

Lubbock ISD 2022

BENEFITS GUIDE



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First Financial Group of America
<https://ffbenefits.ffga.com/lubbockisd>

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EMPLOYEE BENEFITS CENTER



YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Lubbock ISD and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer, as well as find claim forms, important phone numbers, and enrollment information. There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.

<https://ffbenefits.ffga.com/lubbockisd>

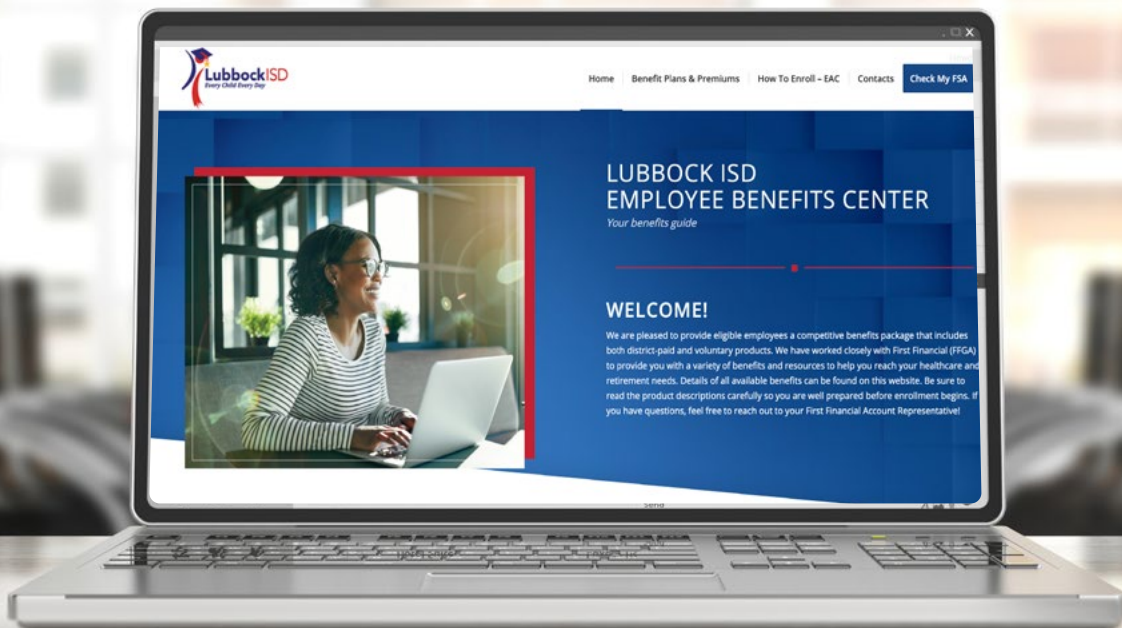


TABLE OF CONTENTS

Table of Contents

HOW TO ENROLL.....	4
BCBS MEDICAL PLAN	6
LUBBOCK ISD DENTAL PLAN	8
HEALTH SAVINGS ACCOUNT	10
FLEXIBLE SPENDING ACCOUNTS.....	11
FSA RESOURCES.....	12
FSA & HSA RESOURCES.....	13
VISION PLAN.....	14
DISTRICT PAID & TERM LIFE INSURANCE.....	17
TEXAS LIFE PERMANENT LIFE	18
WHOLE LIFE	25
DISABILITY PLAN	26
ACCIDENT PLAN.....	34
CRITICAL ILLNESS PLAN WITH CANCER	38
CANCER PLAN	40
HOSPITAL INDEMNITY.....	46
TELEHEALTH	48
IDENTITY THEFT	49
LEGAL SERVICES.....	50
FINANCIAL WELLNESS	51
MEDICAL TRANSPORT.....	52
403(b) RETIREMENT PLAN	53
SECTION 125 PLAN GUIDELINES	54
CONTACT INFORMATION.....	55

HOW TO ENROLL

THREE WAYS TO ENROLL

During open enrollment, you can enroll online, by phone, or on site with your First Financial Account Manager. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center at <https://ffbenefits.ffga.com/lubbockisd>

WHAT TO HAVE READY FOR YOUR ENROLLMENT:

- Social Security numbers for all dependents
- Any Status/Life Event or address changes
- Questions about available benefits

ENROLL BY PHONE

Call 855-765-4473 and choose option 4. Hours of operation are 8 a.m. to 6 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours. Saturday assistance will be announced accordingly.

ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be onsite to assist you with making your elections. To print the campus schedule, click on the red button below.



OCTOBER 2021

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
 27	28	29	30	HONEY RUSH STEWART WHEELLOCK 1
CENTRAL OFFICE Board Room 4	BROWN CENTENNIAL OVERTON WATERS JJAEP/LCJJC 5	HARWELL HODGES PARSONS MCCOOL DISTRIBUTION 6	BEAN RAMIREZ WESTER WHITESIDE VTC 7	DUPREE MAEDGEN R. WILSON PRIORITY INTERVENTION PRINT/MATERIALS 8
11	CARMONA-HARRISON MILLER MONTEREY HIGH 12	LUBBOCK HIGH ROBERTS 13	LUBBOCK HIGH MONTEREY HIGH 14	ATC/LUBBOCK ISD TV TALKINGTON SYWL WILLIAMS WOLLFARTH 15
CAVAZOS HARDWICK O L SLATON 18	CORONADO HIGH ESTACADO HIGH 19	CORONADO HIGH ESTACADO HIGH 20	ERVIN MCWHORTER SMITH 21	ALDERSON BAYLESS MACKENZIE 22
ATKINS DUNBAR HUTCHINSON 25	EVANS IRONS MATTHEWS 26	REACH Morning CENTRAL OFFICE Jay Gordon Room 27	CENTRAL OFFICE Room 220 East 28	CENTRAL OFFICE Jay Gordon Room 29

Saturday, Oct. 16 from 9 a.m. to 1 p.m.: ALL STAFF ENROLLMENT ASSISTANCE AVAILABLE DURING LUBBOCK ISD'S BENEFITS AND WELLNESS FAIR

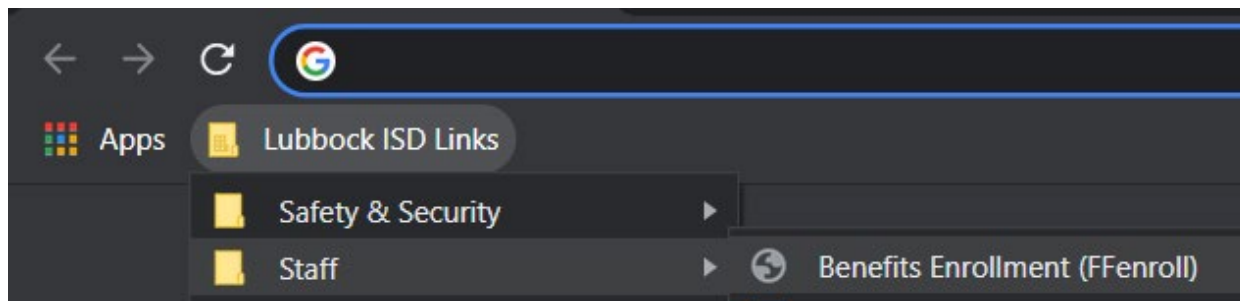
ONLINE ENROLLMENT

ONLINE ENROLLMENT

ACCESSING THE ENROLLMENT SYSTEM:

Online Enrollment is available 24/7 during the Open Enrollment period, October 1 through 31, 2021.

To log in, Sign into *Lubbock ISD Google Chrome Account*, Navigate to *Lubbock ISD Links*, choose *Staff*, then click on *Benefits Enrollment (FFenroll)*.



VIEW CURRENT BENEFITS

- After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.
- VIEW/ADD DEPENDENTS
- Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their social security numbers and birth dates.

BEGIN ELECTIONS

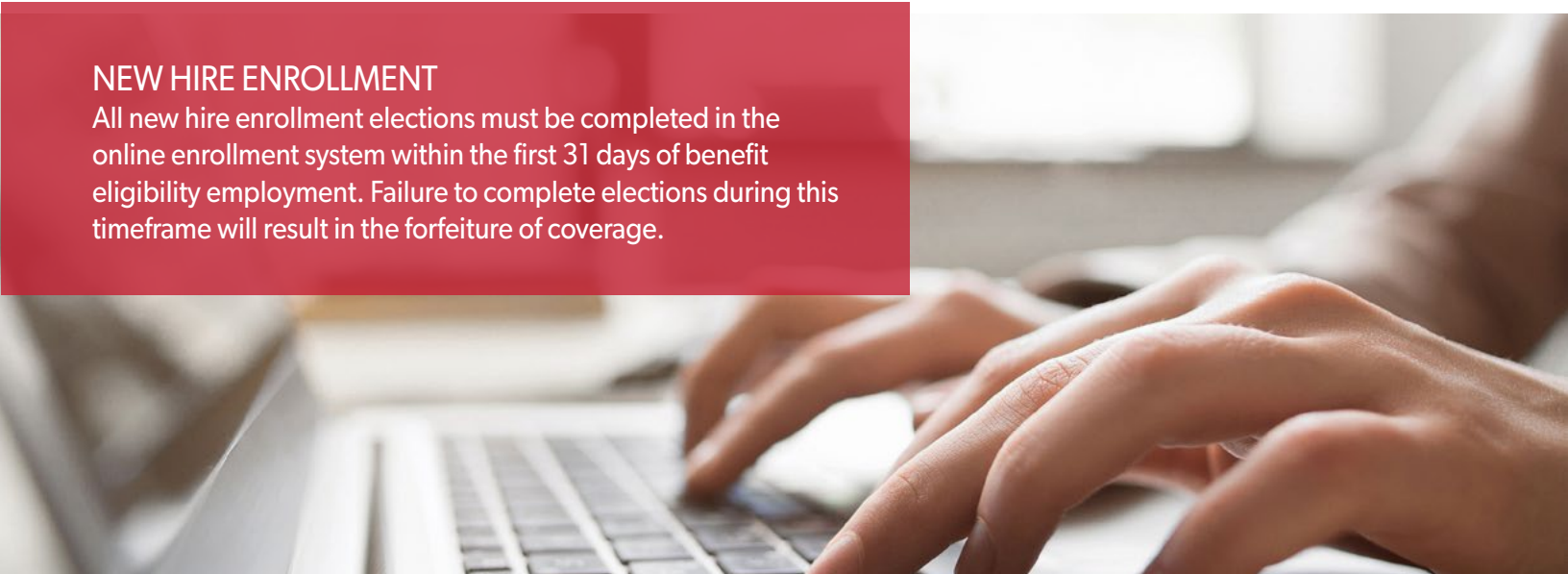
- Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the normal plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event. Annual/open enrollment is the time to determine if you need to make benefit changes and enroll accordingly.

USEFUL INFORMATION TO KNOW:

- Contact First Financial at 855-523-8422 with any technical questions.
- No changes will be allowed until annual enrollment (unless you have an IRS S125 approved event).
- You must add dependents to the system—please bring dependent Social Security numbers and date of birth.

NEW HIRE ENROLLMENT

All new hire enrollment elections must be completed in the online enrollment system within the first 31 days of benefit eligibility employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.



BCBS MEDICAL PLAN



IMPORTANT LINKS & INFORMATION

BLUE ESSENTIALS BRONZE HMO

- Group 324956
- Customer Service: 1-877-299-2377

BLUE ESSENTIALS SILVER HMO

- Group 251496-2000
- Customer Service: 1-877-299-2377

BLUE CHOICE BRONZE PPO

- Group 107576-0010
- Customer Service: 1-800-521-2227

BLUE CHOICE SILVER PPO

- Group 220289-0000
- Customer Service: 1-800-521-2227

COVERAGE LEVEL COST	BLUE ESSENTIALS BRONZE HMO		BLUE ESSENTIALS SILVER HMO		BLUE CHOICE BRONZE PPO		BLUE CHOICE SILVER PPO	
	STANDARD RATE	WELLNESS RATE	STANDARD RATE	WELLNESS RATE	STANDARD RATE	WELLNESS RATE	STANDARD RATE	WELLNESS RATE
EMPLOYEE ONLY	\$95	\$20	\$294	\$219	\$144	\$69	\$354	\$279
EMPLOYEE & CHILD(REN)	\$128	\$53	\$427	\$352	\$234	\$159	\$523	\$448
EMPLOYEE & SPOUSE	\$227	\$152	\$559	\$484	\$295	\$220	\$681	\$606
EMPLOYEE & FAMILY	\$371	\$296	\$816	\$741	\$468	\$393	\$987	\$912

**The Standard Premium will be adjusted by a \$75 Wellness Credit with full Participation/Compliance in the Health Screening and Wellness Program.*

\$0 COPAY CLINIC

UMC Physicians is proud to partner with Lubbock ISD to provide the best in care. Whether you are trying to get healthy, or just want to keep yourself healthy, UMC is here for you! Visit <https://www.umchealthsystem.com/lubbock-isd> for clinic locations and services.

TELEHEALTH

Lubbock ISD also offers telehealth (video and telephone) services through the UMC Health System as part of its \$0 Copay Clinics for covered (health plan members) employees and dependents. See the link above for more information.

Contact Risk Management for the service key/code for telehealth services offered to health plan members and their covered families.

BCBS MEDICAL PLAN HIGHLIGHTS

ALL PLANS INCLUDE:

- \$0 Copay Clinic available to insureds and covered dependents on all health plans¹
- Telemedicine Plan
- \$0 Copay Generic Prescriptions²
- Living Better Diabetes Program³

BLUE ESSENTIALS BRONZE HMO

- \$5,000 Individual/\$10,000 Family In -Network Deductible
- \$5,000 Individual/\$10,000 Family Out-of-Pocket Maximum
- Must meet deductible before plan pays for non-preventive care
- Plan pays at 100% post-deductible
- Participants must select a primary care provider who will make referrals to specialists
- Deductible applies to medical and pharmacy
- No out-of-network coverage unless emergency
- Not compatible with Health Savings Account (HSA)
- Bronze Plan Maternity Reimbursement Caps In-Network Deductible at \$4,000 for covered maternity expenses
- \$60 primary care office fee copay/\$100 specialist office fee copay

BLUE ESSENTIALS SILVER HMO

- \$4,000 Individual/\$8,000 Family In -Network Deductible
- \$7,050 Individual/\$14,100 Family Out-of-Pocket Maximum
- Plan pays at 80% until Out-of-Pocket met
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage unless emergency
- Not compatible with Health Savings Account (HSA)
- \$100 prescription deductible
- \$60 primary care office fee copay/\$100 specialist office fee copay

BLUE CHOICE BRONZE PPO

- \$6,650 Individual/\$13,300 Family In-and-Out of Network Deductible
- \$6,650 Individual/\$13,300 Family In-Network Out-of-Pocket Maximum
- \$10,000 Individual/\$20,000 Family Out-of-Network Out-of-Pocket Maximum
- Plan pays at 100% post-deductible In-Network
- Bronze Plan Maternity Reimbursement Caps In-Network Deductible at \$4,000 for covered maternity expenses
- No requirement for PCP or referrals
- Deductible applies to medical and pharmacy
- Compatible with health savings account (HSA)

BLUE CHOICE SILVER PPO

- \$4,000 Individual/\$8,000 Family In-and-Out of Network Deductible
- \$7,050 Individual/\$14,100 Family In-Network Out-of-Pocket Maximum
- \$8,000 Individual/\$16,000 Family Out-of-Network Out-of-Pocket Maximum
- Plan pays at 80% until Out-of-Pocket met
- No requirement for PCP or referrals
- Not compatible with Health Savings Account (HSA)
- Deductible applies to medical and pharmacy

WAIVING MAJOR MEDICAL

- You will be enrolled in the Hospital Income Plan
- Supplemental policy, zero cost to the employee, pays \$250 for each day billed during an employee hospital stay. This is in lieu of major medical.

¹Excludes the Hospital Income Plan. ²Prescriptions must be from a \$0 Copay Clinic provider, filled at a United Pharmacy, and listed on the \$0 Copay Generic list. ³Program participation required for reimbursement of up to \$2,500 of diabetic program eligible expenses annually.

WELLNESS PROGRAM

GO! FIT! WIN! WELLNESS!

Lubbock ISD has collaborated with iaWellness to offer new Lubbock ISD employees the opportunity to participate in wellness.

Participating in a wellness program as a new employee (and ongoing each year) not only helps you with your health and wellness, but by completing the required activities through the iaWellness program and portal to achieve 500 points annually, you may receive a discount on your monthly premium contributions up to \$75.00 a month.

STEP 1: REGISTER YOUR ACCOUNT

- Go to gofitwinwellness.com
- Click on "Wellness Login" button
- Click "Create an Account" and select "Employee"
- Enter your Wellness ID and Date of Birth (your Wellness ID is the same as your Employee ID #)
- Follow the prompts to complete your registration

STEP 2: VIEW THE "NEW TO PLAN VIDEO" (WITHIN 30 DAYS OF YOUR HIRE DATE)

- Login to your account
- Click on "New to Plan Video" icon
- Enter your full name and Wellness ID to begin viewing

STEP 3: COMPLETE YOUR HEALTH RISK ASSESSMENT (WITHIN 30 DAYS OF YOUR HIRE DATE)

- Login to your account
- Click on "Health Risk Assessment" icon
- Fill out the questionnaire

STEP 4: CALL A COACH (WITHIN 30 DAYS OF YOUR HIRE DATE)

- Call 806-765-7265 to review your HRA with an iaWellness Registered Nurse
- Step 5: Earn 500 Wellness Points (Deadline: November 15, 2022)
- Please review the New Hire/New to Plan handout or the video for point options.
- If you were hired or new to the plan August 1, 2022, or after you will receive pro-rated points.

STEP 6: COMPLETE A WELLNESS SCREENING IN 2022 (DEADLINE: NOVEMBER 15, 2022)

- Information and scheduling for 2022 Wellness Screenings will be available in Spring/Summer of 2022. Watch for Details!

Once you have completed your health risk assessment, call 806-765-7265 to schedule a call with an iaWellness Registered Nurse/Coach.

HIRED OR NEW TO THE PLAN AFTER OCTOBER 31, 2022?

If you were hired or new to the medical plan after October 31, 2022, please complete the steps below.

STEP 1: REGISTER YOUR ACCOUNT

- Go to gofitwinwellness.com
- Click on "Wellness Login" button
- Click "Create an Account" and select "Employee"
- Enter your Wellness ID and Date of Birth (your Wellness ID is the same as your Employee ID #)
- Follow the prompts to complete your registration

STEP 2: COMPLETE YOUR HEALTH RISK ASSESSMENT

- Login to your account
- Click on "Health Risk Assessment" icon
- Fill out the questionnaire

STEP 3: CALL A COACH

- Call 806-765-7265 to review your HRA with an iaWellness Registered Nurse



LUBBOCK ISD DENTAL PLAN



DENTAL PLAN
(806) 219-0280

REIMBURSEMENT DENTAL PLAN

The purpose of this plan is to provide financial assistance with dental expenses for covered employees and their families.

COVERED EMPLOYEES AND DEPENDENTS

Coverage for eligible employees is effective their start date or the 1st of the month following their actively at work date. The District pays the employee's dental premium, so there is no cost to the employee for his/her dental coverage. Employees may cover their eligible dependents. The cost per month is as follows:

COVERAGE	COST
EMPLOYEE ONLY	\$0.00
PER DEPENDENT	\$20.00
No premium maximum - \$20 per/each dependent	

Employees may add dependent coverage during annual enrollment only or under the qualifying life event provisions. Dependents added will require a 90-day waiting period after receipt and approval of the change. Dependent eligibility for the Dental Expense Reimbursement Program will be the same as outlined in the Employee Group Health Plan. Newborn coverage begins from the date of birth if added within 31-days of birth. Spouse coverage begins from the date of marriage if added within 31-days of marriage. Dependent child coverage ceases at the end of the month of the 26th birthday. (Unless the birthday falls on the 1st of a month.)

DENTAL PLAN SUMMARY

COVERAGE

All procedures performed by or under the direction of a dentist licensed by the state in which the provider practices are covered without limitation. Dental prescriptions for medication are not covered by this plan. The program will not reimburse for dental services covered under any current health and/or accident plan, (i.e. services necessitated by accident).

PROGRAM CHANGES

Lubbock ISD reserves the right to make changes in benefit levels, annual maximum, or other provisions of the program. Employees will be notified of changes at least one month prior to the effective date of the change.

REIMBURSEMENT PLAN

This plan will reimburse directly to the employee at the rate of 100% of the first \$100, 80% of the next \$250, and 50% of the next \$1400 of eligible expenses for a total reimbursement per covered individual of \$1,000 per plan year (Jan 1st to Dec 31st). Each employee and dependent is a covered individual. Reimbursements are based on the date of payment, not on the date of performance of the procedure.

CLAIM PROCEDURE

An employee must complete a Dental Reimbursement Form and submit the completed form along with a receipt, charge card receipt, or a canceled check. All receipts must be original; copies are not acceptable. Claims must be filed within 90-days of payment to be valid. Reimbursement benefits cannot be assigned to a provider. Employee is to complete a separate claim form for each dependent.

CO-COVERAGE

Reimbursement for coverage on dependents will be secondary to any dental insurance plan. For dependent claims involving other insurance, an insurance payment statement must be included with the reimbursement claim. Reimbursement involving other insurance will be made using the appropriate sharing percentage of the unpaid amount.

REIMBURSEMENT SCHEDULE

Reimbursement claims process in the order received in the Risk Management Office. Exceptions will include holidays, vacation days of staff or other unforeseen emergencies. All claims process for payment in a timely manner. Direct Deposit will deposit in the same account employees have set up in Payroll. Checks, when issued, mail to the campus/ department unless otherwise requested. All checks are mailed to the home during the summer and right before holidays. It is the employee's responsibility to keep their bank account and address current with the school district.

PERIODIC REVIEW

In order to continue this excellent coverage at reasonable rates in future years, it is important for each of us to work together and with members of the dental profession to make this program work. We ask that you have only those services performed that you would have done if you had no reimbursement plan. Please do not unnecessarily prepay dental bills. This places an undue burden on the resources of the plan. It only shifts needed resources of the plan to the provider. Abuse, misuse, or unneeded use of the program could lead to its cancellation or make the cost prohibitive.

HEALTH SAVINGS ACCOUNT

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is an individually owned, tax-advantaged account that you can use to pay for current or future IRS-qualified medical expenses. With an HSA, you'll have the potential to build more savings for healthcare expenses or additional retirement savings through self-directed investment options¹.

HOW AN HSA WORKS:

- You can contribute to your HSA via payroll deduction, online banking transfer, or by sending a personal check to HSA Bank. Your employer or third parties, such as a spouse or parent, may contribute to your account as well.
- You can pay for qualified medical expenses with your Health Benefits Debit Card directly to your medical provider or pay out of pocket. You can choose to reimburse yourself or keep the funds in your HSA to grow your savings.
- Unused funds will roll over year to year. After age 65, funds can be withdrawn for any purpose without penalty (subject to ordinary income taxes).
- Check balances and account information via HSA Bank's Member Website or mobile device 24/7.

ARE YOU ELIGIBLE FOR AN HSA?

If you have a qualified high-deductible health plan (HDHP) - either through your employer, through your spouse, or one you've purchased on your own - chances are you can open an HSA. Additionally:

- You cannot be covered by any other non-HSA-compatible health plan, including Medicare Parts A and B.
- You cannot be covered by TriCare.
- You cannot be claimed as a dependent on another person's tax return (unless it's your spouse).
- You must be covered by the qualified HDHP on the first day of the month.

When you open an account, HSA Bank will request certain information to verify your identity and to process your application.

WHAT ARE THE ANNUAL IRS CONTRIBUTION LIMITS?

Contributions made by all parties to an HSA cannot exceed the annual HSA limit set by the Internal Revenue Service (IRS). Anyone can contribute to your HSA, but only the account holder and employer can receive tax deductions on those contributions. Combined annual contributions for the account holder, employer, and third parties (i.e., parent, spouse, or anyone else) must not exceed these limits.²

2022 ANNUAL HSA CONTRIBUTION LIMITS

Individual = \$3,650

Family = \$7,300

CATCH-UP CONTRIBUTIONS

Account holders who meet these qualifications are eligible to make an HSA catch-up contribution of \$1,000: HSA account holder; age 55 or older (regardless of when in the year an account holder turns 55); not enrolled in Medicare (if an account holder enrolls in Medicare mid-year, catch-up contributions should be prorated). Spouses who are 55 or older and covered under the account holder's medical insurance can also make a catch-up contribution into a separate HSA in their own name.



HSA BANK
(800) 357-6246

www.hsabank.com

**LUBBOCK ISD WILL MATCH
DOLLAR TO DOLLAR THE
EMPLOYEE'S CONTRIBUTION
UP TO \$500 ANNUALLY.**

¹ Investment accounts are not FDIC insured, may lose value and are not a deposit or other obligation of, or guarantee by the bank. Investment losses which are replaced are subject to the annual contribution limits of the HSA. ² HSA funds contributed in excess of these limits are subject to penalty and tax unless the excess and earnings are withdrawn prior to the due date, including any extensions for filing Federal Tax returns. Account holders should consult with a qualified tax advisor in connection with excess contribution removal. The Internal Revenue Service requires HSA Bank to report withdrawals that are considered refunds of excess contributions. In order for the withdrawal to be accurately reported, account holders may not withdraw the excess directly. Instead, an excess contribution refund must be requested from HSA Bank and an Excess Contribution Removal Form completed.

FLEXIBLE SPENDING ACCOUNTS

HEALTH FSA

Health Flexible Spending Accounts (FSA) allow you to set aside pre-tax payroll deductions each paycheck to pay for out of pocket medical, dental and vision expenses for you and your family.

During open enrollment you will estimate the amount you think you will need during the year. This amount will be taken out of each paycheck. Your full annual election will be available to you at the beginning of the plan year.

Your plan includes a grace period option, which means you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

FSA PLAN YEAR: JAN. 1, 2022 TO DEC. 31, 2022

FSA MAX: THE MAXIMUM YOU CAN SET ASIDE EACH YEAR IS \$2,750.

DEPENDENT CARE FSA

With a Dependent Care Flexible Spending Account (FSA), you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses, such as:

- Day Care Centers
- Before/After School Care
- Mothers-Day-Out Program
- Nursery Schools
- Babysitters
- Nanny
- Au Pair
- Day Camps

This account allows you to pay for day care expenses for your qualifying dependent/child with pre-tax dollars while you (and your spouse) are working, seeking employment, and/or attending school as a full time student (for at least five months of the year).

Eligible dependents must be claimed as an exemption on your tax return. For full plan details, view the FSA Booklet available on the Employee Benefit Center.

YOU MAY ALLOCATE UP TO \$5,000 PER TAX YEAR FOR REIMBURSEMENT OF DEPENDENT DAY CARE SERVICES. (\$2,500 IF YOU ARE MARRIED AND FILE A SEPARATE TAX RETURN).

Health FSA FORMS

- [FSA Reimbursement Claim Form](#)
- [FSA Reimbursement Claim Form – Spanish](#)
- [Letter of Medical Necessity Claim Form](#)

DEPENDENT CARE FORMS

- [Dependent Care Claim Form](#)
- [Dependent Care Claim Form – Spanish](#)

YOU MUST RENEW YOUR FLEX AND DEPENDENT CARE IF YOU WANT TO KEEP THEM IN 2022.

FSA RESOURCES

BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and eligible dependents that are at least 18 years old.

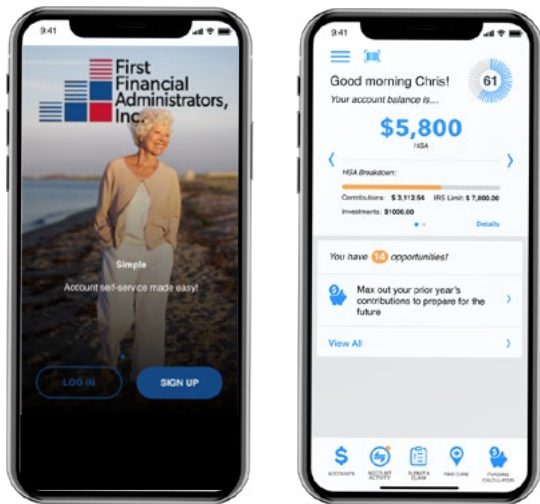
The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.

VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find claim forms, and view claim status and history on our secure website. Go to www.ffga.com and log in. After log in is complete, you may sign up for direct deposit for your reimbursements. [Portal Login Guide](#)

FF MOBILE ACCOUNT APP

With the **FF Mobile Account App** you can submit claims, view account balance and history, see claim status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® or Android™ devices on the App StoreSM or the Google Play StoreTM.



FF MOBILE ACCOUNT INFORMATION

- [FF Mobile Account App User Guide](#)
- [FF Mobile Account App Quick Reference Guide](#)



FFA FSA DEPARTMENT

P: (866) 853-3539

F: (800) 298-7785

[Online Wealthcare Portal](#)

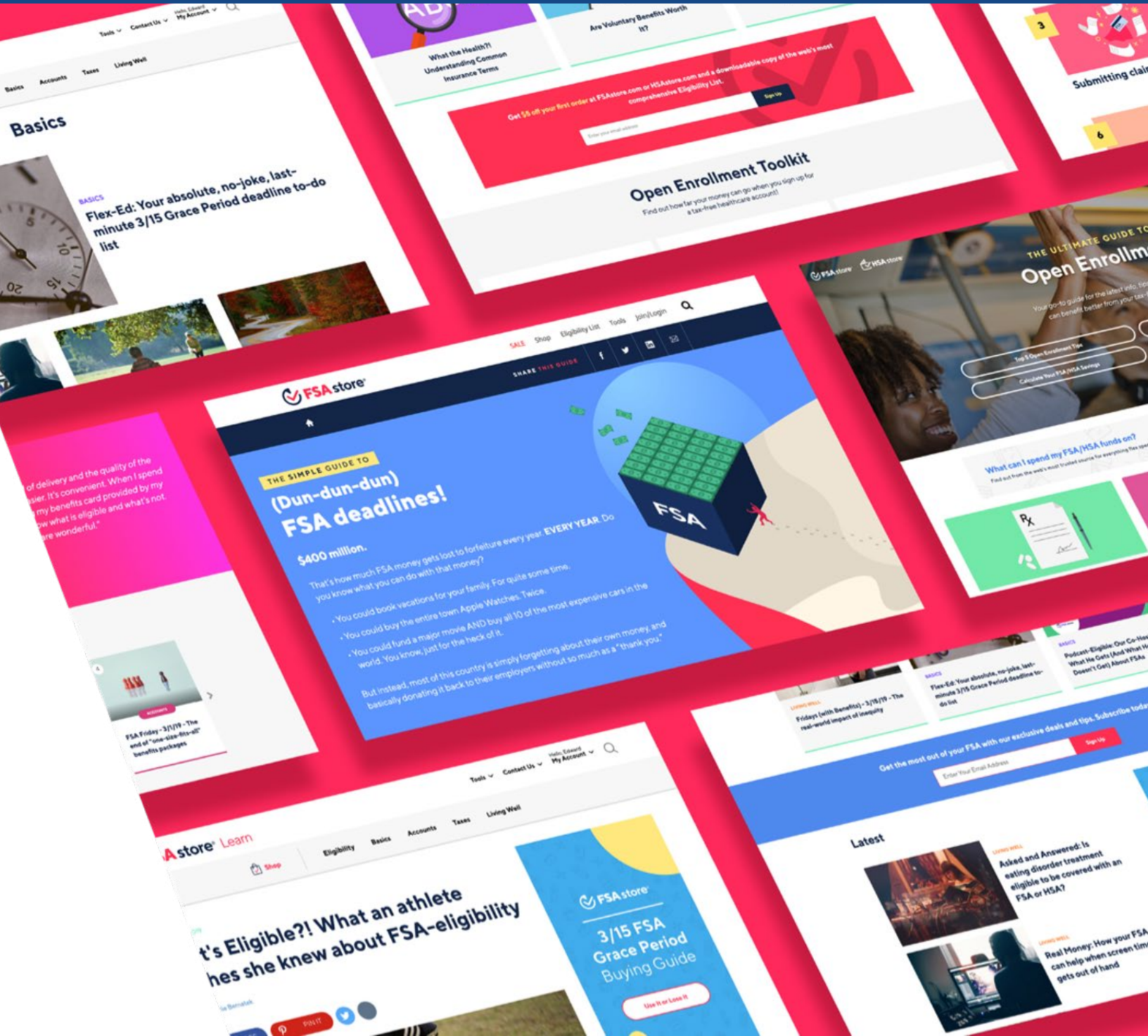
CLAIMS ADDRESS:

First Financial Administrators, Inc.

PO Box 161968

Altamonte Springs, FL 32716

FSA & HSA RESOURCES



FSA STORE & HSA STORE

First Financial has partnered with the FSA Store and HSA Store to bring you an easy to use online store to better understand and manage your account.

Visit <http://www.ffga.com/individuals/#stores> for more details and special deals!

- Shop for eligible items from bandages to wheel chairs and thousands of products in between.
- Browse or search for eligible products and services using the Eligibility List.
- Visit the Learning Center to help find answers to questions you may have about your account.



VISION PLAN



VISION INSURANCE

WHY VISION INSURANCE?

Proper vision care is essential to your overall wellbeing. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come. Your employer provides you with a vision plan to take care of you and your family's needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

- Eye exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction

SOUNDCARE BENEFIT

*Hearing Benefits Included with your Ameritas Vision Plan
View summary for more details.*



AMERITAS/VSP

(800) 877-7195

<https://www.vsp.com/eye-doctor>

VISION HIGH PLAN SUMMARY

Lubbock ISD

Eye Care Highlight Sheet



High Plan: Focus® Plan Summary

Effective Date: 1/1/2022

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$5 Exam	\$5 Exam
	\$0 Eye Glass Lenses or Frames*	\$0 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	Covered in full	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$200	Up to \$145
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$200**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on calendar year	Based on calendar year

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

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

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Progressive lenses covered in full	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full	No benefit
Solid Plastic Dye	Covered in full	No benefit
Plastic Gradient Dye	Covered in full	No benefit
Photochromatic Lenses (Glass & Plastic)	Covered in full	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	Covered in full	No benefit
Ultraviolet Coating	\$16	No benefit

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

LASIK Advantage® Benefit

Benefits	Year 1 - \$350 [\$175 per eye]
	Year 2 - \$350 [\$175 per eye]
	Year 3 - \$700 [\$350 per eye]

SoundCare Benefit

Coinsurance	
Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%
Deductible	None
Maximum (per benefit period)	
Annual Hearing Exam	Up to \$75
Hearing Aids (both ears)	
Year One	Up to \$200
Year Two	Up to \$600
Year Three	Up to \$800
Hearing Aid Maintenance	Up to \$40

Monthly Rates

Employee Only (EE)	\$16.88
EE + Spouse	\$32.82
EE + Children	\$33.82
EE + Spouse & Children	\$43.68

VISION LOW PLAN SUMMARY

Lubbock ISD
Eye Care Highlight Sheet



Low Plan: Focus® Plan Summary

Effective Date: 1/1/2022

	VSP Choice Network + Affiliates	Out of Network
Deductibles	\$10 Exam	\$10 Exam
Annual Eye Exam	\$20 Eye Glass Lenses or Frames*	\$20 Eye Glass Lenses or Frames
Lenses (per pair)	Covered in full	Up to \$45
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$150**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on calendar year	Based on calendar year

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

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

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Standard Progressives covered in full	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
	\$33 adults	
Solid Plastic Dye	\$15	No benefit
	(except Pink I & II)	
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

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

LASIK Advantage® Benefit

Benefits	Year 1 - \$350 [\$175 per eye] Year 2 - \$350 [\$175 per eye] Year 3 - \$700 [\$350 per eye]
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SoundCare Benefit

Coinsurance	
Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%
Deductible	None
Maximum (per benefit period)	
Annual Hearing Exam	Up to \$75
Hearing Aids (both ears)	
Year One	Up to \$200
Year Two	Up to \$600
Year Three	Up to \$800
Hearing Aid Maintenance	Up to \$40

Monthly Rates

Employee Only (EE)	\$7.44
EE + Spouse	\$14.44
EE + Children	\$14.88
EE + Spouse & Children	\$19.24

DISTRICT PAID & TERM LIFE INSURANCE



VOLUNTARY GROUP LIFE

WHY LIFE INSURANCE?

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care.

DISTRICT-PAID BASIC LIFE

Your employer provides all eligible employees a \$10,000 policy. The cost of this policy is paid for 100% by Lubbock ISD. This is a term life policy that is in effect while you are employed.

VOLUNTARY TERM LIFE INSURANCE

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed.

Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides.



THE STANDARD

(800) 247-6875

<http://standard.com>

TEXAS LIFE PERMANENT LIFE



HOW MUCH LIFE INSURANCE DO I NEED?

TEXAS LIFE - PERMANENT, PORTABLE LIFE INSURANCE

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121, as long as you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.



TEXAS LIFE

(800) 283-9233

<http://www.texaslife.com>

TEXAS LIFE HIGHLIGHTS



LIFE INSURANCE HIGHLIGHTS For the employee

PURELIFE-PLUS

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

The contract, PURELIFE-PLUS, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** With one of the highest death benefits available at the worksite,¹ PURELIFE-PLUS gives your loved ones peace of mind, knowing there will be life insurance in force when you die.
- **Refund of Premium.** Unique in the marketplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if the premium you pay when you buy the contract ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.**² Included for employees at a small extra cost, this rider will be triggered by the loss of two activities of daily living³ or permanent cognitive impairment. It pays the insured 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. *(Conditions apply.) (Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15)*



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

21Mo66-C FFGA 2009 (exp0523)
Not for use in CA.

The agent/agency offering this coverage is not affiliated with Texas Life other than to market its products. Claims payments are the responsibility of Texas Life Insurance Company.

TEXAS LIFE HIGHLIGHTS

Additional Features

- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-PLUS provides peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).⁴

You may apply for this permanent coverage, not only for yourself, but also for your spouse, children and grandchildren.⁵



3 QUICK QUESTIONS

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

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the Purelife-plus brochure for costs and complete details. Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18.

¹ Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, December 2018

² Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15.

³ Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

⁴ Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength

⁵ 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.

TEXAS LIFE NON-TOBACCO PREMIUMS

MONTHLY NON-TOBACCO PREMIUMS
EMPLOYEES ONLY with Accidental Death & Chronic Illness Riders

TEXASLIFE INSURANCE
 COMPANY

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

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

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

21Mo72-C-M-EE-ADB-CI NT 2012 (exp0523)

Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18

TEXAS LIFE NON-TOBACCO PREMIUMS

MONTHLY NON-TOBACCO PREMIUMS
SPOUSE & CHILD with Accidental Death Rider

TEXASLIFE INSURANCE
 COMPANY

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium	
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000		
15D-1				9.25						16.25	81
2-4				9.50						16.75	80
5-8				9.75						17.25	79
9-10				10.00						17.75	79
11-16				10.25						18.25	77
17-20				12.25	14.25	16.25	18.25	20.25	22.25	22.25	75
21-22				12.50	14.55	16.60	18.65	20.70	22.75	22.75	74
23				12.75	14.85	16.95	19.05	21.15	23.25	23.25	75
24-25				13.00	15.15	17.30	19.45	21.60	23.75	23.75	74
26				13.50	15.75	18.00	20.25	22.50	24.75	24.75	75
27-28				13.75	16.05	18.35	20.65	22.95	25.25	25.25	74
29				14.00	16.35	18.70	21.05	23.40	25.75	25.75	74
30-31				14.25	16.65	19.05	21.45	23.85	26.25	26.25	73
32				15.00	17.55	20.10	22.65	25.20	27.75	27.75	74
33				15.50	18.15	20.80	23.45	26.10	28.75	28.75	74
34				16.25	19.05	21.85	24.65	27.45	30.25	30.25	75
35		11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	32.25	76
36		11.55	14.65	17.75	20.85	23.95	27.05	30.15	33.25	33.25	76
37		12.00	15.25	18.50	21.75	25.00	28.25	31.50	34.75	34.75	77
38		12.45	15.85	19.25	22.65	26.05	29.45	32.85	36.25	36.25	77
39		13.20	16.85	20.50	24.15	27.80	31.45	35.10	38.75	38.75	78
40	10.05	13.95	17.85	21.75	25.65	29.55	33.45	37.35	41.25	41.25	79
41	10.75	15.00	19.25	23.50	27.75	32.00	36.25	40.50	44.75	44.75	80
42	11.55	16.20	20.85	25.50	30.15	34.80	39.45	44.10	48.75	48.75	81
43	12.25	17.25	22.25	27.25	32.25	37.25	42.25	47.25	52.25	52.25	82
44	12.95	18.30	23.65	29.00	34.35	39.70	45.05	50.40	55.75	55.75	83
45	13.65	19.35	25.05	30.75	36.45	42.15	47.85	53.55	59.25	59.25	83
46	14.45	20.55	26.65	32.75	38.85	44.95	51.05	57.15	63.25	63.25	84
47	15.15	21.60	28.05	34.50	40.95	47.40	53.85	60.30	66.75	66.75	84
48	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	70.25	85
49	16.75	24.00	31.25	38.50	45.75	53.00	60.25	67.50	74.75	74.75	85
50	17.75	25.50	33.25	41.00							86
51	18.95	27.30	35.65	44.00							87
52	20.25	29.25	38.25	47.25							88
53	21.25	30.75	40.25	49.75							88
54	22.25	32.25	42.25	52.25							88
55	23.35	33.90	44.45	55.00							89
56	24.35	35.40	46.45	57.50							89
57	25.55	37.20	48.85	60.50							89
58	26.65	38.85	51.05	63.25							89
59	27.85	40.65	53.45	66.25							89
60	28.55	41.70	54.85	68.00							90
61											90
62											90
63											90
64											90
65											90
66											90
67											91
68											91
69											91
70											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".

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

21M072-C-M-SPCH-ADB NT 2012 (exp0523)

Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18

TEXAS LIFE TOBACCO PREMIUMS

MONTHLY TOBACCO PREMIUMS
EMPLOYEES ONLY with Accidental Death & Chronic Illness Riders

TEXASLIFE INSURANCE
 COMPANY

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

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

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

21M072-C-M-EE-ADB-CIT 2012 (exp0523)

Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18

TEXAS LIFE TOBACCO PREMIUMS

MONTHLY TOBACCO PREMIUMS
SPOUSE & CHILD with Accidental Death Rider

TEXASLIFE INSURANCE
 COMPANY

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				17.25	20.25	23.25	26.25	29.25	32.25	71
21-22				18.00	21.15	24.30	27.45	30.60	33.75	71
23				18.75	22.05	25.35	28.65	31.95	35.25	72
24-25				19.25	22.65	26.05	29.45	32.85	36.25	71
26				19.75	23.25	26.75	30.25	33.75	37.25	72
27-28				20.25	23.85	27.45	31.05	34.65	38.25	71
29				20.50	24.15	27.80	31.45	35.10	38.75	71
30-31				23.00	27.15	31.30	35.45	39.60	43.75	72
32				23.75	28.05	32.35	36.65	40.95	45.25	72
33				24.00	28.35	32.70	37.05	41.40	45.75	72
34				24.25	28.65	33.05	37.45	41.85	46.25	71
35		16.50	21.25	26.00	30.75	35.50	40.25	45.00	49.75	72
36		16.95	21.85	26.75	31.65	36.55	41.45	46.35	51.25	72
37		18.00	23.25	28.50	33.75	39.00	44.25	49.50	54.75	73
38		18.45	23.85	29.25	34.65	40.05	45.45	50.85	56.25	73
39		19.65	25.45	31.25	37.05	42.85	48.65	54.45	60.25	74
40	14.95	21.30	27.65	34.00	40.35	46.70	53.05	59.40	65.75	76
41	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	77
42	16.95	24.30	31.65	39.00	46.35	53.70	61.05	68.40	75.75	78
43	18.35	26.40	34.45	42.50	50.55	58.60	66.65	74.70	82.75	80
44	19.05	27.45	35.85	44.25	52.65	61.05	69.45	77.85	86.25	80
45	20.05	28.95	37.85	46.75	55.65	64.55	73.45	82.35	91.25	81
46	20.85	30.15	39.45	48.75	58.05	67.35	76.65	85.95	95.25	81
47	21.85	31.65	41.45	51.25	61.05	70.85	80.65	90.45	100.25	82
48	22.75	33.00	43.25	53.50	63.75	74.00	84.25	94.50	104.75	82
49	24.05	34.95	45.85	56.75	67.65	78.55	89.45	100.35	111.25	83
50	25.15	36.60	48.05	59.50						83
51	26.25	38.25	50.25	62.25						83
52	27.85	40.65	53.45	66.25						84
53	29.25	42.75	56.25	69.75						85
54	30.55	44.70	58.85	73.00						85
55	31.95	46.80	61.65	76.50						85
56	33.55	49.20	64.85	80.50						85
57	35.15	51.60	68.05	84.50						86
58	36.85	54.15	71.45	88.75						86
59	38.55	56.70	74.85	93.00						86
60	39.55	58.20	76.85	95.50						86
61										86
62										87
63										87
64										87
65										87
66										88
67										88
68										88
69										88
70										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".

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

21M072-C-M-SPCH-ADB T 2012 (exp0523)

Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18

WHOLE LIFE



GROUP WHOLE LIFE INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. A whole life policy is one that stays in force as long as premiums are paid as required. You keep it even after employment ends, making it a smart choice to protect your loved ones.

HERE'S HOW IT WORKS

With Group Whole Life Insurance from Allstate Benefits, you get simplified and straightforward coverage. You decide how much coverage and who to cover. You get guaranteed rates for the life of the policy and a guaranteed death benefit to be paid to your beneficiaries. As the policy builds cash value, you can achieve your financial goals or borrow against it should you need to.

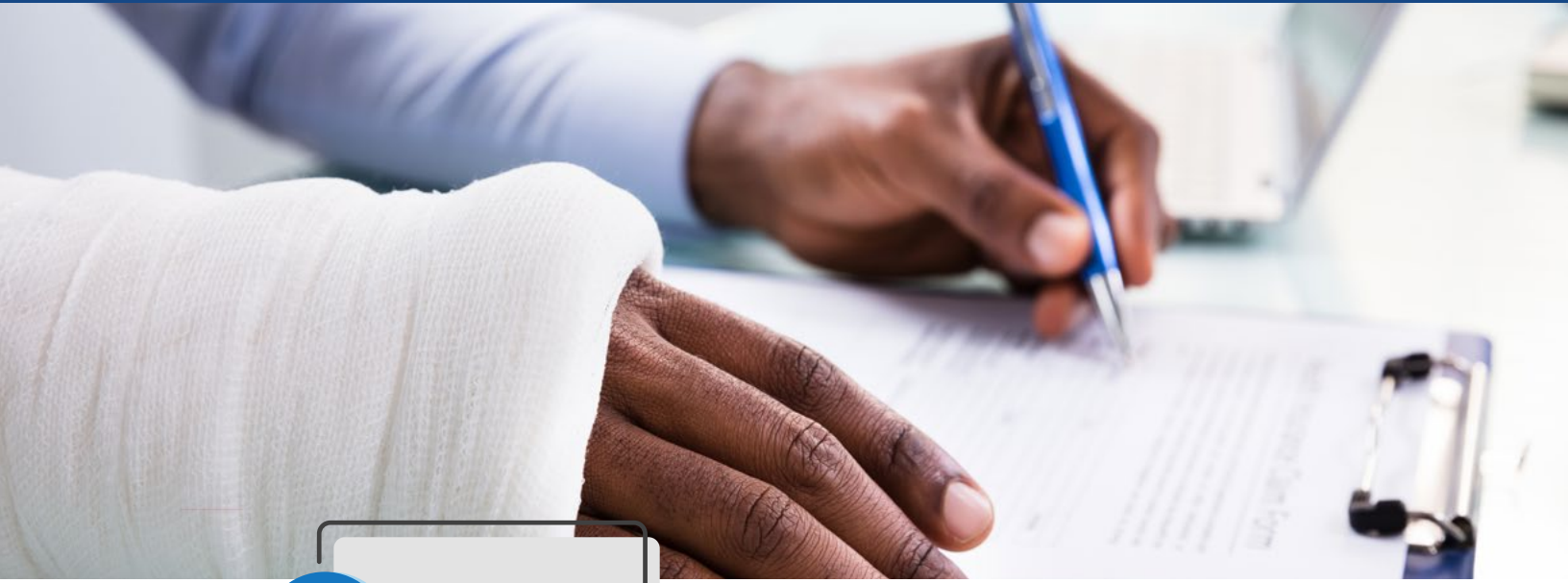


ALLSTATE

(800) 521-3535

<https://www.allstate.com/>

DISABILITY PLAN



LONG-TERM DISABILITY INSURANCE

WHY DISABILITY INSURANCE?

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage, it replaces a portion of district income for the period of time you are unable to work due to those reasons.

You are able to choose the benefit amount which is the amount of your income to replace, and the waiting period that you begin receiving payments. Consider these questions when making your decision:

- How much district leave do you have?
- Do you have savings?
- What are your other sources of income?



THE STANDARD

(888) 378-2395

<https://www.standard.com>

DISABILITY PLAN



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

Voluntary Long Term Disability (LTD) Insurance

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

Eligibility Requirements

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

Benefit Amount

- | | |
|-------------------------------------|--|
| Benefit Amount | You may select a monthly benefit amount in \$100 increments, based on the table and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly predisability earnings. The minimum monthly amount you may elect is \$200. |
| Plan Maximum Monthly Benefit | The lesser of \$8,000 or 66 2/3 percent of your predisability earnings |
| Plan Minimum Monthly Benefit | 25 percent of your LTD benefit before reduction by deductible income |

During the annual open enrollment period, you may increase your Monthly Benefits by \$100, \$200 or \$300 without being subject to the preexisting condition exclusion. If you choose to increase your coverage by more than \$300, you will be subject to the preexisting condition exclusion.

Note:

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

Disability Needs Calculator

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

Employee Coverage Effective Date

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

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

DISABILITY PLAN

Understanding Your Plan Design

Benefit Waiting Period The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. **Benefits are not payable during the benefit waiting period.** The benefit waiting period options associated with your plan include:

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

During the annual open enrollment period, you may decrease your benefit waiting period by one level without being subjected to the preexisting condition, If you choose to decrease by more than one level, you will be subjected to the preexisting condition exclusion.

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

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

Deductible Income Deductible income is income you receive or are eligible to receive while LTD benefits are payable.

During the first 12 months of disability, deductible income includes, but is not limited to:

1. Any amount you receive or are eligible to receive because of your disability, including amount for partial or total disability, whether permanent, temporary or vocational, under the following:
 - A workers' compensation law;
 - The Jones Act;
 - Maritime Doctrine of Maintenance, Wages, or Cure;
 - Longshoremen's and Harbor Worker's Act; or
 - Any similar act or law
2. Your work earnings, as described in the Return to Work Provisions.
3. Any amount you receive by compromise, settlements, or other method as a result of a claim for any of the above, whether disputed or undisputed.

After you have been disabled for 12 months, deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children

DISABILITY PLAN

- Disability or retirement benefits under your employer’s retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Maximum Benefit Period

The maximum period for which benefits are payable is shown in the table below:

If you become disabled before age 62, LTD benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Benefit Calculation

Example

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of \$100, from a minimum of \$200 to a maximum of the lesser of \$8,000 or 66 2/3 percent of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are \$4,500, you may select any dollar amount (in \$100 increments) between \$200 and \$2,700 (66.67 percent of predisability earnings). In the example below, assume you elected the maximum benefit amount of \$2,700, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900. Your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	\$4,500
Maximum benefit percentage	X 66.67%
Maximum benefit amount	\$2,700
Less Social Security disability benefit	-\$1,200
Less retirement benefit	-\$900
Amount of LTD benefit	\$600

Additional Features

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

24 Hour Coverage

24-hour LTD plans provide coverage for disabilities occurring on or off the job.

Rehabilitation Plan

If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.

Reasonable Accommodation

If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved

DISABILITY PLAN

Standard Insurance Company

Educator Options Voluntary LTD Coverage Highlights Lubbock Independent School District

Expense Benefit	amount for some or all of the cost of the modification.
Rehabilitation Incentive Benefit	If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional benefit equal to 10 percent of your predisability earnings. When added to any other amount you receive from The Standard, your total benefit cannot exceed the maximum benefit allowed by the policy.
Employee Assistance Program	Includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues.
Survivors Benefit	If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three times your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).
First Day Hospital Benefit	If you are hospital confined* for at least 4 hours during the benefit waiting period, the following will apply; the remainder of your benefit waiting period will be waived, LTD benefits will become payable on the first day you are hospital confined, and your maximum benefit period will begin on the date your LTD benefits are payable. You are eligible for this benefit only if your elected benefit waiting period is less than 45 days. *Hospital confined means you are admitted to a hospital as an in-patient, and for which you are charged for room and board.
Family Care Expense Benefit	Applies when a disabled employee has returned to work and continues to receive LTD benefits. For 12 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings.
Special Dismemberment Provision	If you suffer a loss as a result of an accident, you will be considered disabled for the applicable Minimum Benefit Period, even if this causes LTD benefits to be paid beyond the end of the Maximum Benefit Period.

Exclusions

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

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

Preexisting Condition Provision

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

A preexisting condition is a mental or physical condition:

- For which you would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications

DISABILITY PLAN

Standard Insurance Company

Educator Options Voluntary LTD Coverage Highlights Lubbock Independent School District

- Which, as a result of any medical examination, including routine examination, was discovered or suspected

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

Specified Exclusion and Limitation Period 12 months

Limitations

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

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

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

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

When Benefits End

LTD benefits end automatically on the earliest of:

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

When Insurance Ends

Insurance ends automatically on the earliest of the following:

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

If applicable, the date your employer ceases to participate under the group policy

Group Insurance Certificate

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

DISABILITY PLAN

Standard Insurance Company

Educator Options Voluntary LTD Coverage Highlights
Lubbock Independent School District

Rates

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

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

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

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month (rate per \$100 of benefit*)					
			0-7 *\$3.83	14-14 *\$3.06	30-30 *\$2.52	60-60 *\$1.73	90-90 *\$1.50	180-180 *\$1.00
3,600	300	200	7.66	6.12	5.04	3.46	3.00	2.00
5,400	450	300	11.49	9.18	7.56	5.19	4.50	3.00
7,200	600	400	15.32	12.24	10.08	6.92	6.00	4.00
9,000	750	500	19.15	15.30	12.60	8.65	7.50	5.00
10,800	900	600	22.98	18.36	15.12	10.38	9.00	6.00
12,600	1050	700	26.81	21.42	17.64	12.11	10.50	7.00
14,400	1200	800	30.64	24.48	20.16	13.84	12.00	8.00
16,200	1350	900	34.47	27.54	22.68	15.57	13.50	9.00
18,000	1500	1,000	38.30	30.60	25.20	17.30	15.00	10.00
19,800	1650	1,100	42.13	33.66	27.72	19.03	16.50	11.00
21,600	1800	1,200	45.96	36.72	30.24	20.76	18.00	12.00
23,400	1950	1,300	49.79	39.78	32.76	22.49	19.50	13.00
25,200	2100	1,400	53.62	42.84	35.28	24.22	21.00	14.00
27,000	2250	1,500	57.45	45.90	37.80	25.95	22.50	15.00
28,800	2400	1,600	61.28	48.96	40.32	27.68	24.00	16.00
30,600	2550	1,700	65.11	52.02	42.84	29.41	25.50	17.00
32,400	2700	1,800	68.94	55.08	45.36	31.14	27.00	18.00
34,200	2850	1,900	72.77	58.14	47.88	32.87	28.50	19.00
36,000	3000	2,000	76.60	61.20	50.40	34.60	30.00	20.00
37,800	3150	2,100	80.43	64.26	52.92	36.33	31.50	21.00
39,600	3300	2,200	84.26	67.32	55.44	38.06	33.00	22.00
41,400	3450	2,300	88.09	70.38	57.96	39.79	34.50	23.00
43,200	3600	2,400	91.92	73.44	60.48	41.52	36.00	24.00
45,000	3750	2,500	95.75	76.50	63.00	43.25	37.50	25.00
46,800	3900	2,600	99.58	79.56	65.52	44.98	39.00	26.00
48,600	4050	2,700	103.41	82.62	68.04	46.71	40.50	27.00
50,400	4200	2,800	107.24	85.68	70.56	48.44	42.00	28.00
52,200	4350	2,900	111.07	88.74	73.08	50.17	43.50	29.00
54,000	4500	3,000	114.90	91.80	75.60	51.90	45.00	30.00

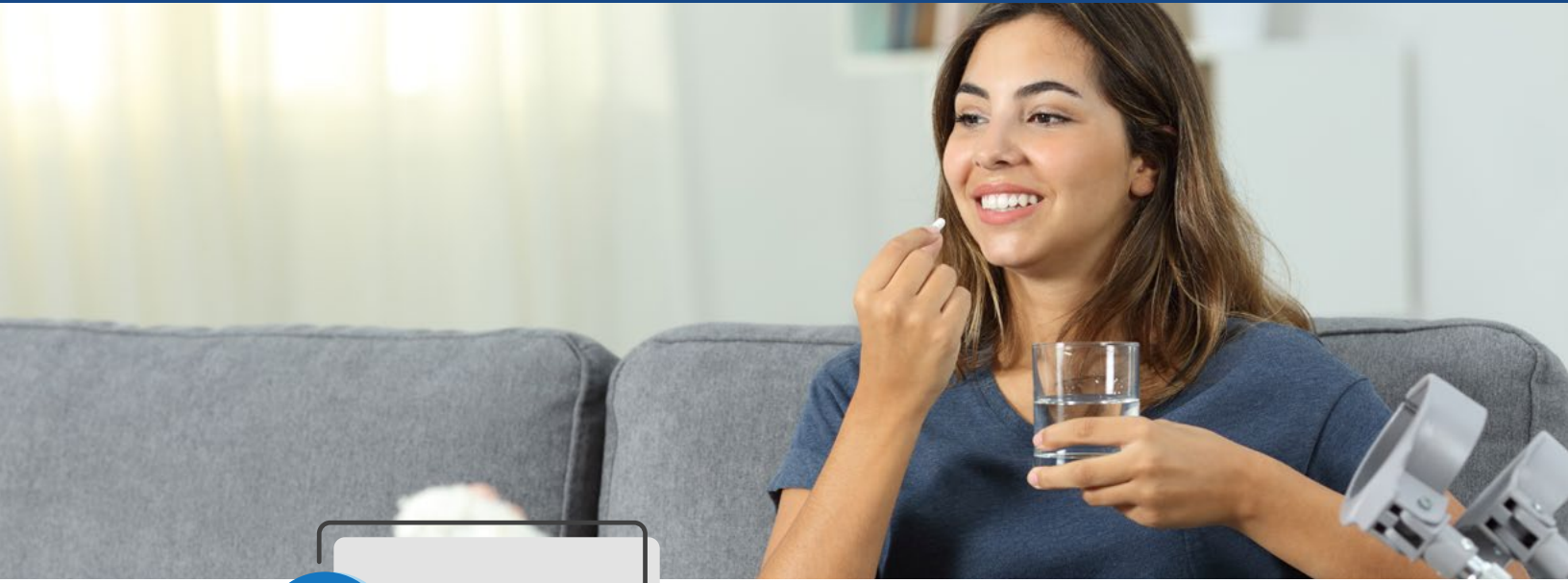
DISABILITY PLAN

Standard Insurance Company

Educator Options Voluntary LTD Coverage Highlights
Lubbock Independent School District

55,800	4650	3,100	118.73	94.86	78.12	53.63	46.50	31.00
57,600	4800	3,200	122.56	97.92	80.64	55.36	48.00	32.00
59,400	4950	3,300	126.39	100.98	83.16	57.09	49.50	33.00
61,200	5100	3,400	130.22	104.04	85.68	58.82	51.00	34.00
63,000	5250	3,500	134.05	107.10	88.20	60.55	52.50	35.00
64,800	5400	3,600	137.88	110.16	90.72	62.28	54.00	36.00
66,600	5550	3,700	141.71	113.22	93.24	64.01	55.50	37.00
68,400	5700	3,800	145.54	116.28	95.76	65.74	57.00	38.00
70,200	5850	3,900	149.37	119.34	98.28	67.47	58.50	39.00
72,000	6000	4,000	153.20	122.40	100.80	69.20	60.00	40.00
73,800	6150	4,100	157.03	125.46	103.32	70.93	61.50	41.00
75,600	6300	4,200	160.86	128.52	105.84	72.66	63.00	42.00
77,400	6450	4,300	164.69	131.58	108.36	74.39	64.50	43.00
79,200	6600	4,400	168.52	134.64	110.88	76.12	66.00	44.00
81,000	6750	4,500	172.35	137.70	113.40	77.85	67.50	45.00
82,800	6900	4,600	176.18	140.76	115.92	79.58	69.00	46.00
84,600	7050	4,700	180.01	143.82	118.44	81.31	70.50	47.00
86,400	7200	4,800	183.84	146.88	120.96	83.04	72.00	48.00
88,200	7350	4,900	187.67	149.94	123.48	84.77	73.50	49.00
90,000	7500	5,000	191.50	153.00	126.00	86.50	75.00	50.00
91,800	7650	5,100	195.33	156.06	128.52	88.23	76.50	51.00
93,600	7800	5,200	199.16	159.12	131.04	89.96	78.00	52.00
95,400	7950	5,300	202.99	162.18	133.56	91.69	79.50	53.00
97,200	8100	5,400	206.82	165.24	136.08	93.42	81.00	54.00
99,000	8250	5,500	210.65	168.30	138.60	95.15	82.50	55.00
100,800	8400	5,600	214.48	171.36	141.12	96.88	84.00	56.00
102,600	8550	5,700	218.31	174.42	143.64	98.61	85.50	57.00
104,400	8700	5,800	222.14	177.48	146.16	100.34	87.00	58.00
106,200	8850	5,900	225.97	180.54	148.68	102.07	88.50	59.00
108,000	9000	6,000	229.80	183.60	151.20	103.80	90.00	60.00
109,800	9150	6,100	233.63	186.66	153.72	105.53	91.50	61.00
111,600	9300	6,200	237.46	189.72	156.24	107.26	93.00	62.00
113,400	9450	6,300	241.29	192.78	158.76	108.99	94.50	63.00
115,200	9600	6,400	245.12	195.84	161.28	110.72	96.00	64.00
117,000	9750	6,500	248.95	198.90	163.80	112.45	97.50	65.00
118,800	9900	6,600	252.78	201.96	166.32	114.18	99.00	66.00
120,600	10050	6,700	256.61	205.02	168.84	115.91	100.50	67.00
122,400	10200	6,800	260.44	208.08	171.36	117.64	102.00	68.00
124,200	10350	6,900	264.27	211.14	173.88	119.37	103.50	69.00
126,000	10500	7,000	268.10	214.20	176.40	121.10	105.00	70.00
127,800	10650	7,100	271.93	217.26	178.92	122.83	106.50	71.00
129,600	10800	7,200	275.76	220.32	181.44	124.56	108.00	72.00
131,400	10950	7,300	279.59	223.38	183.96	126.29	109.50	73.00
133,200	11100	7,400	283.42	226.44	186.48	128.02	111.00	74.00
135,000	11250	7,500	287.25	229.50	189.00	129.75	112.50	75.00
136,800	11400	7,600	291.08	232.56	191.52	131.48	114.00	76.00
138,600	11550	7,700	294.91	235.62	194.04	133.21	115.50	77.00
140,400	11700	7,800	298.74	238.68	196.56	134.94	117.00	78.00
142,200	11850	7,900	302.57	241.74	199.08	136.67	118.50	79.00
144,000	12000	8,000	306.40	244.80	201.60	138.40	120.00	80.00

ACCIDENT PLAN



ACCIDENT INSURANCE

WHY ACCIDENT INSURANCE?

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit



METLIFE

(800) 438-6388

<https://mybenefits.metlife.com>

Lubbock Independent School District #236765
MetLife Accident Rates effective 1/1/2022

Group Accident Monthly Rates:

Low Plan

Type	PEPM
Employee Only	\$6.87
Employee + Spouse	\$13.59
Employee + Children	\$16.36
Employee + Spouse and Children	\$19.32

High Plan

Type	PEPM
Employee Only	\$9.67
Employee + Spouse	\$19.01
Employee + Children	\$22.80
Employee + Spouse and Children	\$26.93

ACCIDENT PLAN HIGHLIGHTS

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 receive¹. Here are just some of the covered events/services².

Benefit Type	Low Plan Benefits	High Plan Benefits
Accidental Injury Benefits		
Fracture* (depending on the fracture and type of repair)	\$100 – \$8,000	\$200 – \$10,000
Dislocation* (depending on the dislocation and type of repair)	\$100 – \$8,000	\$200 – \$10,000
Second- or Third- Degree Burn (depending on degree of burn and percentage of burnt skin)	\$100 – \$10,000	\$125 – \$15,000
Concussion	\$400	\$800
Coma	\$10,000	\$12,500
Laceration (depending on the length of the cut and type of repair)	\$50 – \$400	\$75 – \$700
Broken Tooth	Crown: \$200 / Filling: \$50 / Extraction: \$100	Crown: \$300 / Filling: \$100 / Extraction: \$150
Eye Injury	\$400	\$500
Accident - Medical Services & Treatment Benefits		
Ambulance	Ground: \$400 / Air: \$1,200	Ground: \$500 / Air: \$1,500
Emergency Care (depending on location of care)	\$50 – \$250	\$75 – \$300
Non-Emergency Initial Care	\$50	\$75
Physician Follow-Up	\$100	\$125
Therapy Services (including physical therapy)	\$25 - \$50	\$40 - \$65
Medical Testing	\$200	\$250
Medical Appliances (depending on the appliance)	\$100 – \$1,000	\$200 – \$1,250
Transportation	\$400	\$500
Benefit Type		
Low Plan Benefits		
High Plan Benefits		
Pain Management (for epidural anesthesia)	\$150	\$200
Prosthetic Device	One device: \$750 More than one device: \$1,500	One device: \$1,000 More than one device: \$2,000
Modification	\$1,000	\$1,500
Blood/Plasma/Platelets	\$400	\$500



ADF# AI664.14

ACCIDENT PLAN HIGHLIGHTS

Accident Insurance

Surgical Repair (depending on the type of surgery)	\$200-\$2,000	\$250-\$2,500
Exploratory Surgery	\$150	\$200
Other Outpatient Surgery	\$350	\$450
Hospital Benefits*		
Admission	\$1,000 for the day of admission	\$1,500 for the day of admission
Intensive Care Unit (ICU) Supplemental Admission	\$1,000 for the day of admission	\$1,500 for the day of admission
Confinement (paid for up to 15 days per accident)	\$200 per day	\$300 per day
ICU Supplemental Confinement (paid for up to 15 days per accident)	\$200 per day	\$300 per day
Inpatient Rehabilitation (paid for up to 15 days per accident)	\$200 per day	\$250 per day
Accidental Death Benefit		
Accidental Death Benefit*	\$25,000 \$75,000 for accidental death on common carrier*	\$50,000 \$150,000 for accidental death on common carrier*
Accidental Dismemberment, Functional Loss & Paralysis Benefits		
Dismemberment/Functional Loss (depending on the injury)	\$750 - \$20,000	\$1,000 - \$40,000
Paralysis (depending on the number of limbs)	\$10,000 - \$20,000	\$20,000 - \$40,000
Other Benefits		
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$200 per day	\$400 per day

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 Fracture and Dislocation benefits – Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

- Hospital Benefits – 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.
- Accidental Death Benefit – 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.
- 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. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.
- 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.
- Organized Sports Activity Injury Benefit Rider – The rider is not available in all states. Proof of registration in an Organized Sports Activity in which an Accident occurred is required at time of claim. See your certificate for details.



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
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ACCIDENT PLAN HIGHLIGHTS

Accident Insurance

Benefit Payment Example – High Plan

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)	\$500
Emergency Care	\$300
Physician Follow-Up (\$125 x 2)	\$250
Medical Testing	\$250
Concussion	\$800
Broken Tooth (repaired by crown)	\$300
Benefits paid by MetLife Group Accident Insurance	\$2,400

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 1 800-GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: mybenefits.metlife.com.

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.

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.

CRITICAL ILLNESS PLAN WITH CANCER



CRITICAL ILLNESS

WHY CRITICAL ILLNESS INSURANCE?

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.



AFLAC

(800) 433-3036

<http://www.aflacgroupinsurance.com>

CRITICAL ILLNESS PLAN FEATURES

AFLAC GROUP CRITICAL ILLNESS



Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

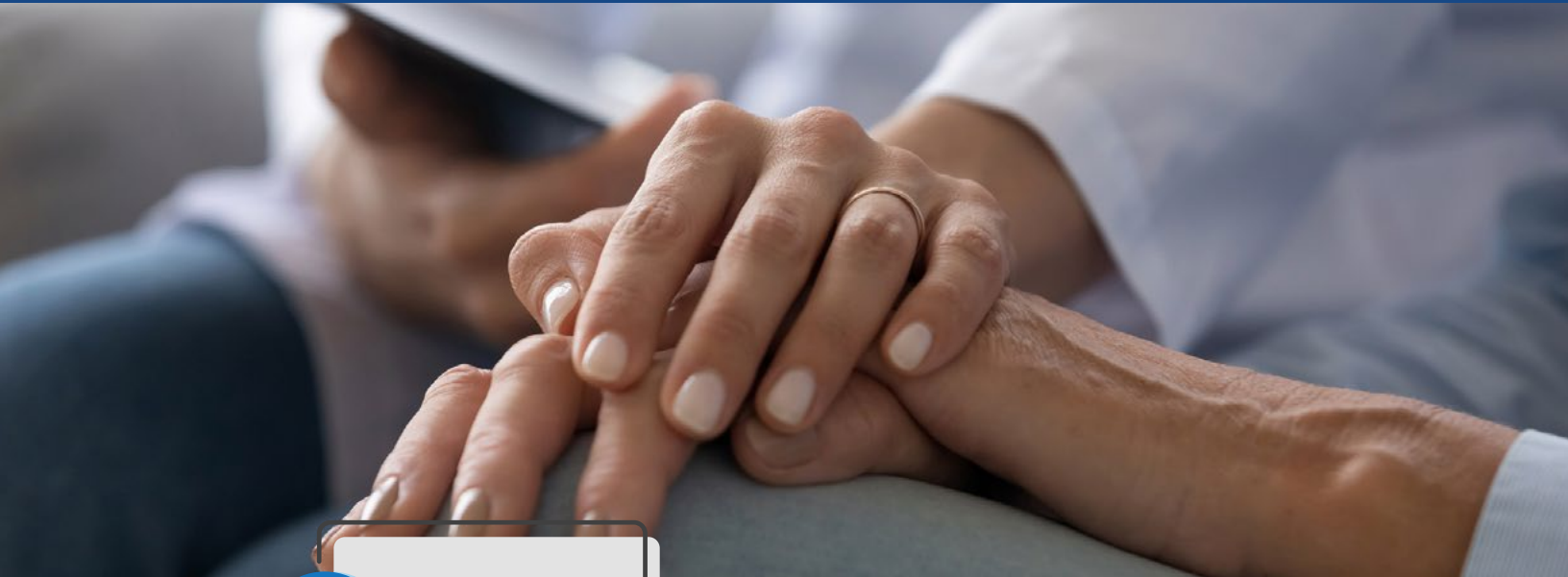
More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



CANCER PLAN



**WATCH
VIDEO**

CANCER INSURANCE

WHY CANCER INSURANCE?

Thousands of Americans are diagnosed with cancer each day. No doubt, the news is devastating, both personally and financially. It's impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a cancer insurance plan.

It is likely that your major medical coverage will not cover all of the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money.



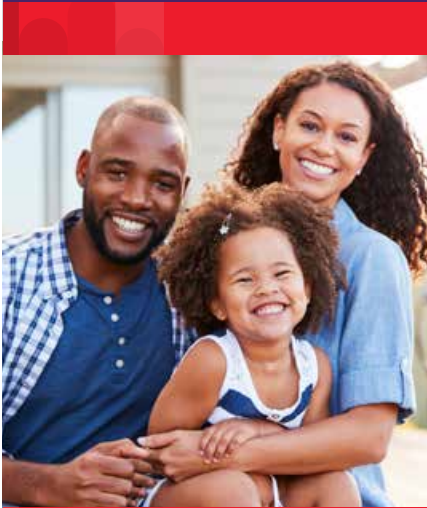
AMERICAN FIDELITY

(800) 654-8489

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CANCER BROCHURE

AF™ Limited Benefit Group Cancer Insurance



AF™ Group Cancer Insurance

AMERICAN FIDELITY 
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on the fight.

A cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of cancer treatment.

AF™ **Limited Benefit Group Cancer Insurance** offers a solution to help you and your family focus on fighting the disease.

Did You Know?

New cancer cases in America are diagnosed at the rate of about 4,626 per day.

American Cancer Society: Cancer Facts and Figures 2017, pg. 4.

Plan Highlights

- **Helps cover expenses**
for the treatment of cancer, transportation, hospitalization, and more.
- **Benefits paid directly to you**
to be used however you see fit.
- **Portable to take with you**
even if you leave employment.
- **Coverage options available**
for you, your spouse, and your children under age 26.

Cancer Insurance Benefits

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, AF™ **Group Cancer Insurance** may help pay for expenses not covered by your major medical insurance.

Example cancer insurance benefits include:



Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for our AFQuickClaims®.



Travel Expenses

This benefit may help pay for qualified transportation and lodging for the patient and family.

CANCER BROCHURE

Choose Your Coverage

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (actual charges)	\$10,000	\$15,000
Administrative/Lab Work Benefit (per calendar month)	\$50	\$75
Hormone Therapy Benefit (per treatment - max 1 treatment/ calendar month)	\$50	\$50
Experimental Treatment Benefit	Paid in the same manner and under the same maximums as any other treatment	
Blood, Plasma, and Platelets Benefit (\$10,000 Basic, \$15,000 Enhanced Plus per calendar year max)	\$200/day	\$300/day
Medical Imaging Benefit (per image - max 2 per calendar year)	\$200	\$300
Surgical Benefit	\$20 surgical unit/ Max per operation: \$2,000	\$40 surgical unit/ Max per operation: \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Second and Third Surgical Opinion Benefit(per diagnosis)	\$300	\$300
Outpatient Hospital or Ambulatory Surgical Center Benefit	\$200/day of surgery	\$600/day of surgery
Bone Marrow or Stem Cell Transplant Benefit		
Patient Provided (per calendar year)	\$500	\$1,500
Donor Provided (per calendar year)	\$1,500	\$4,500
Prosthesis and Orthotic Benefit and Related Services		
Surgical (1/site; lifetime max 2/ covered person)	\$1,000	\$2,000
Non-surgical (1/site; lifetime max 3/ covered person)	\$100	\$200
Hair Prosthesis (once per life)	\$100	\$200
Hospital Confinement Benefit		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day
U.S. Government/Charity Hospital Benefit (paid in lieu of most benefits) (inpatient and outpatient)	\$100/day	\$300/day
Extended Care Facility Benefit (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Home Health Care (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Hospice Care Benefit (\$18,000 lifetime max for Basic; \$54,000 lifetime max for Enhanced Plus)	\$100/day	\$300/day
Inpatient Special Nursing Services Benefit	\$100/day	\$300/day

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Dread Disease Benefit (paid per day while hospital confined)		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day
Donor Benefit	\$1,000/donation	
Drugs and Medicine Benefit		
Inpatient (payable per confinement)	\$50	\$200
Outpatient (\$50/prescription/ calendar month up to max shown)	\$50	\$100
Attending Physician Benefit (while hospital confined)	\$50/day	\$50/day
Transportation & Lodging Benefit (Patient & Family Member)		
Transportation (\$1,500 max per round trip; max 12 trips/calendar year)	Coach fare or \$.50/ mile by car	Coach fare or \$.50/ mile by car
Lodging (per day up to 90 days per calendar year)	\$50	\$75
Ambulance Benefit		
Ground (per trip, up to 2 per confinement)	\$200	\$200
Air (per trip, up to 2 per confinement)	\$2,000	\$2,000
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$50	\$50
Diagnostic and Prevention Benefit (one per calendar year)	\$25	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$25	\$75
Waiver of Premium (employee only)	After 90 days of continuous disability	
Internal Cancer Diagnosis Benefit (paid once/Covered Person/Lifetime; Benefits reduce 50% at age 70)	\$2,500	\$5,000
Heart Attack or Stroke Diagnosis Benefit (paid once/covered person/lifetime; benefits reduce 50% at age 70)	N/A	\$5,000

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Monthly Premium

	BASIC	ENHANCED PLUS
Individual	\$15.80	\$31.62
Family	\$26.86	\$53.80

The premium and amount of benefits provided vary depending upon the plan selected.

CANCER BROCHURE

Plan Benefit Highlights

Only loss for cancer Unless otherwise indicated, benefits are payable only for loss pays only for loss resulting from definitive Cancer diagnosis or treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. The Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically covered under the Dread Disease Benefit or Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

Cancer Means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; aplastic anemia; atypia; non-malignant monoclonal gammopathy; or pre-malignant lesions, benign tumors or polyps.

Such Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. Diagnosis must be made based on a microscopic examination of fixed tissue, or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen.

Radiation Therapy, Chemotherapy or Immunotherapy Benefit We will pay the actual charges up to the benefit listed in the schedule per 12 month period. If Proof of Loss regarding actual charges for treatment is not submitted, we will pay the daily amount shown in your certificate for each day treatment is received, up to the actual charges maximum per 12-month period. Upon receipt of actual charges Proof of Loss, we will pay the difference, up to the maximum per 12-month period. Actual charges are the amount actually paid by or on behalf of the Covered Person and accepted by the provider for services provided.

This benefit does not cover other related procedures such as treatment planning, treatment management or consultation, design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.).

Administrative and Lab Work Benefit Paid only if the Covered Person is also receiving the Radiation Therapy, Chemotherapy or Immunotherapy Benefit during the same calendar month.

Hormone Therapy Benefit Drugs and medicines covered under the Drugs and Medicine Benefit or the Radiation Therapy, Chemotherapy or Immunotherapy Benefit are not included. This benefit does not cover associated administrative processes.

Experimental Treatment Benefit Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

Blood, Plasma and Platelets Benefit Laboratory processes are not included. Colony stimulating factors are not covered. Benefits for blood, plasma and platelets are only provided under this benefit.

Medical Imaging Benefit Payable for a Covered Person who has been diagnosed with Cancer who receives either an MRI, CT scan, CAT scan, PET scan, or RAIU (thyroid) test when performed at the request of a physician.

Surgical Benefit Payable when a surgical operation is performed for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the unit dollar amount shown in your certificate schedule. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, surgeries required for administration of Radiation Therapy, Chemotherapy or Immunotherapy are not covered under this benefit.

Anesthesia Benefit Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered.

Second and Third Surgical Opinion Benefit Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered.

Outpatient Hospital or Ambulatory Surgical Center Benefit Surgical procedures for Skin Cancer are not covered.

Bone Marrow or Stem Cell Transplant Benefit Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Prosthesis and Orthotic Benefit and Related Services Payable for a Prosthetic or Orthotic Device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. Benefits for a hair prosthesis will only be covered under the Hair Prosthesis Benefit.

Covered benefits under this provision are limited to the most appropriate model of Prosthetic Device or Orthotic Device that adequately meets the medical needs of the Covered Person as determined by the Covered Person's treating Physician or podiatrist and prosthetist or orthotist, as applicable. The Prosthesis Benefit will include repair and replacement of a Prosthetic Device or Orthotic Device, unless the repair or replacement is necessitated by misuse by the Covered Person.

Hospital Confinement Benefit Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; 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.

U.S. Government or Charity Hospital Benefit Payable when an itemized list of services is not available and the Covered Person is confined in a charity Hospital or a Hospital owned or operated by the U.S. government as a result of Cancer or Dread Disease or covered under a Diagnostic Related Group where no charges are made to the Covered Person for treatment of Cancer or Dread Disease. This benefit will be paid in lieu of most benefits listed on the schedule.

Extended Care Facility Benefit Pays a daily benefit for physician authorized confinement that begins within 14 days after a Hospital confinement.

Home Health Care Benefit Pays a daily benefit for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy.

CANCER BROCHURE

AF™ Limited Benefit Group Cancer Insurance

Plan Benefit Highlights

Hospice Care Benefit Pays a daily benefit when a physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

Inpatient Special Nursing Services Benefit Pays a daily benefit when receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period.

Dread Disease Benefit Covered Dread Diseases are: Addison's Disease; Amyotrophic Lateral Sclerosis; Cystic Fibrosis; Diphtheria; Encephalitis; Grand Mal Epilepsy; Legionnaire's Disease; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Niemann-Pick Disease; Osteomyelitis; Poliomyelitis; Reye's Syndrome; Rheumatic Fever; Rocky Mountain Spotted Fever; Sickle Cell Anemia; Systemic Lupus Erythematosus; Tay-Sach's Disease; Tetanus; Toxic Epidermal; Toxic Shock Syndrome; Tuberculosis; Tularemia; Typhoid Fever; Whipple's Disease.

Donor Benefit Blood donor expenses are not covered.

Drugs and Medicine Benefit Pays a benefit for anti-nausea and pain medication for treatment of Cancer. It does not include associated administrative processes or drugs or medicines covered under the Radiation Therapy, Chemotherapy or Immunotherapy Benefit or the Hormone Therapy Benefit.

Transportation and Lodging Benefits Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging for Radiation Therapy, Chemotherapy, or Immunotherapy treatment, Bone Marrow or Stem Cell Transplant, or surgery in a Hospital not available locally and at least 50 miles from the Covered Person's residence. Payable for the Covered Person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the Covered Person.

Ambulance Benefit If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. Covered Person must be admitted as an inpatient and hospital confined for at least 18 consecutive hours.

Waiver of Premium Premium waived if you are disabled due to Cancer for longer than 90 continuous days. This benefit does not apply if your spouse or children become disabled.

Physical or Speech Therapy Benefit Therapy must be provided by a caregiver licensed in physical or speech therapy.

Diagnostic and Prevention Benefit Pays for a generally medically recognized screening test to detect Internal Cancer. This benefit is not payable for any test covered under the Medical Imaging Benefit.

Cancer Screening Follow Up Benefit Payable for one follow-up invasive screening test when a Covered Person receives abnormal results from a covered screening test. For tests involving an incision or surgery, payable only for tests that result in a negative diagnosis of Cancer.

Internal Cancer Diagnosis Benefit Payable if a physician diagnoses the Covered Person with Internal Cancer after coverage is in force for that person.

Heart Attack or Stroke Diagnosis Benefit Payable if a physician diagnoses the Covered Person as having a Heart Attack or Stroke after coverage is in force for that person. This benefit is payable only for the first to occur of either the Heart Attack or Stroke.

Pre-existing condition Means a Specified Disease for which the Covered Person: (a) had treatment; or (b) received advice from a Physician, during the 12-month period immediately before the Covered Person's Effective Date of coverage.

Pre-existing condition limitation No benefit will be payable for any loss which is caused by or resulting from a Pre-Existing Condition which occurs before a Covered Person has been continuously covered under the Policy for 12 consecutive months. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. Increases or changes in coverage will be subject to an additional Pre-Existing Condition Limitation.

Hospital intensive care unit benefit limitations No benefits will be payable during the first 2 years of coverage for confinement caused by any heart condition that was diagnosed or treated prior to 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated prior to the Effective Date).

Exclusions We will not pay benefits resulting from or caused by: (a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; (b) alcoholism or drug addiction; (c) war or acts of war, declared or undeclared, while serving in the military or an auxiliary unit thereto; (d) military service for any country at war; (e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or (f) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place).

Benefits are also not payable for services performed by a Physician who is related to the Covered Person.

Termination of Insurance Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, your employment terminates, or you die. Your dependent's coverage will end if your coverage ends, premiums are not paid, they no longer meet the definition of a dependent or the policy is modified to exclude dependents. Your coverage can be terminated or premiums may be increased on any premium due date with 60 days advance written notice.



American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • americanfidelity.com

This product may contain limitations, exclusions, and waiting periods. This brochure highlights important features of the policy. Please refer to your certificate for complete details. If you reside in a state other than your employers state domicile, where required by law, policy provisions and benefits may vary. This product is inappropriate for people who are eligible for Medicaid coverage.

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*The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.

HOSPITAL INDEMNITY



HOSPITAL INDEMNITY

WHY HOSPITAL INDEMNITY INSURANCE?

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!



AETNA

888.792.9682

www.aetna.com

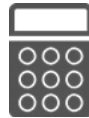
HOSPITAL INDEMNITY

Highlights of the Aetna Hospital Indemnity Plan

The Aetna Hospital Indemnity Plan pays benefits related to an inpatient hospital stay. Below are some of the benefits available. Benefits are payable once per member during a plan year unless otherwise specified. Pre-existing condition exclusions do not apply to your plan. You have two options to choose from.. For more details, including exclusions and limitations that apply, review your benefit summary.

Aetna Hospital Plan	Low Plan	High Plan
Hospital Admission	\$1,500	\$3,000
Inpatient hospital stay – Daily*	\$150	\$300
Intensive care unit (ICU) stay – Daily*	\$300	\$600
Rehabilitation unit stay - Daily*	\$50	\$75
Newborn routine care	\$100	\$200
Observation unit	\$100	\$200
Substance abuse/Mental disorder stay – Daily*	\$100	\$150

*All daily inpatient stay benefits begin on day two and count toward the plan year maximum. Maximum 60 daily benefits per plan year combined for all stays.



Monthly Rates

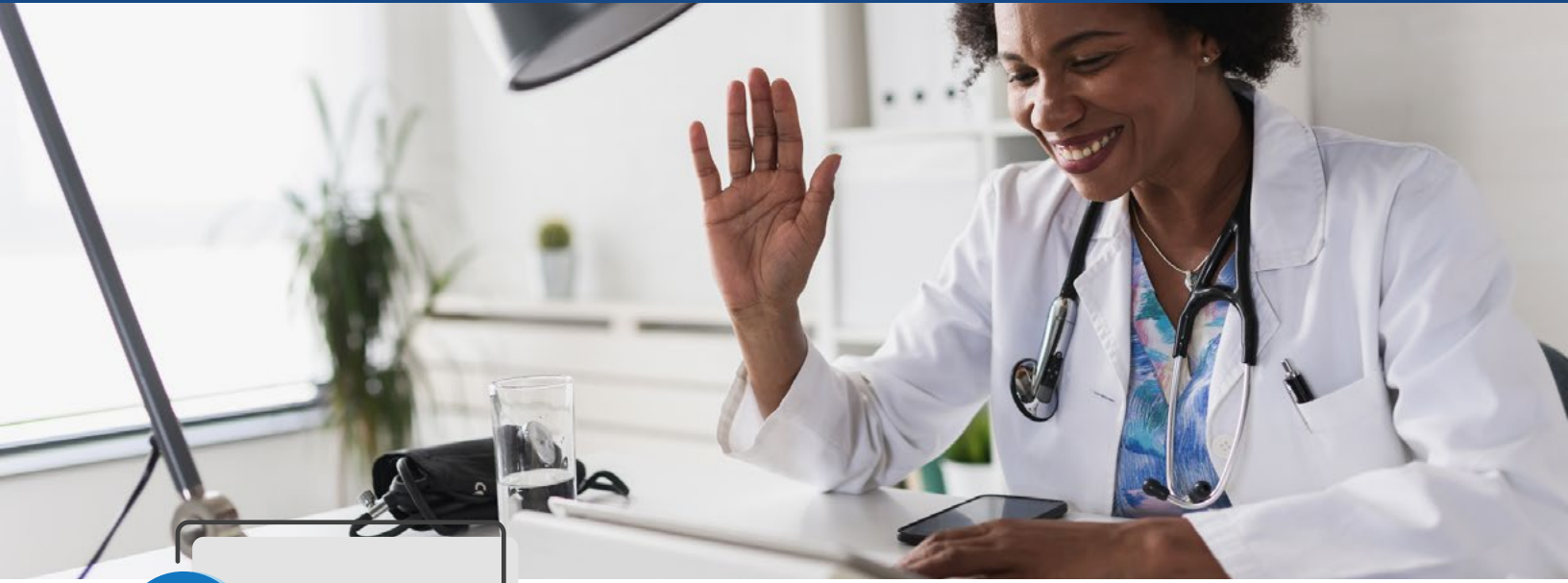
Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken. You can only choose one plan option and tier below.

Plan Option	Employee	Employee + Spouse	Employee + Child(ren)	Family
Low Plan	\$21.89	\$44.67	\$34.24	\$54.52
High Plan	\$43.45	\$88.67	\$67.24	\$107.23

Lubbock ISD



TELEHEALTH



**WATCH
VIDEO**

TELEMEDICINE

WHAT IS TELEMEDICINE?

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

Board Certified physicians will diagnose your illness, recommend treatment and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They are able to treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!

WellVia is an optional plan available to Lubbock ISD employees. Please note that if you are enrolled in the Lubbock ISD Health Plan, you will have access to the \$0 copay clinics and services, which includes telemedicine.



WELLVIA

(800) 943-9179

<https://wellviasolutions.com>

IDENTITY THEFT



**WATCH
VIDEO**

IDENTITY THEFT

WHY IDENTITY THEFT PROTECTION?

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

*Lubbock ISD is pleased to provide the
Basic iLock360 plan to all employees
at no cost to you!*

You must enroll in the plan to participate.

You will also have the option to purchase additional options when you enroll.



iLOCK360

(855) 287-8888

www.ilock360.com

LEGAL SERVICES



**WATCH
VIDEO**

LEGAL SERVICES

WHY LEGAL ADVICE?

Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.



METLIFE LEGAL

(800) 821-6400

<https://legalplans.com>

FINANCIAL WELLNESS



WHY FINPATH?

FinPath combines advanced technology and personal Wellness Coaches to empower stronger financial health in our communities.

The FinPath software program provides personalized financial analysis and provides recommendations to assist employees with:

- budgeting savings
- credit scores
- investments
- wills
- taxes
- retirement planning
- debts management (student loans/credit cards)
- insurance



FINPATH

(833) 777-6545

<https://financialpathway.com>

*Lubbock ISD is pleased to provide
FinPath at no cost to all employees.
You do not need to enroll to participate.*

MEDICAL TRANSPORT



**WATCH
VIDEO**

MEDICAL TRANSPORT

WHY MEDICAL TRANSPORT PROTECTION?

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs.

Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill.

With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.



MASA

(954) 334-8261

<http://www.masamts.com>

403(b) RETIREMENT PLAN



403(b) PLAN

403(b) RETIREMENT PLAN

The 403(b) can be an excellent way to save money for retirement. It can serve as a supplement to a traditional pension plan or other retirement plan(s), or as a stand-alone plan. The 403(b) is a tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates



FIRST FINANCIAL ADMINISTRATORS

(800) 523-8422, option 2

retirement@ffga.com

SECTION 125 PLAN GUIDELINES

As a Lubbock ISD employee, you are eligible to participate in a Section 125 Cafeteria Plan. The Section 125 Cafeteria Plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums offered by your employer. Elections made during your annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Section 125 Sample Paycheck

WITHOUT S125		WITH S125	
Monthly Salary	\$2,000	Monthly Salary	\$2,000
Less Medical Deductions	-N/A	Less Medical Deductions	-\$250
Taxable Gross Income	\$2,000	Taxable Gross Income	\$1,750
Less Taxes (Fed/State @ 20%)	-\$400	Less Taxes (Fed/State @ 20%)	-\$350
Less Estimated FICA (7.65%)	-\$153	Less Estimated FICA (7.65%)	\$133
Less Medical Deductions	-\$250	Less Medical Deductions	N/A
Take Home Pay	\$1,197	Take Home Pay	\$1,267

MID-YEAR BENEFIT CHANGES

Other than during annual open enrollment, you may only make changes to your benefit elections if you experience a qualified status change or qualify for a "special enrollment." If you qualify for a mid-year benefit change, you are required to submit proof of the change or evidence of prior coverage. It is the Employee's Responsibility to notify the District of any qualifying life event change within **31 days** of the event and to complete all the necessary changes forms. After 31 days, a change will not be possible until Open Enrollment.

QUALIFYING LIFE EVENTS INCLUDE:

- **Changes in household**, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption, or death of a dependent child
- **Loss of health coverage**, attributable to your spouse's employment, losing existing health coverage including job-based, individual & student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan
- **Other qualifying events** include gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA), becoming a U.S. citizen, leaving incarceration (jail or prison), and AmeriCorps members starting or ending their service.

CONTACT INFORMATION

Lubbock ISD Benefits Department

Benefits Enrollment Clerk: (806) 219-0281
 Vaun Murphrey, Benefits Specialist: (806) 219-0283
 Lisa Thompson, Executive Director: (806) 219-0285



First Financial Group of America

Account Manager: Ty Stovall
ty.stovall@ffga.com | (888) 580-8015
 Client Services Specialist: Jacqueline Faircloth
jacqueline.faircloth@ffga.com | (888) 580-8015



BENEFIT	CARRIER	WEBSITE	PHONE
Enrollment Support	First Financial	ffenroll@ffga.com	855-523-8422
Medical	BCBSTX	Medical Plan Highlight Summary	877-299-2377
\$0 Copay Clinic with Telemedicine	UMC Physicians	https://www.umchealthsystem.com/lubbock-isd	806-219-0281
Reimbursement Dental Plan	Lubbock ISD	Dental Plan Summary	806-219-0280
Flexible Spending Account	First Financial	ffa.wealthcareportal.com	866-853-3539
Health Savings Account	HSA Bank	hsabank.com	800-357-6246
Vision	Ameritas VSP	ameritas.com	800-877-7195
District Paid/Vol Term Life	The Standard Insurance	standard.com	281-517-5466
Permanent, Portable Life	Texas Life	texaslife.com	800-283-9233
Whole Life	Allstate	Allstate Benefits Website	800-521-3535
Disability	The Standard Insurance	standard.com	281-517-5466
Accident	MetLife	https://mybenefits.metlife.com	800-438-6388
Critical Illness with Cancer	AFLAC	aflacgroupinsurance.com	800-433-3036
Cancer Insurance	American Fidelity	americanfidelity.com	800-654-8489
Hospital Indemnity	Aetna	aetna.com	800-607-3366
Telehealth	WellVia	wellviasolutions.com	855-WELLVIA
Identity Theft	iLock360	ilock360.com	855-287-8888
Legal	MetLife Legal	legalplans.com	800-821-6400
Financial Wellness	FinPath	https://financialpathway.com	833-777-6545
Medical Transport	MASA	http://www.masamts.com	954-334-8261
403(b) Retirement Plan	First Financial	403(b) Employer Information	(800) 523-8422, option 2

Employee Benefits Center

Find detailed information about current and upcoming benefits, voluntary product offerings, employer programs, Section 125 & Flex information, important contact numbers, links, downloadable forms and brochures.

<https://ffbenefits.ffga.com/lubbockisd>