



**Group Voluntary AD&D Insurance Plan Design Summary for
ELGIN ISD/ TEEBC TRUST F021842 - 328**

| Voluntary AD&D | | |
|---|--|---|
| | Employee Only Plan | Spouse Plan |
| Eligibility | All active full-time Employees regularly working 20 hours per week are eligible for insurance on their date of hire. | Spouse of Covered Employee; |
| Employee Voluntary AD&D Benefit | An amount between \$15,000 and \$300,000 in \$1,000 increments to a maximum of 6 times your annual earnings. | |
| Family Plan Benefits (Pct of Covered Employee Benefit) | | An amount between \$1,000 and \$50,000, in \$1,000 increments, not to exceed 100% of the employee amount. |
| Age Reduction Schedule <i>Benefits are reduced by the percentage indicated and are calculated from the original amount at the attainment of the age shown.</i> | 35% at age 70 50% at age 75 Benefits terminate at retirement. | Benefits terminate at retirement. |
| Additional AD&D Features | | |
| Seat Belt Benefit | 10% - \$10,000 | 10% - \$10,000 |
| Air Bag Benefit | 5% - \$5,000 | 5% - \$5,000 |
| Education Benefit | N/A | 3% - \$3,000 per year Up to four years |
| Repatriation Benefit | \$5,000 | \$5,000 |
| Felonious Assault Benefit | 10% - \$25,000 | 10% - \$25,000 |
| Coma Benefit | 1% - 11 months | 1% - 11 months |
| Waiver of Premium | Included | Included |
| COSTS | | |
| Policyholder Contribution | 0% | 0% |
| | Employee Only Monthly Rate per \$1,000 \$0.02 | Spouse Plan Monthly Rate per \$1,000 \$0.02 |
| <p>Exclusions and Limitations for Voluntary AD&D* - Blue Cross and Blue Shield of Texas will not pay any benefit for a loss resulting from or caused by:</p> <ul style="list-style-type: none"> • Disease of the mind or body, and any medical or surgical treatment thereof • Infection • Suicide or attempted suicide • Intentionally self-inflicted injury • War • Travel or flight in any aircraft while a member of the crew • Under the influence of any narcotic • Intoxication • Participation in a riot | | |
| *Refer to the policy and certificate for other exclusions and limitations that may apply. | | |

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



The Accidental Death and Dismemberment (AD&D) plan pays an additional benefit when a covered insured loses their life, or a limb due to an accident. The loss must occur within 365 days of the accident. Benefits are paid based on the following schedule.

| AD&D SCHEDULE OF LOSSES | BENEFIT AMOUNT |
|---|-----------------------|
| Loss of Life | 100% |
| Loss of Both Hands or Both Feet | 100% |
| Loss of One Hand and One Foot | 100% |
| Loss of Sight of Both Eyes | 100% |
| Loss of One Hand and the Sight of One Eye | 100% |
| Loss of One Foot and the Sight of One Eye | 100% |
| Loss of Sight of One Eye | 50% |
| Loss of One Hand or One Foot | 50% |
| Loss of Thumb and Index Finger of Same Hand | 25% |

The following additional benefits are included with our Accidental Death & Dismemberment plan. For amount and availability of benefits, please refer to the Plan Design Summary.

Seat Belt Benefit

Pays an additional benefit, up to the percentage and maximum amounts indicated in the Plan Design Summary, if the covered insured dies in an automobile accident while wearing a properly worn seat belt.

Air Bag Benefit

Pays an additional benefit, up to the percentage and maximum amounts indicated in the Plan Design Summary, if the covered insured dies in an automobile accident while seated in a seat containing a factory installed air bag.

Repatriation

If a covered insured dies as a result of an accident more than 75 miles from their principal place of residence, the benefit pays the actual costs, up to the maximum amount indicated in the Plan Design Summary, for the preparation and transportation of the insured employee's body back to their home.

EducationBenefit

For employees who have elected the Family Plan , pays an additional benefit, up to the percentage and annual maximum indicated in the Plan Design Summary, if a covered insured dies in an accident and has qualified dependent children attending a school of higher learning. The benefit is payable for each insured child and up to four annual payments.

Coma Benefit

Pays a monthly benefit, up to the percentage and number of months indicated in the Plan Design Summary, if the covered insured becomes comatose within 31 days of an accident and remains in a coma for 31 days. If the insured person dies before receiving the full coma benefits, the balance of their principal sum will become payable.

Felonious Assault Benefit

Pays an additional benefit, up to the percentage and maximum amounts indicated in the Plan Design Summary, if the covered employee loses their life while at work and as a result of a felony committed by someone other than a fellow employee or a member of their family.

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