity
- Critical Illness
- Cancer
- Disability
- E.A.P.
- Accident
- Permanent Life
- Term Life Insurance
- 403(b) Retirement Plans

2026 - 2027 Employee Benefit Guide

Plan Year: February 1, 2026 - January 31, 2027

IMPORTANT INFORMATION

Portales Municipal 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 Portales Municipal 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 Portales Municipal Schools will take place during the month of January for a February 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.

Benefit Effective Date

The following benefits will become effective **February 1st** or upon approval of Evidence of Insurability, if required: Flexible Spending Accounts, Long-Term Disability, Term Life Insurance & Supplemental Benefit Plans. Texas Life, Permanent Life Insurance, becomes effective on the date you complete your application.

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

Table of Contents

COMPANY	PROVIDER	TLEPHONE	WEBSITE	PAGE
Flexible Spending Accounts	National Benefit Services	800.274.0503	www.NBSbenefits.com	1-8
Telehealth & Health Advocacy	Access Medical	800.800.7616	www.mybenefitswork.com	10-11
Hospital Indemnity	American Public Life	877.338.2859	www.AMpublic.com	12-16
Critical Illness	Bay Bridge - MetLife	800.845.7519	www.BayBridgeAdministrators.com	17-24
Cancer	Aflac	800.992.3522	www.Aflac.com	25-28
Long-Term Disability	One America	855.517.6365	www.employeebenefits.aul.com	29-43
Employee Assistance	ComPsych	855.387.9727	www.guidanceresources.com	44
Accident	MetLife	800.638.5433	www.metlife.com	45-53
Permanent Life Insurance	Texas Life Insurance	800.283.9233	www.TexasLife.com	54-57
Term Life Insurance	One America	855.517.6365	www.employeebenefits.aul.com	58-61
403b Retirement	National Benefit Services	800.274.0503	www.NBSbenefits.com	62

Employee Benefits Portal

Portales Municipal Schools Employee Benefits Portal has been designed to assist you with your benefit decisions.

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

Portales Municipal Schools

Welcome to Your Portales Municipal Schools Benefits Portal

Portales Municipal 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.

BIS has been chosen by Portales Municipal Schools to implement our Cafeteria Plan as established by Section 125 of the Internal Revenue Code. Participation in the plan is voluntary.

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* Portales**

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
- Access Medical
- Flexible Spending Accounts
- Hospital Indemnity
- Educator Disability / Income Protection
- Employee Assistance Program
- Cancer
- Critical Illness
- Accident
- Permanent Life Insurance
- Term Life Insurance
- 403(b) Retirement Plans
- NMPSIA

Section 125 Cafeteria Plan

How the Plan Works

An IRS Section 125 Plan provides participants an opportunity to receive certain benefits on a pre-tax basis. Under your Employers' Plan, you may pay the premiums pre-tax for your medical, dental, vision and supplemental health plans. Flexible spending accounts are also offered for your health care and dependent care needs for you and your family.

Example of Employee Savings?

	Without a Section 125 Plan (After-Tax Deductions)	With a Section 125 Plan (Pre-Tax Deductions)
Employee Gross Pay	$ 3,000.00	$ 3,000.00
Pre-Tax Medical Premiums		$ 304.00
Taxable Income	$ 3,000.00	$ 2,696.00
Tax Rate	25 %	25 %
Taxes Withheld	$ 750.00	$ 674.00
Employee Net Pay	$ 2,250.00	$ 2,022.00
Post-Tax Medical Premiums	$ 304.00	
Take Home Pay	$ 1,946.00	$ 2,022.00

Flexible Spending Accounts

A Flexible Spending Account (FSA) is a special account for healthcare and dependent care expenses. When you enroll in an FSA, you decide how much to contribute to each account for the entire Plan Year. This annual contribution is then deducted in equal amounts from your paycheck, before Federal & State income taxes and FICA taxes are deducted. These "pre-taxed" funds are automatically deposited in your account through payroll deduction. Unless you have a qualifying event under Section 125 regulations, your election amount will not change during the Plan year.

Managing Your Flexible Spending Accounts

There are two kinds of Flexible Spending Accounts:

- Healthcare Reimbursement FSAs
- Dependent Care FSAs (Day Care Expenses)

You may choose to participate in both plans, depending on the options provided by your employer. Funds in these accounts cannot be co-mingled and the expenses must be incurred during your employer's plan year. Expenses in your flex account that are not incurred by the end of the plan year will be subject to the "use it or lose it" rules regulated by the Internal Revenue Service. Therefore, a decision as to how much you will contribute to your FSA accounts should be made carefully. Based on your Employer's flexible benefits plan year, you have a specified date or "run-off period" following the end of the plan year to submit your claims for reimbursement. If you do not exhaust your account balance, all funds still remaining in your account will be forfeited after this claim period ends. Check with the Plan Administrator to verify the last date that you may file claims to be reimbursed for your eligible FSA expenses.

Healthcare Reimbursement Flexible Spending Account

A Health Care Flexible Spending Account (FSA) is designed to reimburse you for out-of-pocket health care expenses incurred by you or your eligible dependents that are not reimbursable by your medical, dental and vision insurance plans.

Eligible Health Expenses

These expenses may be incurred by you or your eligible dependents. Expenses include deductibles, coinsurance payments, office co-pays, orthodontics, glasses and contacts.

An eligible expense item must not be used for general health or cosmetic purposes. In some instances, you will be required to submit a letter of medical necessity from your health care provider to demonstrate a medical need.
Once enrolled in a health FSA, the entire annual election is available to you on the first day of the plan year. You must spend the funds by the end of the plan year or they will be forfeited from your account.

Special Health Care Expenses

IRS does not allow pre-payment of certain medical treatment programs that may span over multiple plan years. These include orthodontic and prenatal expenses. Reimbursement of the entire expense generally violates the IRS requirement that expenses must be "incurred" during the coverage period and cannot be paid in advance.

Orthodontic Expenses

IRS stipulates how orthodontic expenses can be reimbursed in a health care FSA. You should carefully plan when deciding on your annual election if it includes orthodontic expenses. Special planning should be considered if you are planning to take advantage of an up-front discount payment. Please remember, services must be performed and incurred within the current plan year. Reimbursement of a lump sum

payment to a dentist may not be eligible for services. Also consider services that will be performed over more than one plan year. You will need to provide a copy of your contract with your dental provider, showing the initial deposit and monthly payments. This expense may be setup as a recurring expense throughout your plan year.

Prenatal Expenses

For maternity related expenses, payment cannot be advanced, but are reimbursed as they are incurred. Eligible charges may be reimbursed each time you are seen by your physician for prenatal care, but not in advance of the delivery.

Over The Counter (OTC) Items

The recently enacted Patient Protection and Affordable Care Act of 2010 changes the rules for the purchase of over-the-counter (OTC) products using Flexible Spending Accounts (FSA).

Effective for tax years January 1, 2011, over-the-counter medicines or drugs (e.g. Advil, Ibuprofen, and cough syrup) are not eligible for reimbursement under an FSA, HRA, or HSA without a doctor's prescription. Insulin is the only medicine that doesn't require a prescription.

Supplies you need for medical care (e.g. contact lens solutions, bandages for wounds, thermometers) will continue to be eligible for reimbursement. There are some medical items that may not be allowed unless you have a prescription or letter of necessity from a medical professional for a specific medical condition.

We recommend you retain copies of all OTC documentation for your records. Documentation for reimbursement must state the place of purchase, date, amount, item name, and purchases can be claimed within reasonable quantities. Treatment for eligible expenses cannot be for preventative purposes and items purchased for personal care are not eligible for reimbursement. For example: toothpaste, vitamins, supplements and herbal remedies, and other items used for personal hygiene cannot be claimed for reimbursement.

Examples of Eligible Expenses

In order to use your health care flexible spending account (FSA), the health care item or service needs to be considered "eligible." The Internal Revenue Service – better known as the IRS – has guidelines to determine which expenses are eligible and qualify for reimbursement from your FSA. Typically, an eligible expense must be a service or product that is purchased for medical care to help treat a medical condition or prevent a disease, among other things.

As you shop for care and for health care items, use this as a helpful guide. This list does not include everything. In fact, the IRS may modify the guidelines from time to time, which may cause the list to change.

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limbs
- Artificial teeth
- Breast reconstruction surgery (mastectomy-related)
- Chiropractor
- Contact lenses and solutions
- Cosmetic surgery, but only if necessary due to disfiguring trauma or disease
- Dental treatment (X-rays, cleanings, fillings, braces, extractions, etc.)
- Diagnostic devices (blood sugar test kits for diabetics)
- Doctor's office visits and procedures
- Drug addiction treatment
- Drug prescriptions
- Eyeglasses and vision exams
- Eye surgery (laser eye surgery)
- Fertility treatment
- Hearing aids and batteries
- Hospital services
- Laboratory fees
- Operations/surgery (excluding unnecessary cosmetic surgery)
- Physical therapy
- Psychiatric care (if the expense is for mental health care provided by a psychiatrist, psychologist or other licensed professional)
- Special education for learning disabilities
- Speech therapy
- Stop-smoking programs including nicotine gum or patches
- Vasectomy
- Wheelchair

Ineligible medical expenses examples:

- Advance payment for future medical care
- Amounts reimbursed from any other source (health coverage or another FSA)
- Cosmetic surgery (unless necessary due to disfiguring trauma or disease)
- Diaper service
- Electrolysis or hair removal
- Health insurance premiums (e.g., COBRA, AD&D, LTD, STD, long-term care, group and individual health insurance and Medicare premiums)
- Health club dues
- Household help
- Illegal operations and treatments
- Long-term care for medical expenses
- Maternity clothes
- Nutritional supplements, such as multi-vitamins, for general good health
- Personal use items, such as toothbrush, toothpaste, etc.
- Swimming lessons
- Teeth whitening

Dependent Care FSA

The Dependent Care Assistance account allows you to pay for "employment related expenses" that enable you and your spouse to be gainfully employed, seek employment, and/or be a fulltime student. In general, expenses must be for the "care" of a qualifying individual.

Reimbursement may also include eligible expenses for children or elder dependents that rely on you for their care.

Eligible DCAP Expenses

Some examples of eligible expenses include:

- care in and outside the home
- child-care/dependent care centers
- before and after school care
- nursery school and preschool expenses
- preschool tuition
- day care camps and facilities *(only for "care" and not primarily for educational purposes).*
- Adult day care expenses

Expenses for services provided outside the employee's home by dependent care centers must comply with state and local laws. Your care provider must report day care income on their taxes to be considered as eligible.

Dependent Care FSA must be for children under 13 years of age, unless they meet the qualifications of physically or mentally incapable of self-care.

DCAP Reimbursements

The total amount you choose to contribute should be based on your expected child and/or dependent care expenses during the plan year. A single parent, or employee that is married but filing separately is limited to $2,500 for the Plan year. If your spouse has a dependent care account through their employment, the two accounts cannot exceed $5,000 during a given plan year. IRS requires that the amount reimbursed to a participant must first be on deposit in their account. When a claim is filed we first verify that there are adequate funds in the account to =pay the entire claim. When sufficient funds are not available, participants are issued the maximum amount available in their account. The remainder of the reimbursement request is paid when additional funds are received through payroll deposits.

Ineligible Expenses

The following items are examples of expenses that are generally considered as ineligible for reimbursement in a Dependent Care FSA:

- Educational expenses, except where an eligible child attends preschool or nursery school
- Field trips, clothing
- Late payment or finance charges
- Payments for lessons
- Tuition expenses
- Overnight camps
- Kindergarten expenses

Submit valid documentation for Flex Expenses

Health Care Claims

The Internal Revenue Service requires that **ALL** health care claims be documented for approval in order to be eligible for reimbursement. Valid substantiation documentation for health care expenses will have the following:

- Name of service provider
- Name of patient
- Date of service or sale
- Description of service or product
- Amount of unreimbursed service or *sale*

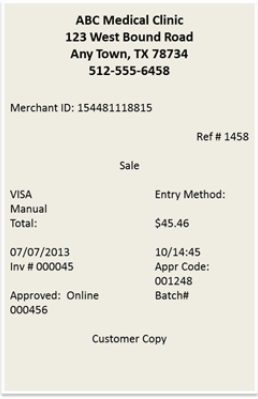
Invalid Substantiation

A sales receipt normally shows only the date and amount of a transaction. These receipts do not provide the patient's name, a description of the service or show the actual date the service was performed.

MISSING: Patient Name

MISSING: Description of Service

MISSING: Date of Service



ABC Medical Clinic
123 West Bound Road
Any Town, TX 78734
512-555-6458

Merchant ID: 154481118815

Ref # 1458

Sale

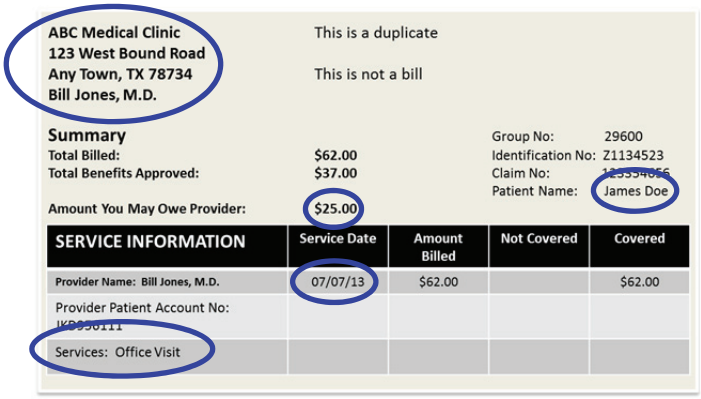
VISA — Entry Method: Manual
Total: $45.46

07/07/2013 — 10/14:45
Inv # 000045 — Appr Code: 001248
Approved: Online — Batch# 000456

Customer Copy

A "sales" receipt is not valid substantiation documentation based on IRS guidelines.

Example of Valid Substantiation Documentation



ABC Medical Clinic
123 West Bound Road
Any Town, TX 78734
Bill Jones, M.D.

This is a duplicate

This is not a bill

Summary
Total Billed: $62.00
Total Benefits Approved: $37.00
Amount You May Owe Provider: $25.00

Group No: 29600
Identification No: Z1134523
Claim No: [illegible]
Patient Name: James Doe

SERVICE INFORMATION	Service Date	Amount Billed	Not Covered	Covered
Provider Name: Bill Jones, M.D.	07/07/13	$62.00		$62.00
Provider Patient Account No: [illegible]				
Services: Office Visit				

☑ Name of Service Provider

☑ Name of Patient

☑ Amount of Unreimbursed Service/Sale

☑ Date of Service

☑ Description of Service or Product

Dependent care claims

Valid substantiation documentation for dependent care claims may be in the form of a receipt from the day care provider that shows:

- Provider name and information
- Dependent's name
- Date span of service (i.e., January 1 -31, 2010)
- Amount of reimbursement

Flex Debit Card

The Flex Card is an automatic way to pay for qualified health care expenses. It is not a credit card, but can be used to pay for your eligible health flexible spending account (FSA) purchases. The value of the participant's annual contribution is loaded on the Card, and amounts of qualified purchases will be automatically deducted from your account. The Card may be used for eligible flexible spending account (FSA) expenses as determined by Section 213(d) of the Internal Revenue code.

You may use the Card for co-pays at hospitals, physician offices, pharmacies, dental offices, vision service locations, and wherever they accept MasterCard® or Visa® cards. Only eligible expenses incurred during the current plan year and/or grace period can be claimed as eligible expenses.

Substantiation of Flex Card purchases

Many purchases do not require receipts and can be automatically substantiated by one of the following IRS approved methods:

IIAS Approved — *If you purchase your FSA eligible item at a merchant utilizing the Inventory Information Approval System, the charge is fully substantiated without the need for submission of a receipt or further review.*

Co-Payment — *If the dollar amount on your Flex Card transaction at a health care provider equals the dollar amount of the co-payment for the service under your major medical plan, the charge is fully substantiated with no need for submission of a receipt or further review.*

Recurring Expense — *If you use your Flex Card for recurring medical expenses, the charge is substantiated with no need for submission of a receipt or further review. Please note that an initial receipt request will be made to establish the expense as recurring.*

Receipt Request *You will be required to submit itemized receipts for the following flex card debit purchases:*

- *All FSA eligible items purchased at a 90% Rule Merchant*
- *All transactions at a health care provider that does not equal your co-pay amount*
- *Some dental procedures and vision care products and expenses*

You will receive a "Receipt Request" letter notification if you are required to submit receipts to substantiate a Flex Card purchase

Reasons your Flex Card may be declined

Your Flex Card may be declined for the following reasons:

- *Merchants do not Accept Master Card or Visa*
- *Ineligible Medical Expense*
- *Non IIAS Merchant*
- *Non-Medical Facility*
- *The expense is greater than you available FSA fund balance*
- *Your Flex Card has been inactivated due to outstanding receipt requests for substantiation*
- *Merchant is attempting to process your Flex Card as a debit card instead of a credit card*
- *Merchant is experiencing problems with their system.*

Termination of Employment

Health Care FSA

When you terminate employment, your participation in the plan ends and you will no longer be able to incur expenses for reimbursement. Your salary reductions will end; however you may still file claims for dates of service incurred before your termination as long as they are within your eligible plan year.

Dependent Care FSA

If you have not received reimbursement for all contributions made into your DCAP upon your termination of employment, you may continue to incur expenses during the plan year and submit claims reimbursement. Generally you may submit claims through the plan year run-off period until all your contributions are used.

COBRA

COBRA does not apply to DCAP. However, COBRA may apply to your Health Care FSA account and allow you to continue participation in your URM, thus allowing you to receive reimbursement for medical expenses incurred after your employment termination if you terminate employment and you have contributed more into your Health Care FSA than you have received in benefits.

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. © 2024 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. 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.

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	$2,500 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+	$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

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.

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®
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ampublic.com | 800.256.8606

Underwritten by American Public Life Insurance Company. All Riders are subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, which are not in conflict with those of the Rider. For complete benefits and other provisions, please refer to the policy/certificate/rider. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. | Policy Form GHI17 Series | NM | Group Limited Benefit Hospital Indemnity Insurance Policy | (03/18)

Group Critical Illness Insurance

Underwritten by MetLife

Plan Features

- Pays regardless of other coverage
- Portable (take it with You)

Choose from flexible benefit options including:

- Heart Attack and Stroke
- Coronary Bypass Surgery
- Major Organ Transplant
- Cancer
- End Stage Renal Failure
- Alzheimer's Dementia
- Diabetes

All benefits may not be available to you. Please see Rate Quote for benefits offered.

Benefits

Heart Attack Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Heart Attack.

Heart Transplant Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Heart Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the whole heart.

Heart Transplant under this Policy includes a Heart Lung Transplant.

Stroke Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Stroke.

Coronary By Pass Surgery Benefit
We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone a covered Coronary Artery Bypass Surgery.

Angioplasty
We will pay 10% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone Angioplasty.

Invasive Cancer or Malignant Melanoma Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Invasive Cancer.

Carcinoma in Situ Benefit
We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Carcinoma in Situ.

Major Organ Transplant Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Major Organ Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the failing Major Organ.

Major Organ Transplant does not include:

- Heart Transplant; or
- Heart Lung Transplant.

End Stage Renal Failure Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from End Stage Renal Failure.

Loss of Vision, Speech or Hearing Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Loss of Vision; Loss of Speech; or Loss of Hearing.

Coma Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from a Coma.

Severe Burns Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person has suffered Severe Burns caused by an Accident.

Permanent Paralysis Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Permanent Paralysis caused by an Accident.

Occupational HIV Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Occupational HIV.

Alzheimer's Dementia Benefit
We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Alzheimer's Dementia.

Amyotrophic Lateral Sclerosis (ALS)
We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Amyotrophic Lateral Sclerosis (ALS).

Benign Brain Tumor
We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Benign Brain Tumor.

Loss of Independent Living Benefit
We will pay 25% of the Face Amount for a Covered Person when We receive Proof of Loss showing that a Covered Person suffers from Loss of Independent Living. This benefit is payable only once per lifetime per Covered Person.

Diabetes Benefit
We will pay 10% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Type I or Type II Diabetes. This benefit is payable one time per lifetime per Covered Person.

Additional Occurrence Benefit
We pay one additional benefit upon the diagnosis of a covered condition for which benefits have not been previously paid. The diagnosis must be separated from any other critical illness by at least six months.

Recurrence Benefit
With the exception of Diabetes and Loss of Independent Living, We will pay this Benefit one time if a Covered Person is diagnosed for a second time with one of the named Critical Illnesses for which We paid a Benefit before. The Benefit is 25% of the Face Amount, and subject to the following:

- the second diagnosis must follow the first diagnosis of the same Critical Illness by more than 12 months;
- the Covered Person must not have received treatment during a 12 consecutive month period between the two diagnoses; and
- the second diagnosis must take place while the Covered Person's coverage is in effect.

For the purposes of this Benefit, "treatment" does not include: preventative medications in the absence of disease; or, routine scheduled follow-up visits to a Physician.

When this Benefit is paid, it ends for the Covered Person. No Recurrence Benefit will be paid thereafter for recurrence of any Critical Illness of the Covered Person.

Health Screening Benefit
We will pay the amount shown on the schedule, if during a Calendar Year, a Covered Person has one or more of the following tests performed

- Bone Marrow Testing
- CA-125 (blood test for ovarian cancer)
- Chest x-ray
- Flexible Sigmoidoscopy
- Mammography (including breast ultrasound)
- PSA (blood test for prostate cancer)
- Biopsy for Skin Cancer
- Electrocardiogram (EKG) (including stress EKG)
- Blood Test for Triglycerides
- Fasting blood glucose test
- CA 15-3 (blood test for breast cancer)
- CEA (blood test for colon cancer)
- Colonoscopy
- Hemoccult stool analysis
- Pap Smear (including ThinPrep Pap Test)
- Serum Protein Electrophoresis (test for myeloma)
- Stress test (bike or treadmill)
- Lipid Panel (total cholesterol count)
- Oral Cancer Screening using ViziLite, OraTest or other or other Current Dental Terminology
- Serum cholesterol test to determine level of HDL and LDL

Waiver of Premium Benefit
We will waive Premiums from the first day of Total Disability when Your Total Disability:

- starts while the Policy and Your Certificate are in force or in the Grace Period;
- starts before Your 60th birthday; and
- continues without interruption for at least 90 days.

Waiver will start on the first day of Total Disability. We will waive Premiums:

- as they fall due while You remain Totally Disabled; and
- using the mode of Premium payment that was in effect when Total Disability began; and
- for the period of time shown on the Certificate Schedule.

You will be required to pay premiums to keep Your coverage in effect until Your Total Disability is established according to the terms of the Benefit above.

Spouse Coverage is 50% of the Face Amount/ Child Coverage is 25% of the Face Amount. The Face Amount Reduces by 50% at Age 70. Payment of Benefits Shall Not Exceed 300% of the Face Amount. Subject to the Recurrence Benefits, payment of Benefits within a Benefit Group will not exceed 100% of the Face Amount.

Payment Of Benefits

We will pay Benefits when We receive Proof of Loss acceptable to Us. Benefits are subject to the Benefit Conditions, Limitations and Exclusions provision.

Benefit Conditions, Limitations and Exclusions

A Critical Illness must be diagnosed after the effective date of coverage and during the lifetime of the Covered Person while the Certificate is in force. When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one Benefit. The Benefit paid will be the greater of the two.

No Benefits of the Policy will be paid for loss that is contributed to, caused by, or occurs during:

- any intentionally self-inflicted injury;
- suicide, or attempted suicide, while sane or insane;
- active duty military service;
- participation in the commission or attempted commission of a felony;
- being intoxicated or under the influence of alcohol, drugs or any narcotic (including overdose) unless administered on, and taken in accordance with, the instructions of a Physician;
- psychosis; or
- alcoholism or drug addiction.

Pre-Existing Condition Limitation

Any loss due to a Pre-existing Condition will not be covered if the loss begins within 12 months after the Covered Person's Effective Date of Insurance. However, Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered by a Replaced Policy; an by the Policy on its Initial Effective Date.

Pre-existing Condition means a medical condition, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the Effective Date of Insurance for each Covered Person or during the 12 months immediately preceding an increase in benefits for each Covered Person under this Certificate.

- Heart Attack
- Stroke
- Invasive Cancer
- Carcinoma in Situ
- Coma
- End-Stage Renal Failure
- Loss of Vision, Speech or Hearing
- Severe Burns
- Permanent Paralysis
- Occupational HIV
- Alzheimer's Dementia
- Diabetes (Type I or II)

Pre-existing Condition also means any of the following which a Physician has treated or for which a Physician has advised treatment (by transplant, bypass surgery, medication or otherwise) of the Covered Person within 12 months before the Covered Person's Effective Date of Insurance:

- failure of the liver, kidney(ies), pancreas, or lung(s);
- failure of the heart; or
- coronary artery disease.

Benefits for Invasive Cancer or Carcinoma in Situ will not be payable based on a Tentative Diagnosis unless confirmed by a Clinical Diagnosis or a Pathological Diagnosis.

Pre-existing Condition also means a condition causing Total Disability which a Physician has treated or for which a Physician has advised treatment of the Employee within 12 months before the Employee's Effective Date of Insurance.

Termination Of Insurance – Covered Persons

Subject to the Portability provisions, all insurance ends on the earliest of the following dates:

- the date the Policy terminates;
- the date of termination of any section or part of the Policy with respect to insurance under such section or part;
- the premium due date that coincides with or next follows the date that the Employee ceases to be a member of an eligible class;
- any premium due date, if premium remains unpaid by the end of the grace period;
- the Policy Anniversary Date that coincides with or next follows the date that the Covered Person reaches the Maximum Renewal Age shown on the Certificate Schedule;
- the date that a Spouse reaches age 70;
- the date that a Child reaches Age 26; or
- Covered Person's death.

If a Recurrence Benefit is paid for a Covered Person, the Recurrence Benefit for that person ends. When Your coverage ends, insurance on other persons covered by this Certificate will also end. Termination of insurance on a Covered Person or of the Policy is without prejudice to claims that occur or start prior to the date of termination.

Covered Persons

Covered Person
means an eligible Employee or Eligible Dependent who is covered under the Policy. Persons eligible for coverage are shown on the Schedule.

Child (Children)
means the Covered Employee's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Covered Employee is a party to a proceeding in which the adoption of such child by the Covered Employee is sought); a child for whom the Covered Employee is required by a court order to provide medical support, and grandchildren who are dependent on the Covered Employee for federal income tax purposes at the time of application.

Child does not include a:

- person not meeting the above Child definition;
- Child living outside of the United States (unless living with you); or
- Child on active military duty for a period in excess of 30 days.

Eligible Dependents
means a Spouse, His or Her Child(ren) and the Child(ren) of an Eligible Employee. We must approve eligibility of the Spouse and Child(ren) of an Employee. Each such person must meet the Eligibility requirements shown in the Schedule. If a Child is covered by the Policy, the Child's Eligibility will not end if the Child is and remains:

- unmarried;
- incapable of self-sustaining employment due to mental incapacity or physical handicap; and
- chiefly dependent on the Employee or Spouse for support.

However, in no event will Eligibility or coverage of any Child continue beyond the date that the Employee's coverage ends.The Employee must furnish Us with proof of physical or mental incapacity within 31 days after the Child's Eligibility would otherwise end. Thereafter, We may require proof, but not more frequently than annually.

Portability

On the date the Policy terminates or the date the Named Insured ceases to be Actively at Work as an Employee and is not Totally Disabled, Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated.
The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

*****All benefits may not be available to you. Please see Rate Quote for benefits offered.*****

This sales brochure is not a contract. It is intended only as a brief description of the policy provisions in the planning of your program. The benefits are determined by the terms and conditions of the policy and certificate alone.

This is not a medicare supplement policy. If you are eligible for medicare, see the medicare supplement buyer's guide available from the company.

In all cases, consult your certificate for full details.

Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact us.
Administered by:
Bay Bridge Administrators
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519

New Mexico Schools

Group Critical Illness - Monthly Rates

Effective Date - 10/01/2021

Situs State - NM

Non-Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$5.70	$9.36	$6.58	$10.23
36 - 49	$11.77	$18.63	$12.55	$19.41
50 - 59	$26.07	$41.15	$26.83	$41.91
60 - 64	$40.39	$62.10	$41.04	$62.75
65 +	$45.32	$69.54	$45.94	$70.15

Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$8.26	$13.28	$9.13	$14.15
36 - 49	$19.31	$30.07	$20.08	$30.85
50 - 59	$44.87	$70.12	$45.63	$70.88
60 - 64	$68.89	$105.04	$69.54	$105.69
65 +	$75.64	$115.21	$76.26	$115.83

Benefit Face Amount

Benefit	Employee	Spouse	Child
Heart	$10,000	$5,000	$2,500
Cancer	$10,000	$5,000	$2,500
Other	$10,000	$5,000	$2,500
Recurrence	$2,500	$1,250	$625
Health Screening	$50	$50	$50

Benefit Details	
Recurrence Benefit	25%
Recurrence Waiting Period	12 Months
Vascular Benefits	
Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Bypass	25%
Angioplasty	10%
Cancer Benefits	
Invasive Cancer	100%
Malignant Melanoma	100%
Cancer in Situ	25%

Other Benefits	
Major Organ Transplant	100%
End Stage Renal Failure	100%
Coma	100%
Loss of Sight	100%
Loss of Speech or Hearing	100%
Paralysis	100%
Severe Burns	100%
Occupational HIV	100%
Amyotrophic Lateral Sclerosis	25%
Benign Brain Tumor	25%
Alzheimer's Dementia	25%
Loss of Independent Living	25%
Diabetes	0%

Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws.

Underwritten by:
Metropolitan Life Insurance Company

Administered by:

BAY BRIDGE ADMINISTRATORS
"Your solutions begin at the Bridge"®

P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

New Mexico Schools

Group Critical Illness - Monthly Rates

Effective Date - 10/01/2021

Situs State - NM

Non-Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$10.15	$16.21	$11.60	$17.65
36 - 49	$21.94	$34.05	$23.18	$35.29
50 - 59	$50.02	$78.06	$51.24	$79.28
60 - 64	$78.25	$119.14	$79.25	$120.14
65 +	$88.12	$134.01	$89.05	$134.94

Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$15.25	$24.04	$16.70	$25.49
36 - 49	$37.01	$56.93	$38.25	$58.17
50 - 59	$87.63	$136.00	$88.84	$137.21
60 - 64	$135.26	$205.02	$136.26	$206.02
65 +	$148.75	$225.37	$149.68	$226.30

Benefit Face Amount

Benefit	Employee	Spouse	Child
Heart	$20,000	$10,000	$5,000
Cancer	$20,000	$10,000	$5,000
Other	$20,000	$10,000	$5,000
Recurrence	$5,000	$2,500	$1,250
Health Screening	$50	$50	$50

Benefit Details	
Recurrence Benefit	25%
Recurrence Waiting Period	12 Months
Vascular Benefits	
Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Bypass	25%
Angioplasty	10%
Cancer Benefits	
Invasive Cancer	100%
Malignant Melanoma	100%
Cancer in Situ	25%

Other Benefits	
Major Organ Transplant	100%
End Stage Renal Failure	100%
Coma	100%
Loss of Sight	100%
Loss of Speech or Hearing	100%
Paralysis	100%
Severe Burns	100%
Occupational HIV	100%
Amyotrophic Lateral Sclerosis	25%
Benign Brain Tumor	25%
Alzheimer's Dementia	25%
Loss of Independent Living	25%
Diabetes	0%

Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws.

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New Mexico Schools

Group Critical Illness - Monthly Rates

Effective Date - 10/01/2021

Situs State - NM

Non-Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$14.60	$23.06	$16.62	$25.07
36 - 49	$32.11	$49.46	$33.82	$51.17
50 - 59	$73.98	$114.98	$75.64	$116.65
60 - 64	$116.11	$176.17	$117.46	$177.52
65 +	$130.91	$198.49	$132.15	$199.73

Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$22.25	$34.81	$24.28	$36.82
36 - 49	$54.71	$83.78	$56.42	$85.49
50 - 59	$130.38	$201.87	$132.05	$203.54
60 - 64	$201.62	$304.99	$202.97	$306.34
65 +	$221.87	$335.52	$223.11	$336.76

Benefit Face Amount

Benefit	Employee	Spouse	Child
Heart	$30,000	$15,000	$7,500
Cancer	$30,000	$15,000	$7,500
Other	$30,000	$15,000	$7,500
Recurrence	$7,500	$3,750	$1,875
Health Screening	$50	$50	$50

Benefit Details	
Recurrence Benefit	25%
Recurrence Waiting Period	12 Months
Vascular Benefits	
Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Bypass	25%
Angioplasty	10%
Cancer Benefits	
Invasive Cancer	100%
Malignant Melanoma	100%
Cancer in Situ	25%

Other Benefits	
Major Organ Transplant	100%
End Stage Renal Failure	100%
Coma	100%
Loss of Sight	100%
Loss of Speech or Hearing	100%
Paralysis	100%
Severe Burns	100%
Occupational HIV	100%
Amyotrophic Lateral Sclerosis	25%
Benign Brain Tumor	25%
Alzheimer's Dementia	25%
Loss of Independent Living	25%
Diabetes	0%

Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws.

Underwritten by:
Metropolitan Life Insurance Company

Administered by:
BAY BRIDGE ADMINISTRATORS
"Your solutions begin at the Bridge"®

P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, herein called MetLife, enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products *("Products")* with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products *(each an "Intermediary")*. MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business *(number of products sold or dollar value of premium)* with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife's current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife *(e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements)*.

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

L1020008870[exp1221][All States][DC,GU,MP,PR,VI]

Cancer Protection Assurance

The unfortunate reality is that cancer touches almost everyone at some point in their lives. When it comes to cancer treatment, everyone's story is unique. We believe your employees' stories require real solutions to help support the financial, physical and emotional challenges faced by them and their families – before, during and after diagnosis.

1-IN-2 men **1-IN-3** women

will be diagnosed with cancer in their lifetimes.[1] More and more Americans are living with cancer as a manageable disease.

98% of men who develop prostate cancer will live with it for five years — or more.[2]

91% of women who are diagnosed with non-metastatic invasive breast cancer have a five-year relative survival rate. The 10-year survival rate is 85%.[3]

But while survival rates have increased, insured patients under 65 are paying more for their treatments out of pocket than ever before. This trend is concerning because high-deductible plans are becoming more common in the private insurance market.[4]

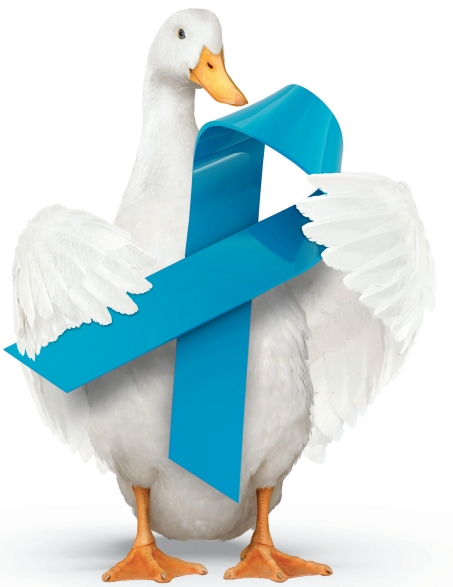
When someone is diagnosed with cancer, the entire family is affected – not just the patient. Aflac can help protect a patient's financial, physical and emotional well-being, empowering them to seek the latest advancements in treatment protocol, while easing the financial concerns that often accompany it.

[1] Cancer Facts & Figures 2022, American Cancer Society.
[2] Cancer.Net Prostate Cancer: Statistics. : Statistics. https://www.cancer.net/cancer-types/prostate-cancer/statistics#:~:text=The 5-year survival rate,the United States%20is%2098%25.%20Accessed%203/15/23. December 2022.
[3] Cancer.Net Breast Cancer: Statistics. https://www.cancer.net/cancer-types/breast-cancer/statistics#:~:text=The 5-year relative survival rate for women in the,vary based on several factors. Accessed 3/15/23.
[4] U.S. Health News and Health News Out-of-Pocket costs for Cancer Care Keep Climbing. https://www.usnews.com/news/health-news/articles/2022-09-14/out-of-pocket-costs-for-cancer-care-keep-climbing September 14, 2022.

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 TYPE OF PLAN IS NOT CONSIDERED MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT AND THEREFORE DOES NOT SATISFY THE INDIVIDUAL MANDATE THAT YOU HAVE HEALTH INSURANCE COVERAGE. IF YOU DO NOT HAVE OTHER HEALTH INSURANCE COVERAGE, YOU MAY BE SUBJECT TO A TAX PENALTY. PLEASE CONSULT YOUR TAX ADVISOR.

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

B70275NRNM IC(4/23)

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 $100 for each unit purchased, up to five units, 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

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

Portales Municipal 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 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 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.*

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

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.

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ONEAMERICA®

What you need to know about your Educator Disability Benefits

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. You are able to enroll and/or change plans during each scheduled enrollment.
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. A limited benefit will be paid if the Person's Disability begins in the first 12 months following the Person's Individual Effective Date of Insurance; and the Person's Disability is caused by, contributed to by, or the result of a condition for which the Person received medical advice or treatment in the 3 months just prior to the Person's Individual Effective Date of Insurance.
First Day Hospital:	If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to an Injury or Sickness resulting in a covered Disability, benefits are payable from the first day of that confinement. Applies to plans with Elimination Periods of 30 days or less.
About Your Benefits:	Educator Disability benefits are illustrated and paid on a monthly basis.

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

Group Educator Disability Option 1

You may select a minimum monthly benefit of $200 up to a maximum monthly benefit of $7,500, in increments of $100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
0 days injury / 7 days sickness	Accident: SSFRA / Sickness: 3 years to age 70	3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	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	$4.00	$4.00	$4.00	$5.16	$6.16	$7.08	$7.52	$8.04	$8.96	$10.64	$10.64	$10.64
$5,400	$300	$6.00	$6.00	$6.00	$7.74	$9.24	$10.62	$11.28	$12.06	$13.44	$15.96	$15.96	$15.96
$7,200	$400	$8.00	$8.00	$8.00	$10.32	$12.32	$14.16	$15.04	$16.08	$17.92	$21.28	$21.28	$21.28
$9,000	$500	$10.00	$10.00	$10.00	$12.90	$15.40	$17.70	$18.80	$20.10	$22.40	$26.60	$26.60	$26.60
$10,799	$600	$12.00	$12.00	$12.00	$15.48	$18.48	$21.24	$22.56	$24.12	$26.88	$31.92	$31.92	$31.92
$12,599	$700	$14.00	$14.00	$14.00	$18.06	$21.56	$24.78	$26.32	$28.14	$31.36	$37.24	$37.24	$37.24
$14,399	$800	$16.00	$16.00	$16.00	$20.64	$24.64	$28.32	$30.08	$32.16	$35.84	$42.56	$42.56	$42.56
$16,199	$900	$18.00	$18.00	$18.00	$23.22	$27.72	$31.86	$33.84	$36.18	$40.32	$47.88	$47.88	$47.88
$17,999	$1,000	$20.00	$20.00	$20.00	$25.80	$30.80	$35.40	$37.60	$40.20	$44.80	$53.20	$53.20	$53.20
$19,799	$1,100	$22.00	$22.00	$22.00	$28.38	$33.88	$38.94	$41.36	$44.22	$49.28	$58.52	$58.52	$58.52
$21,599	$1,200	$24.00	$24.00	$24.00	$30.96	$36.96	$42.48	$45.12	$48.24	$53.76	$63.84	$63.84	$63.84
$23,399	$1,300	$26.00	$26.00	$26.00	$33.54	$40.04	$46.02	$48.88	$52.26	$58.24	$69.16	$69.16	$69.16
$25,199	$1,400	$28.00	$28.00	$28.00	$36.12	$43.12	$49.56	$52.64	$56.28	$62.72	$74.48	$74.48	$74.48
$26,999	$1,500	$30.00	$30.00	$30.00	$38.70	$46.20	$53.10	$56.40	$60.30	$67.20	$79.80	$79.80	$79.80
$28,799	$1,600	$32.00	$32.00	$32.00	$41.28	$49.28	$56.64	$60.16	$64.32	$71.68	$85.12	$85.12	$85.12
$30,598	$1,700	$34.00	$34.00	$34.00	$43.86	$52.36	$60.18	$63.92	$68.34	$76.16	$90.44	$90.44	$90.44
$32,398	$1,800	$36.00	$36.00	$36.00	$46.44	$55.44	$63.72	$67.68	$72.36	$80.64	$95.76	$95.76	$95.76
$34,198	$1,900	$38.00	$38.00	$38.00	$49.02	$58.52	$67.26	$71.44	$76.38	$85.12	$101.08	$101.08	$101.08
$35,998	$2,000	$40.00	$40.00	$40.00	$51.60	$61.60	$70.80	$75.20	$80.40	$89.60	$106.40	$106.40	$106.40
$37,798	$2,100	$42.00	$42.00	$42.00	$54.18	$64.68	$74.34	$78.96	$84.42	$94.08	$111.72	$111.72	$111.72
$39,598	$2,200	$44.00	$44.00	$44.00	$56.76	$67.76	$77.88	$82.72	$88.44	$98.56	$117.04	$117.04	$117.04
$41,398	$2,300	$46.00	$46.00	$46.00	$59.34	$70.84	$81.42	$86.48	$92.46	$103.04	$122.36	$122.36	$122.36
$43,198	$2,400	$48.00	$48.00	$48.00	$61.92	$73.92	$84.96	$90.24	$96.48	$107.52	$127.68	$127.68	$127.68
$44,998	$2,500	$50.00	$50.00	$50.00	$64.50	$77.00	$88.50	$94.00	$100.50	$112.00	$133.00	$133.00	$133.00
$46,798	$2,600	$52.00	$52.00	$52.00	$67.08	$80.08	$92.04	$97.76	$104.52	$116.48	$138.32	$138.32	$138.32
$48,598	$2,700	$54.00	$54.00	$54.00	$69.66	$83.16	$95.58	$101.52	$108.54	$120.96	$143.64	$143.64	$143.64
$50,397	$2,800	$56.00	$56.00	$56.00	$72.24	$86.24	$99.12	$105.28	$112.56	$125.44	$148.96	$148.96	$148.96
$52,197	$2,900	$58.00	$58.00	$58.00	$74.82	$89.32	$102.66	$109.04	$116.58	$129.92	$154.28	$154.28	$154.28
$53,997	$3,000	$60.00	$60.00	$60.00	$77.40	$92.40	$106.20	$112.80	$120.60	$134.40	$159.60	$159.60	$159.60
$55,797	$3,100	$62.00	$62.00	$62.00	$79.98	$95.48	$109.74	$116.56	$124.62	$138.88	$164.92	$164.92	$164.92
$57,597	$3,200	$64.00	$64.00	$64.00	$82.56	$98.56	$113.28	$120.32	$128.64	$143.36	$170.24	$170.24	$170.24
$59,397	$3,300	$66.00	$66.00	$66.00	$85.14	$101.64	$116.82	$124.08	$132.66	$147.84	$175.56	$175.56	$175.56
$61,197	$3,400	$68.00	$68.00	$68.00	$87.72	$104.72	$120.36	$127.84	$136.68	$152.32	$180.88	$180.88	$180.88
$62,997	$3,500	$70.00	$70.00	$70.00	$90.30	$107.80	$123.90	$131.60	$140.70	$156.80	$186.20	$186.20	$186.20
$64,797	$3,600	$72.00	$72.00	$72.00	$92.88	$110.88	$127.44	$135.36	$144.72	$161.28	$191.52	$191.52	$191.52

Note: Premiums are based on your age as of 02/01 and amount of coverage chosen.

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

ONEAMERICA®

Group Educator Disability Option 1

You may select a minimum monthly benefit of $200 up to a maximum monthly benefit of $7,500, in increments of $100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
0 days injury / 7 days sickness	Accident: SSFRA / Sickness: 3 years to age 70	3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$66,597	$3,700	$74.00	$74.00	$74.00	$95.46	$113.96	$130.98	$139.12	$148.74	$165.76	$196.84	$196.84	$196.84
$68,397	$3,800	$76.00	$76.00	$76.00	$98.04	$117.04	$134.52	$142.88	$152.76	$170.24	$202.16	$202.16	$202.16
$70,196	$3,900	$78.00	$78.00	$78.00	$100.62	$120.12	$138.06	$146.64	$156.78	$174.72	$207.48	$207.48	$207.48
$71,996	$4,000	$80.00	$80.00	$80.00	$103.20	$123.20	$141.60	$150.40	$160.80	$179.20	$212.80	$212.80	$212.80
$73,796	$4,100	$82.00	$82.00	$82.00	$105.78	$126.28	$145.14	$154.16	$164.82	$183.68	$218.12	$218.12	$218.12
$75,596	$4,200	$84.00	$84.00	$84.00	$108.36	$129.36	$148.68	$157.92	$168.84	$188.16	$223.44	$223.44	$223.44
$77,396	$4,300	$86.00	$86.00	$86.00	$110.94	$132.44	$152.22	$161.68	$172.86	$192.64	$228.76	$228.76	$228.76
$79,196	$4,400	$88.00	$88.00	$88.00	$113.52	$135.52	$155.76	$165.44	$176.88	$197.12	$234.08	$234.08	$234.08
$80,996	$4,500	$90.00	$90.00	$90.00	$116.10	$138.60	$159.30	$169.20	$180.90	$201.60	$239.40	$239.40	$239.40
$82,796	$4,600	$92.00	$92.00	$92.00	$118.68	$141.68	$162.84	$172.96	$184.92	$206.08	$244.72	$244.72	$244.72
$84,596	$4,700	$94.00	$94.00	$94.00	$121.26	$144.76	$166.38	$176.72	$188.94	$210.56	$250.04	$250.04	$250.04
$86,396	$4,800	$96.00	$96.00	$96.00	$123.84	$147.84	$169.92	$180.48	$192.96	$215.04	$255.36	$255.36	$255.36
$88,196	$4,900	$98.00	$98.00	$98.00	$126.42	$150.92	$173.46	$184.24	$196.98	$219.52	$260.68	$260.68	$260.68
$89,996	$5,000	$100.00	$100.00	$100.00	$129.00	$154.00	$177.00	$188.00	$201.00	$224.00	$266.00	$266.00	$266.00
$91,795	$5,100	$102.00	$102.00	$102.00	$131.58	$157.08	$180.54	$191.76	$205.02	$228.48	$271.32	$271.32	$271.32
$93,595	$5,200	$104.00	$104.00	$104.00	$134.16	$160.16	$184.08	$195.52	$209.04	$232.96	$276.64	$276.64	$276.64
$95,395	$5,300	$106.00	$106.00	$106.00	$136.74	$163.24	$187.62	$199.28	$213.06	$237.44	$281.96	$281.96	$281.96
$97,195	$5,400	$108.00	$108.00	$108.00	$139.32	$166.32	$191.16	$203.04	$217.08	$241.92	$287.28	$287.28	$287.28
$98,995	$5,500	$110.00	$110.00	$110.00	$141.90	$169.40	$194.70	$206.80	$221.10	$246.40	$292.60	$292.60	$292.60
$100,795	$5,600	$112.00	$112.00	$112.00	$144.48	$172.48	$198.24	$210.56	$225.12	$250.88	$297.92	$297.92	$297.92
$102,595	$5,700	$114.00	$114.00	$114.00	$147.06	$175.56	$201.78	$214.32	$229.14	$255.36	$303.24	$303.24	$303.24
$104,395	$5,800	$116.00	$116.00	$116.00	$149.64	$178.64	$205.32	$218.08	$233.16	$259.84	$308.56	$308.56	$308.56
$106,195	$5,900	$118.00	$118.00	$118.00	$152.22	$181.72	$208.86	$221.84	$237.18	$264.32	$313.88	$313.88	$313.88
$107,995	$6,000	$120.00	$120.00	$120.00	$154.80	$184.80	$212.40	$225.60	$241.20	$268.80	$319.20	$319.20	$319.20
$109,795	$6,100	$122.00	$122.00	$122.00	$157.38	$187.88	$215.94	$229.36	$245.22	$273.28	$324.52	$324.52	$324.52
$111,594	$6,200	$124.00	$124.00	$124.00	$159.96	$190.96	$219.48	$233.12	$249.24	$277.76	$329.84	$329.84	$329.84
$113,394	$6,300	$126.00	$126.00	$126.00	$162.54	$194.04	$223.02	$236.88	$253.26	$282.24	$335.16	$335.16	$335.16
$115,194	$6,400	$128.00	$128.00	$128.00	$165.12	$197.12	$226.56	$240.64	$257.28	$286.72	$340.48	$340.48	$340.48
$116,994	$6,500	$130.00	$130.00	$130.00	$167.70	$200.20	$230.10	$244.40	$261.30	$291.20	$345.80	$345.80	$345.80
$118,794	$6,600	$132.00	$132.00	$132.00	$170.28	$203.28	$233.64	$248.16	$265.32	$295.68	$351.12	$351.12	$351.12
$120,594	$6,700	$134.00	$134.00	$134.00	$172.86	$206.36	$237.18	$251.92	$269.34	$300.16	$356.44	$356.44	$356.44
$122,394	$6,800	$136.00	$136.00	$136.00	$175.44	$209.44	$240.72	$255.68	$273.36	$304.64	$361.76	$361.76	$361.76
$124,194	$6,900	$138.00	$138.00	$138.00	$178.02	$212.52	$244.26	$259.44	$277.38	$309.12	$367.08	$367.08	$367.08
$125,994	$7,000	$140.00	$140.00	$140.00	$180.60	$215.60	$247.80	$263.20	$281.40	$313.60	$372.40	$372.40	$372.40
$127,794	$7,100	$142.00	$142.00	$142.00	$183.18	$218.68	$251.34	$266.96	$285.42	$318.08	$377.72	$377.72	$377.72

Note: Premiums are based on your age as of 02/01 and amount of coverage chosen.

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Group Educator Disability Option 1

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Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
0 days injury / 7 days sickness	Accident: SSFRA / Sickness: 3 years to age 70	3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$129,594	$7,200	$144.00	$144.00	$144.00	$185.76	$221.76	$254.88	$270.72	$289.44	$322.56	$383.04	$383.04	$383.04
$131,393	$7,300	$146.00	$146.00	$146.00	$188.34	$224.84	$258.42	$274.48	$293.46	$327.04	$388.36	$388.36	$388.36
$133,193	$7,400	$148.00	$148.00	$148.00	$190.92	$227.92	$261.96	$278.24	$297.48	$331.52	$393.68	$393.68	$393.68
$134,993	$7,500	$150.00	$150.00	$150.00	$193.50	$231.00	$265.50	$282.00	$301.50	$336.00	$399.00	$399.00	$399.00

Note: Premiums are based on your age as of 02/01 and amount of coverage chosen.

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Group Educator Disability Option 2

You may select a minimum monthly benefit of $200 up to a maximum monthly benefit of $7,500, in increments of $100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
14 days injury / 14 days sickness	Accident: SSFRA / Sickness: 3 years to age 70	3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	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	$2.56	$2.56	$2.56	$3.44	$4.20	$5.00	$5.36	$5.64	$6.36	$7.36	$7.36	$7.36
$5,400	$300	$3.84	$3.84	$3.84	$5.16	$6.30	$7.50	$8.04	$8.46	$9.54	$11.04	$11.04	$11.04
$7,200	$400	$5.12	$5.12	$5.12	$6.88	$8.40	$10.00	$10.72	$11.28	$12.72	$14.72	$14.72	$14.72
$9,000	$500	$6.40	$6.40	$6.40	$8.60	$10.50	$12.50	$13.40	$14.10	$15.90	$18.40	$18.40	$18.40
$10,799	$600	$7.68	$7.68	$7.68	$10.32	$12.60	$15.00	$16.08	$16.92	$19.08	$22.08	$22.08	$22.08
$12,599	$700	$8.96	$8.96	$8.96	$12.04	$14.70	$17.50	$18.76	$19.74	$22.26	$25.76	$25.76	$25.76
$14,399	$800	$10.24	$10.24	$10.24	$13.76	$16.80	$20.00	$21.44	$22.56	$25.44	$29.44	$29.44	$29.44
$16,199	$900	$11.52	$11.52	$11.52	$15.48	$18.90	$22.50	$24.12	$25.38	$28.62	$33.12	$33.12	$33.12
$17,999	$1,000	$12.80	$12.80	$12.80	$17.20	$21.00	$25.00	$26.80	$28.20	$31.80	$36.80	$36.80	$36.80
$19,799	$1,100	$14.08	$14.08	$14.08	$18.92	$23.10	$27.50	$29.48	$31.02	$34.98	$40.48	$40.48	$40.48
$21,599	$1,200	$15.36	$15.36	$15.36	$20.64	$25.20	$30.00	$32.16	$33.84	$38.16	$44.16	$44.16	$44.16
$23,399	$1,300	$16.64	$16.64	$16.64	$22.36	$27.30	$32.50	$34.84	$36.66	$41.34	$47.84	$47.84	$47.84
$25,199	$1,400	$17.92	$17.92	$17.92	$24.08	$29.40	$35.00	$37.52	$39.48	$44.52	$51.52	$51.52	$51.52
$26,999	$1,500	$19.20	$19.20	$19.20	$25.80	$31.50	$37.50	$40.20	$42.30	$47.70	$55.20	$55.20	$55.20
$28,799	$1,600	$20.48	$20.48	$20.48	$27.52	$33.60	$40.00	$42.88	$45.12	$50.88	$58.88	$58.88	$58.88
$30,598	$1,700	$21.76	$21.76	$21.76	$29.24	$35.70	$42.50	$45.56	$47.94	$54.06	$62.56	$62.56	$62.56
$32,398	$1,800	$23.04	$23.04	$23.04	$30.96	$37.80	$45.00	$48.24	$50.76	$57.24	$66.24	$66.24	$66.24
$34,198	$1,900	$24.32	$24.32	$24.32	$32.68	$39.90	$47.50	$50.92	$53.58	$60.42	$69.92	$69.92	$69.92
$35,998	$2,000	$25.60	$25.60	$25.60	$34.40	$42.00	$50.00	$53.60	$56.40	$63.60	$73.60	$73.60	$73.60
$37,798	$2,100	$26.88	$26.88	$26.88	$36.12	$44.10	$52.50	$56.28	$59.22	$66.78	$77.28	$77.28	$77.28
$39,598	$2,200	$28.16	$28.16	$28.16	$37.84	$46.20	$55.00	$58.96	$62.04	$69.96	$80.96	$80.96	$80.96
$41,398	$2,300	$29.44	$29.44	$29.44	$39.56	$48.30	$57.50	$61.64	$64.86	$73.14	$84.64	$84.64	$84.64
$43,198	$2,400	$30.72	$30.72	$30.72	$41.28	$50.40	$60.00	$64.32	$67.68	$76.32	$88.32	$88.32	$88.32
$44,998	$2,500	$32.00	$32.00	$32.00	$43.00	$52.50	$62.50	$67.00	$70.50	$79.50	$92.00	$92.00	$92.00
$46,798	$2,600	$33.28	$33.28	$33.28	$44.72	$54.60	$65.00	$69.68	$73.32	$82.68	$95.68	$95.68	$95.68
$48,598	$2,700	$34.56	$34.56	$34.56	$46.44	$56.70	$67.50	$72.36	$76.14	$85.86	$99.36	$99.36	$99.36
$50,397	$2,800	$35.84	$35.84	$35.84	$48.16	$58.80	$70.00	$75.04	$78.96	$89.04	$103.04	$103.04	$103.04
$52,197	$2,900	$37.12	$37.12	$37.12	$49.88	$60.90	$72.50	$77.72	$81.78	$92.22	$106.72	$106.72	$106.72
$53,997	$3,000	$38.40	$38.40	$38.40	$51.60	$63.00	$75.00	$80.40	$84.60	$95.40	$110.40	$110.40	$110.40
$55,797	$3,100	$39.68	$39.68	$39.68	$53.32	$65.10	$77.50	$83.08	$87.42	$98.58	$114.08	$114.08	$114.08
$57,597	$3,200	$40.96	$40.96	$40.96	$55.04	$67.20	$80.00	$85.76	$90.24	$101.76	$117.76	$117.76	$117.76
$59,397	$3,300	$42.24	$42.24	$42.24	$56.76	$69.30	$82.50	$88.44	$93.06	$104.94	$121.44	$121.44	$121.44
$61,197	$3,400	$43.52	$43.52	$43.52	$58.48	$71.40	$85.00	$91.12	$95.88	$108.12	$125.12	$125.12	$125.12
$62,997	$3,500	$44.80	$44.80	$44.80	$60.20	$73.50	$87.50	$93.80	$98.70	$111.30	$128.80	$128.80	$128.80
$64,797	$3,600	$46.08	$46.08	$46.08	$61.92	$75.60	$90.00	$96.48	$101.52	$114.48	$132.48	$132.48	$132.48

Note: Premiums are based on your age as of 02/01 and amount of coverage chosen.

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Group Educator Disability Option 2

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Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
14 days injury / 14 days sickness	Accident: SSFRA / Sickness: 3 years to age 70	3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$66,597	$3,700	$47.36	$47.36	$47.36	$63.64	$77.70	$92.50	$99.16	$104.34	$117.66	$136.16	$136.16	$136.16
$68,397	$3,800	$48.64	$48.64	$48.64	$65.36	$79.80	$95.00	$101.84	$107.16	$120.84	$139.84	$139.84	$139.84
$70,196	$3,900	$49.92	$49.92	$49.92	$67.08	$81.90	$97.50	$104.52	$109.98	$124.02	$143.52	$143.52	$143.52
$71,996	$4,000	$51.20	$51.20	$51.20	$68.80	$84.00	$100.00	$107.20	$112.80	$127.20	$147.20	$147.20	$147.20
$73,796	$4,100	$52.48	$52.48	$52.48	$70.52	$86.10	$102.50	$109.88	$115.62	$130.38	$150.88	$150.88	$150.88
$75,596	$4,200	$53.76	$53.76	$53.76	$72.24	$88.20	$105.00	$112.56	$118.44	$133.56	$154.56	$154.56	$154.56
$77,396	$4,300	$55.04	$55.04	$55.04	$73.96	$90.30	$107.50	$115.24	$121.26	$136.74	$158.24	$158.24	$158.24
$79,196	$4,400	$56.32	$56.32	$56.32	$75.68	$92.40	$110.00	$117.92	$124.08	$139.92	$161.92	$161.92	$161.92
$80,996	$4,500	$57.60	$57.60	$57.60	$77.40	$94.50	$112.50	$120.60	$126.90	$143.10	$165.60	$165.60	$165.60
$82,796	$4,600	$58.88	$58.88	$58.88	$79.12	$96.60	$115.00	$123.28	$129.72	$146.28	$169.28	$169.28	$169.28
$84,596	$4,700	$60.16	$60.16	$60.16	$80.84	$98.70	$117.50	$125.96	$132.54	$149.46	$172.96	$172.96	$172.96
$86,396	$4,800	$61.44	$61.44	$61.44	$82.56	$100.80	$120.00	$128.64	$135.36	$152.64	$176.64	$176.64	$176.64
$88,196	$4,900	$62.72	$62.72	$62.72	$84.28	$102.90	$122.50	$131.32	$138.18	$155.82	$180.32	$180.32	$180.32
$89,996	$5,000	$64.00	$64.00	$64.00	$86.00	$105.00	$125.00	$134.00	$141.00	$159.00	$184.00	$184.00	$184.00
$91,795	$5,100	$65.28	$65.28	$65.28	$87.72	$107.10	$127.50	$136.68	$143.82	$162.18	$187.68	$187.68	$187.68
$93,595	$5,200	$66.56	$66.56	$66.56	$89.44	$109.20	$130.00	$139.36	$146.64	$165.36	$191.36	$191.36	$191.36
$95,395	$5,300	$67.84	$67.84	$67.84	$91.16	$111.30	$132.50	$142.04	$149.46	$168.54	$195.04	$195.04	$195.04
$97,195	$5,400	$69.12	$69.12	$69.12	$92.88	$113.40	$135.00	$144.72	$152.28	$171.72	$198.72	$198.72	$198.72
$98,995	$5,500	$70.40	$70.40	$70.40	$94.60	$115.50	$137.50	$147.40	$155.10	$174.90	$202.40	$202.40	$202.40
$100,795	$5,600	$71.68	$71.68	$71.68	$96.32	$117.60	$140.00	$150.08	$157.92	$178.08	$206.08	$206.08	$206.08
$102,595	$5,700	$72.96	$72.96	$72.96	$98.04	$119.70	$142.50	$152.76	$160.74	$181.26	$209.76	$209.76	$209.76
$104,395	$5,800	$74.24	$74.24	$74.24	$99.76	$121.80	$145.00	$155.44	$163.56	$184.44	$213.44	$213.44	$213.44
$106,195	$5,900	$75.52	$75.52	$75.52	$101.48	$123.90	$147.50	$158.12	$166.38	$187.62	$217.12	$217.12	$217.12
$107,995	$6,000	$76.80	$76.80	$76.80	$103.20	$126.00	$150.00	$160.80	$169.20	$190.80	$220.80	$220.80	$220.80
$109,795	$6,100	$78.08	$78.08	$78.08	$104.92	$128.10	$152.50	$163.48	$172.02	$193.98	$224.48	$224.48	$224.48
$111,594	$6,200	$79.36	$79.36	$79.36	$106.64	$130.20	$155.00	$166.16	$174.84	$197.16	$228.16	$228.16	$228.16
$113,394	$6,300	$80.64	$80.64	$80.64	$108.36	$132.30	$157.50	$168.84	$177.66	$200.34	$231.84	$231.84	$231.84
$115,194	$6,400	$81.92	$81.92	$81.92	$110.08	$134.40	$160.00	$171.52	$180.48	$203.52	$235.52	$235.52	$235.52
$116,994	$6,500	$83.20	$83.20	$83.20	$111.80	$136.50	$162.50	$174.20	$183.30	$206.70	$239.20	$239.20	$239.20
$118,794	$6,600	$84.48	$84.48	$84.48	$113.52	$138.60	$165.00	$176.88	$186.12	$209.88	$242.88	$242.88	$242.88
$120,594	$6,700	$85.76	$85.76	$85.76	$115.24	$140.70	$167.50	$179.56	$188.94	$213.06	$246.56	$246.56	$246.56
$122,394	$6,800	$87.04	$87.04	$87.04	$116.96	$142.80	$170.00	$182.24	$191.76	$216.24	$250.24	$250.24	$250.24
$124,194	$6,900	$88.32	$88.32	$88.32	$118.68	$144.90	$172.50	$184.92	$194.58	$219.42	$253.92	$253.92	$253.92
$125,994	$7,000	$89.60	$89.60	$89.60	$120.40	$147.00	$175.00	$187.60	$197.40	$222.60	$257.60	$257.60	$257.60
$127,794	$7,100	$90.88	$90.88	$90.88	$122.12	$149.10	$177.50	$190.28	$200.22	$225.78	$261.28	$261.28	$261.28

Note: Premiums are based on your age as of 02/01 and amount of coverage chosen.

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

Group Educator Disability Option 2

You may select a minimum monthly benefit of $200 up to a maximum monthly benefit of $7,500, in increments of $100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
14 days injury / 14 days sickness	Accident: SSFRA / Sickness: 3 years to age 70	3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$129,594	$7,200	$92.16	$92.16	$92.16	$123.84	$151.20	$180.00	$192.96	$203.04	$228.96	$264.96	$264.96	$264.96
$131,393	$7,300	$93.44	$93.44	$93.44	$125.56	$153.30	$182.50	$195.64	$205.86	$232.14	$268.64	$268.64	$268.64
$133,193	$7,400	$94.72	$94.72	$94.72	$127.28	$155.40	$185.00	$198.32	$208.68	$235.32	$272.32	$272.32	$272.32
$134,993	$7,500	$96.00	$96.00	$96.00	$129.00	$157.50	$187.50	$201.00	$211.50	$238.50	$276.00	$276.00	$276.00

Note: Premiums are based on your age as of 02/01 and amount of coverage chosen.

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Group Educator Disability Option 3

You may select a minimum monthly benefit of $200 up to a maximum monthly benefit of $7,500, in increments of $100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
30 days injury / 30 days sickness	Accident: SSFRA / Sickness: 3 years to age 70	3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	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	$1.44	$1.44	$1.44	$2.00	$2.64	$3.21	$3.68	$3.96	$4.68	$5.72	$5.72	$5.72
$5,400	$300	$2.16	$2.16	$2.16	$3.00	$3.96	$4.82	$5.52	$5.94	$7.02	$8.58	$8.58	$8.58
$7,200	$400	$2.88	$2.88	$2.88	$4.00	$5.28	$6.43	$7.36	$7.92	$9.36	$11.44	$11.44	$11.44
$9,000	$500	$3.60	$3.60	$3.60	$5.00	$6.60	$8.04	$9.20	$9.90	$11.70	$14.30	$14.30	$14.30
$10,799	$600	$4.32	$4.32	$4.32	$6.00	$7.92	$9.64	$11.04	$11.88	$14.04	$17.16	$17.16	$17.16
$12,599	$700	$5.04	$5.04	$5.04	$7.00	$9.24	$11.25	$12.88	$13.86	$16.38	$20.02	$20.02	$20.02
$14,399	$800	$5.76	$5.76	$5.76	$8.00	$10.56	$12.86	$14.72	$15.84	$18.72	$22.88	$22.88	$22.88
$16,199	$900	$6.48	$6.48	$6.48	$9.00	$11.88	$14.46	$16.56	$17.82	$21.06	$25.74	$25.74	$25.74
$17,999	$1,000	$7.20	$7.20	$7.20	$10.00	$13.20	$16.07	$18.40	$19.80	$23.40	$28.60	$28.60	$28.60
$19,799	$1,100	$7.92	$7.92	$7.92	$11.00	$14.52	$17.68	$20.24	$21.78	$25.74	$31.46	$31.46	$31.46
$21,599	$1,200	$8.64	$8.64	$8.64	$12.00	$15.84	$19.28	$22.08	$23.76	$28.08	$34.32	$34.32	$34.32
$23,399	$1,300	$9.36	$9.36	$9.36	$13.00	$17.16	$20.89	$23.92	$25.74	$30.42	$37.18	$37.18	$37.18
$25,199	$1,400	$10.08	$10.08	$10.08	$14.00	$18.48	$22.50	$25.76	$27.72	$32.76	$40.04	$40.04	$40.04
$26,999	$1,500	$10.80	$10.80	$10.80	$15.00	$19.80	$24.11	$27.60	$29.70	$35.10	$42.90	$42.90	$42.90
$28,799	$1,600	$11.52	$11.52	$11.52	$16.00	$21.12	$25.71	$29.44	$31.68	$37.44	$45.76	$45.76	$45.76
$30,598	$1,700	$12.24	$12.24	$12.24	$17.00	$22.44	$27.32	$31.28	$33.66	$39.78	$48.62	$48.62	$48.62
$32,398	$1,800	$12.96	$12.96	$12.96	$18.00	$23.76	$28.93	$33.12	$35.64	$42.12	$51.48	$51.48	$51.48
$34,198	$1,900	$13.68	$13.68	$13.68	$19.00	$25.08	$30.53	$34.96	$37.62	$44.46	$54.34	$54.34	$54.34
$35,998	$2,000	$14.40	$14.40	$14.40	$20.00	$26.40	$32.14	$36.80	$39.60	$46.80	$57.20	$57.20	$57.20
$37,798	$2,100	$15.12	$15.12	$15.12	$21.00	$27.72	$33.75	$38.64	$41.58	$49.14	$60.06	$60.06	$60.06
$39,598	$2,200	$15.84	$15.84	$15.84	$22.00	$29.04	$35.35	$40.48	$43.56	$51.48	$62.92	$62.92	$62.92
$41,398	$2,300	$16.56	$16.56	$16.56	$23.00	$30.36	$36.96	$42.32	$45.54	$53.82	$65.78	$65.78	$65.78
$43,198	$2,400	$17.28	$17.28	$17.28	$24.00	$31.68	$38.57	$44.16	$47.52	$56.16	$68.64	$68.64	$68.64
$44,998	$2,500	$18.00	$18.00	$18.00	$25.00	$33.00	$40.18	$46.00	$49.50	$58.50	$71.50	$71.50	$71.50
$46,798	$2,600	$18.72	$18.72	$18.72	$26.00	$34.32	$41.78	$47.84	$51.48	$60.84	$74.36	$74.36	$74.36
$48,598	$2,700	$19.44	$19.44	$19.44	$27.00	$35.64	$43.39	$49.68	$53.46	$63.18	$77.22	$77.22	$77.22
$50,397	$2,800	$20.16	$20.16	$20.16	$28.00	$36.96	$45.00	$51.52	$55.44	$65.52	$80.08	$80.08	$80.08
$52,197	$2,900	$20.88	$20.88	$20.88	$29.00	$38.28	$46.60	$53.36	$57.42	$67.86	$82.94	$82.94	$82.94
$53,997	$3,000	$21.60	$21.60	$21.60	$30.00	$39.60	$48.21	$55.20	$59.40	$70.20	$85.80	$85.80	$85.80
$55,797	$3,100	$22.32	$22.32	$22.32	$31.00	$40.92	$49.82	$57.04	$61.38	$72.54	$88.66	$88.66	$88.66
$57,597	$3,200	$23.04	$23.04	$23.04	$32.00	$42.24	$51.42	$58.88	$63.36	$74.88	$91.52	$91.52	$91.52
$59,397	$3,300	$23.76	$23.76	$23.76	$33.00	$43.56	$53.03	$60.72	$65.34	$77.22	$94.38	$94.38	$94.38
$61,197	$3,400	$24.48	$24.48	$24.48	$34.00	$44.88	$54.64	$62.56	$67.32	$79.56	$97.24	$97.24	$97.24
$62,997	$3,500	$25.20	$25.20	$25.20	$35.00	$46.20	$56.25	$64.40	$69.30	$81.90	$100.10	$100.10	$100.10
$64,797	$3,600	$25.92	$25.92	$25.92	$36.00	$47.52	$57.85	$66.24	$71.28	$84.24	$102.96	$102.96	$102.96

Note: Premiums are based on your age as of 02/01 and amount of coverage chosen.

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Group Educator Disability Option 3

You may select a minimum monthly benefit of $200 up to a maximum monthly benefit of $7,500, in increments of $100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
30 days injury / 30 days sickness	Accident: SSFRA / Sickness: 3 years to age 70	3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$66,597	$3,700	$26.64	$26.64	$26.64	$37.00	$48.84	$59.46	$68.08	$73.26	$86.58	$105.82	$105.82	$105.82
$68,397	$3,800	$27.36	$27.36	$27.36	$38.00	$50.16	$61.07	$69.92	$75.24	$88.92	$108.68	$108.68	$108.68
$70,196	$3,900	$28.08	$28.08	$28.08	$39.00	$51.48	$62.67	$71.76	$77.22	$91.26	$111.54	$111.54	$111.54
$71,996	$4,000	$28.80	$28.80	$28.80	$40.00	$52.80	$64.28	$73.60	$79.20	$93.60	$114.40	$114.40	$114.40
$73,796	$4,100	$29.52	$29.52	$29.52	$41.00	$54.12	$65.89	$75.44	$81.18	$95.94	$117.26	$117.26	$117.26
$75,596	$4,200	$30.24	$30.24	$30.24	$42.00	$55.44	$67.49	$77.28	$83.16	$98.28	$120.12	$120.12	$120.12
$77,396	$4,300	$30.96	$30.96	$30.96	$43.00	$56.76	$69.10	$79.12	$85.14	$100.62	$122.98	$122.98	$122.98
$79,196	$4,400	$31.68	$31.68	$31.68	$44.00	$58.08	$70.71	$80.96	$87.12	$102.96	$125.84	$125.84	$125.84
$80,996	$4,500	$32.40	$32.40	$32.40	$45.00	$59.40	$72.32	$82.80	$89.10	$105.30	$128.70	$128.70	$128.70
$82,796	$4,600	$33.12	$33.12	$33.12	$46.00	$60.72	$73.92	$84.64	$91.08	$107.64	$131.56	$131.56	$131.56
$84,596	$4,700	$33.84	$33.84	$33.84	$47.00	$62.04	$75.53	$86.48	$93.06	$109.98	$134.42	$134.42	$134.42
$86,396	$4,800	$34.56	$34.56	$34.56	$48.00	$63.36	$77.14	$88.32	$95.04	$112.32	$137.28	$137.28	$137.28
$88,196	$4,900	$35.28	$35.28	$35.28	$49.00	$64.68	$78.74	$90.16	$97.02	$114.66	$140.14	$140.14	$140.14
$89,996	$5,000	$36.00	$36.00	$36.00	$50.00	$66.00	$80.35	$92.00	$99.00	$117.00	$143.00	$143.00	$143.00
$91,795	$5,100	$36.72	$36.72	$36.72	$51.00	$67.32	$81.96	$93.84	$100.98	$119.34	$145.86	$145.86	$145.86
$93,595	$5,200	$37.44	$37.44	$37.44	$52.00	$68.64	$83.56	$95.68	$102.96	$121.68	$148.72	$148.72	$148.72
$95,395	$5,300	$38.16	$38.16	$38.16	$53.00	$69.96	$85.17	$97.52	$104.94	$124.02	$151.58	$151.58	$151.58
$97,195	$5,400	$38.88	$38.88	$38.88	$54.00	$71.28	$86.78	$99.36	$106.92	$126.36	$154.44	$154.44	$154.44
$98,995	$5,500	$39.60	$39.60	$39.60	$55.00	$72.60	$88.39	$101.20	$108.90	$128.70	$157.30	$157.30	$157.30
$100,795	$5,600	$40.32	$40.32	$40.32	$56.00	$73.92	$89.99	$103.04	$110.88	$131.04	$160.16	$160.16	$160.16
$102,595	$5,700	$41.04	$41.04	$41.04	$57.00	$75.24	$91.60	$104.88	$112.86	$133.38	$163.02	$163.02	$163.02
$104,395	$5,800	$41.76	$41.76	$41.76	$58.00	$76.56	$93.21	$106.72	$114.84	$135.72	$165.88	$165.88	$165.88
$106,195	$5,900	$42.48	$42.48	$42.48	$59.00	$77.88	$94.81	$108.56	$116.82	$138.06	$168.74	$168.74	$168.74
$107,995	$6,000	$43.20	$43.20	$43.20	$60.00	$79.20	$96.42	$110.40	$118.80	$140.40	$171.60	$171.60	$171.60
$109,795	$6,100	$43.92	$43.92	$43.92	$61.00	$80.52	$98.03	$112.24	$120.78	$142.74	$174.46	$174.46	$174.46
$111,594	$6,200	$44.64	$44.64	$44.64	$62.00	$81.84	$99.63	$114.08	$122.76	$145.08	$177.32	$177.32	$177.32
$113,394	$6,300	$45.36	$45.36	$45.36	$63.00	$83.16	$101.24	$115.92	$124.74	$147.42	$180.18	$180.18	$180.18
$115,194	$6,400	$46.08	$46.08	$46.08	$64.00	$84.48	$102.85	$117.76	$126.72	$149.76	$183.04	$183.04	$183.04
$116,994	$6,500	$46.80	$46.80	$46.80	$65.00	$85.80	$104.46	$119.60	$128.70	$152.10	$185.90	$185.90	$185.90
$118,794	$6,600	$47.52	$47.52	$47.52	$66.00	$87.12	$106.06	$121.44	$130.68	$154.44	$188.76	$188.76	$188.76
$120,594	$6,700	$48.24	$48.24	$48.24	$67.00	$88.44	$107.67	$123.28	$132.66	$156.78	$191.62	$191.62	$191.62
$122,394	$6,800	$48.96	$48.96	$48.96	$68.00	$89.76	$109.28	$125.12	$134.64	$159.12	$194.48	$194.48	$194.48
$124,194	$6,900	$49.68	$49.68	$49.68	$69.00	$91.08	$110.88	$126.96	$136.62	$161.46	$197.34	$197.34	$197.34
$125,994	$7,000	$50.40	$50.40	$50.40	$70.00	$92.40	$112.49	$128.80	$138.60	$163.80	$200.20	$200.20	$200.20
$127,794	$7,100	$51.12	$51.12	$51.12	$71.00	$93.72	$114.10	$130.64	$140.58	$166.14	$203.06	$203.06	$203.06

Note: Premiums are based on your age as of 02/01 and amount of coverage chosen.

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Group Educator Disability Option 3

You may select a minimum monthly benefit of $200 up to a maximum monthly benefit of $7,500, in increments of $100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
30 days injury / 30 days sickness	Accident: SSFRA / Sickness: 3 years to age 70	3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$129,594	$7,200	$51.84	$51.84	$51.84	$72.00	$95.04	$115.70	$132.48	$142.56	$168.48	$205.92	$205.92	$205.92
$131,393	$7,300	$52.56	$52.56	$52.56	$73.00	$96.36	$117.31	$134.32	$144.54	$170.82	$208.78	$208.78	$208.78
$133,193	$7,400	$53.28	$53.28	$53.28	$74.00	$97.68	$118.92	$136.16	$146.52	$173.16	$211.64	$211.64	$211.64
$134,993	$7,500	$54.00	$54.00	$54.00	$75.00	$99.00	$120.53	$138.00	$148.50	$175.50	$214.50	$214.50	$214.50

Note: Premiums are based on your age as of 02/01 and amount of coverage chosen.

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Group Educator Disability Option 4

You may select a minimum monthly benefit of $200 up to a maximum monthly benefit of $7,500, in increments of $100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
90 days injury / 90 days sickness	Accident: SSFRA / Sickness: 3 years to age 70	3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	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	$0.72	$0.72	$0.72	$0.88	$1.24	$1.72	$2.08	$2.64	$3.52	$4.48	$4.48	$4.48
$5,400	$300	$1.08	$1.08	$1.08	$1.32	$1.86	$2.58	$3.12	$3.96	$5.28	$6.72	$6.72	$6.72
$7,200	$400	$1.44	$1.44	$1.44	$1.76	$2.48	$3.44	$4.16	$5.28	$7.04	$8.96	$8.96	$8.96
$9,000	$500	$1.80	$1.80	$1.80	$2.20	$3.10	$4.30	$5.20	$6.60	$8.80	$11.20	$11.20	$11.20
$10,799	$600	$2.16	$2.16	$2.16	$2.64	$3.72	$5.16	$6.24	$7.92	$10.56	$13.44	$13.44	$13.44
$12,599	$700	$2.52	$2.52	$2.52	$3.08	$4.34	$6.02	$7.28	$9.24	$12.32	$15.68	$15.68	$15.68
$14,399	$800	$2.88	$2.88	$2.88	$3.52	$4.96	$6.88	$8.32	$10.56	$14.08	$17.92	$17.92	$17.92
$16,199	$900	$3.24	$3.24	$3.24	$3.96	$5.58	$7.74	$9.36	$11.88	$15.84	$20.16	$20.16	$20.16
$17,999	$1,000	$3.60	$3.60	$3.60	$4.40	$6.20	$8.60	$10.40	$13.20	$17.60	$22.40	$22.40	$22.40
$19,799	$1,100	$3.96	$3.96	$3.96	$4.84	$6.82	$9.46	$11.44	$14.52	$19.36	$24.64	$24.64	$24.64
$21,599	$1,200	$4.32	$4.32	$4.32	$5.28	$7.44	$10.32	$12.48	$15.84	$21.12	$26.88	$26.88	$26.88
$23,399	$1,300	$4.68	$4.68	$4.68	$5.72	$8.06	$11.18	$13.52	$17.16	$22.88	$29.12	$29.12	$29.12
$25,199	$1,400	$5.04	$5.04	$5.04	$6.16	$8.68	$12.04	$14.56	$18.48	$24.64	$31.36	$31.36	$31.36
$26,999	$1,500	$5.40	$5.40	$5.40	$6.60	$9.30	$12.90	$15.60	$19.80	$26.40	$33.60	$33.60	$33.60
$28,799	$1,600	$5.76	$5.76	$5.76	$7.04	$9.92	$13.76	$16.64	$21.12	$28.16	$35.84	$35.84	$35.84
$30,598	$1,700	$6.12	$6.12	$6.12	$7.48	$10.54	$14.62	$17.68	$22.44	$29.92	$38.08	$38.08	$38.08
$32,398	$1,800	$6.48	$6.48	$6.48	$7.92	$11.16	$15.48	$18.72	$23.76	$31.68	$40.32	$40.32	$40.32
$34,198	$1,900	$6.84	$6.84	$6.84	$8.36	$11.78	$16.34	$19.76	$25.08	$33.44	$42.56	$42.56	$42.56
$35,998	$2,000	$7.20	$7.20	$7.20	$8.80	$12.40	$17.20	$20.80	$26.40	$35.20	$44.80	$44.80	$44.80
$37,798	$2,100	$7.56	$7.56	$7.56	$9.24	$13.02	$18.06	$21.84	$27.72	$36.96	$47.04	$47.04	$47.04
$39,598	$2,200	$7.92	$7.92	$7.92	$9.68	$13.64	$18.92	$22.88	$29.04	$38.72	$49.28	$49.28	$49.28
$41,398	$2,300	$8.28	$8.28	$8.28	$10.12	$14.26	$19.78	$23.92	$30.36	$40.48	$51.52	$51.52	$51.52
$43,198	$2,400	$8.64	$8.64	$8.64	$10.56	$14.88	$20.64	$24.96	$31.68	$42.24	$53.76	$53.76	$53.76
$44,998	$2,500	$9.00	$9.00	$9.00	$11.00	$15.50	$21.50	$26.00	$33.00	$44.00	$56.00	$56.00	$56.00
$46,798	$2,600	$9.36	$9.36	$9.36	$11.44	$16.12	$22.36	$27.04	$34.32	$45.76	$58.24	$58.24	$58.24
$48,598	$2,700	$9.72	$9.72	$9.72	$11.88	$16.74	$23.22	$28.08	$35.64	$47.52	$60.48	$60.48	$60.48
$50,397	$2,800	$10.08	$10.08	$10.08	$12.32	$17.36	$24.08	$29.12	$36.96	$49.28	$62.72	$62.72	$62.72
$52,197	$2,900	$10.44	$10.44	$10.44	$12.76	$17.98	$24.94	$30.16	$38.28	$51.04	$64.96	$64.96	$64.96
$53,997	$3,000	$10.80	$10.80	$10.80	$13.20	$18.60	$25.80	$31.20	$39.60	$52.80	$67.20	$67.20	$67.20
$55,797	$3,100	$11.16	$11.16	$11.16	$13.64	$19.22	$26.66	$32.24	$40.92	$54.56	$69.44	$69.44	$69.44
$57,597	$3,200	$11.52	$11.52	$11.52	$14.08	$19.84	$27.52	$33.28	$42.24	$56.32	$71.68	$71.68	$71.68
$59,397	$3,300	$11.88	$11.88	$11.88	$14.52	$20.46	$28.38	$34.32	$43.56	$58.08	$73.92	$73.92	$73.92
$61,197	$3,400	$12.24	$12.24	$12.24	$14.96	$21.08	$29.24	$35.36	$44.88	$59.84	$76.16	$76.16	$76.16
$62,997	$3,500	$12.60	$12.60	$12.60	$15.40	$21.70	$30.10	$36.40	$46.20	$61.60	$78.40	$78.40	$78.40
$64,797	$3,600	$12.96	$12.96	$12.96	$15.84	$22.32	$30.96	$37.44	$47.52	$63.36	$80.64	$80.64	$80.64

Note: Premiums are based on your age as of 02/01 and amount of coverage chosen.

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Group Educator Disability Option 4

You may select a minimum monthly benefit of $200 up to a maximum monthly benefit of $7,500, in increments of $100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
90 days injury / 90 days sickness	Accident: SSFRA / Sickness: 3 years to age 70	3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$66,597	$3,700	$13.32	$13.32	$13.32	$16.28	$22.94	$31.82	$38.48	$48.84	$65.12	$82.88	$82.88	$82.88
$68,397	$3,800	$13.68	$13.68	$13.68	$16.72	$23.56	$32.68	$39.52	$50.16	$66.88	$85.12	$85.12	$85.12
$70,196	$3,900	$14.04	$14.04	$14.04	$17.16	$24.18	$33.54	$40.56	$51.48	$68.64	$87.36	$87.36	$87.36
$71,996	$4,000	$14.40	$14.40	$14.40	$17.60	$24.80	$34.40	$41.60	$52.80	$70.40	$89.60	$89.60	$89.60
$73,796	$4,100	$14.76	$14.76	$14.76	$18.04	$25.42	$35.26	$42.64	$54.12	$72.16	$91.84	$91.84	$91.84
$75,596	$4,200	$15.12	$15.12	$15.12	$18.48	$26.04	$36.12	$43.68	$55.44	$73.92	$94.08	$94.08	$94.08
$77,396	$4,300	$15.48	$15.48	$15.48	$18.92	$26.66	$36.98	$44.72	$56.76	$75.68	$96.32	$96.32	$96.32
$79,196	$4,400	$15.84	$15.84	$15.84	$19.36	$27.28	$37.84	$45.76	$58.08	$77.44	$98.56	$98.56	$98.56
$80,996	$4,500	$16.20	$16.20	$16.20	$19.80	$27.90	$38.70	$46.80	$59.40	$79.20	$100.80	$100.80	$100.80
$82,796	$4,600	$16.56	$16.56	$16.56	$20.24	$28.52	$39.56	$47.84	$60.72	$80.96	$103.04	$103.04	$103.04
$84,596	$4,700	$16.92	$16.92	$16.92	$20.68	$29.14	$40.42	$48.88	$62.04	$82.72	$105.28	$105.28	$105.28
$86,396	$4,800	$17.28	$17.28	$17.28	$21.12	$29.76	$41.28	$49.92	$63.36	$84.48	$107.52	$107.52	$107.52
$88,196	$4,900	$17.64	$17.64	$17.64	$21.56	$30.38	$42.14	$50.96	$64.68	$86.24	$109.76	$109.76	$109.76
$89,996	$5,000	$18.00	$18.00	$18.00	$22.00	$31.00	$43.00	$52.00	$66.00	$88.00	$112.00	$112.00	$112.00
$91,795	$5,100	$18.36	$18.36	$18.36	$22.44	$31.62	$43.86	$53.04	$67.32	$89.76	$114.24	$114.24	$114.24
$93,595	$5,200	$18.72	$18.72	$18.72	$22.88	$32.24	$44.72	$54.08	$68.64	$91.52	$116.48	$116.48	$116.48
$95,395	$5,300	$19.08	$19.08	$19.08	$23.32	$32.86	$45.58	$55.12	$69.96	$93.28	$118.72	$118.72	$118.72
$97,195	$5,400	$19.44	$19.44	$19.44	$23.76	$33.48	$46.44	$56.16	$71.28	$95.04	$120.96	$120.96	$120.96
$98,995	$5,500	$19.80	$19.80	$19.80	$24.20	$34.10	$47.30	$57.20	$72.60	$96.80	$123.20	$123.20	$123.20
$100,795	$5,600	$20.16	$20.16	$20.16	$24.64	$34.72	$48.16	$58.24	$73.92	$98.56	$125.44	$125.44	$125.44
$102,595	$5,700	$20.52	$20.52	$20.52	$25.08	$35.34	$49.02	$59.28	$75.24	$100.32	$127.68	$127.68	$127.68
$104,395	$5,800	$20.88	$20.88	$20.88	$25.52	$35.96	$49.88	$60.32	$76.56	$102.08	$129.92	$129.92	$129.92
$106,195	$5,900	$21.24	$21.24	$21.24	$25.96	$36.58	$50.74	$61.36	$77.88	$103.84	$132.16	$132.16	$132.16
$107,995	$6,000	$21.60	$21.60	$21.60	$26.40	$37.20	$51.60	$62.40	$79.20	$105.60	$134.40	$134.40	$134.40
$109,795	$6,100	$21.96	$21.96	$21.96	$26.84	$37.82	$52.46	$63.44	$80.52	$107.36	$136.64	$136.64	$136.64
$111,594	$6,200	$22.32	$22.32	$22.32	$27.28	$38.44	$53.32	$64.48	$81.84	$109.12	$138.88	$138.88	$138.88
$113,394	$6,300	$22.68	$22.68	$22.68	$27.72	$39.06	$54.18	$65.52	$83.16	$110.88	$141.12	$141.12	$141.12
$115,194	$6,400	$23.04	$23.04	$23.04	$28.16	$39.68	$55.04	$66.56	$84.48	$112.64	$143.36	$143.36	$143.36
$116,994	$6,500	$23.40	$23.40	$23.40	$28.60	$40.30	$55.90	$67.60	$85.80	$114.40	$145.60	$145.60	$145.60
$118,794	$6,600	$23.76	$23.76	$23.76	$29.04	$40.92	$56.76	$68.64	$87.12	$116.16	$147.84	$147.84	$147.84
$120,594	$6,700	$24.12	$24.12	$24.12	$29.48	$41.54	$57.62	$69.68	$88.44	$117.92	$150.08	$150.08	$150.08
$122,394	$6,800	$24.48	$24.48	$24.48	$29.92	$42.16	$58.48	$70.72	$89.76	$119.68	$152.32	$152.32	$152.32
$124,194	$6,900	$24.84	$24.84	$24.84	$30.36	$42.78	$59.34	$71.76	$91.08	$121.44	$154.56	$154.56	$154.56
$125,994	$7,000	$25.20	$25.20	$25.20	$30.80	$43.40	$60.20	$72.80	$92.40	$123.20	$156.80	$156.80	$156.80
$127,794	$7,100	$25.56	$25.56	$25.56	$31.24	$44.02	$61.06	$73.84	$93.72	$124.96	$159.04	$159.04	$159.04

Note: Premiums are based on your age as of 02/01 and amount of coverage chosen.

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Group Educator Disability Option 4

You may select a minimum monthly benefit of $200 up to a maximum monthly benefit of $7,500, in increments of $100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
90 days injury / 90 days sickness	Accident: SSFRA / Sickness: 3 years to age 70	3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$129,594	$7,200	$25.92	$25.92	$25.92	$31.68	$44.64	$61.92	$74.88	$95.04	$126.72	$161.28	$161.28	$161.28
$131,393	$7,300	$26.28	$26.28	$26.28	$32.12	$45.26	$62.78	$75.92	$96.36	$128.48	$163.52	$163.52	$163.52
$133,193	$7,400	$26.64	$26.64	$26.64	$32.56	$45.88	$63.64	$76.96	$97.68	$130.24	$165.76	$165.76	$165.76
$134,993	$7,500	$27.00	$27.00	$27.00	$33.00	$46.50	$64.50	$78.00	$99.00	$132.00	$168.00	$168.00	$168.00

Note: Premiums are based on your age as of 02/01 and amount of coverage chosen.

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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:

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- Grief and loss
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Discover your best options.

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

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Accident Insurance

Benefits that may help cover costs such as those not covered by your medical plan.

Accident Insurance Benefits

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments in addition to any other insurance payments you may receive[1]. Here are just some of the covered events/services[2].

		LOW PLAN			HIGH PLAN		
BENEFIT	**BENEFIT LIMITS**	**EMPLOYEE**	**SPOUSE**	**CHILD**	**EMPLOYEE**	**SPOUSE**	**CHILD**
ACCIDENTAL DEATH BENEFITS CATEGORY							
Basic Accidental Death	N/A	$25,000	$12,500	$5,000	$50,000	$25,000	$10,000
Accidental Death Common Carrier		$75,000	$37,500	$15,000	$150,000	$75,000	$30,000
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY							
Basic Dismemberment/Functional Loss Benefit							
Loss of one finger or one toe	N/A	$750	$750	$750	$1,000	$1,000	$1,000
Loss of one arm or one leg		$10,000	$10,000	$10,000	$15,000	$15,000	$15,000
Loss of one hand or one foot		$10,000	$10,000	$10,000	$15,000	$15,000	$15,000
Loss of two or more fingers or toes		$1,500	$1,500	$1,500	$2,000	$2,000	$2,000
Loss of sight in one eye		$10,000	$10,000	$10,000	$15,000	$15,000	$15,000
Loss of hearing in one ear		$10,000	$10,000	$10,000	$15,000	$15,000	$15,000
Catastrophic Dismemberment/Functional Loss Benefit							
Loss of both arms or both legs or one arm and one leg	N/A	$20,000	$20,000	$20,000	$40,000	$40,000	$40,000
Loss of both hands or both feet or one hand and one foot		$20,000	$20,000	$20,000	$40,000	$40,000	$40,000
Loss of sight in both eyes		$20,000	$20,000	$20,000	$40,000	$40,000	$40,000
Loss of hearing in both ears		$20,000	$20,000	$20,000	$40,000	$40,000	$40,000
Loss of ability to speak		$20,000	$20,000	$20,000	$40,000	$40,000	$40,000
Paralysis Benefit							
Two Limbs (paraplegia or hemiplegia)	N/A	$10,000	$10,000	$10,000	$20,000	$20,000	$20,000
Four Limbs (quadriplegia)		$20,000	$20,000	$20,000	$40,000	$40,000	$40,000

		LOW PLAN	HIGH PLAN
BENEFIT	**BENEFIT LIMITS**	**ALL COVERED PERSONS**	**ALL COVERED PERSONS**
ACCIDENTAL INJURY BENEFITS CATEGORY			
Fracture Benefit (Closed)			
Face or Nose (except mandible or maxilla)	If more than one bone is fractured,	$1,000	$2,000

MetLife

ADF# AI664.14

Accident Insurance

Skull Fracture - depressed (except bones of face or nose)	the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	$4,000	$5,000
Skull Fracture - non depressed (except bones of face or nose)		$2,000	$2,500
Lower Jaw, Mandible (except alveolar process)		$750	$1,000
Upper Jaw, Maxilla (except alveolar process)		$1,000	$2,000
Upper Arm between Elbow and Shoulder (humerus)		$1,000	$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		$750	$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		$750	$1,000
Rib		$750	$1,000
Finger, Toe		$100	$200
Vertebrae, Body of (excluding vertebral processes)		$1,500	$2,000
Vertebral Process		$500	$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		$1,500	$2,000
Hip, Thigh (femur)		$4,000	$5,000
Coccyx		$500	$750
Leg (tibia and/or fibula)		$1,500	$2,000
Kneecap (patella)		$500	$750
Ankle		$500	$750
Foot (except toes)		$500	$750
Chip Fracture		25%	25%
Fracture Benefit (Open)			
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	$2,000	$4,000
Skull Fracture - depressed (except bones of face or nose)		$8,000	$10,000
Skull Fracture - non depressed (except bones of face or nose)		$4,000	$5,000
Lower Jaw, Mandible (except alveolar process)		$1,500	$2,000
Upper Jaw, Maxilla (except alveolar process)		$2,000	$4,000
Upper Arm between Elbow and Shoulder (humerus)		$2,000	$4,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		$1,500	$2,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		$1,500	$2,000
Rib		$1,500	$2,000
Finger, Toe		$200	$400
Vertebrae, Body of (excluding vertebral processes)		$3,000	$4,000

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Accident Insurance

Vertebral Process		$1,000	$1,500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		$3,000	$4,000
Hip, Thigh (femur)		$8,000	$10,000
Coccyx		$1,000	$1,500
Leg (tibia and/or fibula)		$3,000	$4,000
Kneecap (patella)		$1,000	$1,500
Ankle		$1,000	$1,500
Foot (except toes)		$1,000	$1,500
Chip Fracture		25%	25%
Dislocation Benefit (Closed)			
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	$750	$1,000
Collarbone (sternoclavicular)		$1,000	$1,500
Collarbone (acromioclavicular and separation)		$750	$1,000
Shoulder (glenohumeral)		$750	$1,000
Rib		$750	$1,000
Elbow		$750	$1,000
Wrist		$750	$1,000
Bone or Bones of the Hand (other than fingers)		$750	$1,000
Hip		$4,000	$5,000
Knee (except patella)		$2,000	$2,500
Ankle - Bone or bones of the Foot (other than toes)		$750	$1,000
One Toe or Finger		$100	$200
Partial Dislocation		25%	25%
Dislocation Benefit (Open)			
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	$1,500	$2,000
Collarbone (sternoclavicular)		$2,000	$3,000
Collarbone (acromioclavicular and separation)		$1,500	$2,000
Shoulder (glenohumeral)		$1,500	$2,000
Rib		$1,500	$2,000
Elbow		$1,500	$2,000
Wrist		$1,500	$2,000
Bone or Bones of the Hand (other than fingers)		$1,500	$2,000
Hip		$8,000	$10,000
Knee (except patella)		$4,000	$5,000
Ankle - Bone or bones of the Foot (other than toes)		$1,500	$2,000

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Accident Insurance

One Toe or Finger		$200	$400
Partial Dislocation		25%	25%
Burn Benefit			
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	$75	$100
2nd Degree 10-25% surface skin burnt		$150	$200
2nd Degree 25-35% surface skin burnt		$500	$750
2nd Degree 35% or more of surface skin burnt		$1,000	$1,500
3rd Degree w/ less than 10% of surface skin burnt		$1,000	$1,500
3rd Degree 10-25% surface skin burnt		$1,500	$2,000
3rd Degree 25-35% surface skin burnt		$5,000	$7,500
3rd Degree 35% or more of surface skin burnt		$10,000	$15,000
Concussion Benefit			
Concussion	1 time(s) per calendar year	$250	$500
Coma Benefit			
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	$7,500	$10,000
Laceration Benefit			
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	$50	$75
Repaired by stiches but less than 2 inches long		$75	$125
Repaired by stiches and 2-6 inches long		$200	$350
Repaired by stiches and over 6 inches long		$400	$700
Broken Tooth Benefit			
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	$200	$300
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	$100	$150
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	$25	$50
Eye Injury Benefit			
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	$300	$400

		LOW PLAN	HIGH PLAN
BENEFIT	**BENEFIT LIMITS**	**ALL COVERED**	**ALL**

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Accident Insurance

		PERSONS	COVERED PERSONS
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY			
Ground Ambulance Benefit			
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	$300	$400
Air Ambulance Benefit			
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	$1,000	$1,250
Emergency Care Benefit			
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 48 hours after the accident.	$150	$200
Physician's Office		$75	$100
Urgent Care		$75	$100
Non-Emergency Initial Care Benefit			
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	$75	$100
Medical Testing Benefit			
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	$150	$200
Physician Follow-Up Benefit			
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	$75	$100
Transportation Benefit			
Transportation	1 time(s) per accident; 2 time(s) per calendar year	$300	$400
Therapy Services Benefit			
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	$35	$50
Chiropractic Therapy		$35	$50
Cognitive Behavioral Therapy		$35	$50
Occupational Therapy		$35	$50
Physical Therapy		$35	$50
Respiratory therapy		$35	$50
Speech Therapy		$35	$50
Vocational Therapy		$35	$50
Pain Benefit			
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	$75	$100

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Accident Insurance

Prosthetic Device Benefit			
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	$750	$1,000
More than One Device		$1,500	$2,000
Medical Appliance Benefit			
Brace		$75	$150
Cane		$75	$150
Crutches		$75	$150
Walker - expected use < 1yr		$150	$200
Walker - expected use >=1 yr		$300	$400
Walking Boot		$75	$150
Wheel chair or motorized scooter - expected use < 1yr		$200	$300
Wheel chair or motorized scooter - expected use >=1yr		$750	$1,000
Other medical device used for Mobility		$75	$150
Medical Appliance Benefit Limit (for all appliances combined per accident)		$750	$1,000
Modification Benefit			
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	$1,000	$1,500
Blood/ Plasma/ Platelets Benefit			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	$400	$500
Surgery Benefits			
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	$1,500	$2,000
Surgical Repair – Hernia		$150	$200
Surgical Repair – Ruptured Disc		$750	$1,500
Surgical Repair – Skin Graft (% of Burn Benefit)		50%	50%
Surgical Repair – Torn Cartilage in Knee		$750	$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - one		$750	$1,000
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		$1,500	$2,000
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		$1,500	$2,000
Exploratory Surgery (for any Surgery Benefit procedure)		$150	$200
Other Outpatient Surgery Benefit			

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Accident Insurance

Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	$300	$400

BENEFIT	BENEFIT LIMITS	LOW PLAN ALL COVERED PERSONS	HIGH PLAN ALL COVERED PERSONS
ACCIDENT – HOSPITAL BENEFITS CATEGORY			
Hospital Admission Benefit			
Admission	1 time per accident; Unlimited times per calendar year	$1,000	$2,000
ICU Supplemental Admission (paid in addition to Admission)		$1,000	$2,000
Hospital Confinement Benefit			
Confinement	30 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 30 of those days.	$150	$300
ICU Supplemental Confinement (paid in addition to Confinement)		$150	$300
Inpatient Rehabilitation Benefit			
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	$150	$200

BENEFIT	BENEFIT LIMITS	LOW PLAN ALL COVERED PERSONS	HIGH PLAN ALL COVERED PERSONS
OTHER BENEFITS CATEGORY			
Health Screening Benefit	1 time(s) per calendar year	$50	$50
Lodging Benefit	15 day(s) per calendar year	$100	$200

Organized Sports Activity Injury Benefit Rider
This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

Notes Regarding Certain Benefits:

- Accidental Death Benefits Category: The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.
- Accidental Death Common Carrier Benefit: "Common Carrier": refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details.
- Lodging Benefit: The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.

Please contact MetLife for detailed definitions and state variations of covered benefits.

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Accident Insurance

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event[3]	Benefit Amount
Ambulance (ground)	**$400**
Emergency Care	**$200**
Physician Follow-Up ($100 x 2)	**$200**
Medical Testing	**$200**
Concussion	**$500**
Broken Tooth (repaired by crown)	**$300**
Benefits paid by MetLife Group Accident Insurance	**$1,800**

Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

Questions & Answers

Q. Who is eligible to enroll for this accident coverage?

A. You are eligible to enroll yourself and your eligible family members![4] You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my accident coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.[5] You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

A. Please call MetLife directly at Monday through Friday from 8:00 a.m. to 8 p.m., EST and talk with a benefits consultant.

Insurance Rates

MetLife offers group rates and payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident Insurance	Monthly Cost to You	
Coverage Options	**Low Plan**	**High Plan**
Employee	$10.26	$16.26
Employee & Spouse	$18.44	$28.32
Employee & Child(ren)	$20.14	$33.16
Employee & Spouse/Child(ren)	$28.32	$45.22

[1] Covered services/treatments must be the result of a covered accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
[2] Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.
[3] Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.

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Accident Insurance

[4] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Children may be covered to age 26. There are benefit reductions that may begin at age 65.

[5] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There are benefit reductions that begin at age 65, if applicable. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

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WOW!

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

- You own it
- You can take it with you when you change jobs or retire
- You pay for it through convenient payroll deductions: no checks to write or links to click
- You can cover your spouse, children and grandchildren, too[1]
- You can get a living benefit if you become terminally ill[2]
- It's Affordable
- You can qualify by answering just 3 questions - no exam or needles

1. 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.
2. Conditions apply.

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

19M004-C 1003 (exp0321)

TEXASLIFE INSURANCE COMPANY
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

Information about PURE**LIFE**-plus

Minimal Cash Values Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

Permanent Life Insurance Coverage Unlike group term life insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

Guaranteed Period Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period stated in the policy. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium.

Guaranteed Limited Right to Partial Refund of Premium If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to: (a) pay the higher premium(s) required to continue coverage; or, (b) surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (10 years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders. Conditions apply.

Accelerated Death Benefit For no added premium, the policy includes an Accelerated Death Benefit Due to Terminal Illness Rider (Form ULABR-07).1 ("Terminal Condition" in PA.) If the insured becomes terminally ill (or has a terminal condition in PA or a qualifying event in a state with ICC in the policy form number) you may elect to claim an accelerated benefit while the insured is still alive in lieu of the insurance proceeds payable at death. In most states the single sum benefit is 92% (84% in IL) of the insurance proceeds. There is also an administrative fee of $150 ($100 in FL).This is not a long-term care benefit. Terminal Illness (or Condition) is an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in death within 12 months (24 months in IL). We can, at our expense, request the opinion of a physician We choose. A 90-day exclusion period applies unless the terminal illness results from accidental bodily injury (30 days in CT, IL, LA, MD, UT; 0 days in OR, PA, SC) Other conditions and limitations apply. Pay premiums faithfully. The rider terminates if the policy ever lapses for non-payment of premium, even if the policy is later reinstated. The right to accelerate benefits under this rider does not extend to any Child Term Life Insurance Rider. However, if the accelerated benefit is paid, the Child Rider becomes paid-up term insurance to each insured child's age 25. Payment of the Accelerated Death Benefit terminates the policy and all optional benefits/riders without further value.

Child Term Life Insurance Rider In lieu of an individual policy on each child, if the primary insured is age 59 or less you may apply for a Child Term Life Insurance Rider for $10,000. It insures the primary insured's children and step-children who are ages 15 days through age 18 at the time of application. Children thereafter born to or adopted by the primary insured are covered 15 days after birth. Coverage continues to age 25. Coverage terminates at the primary insured's age 65. Coverage on a step-child ceases upon the primary insured's divorce from the step-child's natural or adoptive parent. If the primary insured dies, coverage is paid-up to the earlier of the insured child's age 25 or the Contract Anniversary Date on which the primary insured's Attained Age would have been 65. (ULCL-CIR-07)

Important Notice The insurance proceeds, cash values, and loan values will all be reduced to zero and will no longer be payable if Texas Life pays the Accelerated Death Benefit. The benefit under this rider is intended to qualify for favorable income tax treatment under the Internal Revenue Code of 1986. If the benefit qualifies for such favorable tax treatment, it will be excludable from your income and not subject to federal income taxation. Receipt of the benefit may affect your, your spouse's or your family's eligibility for Medicaid, Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. Tax and public benefit laws relating to acceleration of life insurance benefits are complex. You should consult a qualified tax or legal advisor or social services agency to determine how receipt of such payment will affect you and your family. Neither Texas Life nor its agents are authorized to give tax or legal advice.

Interim Insurance Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through automatic deduction; (2) the deduction authorization is signed; and, (3) the proposed insured is insurable at standard rates under our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date we decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 180th day after the application date. In Kansas, clauses (3) and (d) do not apply, and clauses (b) and (c) apply only when we refund all premiums.

This is a summary only. Policy provisions prevail. This information is not a contract or an offer to contract.
Policy Form PRFNG-NI-10

Like most life insurance policies, Texas Life policies contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative for costs and complete details.

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

Issue Age Issue	Monthly Premiums for Life Insurance Face Amounts Shown									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			9.25							81
2-4			9.50							80
5-8			9.75							79
9-10			10.00							79
11-16			10.25							77
17-20			10.25	15.05	18.25	26.25	34.25	42.25	50.25	75
21-22			10.50	15.45	18.75	27.00	35.25	43.50	51.75	74
23			10.75	15.85	19.25	27.75	36.25	44.75	53.25	75
24-25			11.00	16.25	19.75	28.50	37.25	46.00	54.75	74
26			11.50	17.05	20.75	30.00	39.25	48.50	57.75	75
27-28			11.75	17.45	21.25	30.75	40.25	49.75	59.25	74
29			12.00	17.85	21.75	31.50	41.25	51.00	60.75	74
30-31			12.25	18.25	22.25	32.25	42.25	52.25	62.25	73
32			13.00	19.45	23.75	34.50	45.25	56.00	66.75	74
33			13.50	20.25	24.75	36.00	47.25	58.50	69.75	74
34			14.25	21.45	26.25	38.25	50.25	62.25	74.25	75
35		10.05	15.25	23.05	28.25	41.25	54.25	67.25	80.25	76
36		10.35	15.75	23.85	29.25	42.75	56.25	69.75	83.25	76
37		10.80	16.50	25.05	30.75	45.00	59.25	73.50	87.75	77
38		11.25	17.25	26.25	32.25	47.25	62.25	77.25	92.25	77
39		12.00	18.50	28.25	34.75	51.00	67.25	83.50	99.75	78
40	9.25	12.75	19.75	30.25	37.25	54.75	72.25	89.75	107.25	79
41	9.95	13.80	21.50	33.05	40.75	60.00	79.25	98.50	117.75	80
42	10.75	15.00	23.50	36.25	44.75	66.00	87.25	108.50	129.75	81
43	11.45	16.05	25.25	39.05	48.25	71.25	94.25	117.25	140.25	82
44	12.15	17.10	27.00	41.85	51.75	76.50	101.25	126.00	150.75	83
45	12.85	18.15	28.75	44.65	55.25	81.75	108.25	134.75	161.25	83
46	13.65	19.35	30.75	47.85	59.25	87.75	116.25	144.75	173.25	84
47	14.35	20.40	32.50	50.65	62.75	93.00	123.25	153.50	183.75	84
48	15.05	21.45	34.25	53.45	66.25	98.25	130.25	162.25	194.25	85
49	15.95	22.80	36.50	57.05	70.75	105.00	139.25	173.50	207.75	85
50	16.95	24.30	39.00	61.05	75.75	112.50				86
51	18.15	26.10	42.00	65.85	81.75	121.50				87
52	19.45	28.05	45.25	71.05	88.25	131.25				88
53	20.45	29.55	47.75	75.05	93.25	138.75				88
54	21.45	31.05	50.25	79.05	98.25	146.25				88
55	22.55	32.70	53.00	83.45	103.75	154.50				89
56	23.55	34.20	55.50	87.45	108.75	162.00				89
57	24.75	36.00	58.50	92.25	114.75	171.00				89
58	25.85	37.65	61.25	96.65	120.25	179.25				89
59	27.05	39.45	64.25	101.45	126.25	188.25				89
60	28.55	41.70	68.00	107.45	133.75	199.50				90
61	29.85	43.65	71.25	112.65	140.25	209.25				90
62	31.45	46.05	75.25	119.05	148.25	221.25				90
63	33.05	48.45	79.25	125.45	156.25	233.25				90
64	34.75	51.00	83.50	132.25	164.75	246.00				90
65	36.65	53.85	88.25	139.85	174.25	260.25				90
66	38.75									90
67	41.05									91
68	43.55									91
69	46.05									91
70	48.65									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".

NON-TOBACCO

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

Issue Age	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
Issue	$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			15.25	23.05	28.25	41.25	54.25	67.25	80.25	71
21-22			16.00	24.25	29.75	43.50	57.25	71.00	84.75	71
23			16.75	25.45	31.25	45.75	60.25	74.75	89.25	72
24-25			17.25	26.25	32.25	47.25	62.25	77.25	92.25	71
26			17.75	27.05	33.25	48.75	64.25	79.75	95.25	72
27-28			18.25	27.85	34.25	50.25	66.25	82.25	98.25	71
29			18.50	28.25	34.75	51.00	67.25	83.50	99.75	71
30-31			21.00	32.25	39.75	58.50	77.25	96.00	114.75	72
32			21.75	33.45	41.25	60.75	80.25	99.75	119.25	72
33			22.00	33.85	41.75	61.50	81.25	101.00	120.75	72
34			22.25	34.25	42.25	62.25	82.25	102.25	122.25	71
35		15.30	24.00	37.05	45.75	67.50	89.25	111.00	132.75	72
36		15.75	24.75	38.25	47.25	69.75	92.25	114.75	137.25	72
37		16.80	26.50	41.05	50.75	75.00	99.25	123.50	147.75	73
38		17.25	27.25	42.25	52.25	77.25	102.25	127.25	152.25	73
39		18.45	29.25	45.45	56.25	83.25	110.25	137.25	164.25	74
40	14.15	20.10	32.00	49.85	61.75	91.50	121.25	151.00	180.75	76
41	15.05	21.45	34.25	53.45	66.25	98.25	130.25	162.25	194.25	77
42	16.15	23.10	37.00	57.85	71.75	106.50	141.25	176.00	210.75	78
43	17.55	25.20	40.50	63.45	78.75	117.00	155.25	193.50	231.75	80
44	18.25	26.25	42.25	66.25	82.25	122.25	162.25	202.25	242.25	80
45	19.25	27.75	44.75	70.25	87.25	129.75	172.25	214.75	257.25	81
46	20.05	28.95	46.75	73.45	91.25	135.75	180.25	224.75	269.25	81
47	21.05	30.45	49.25	77.45	96.25	143.25	190.25	237.25	284.25	82
48	21.95	31.80	51.50	81.05	100.75	150.00	199.25	248.50	297.75	82
49	23.25	33.75	54.75	86.25	107.25	159.75	212.25	264.75	317.25	83
50	24.35	35.40	57.50	90.65	112.75	168.00				83
51	25.45	37.05	60.25	95.05	118.25	176.25				83
52	27.05	39.45	64.25	101.45	126.25	188.25				84
53	28.45	41.55	67.75	107.05	133.25	198.75				85
54	29.75	43.50	71.00	112.25	139.75	208.50				85
55	31.15	45.60	74.50	117.85	146.75	219.00				85
56	32.75	48.00	78.50	124.25	154.75	231.00				85
57	34.35	50.40	82.50	130.65	162.75	243.00				86
58	36.05	52.95	86.75	137.45	171.25	255.75				86
59	37.75	55.50	91.00	144.25	179.75	268.50				86
60	39.55	58.20	95.50	151.45	188.75	282.00				86
61	41.85	61.65	101.25	160.65	200.25	299.25				86
62	44.05	64.95	106.75	169.45	211.25	315.75				87
63	46.25	68.25	112.25	178.25	222.25	332.25				87
64	48.45	71.55	117.75	187.05	233.25	348.75				87
65	50.85	75.15	123.75	196.65	245.25	366.75				87
66	53.45									88
67	56.25									88
68	59.15									88
69	62.25									88
70	65.55									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".

Tobacco

THE NEED FOR LIFE INSURANCE

Protecting the ones you care about most

"How will my loved ones be taken care of when I'm gone?" This question isn't something anyone wants to think about, but if someone depends on you for financial support, then life insurance is your answer.

Income protection for your loved ones

No matter what your current situation is: single, married, with or without children; life insurance helps replace your income, and will assist your family in paying final expenses. It will also allow your loved ones to continue any future plans, such as college education or savings.

Why you need it

There are several reasons you need life insurance. In addition to paying for burial expenses, consider life insurance an option to pay for the mortgage, medical expenses and fund college education. If you work or have savings, then you have the income to pay these bills. However, consider what happens when your loved ones no longer have your financial support.

How much is enough

Figuring out how much life insurance you need is hard to decide. You want to make sure you have enough to protect your family. To help you answer this question, use the calculator to estimate your expenses to think about which bills would need income protection.

Estimate your expenses below

Income and possessions	Amount
Annual income	
Number of years until retirement	
Subtotal *(annual income x years)*	
Debt and final expenses	
Mortgage/rent	
Credit card(s), car payment(s), etc.	
Funeral and burial expenses ($7,000 is a good estimate)	
Subtotal *(debt)*	
Educational costs	
College expenses *(Approximately $32,405/year for private, $9,410 for state residents at public schools and $23,893 for out-of-state residents attending public universities)*	
Subtotal *(education)*	
Total needed for your life insurance	**$**

Typically, life insurance offered through work is less expensive than if you purchased it on your own. Consider purchasing life insurance today.

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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): 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
$80,000	$9.60	$9.60	$9.60	$11.20	$14.40	$19.20	$23.20	$27.20	$55.20	$65.60	$103.20	$248.80	$269.60
$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 02/01 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**

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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

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Universal Availability Notice

Portales Municipal 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 **Portales Municipal 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

Portales Municipal Schools

Plan Contact Person:
Jana Roberts
501 South Abilene
Portales, NM 88130
1.575.356.7000

a Combined Benefits Group, Inc *company*

1096 Mechem Drive, Suite 223
Ruidoso, NM 88345
Toll Free: 800.894.9990
Fax: 877.837.7171
www.BISNM.com