

Group Voluntary AD&D Insurance Plan Design Summary for

MINERAL WELLS ISD / TEEBC TRUST F021842 - 315

Voluntary AD&D

ligibility	All active full-time Employees who	All a still a full store Formulations
	fin detive run time Employees who	All active full-time Employees;
	regularly work 10 hours per week	Spouse of Covered Employee;
	and Bus Drivers are eligible for	Children of Covered Employee to
	insurance on their date of hire.	age 26.
mployee Voluntary AD&D Benefit	\$10,000 - \$200,000 in increments of	\$10,000 - \$200,000 in increments o
	\$10,000, not to exceed 7 times annual	\$10,000, not to exceed 7 times
	earnings.	annual earnings.
Family Plan Benefits		Spouse Only: 50%
(Pct of Covered Employee Benefit)		Spouse w/Children: 40%
		Child Only: 15%
		Child w/Spouse: 10%
Age Reduction Schedule	35% at age 65, then 50% at age 70.	35% at age 65, then 50% at age
Benefits are reduced by the percentage indicated and are	Benefits terminate at Employee's	70. Benefits terminate at
calculated from the original amount at the attainment of	Retirement.	Employee's Retirement.
he age shown.		
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
elonious Assault Benefit	10% - \$25,000	10% - \$25,000
Coma Benefit	1% - 11 months	1% - 11 months
Naiver of Premium	Included	Included
COSTS		
Policyholder Contribution	0%	0%
	Employee Only	Family Plan
	Monthly Rate per \$1,000	Monthly Rate per \$1,000
	\$.03	\$.05

- 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.



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	BENEFITAMOUNT
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.

Education Benefit

<u>For employees who have elected the Family Plan</u>, 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.