

Education Service Center, Region 20

ESC-20 Benefits Cooperative



2009-2010

Benefits Guide—Supplemental Benefits

Plan Year September 1, 2009 - August 31, 2010

Details at <http://www.esc20bc.net>



Contact Information

For questions regarding Supplemental Plan benefits, claims, and policies log on to www.esc20bc.net or contact Financial Benefit Services at 800-583-6908. The Supplemental Plan vendors' information is also included if you prefer to contact them directly.

Table of Contents

Section 125 Plan Information	Pages 4 - 6
2009-2010 Summary of Benefits	Pages 7 - 9
Online Enrollment Instructions	Pages 10 - 11

Online Enrollment & Benefit Plan Information

Contact Name: **Financial Benefit Services**
Contact Phone Number: **972.690.8500 / 800.583.6908**
Contact Web Address: www.fbsinc.com

MGM Flexible Spending Accounts (FSA)

p 12 - 15

Provider Name: **Mass Group Marketing (MGM)**
Provider Phone Number: **972.881.2255 / 800.833.4028**
Provider Web Address: www.mgmtpa.com

Dental Select Plan Information

p 16 - 21

Provider Name: **Dental Select**
Provider Phone Number: **800.999.9789**
Provider Web Address: www.dentalselect.com

Superior Vision Plan Information

p 22

Provider Name: **Superior Vision**
Provider Phone Number: **800.507.3800**
Provider Web Address: www.superiorvision.com

Contact Information

For questions regarding Supplemental Plan benefits, claims, and policies log on to www.esc20bc.net or contact Financial Benefit Services at 800-583-6908. The Supplemental Plan vendors' information is also included if you prefer to contact them directly.

MetLife Disability Plan Information

p 23 - 28

Provider Name: **MetLife**

Provider Phone Number: **877.963.8932**

Provider Web Address: www.metlife.com/mybenefits

Disability Claims Hotline: **800.275.4638 Prompt 2, Press 3**
Press 1 for new or existing claims

APL Cancer Plan Information

p 29 - 30

Provider Name: **American Public Life**

Provider Phone Number: **866.874.5725**

Provider Web Address: www.ampublic.com

APL Accident Plan Information

p 31 - 35

Provider Name: **American Public Life**

Provider Phone Number: **866.874.5725**

Provider Web Address: www.ampublic.com

Ft. Dearborn Life / AD&D Plan Information

p 36 - 37

Provider Name: **Ft. Dearborn**

Provider Contact: **Financial Benefit Services**

Provider Phone Number: **972.690.8500 / 800.583.6908**

Provider Web Address: www.fbsinc.com

Section 125 Plan Information

INTRODUCTION

In this booklet you will find an overview of the Section 125 Cafeteria Plan, along with the voluntary plans available through Financial Benefit Services.



WHAT IS A CAFETERIA PLAN?

This plan allows you to deduct certain premium amounts for benefits from your gross earnings before federal withholding taxes are calculated. It is a way for you to pay for certain benefits while lowering your taxable income. Please see the example on the next page which illustrates the benefit of participating in Section 125.

WHAT BENEFITS ARE AVAILABLE?

A summary of available Supplemental Plan benefits follows. Please read all information carefully and always refer to the Supplemental Plan benefit sections in this Benefits Guide for more detailed information.

HOW DO I ENROLL?

An open enrollment period will take place at approximately the same time each year at which time you may make changes to your benefits or add new benefits.

CHANGES TO BENEFITS

Mid-year changes in benefit elections can occur only if you experience a family status change, as detailed in this Benefits Guide.

You must present proof of a family status change to your benefits administrator within 31 days of your family status change.

Additional forms must be completed, signed and submitted.

Section 125 Plan Information

SECTION 125 PLAN

The example below shows how a married employee claiming 1 exemption saves taxes when insurance coverages are elected on a pre-tax basis.

<u>WITH SECTION 125</u>		<u>WITHOUT SECTION 125</u>	
Monthly Salary	\$2,000	Monthly Salary	\$2,000
Less TRS	- 128	Less TRS	- 128
Less Insurance	- 250		
	<hr/>		<hr/>
Taxable Income	1,622	Taxable Income	1,872
Less Taxes	- 186	Less Taxes	- 228
	<hr/>	Less Insurance	- 250
			<hr/>
TAKE HOME PAY	<u>\$1,436</u>	TAKE HOME PAY	<u>\$1,394</u>

SAVINGS

You save \$42 per month in taxes by paying for your benefits on a pre-tax basis. This means more spendable income at the end of the month to use for additional benefits or to increase your net pay.



Section 125 Plan Information

SPECIAL RULES REGARDING SECTION 125 CAFETERIA PLAN

There are three very important issues to keep in mind:

1. Supplemental Plans are voluntary (you may pick and choose), **every employee is required to sign the Section 125 Benefit Election Form by enrolling online**, even if no benefits or changes are made.

2. **All benefit elections will remain in effect and cannot be revoked or changed during this plan year unless you have one of the following changes in family status:**
 - * Marriage
 - * Divorce
 - * Birth
 - * Adoption
 - * Death
 - * Termination or change in employee or spouse's employment (full-time to part-time / part-time to full-time status).
 - * Change in eligibility status of a dependent (attains maximum eligibility age / meets and/or ceases to meet full-time student status qualification).
 - * Loss or curtailment in health coverage of employee or spouse due to change in spouse's employment and upon meeting a required eligibility period.

3. **New Employees must enroll in benefit elections within 31 days from their date of hire.** After 31 days, an employee will not be allowed to enroll in benefits until the next open enrollment period (unless there is a family status change).

TOLL-FREE HELP LINE AVAILABLE

In an effort to provide you exceptional customer service, there is a toll-free number to call. If you have a question concerning how your benefits work, how to file a claim, or if you need other policy information, call Financial Benefit Services, LLC at 972.690.8500 / 800.583.6908.

If the terms of this Summary of Benefits differ from your policy, the policy will govern.

Summary of Benefits

Health Care

For information on your health care plan, please contact your benefits administrator.

Health & Dependent Care Reimbursement - MGM

p 12 - 15

Tax-sheltered flexible spending accounts allow an individual to set aside dollars to pay for future health care and dependent care expenses. Eligible expenses must be incurred within the current plan year (09/01/2009 - 08/31/2010). The Health Reimbursement maximum is \$5,000 per plan year, \$416.66 monthly. The Dependent Care Reimbursement maximum is \$5,000 per plan year, \$416.66 monthly if married filing jointly; \$2,500 per plan year, \$208.33 monthly, if married but filing single.

A flex card option is available for participants with the Health Care Reimbursement Account. Check with your benefits administrator regarding your eligibility for the flex card benefit and any applicable charge (\$1.50 per month).

Dental Insurance - Dental Select*

p 16 - 21

Dental Select offers a **Platinum Indemnity**, **Platinum Co-Pay**, and **Silver Discount Plan**.

Platinum Indemnity: The Indemnity Plan allows you to visit any dentist! In addition, this plan offers added cost savings and specialist discounts when receiving care from a contracted provider. It covers 100% of Preventative services, 80% of Basic services, and 50% of Major and Orthodontic services after the deductible has been paid. There are no waiting periods!!

Platinum Co-Pay: The Co-Pay Plan provides members with high-quality features and benefits while minimizing employee costs. No waiting periods, no maximums to track and a large group of providers. With affordable premiums, members have less out-of-pocket costs each month. Please refer to pages 19 - 20 for a partial schedule of co-payments.

Silver Discount: The Discount Plan allows you and your family to receive quality care at a discounted rate from the Dental Select Silver group of contracted providers. This plan is available at no cost for the Employee Only option.

**There is a complimentary vision discount plan available to Dental Select members only.*

Summary of Benefits

Vision Insurance - Superior Vision

p 22

Members pay a co-pay for in-network benefits. The exam co-pay is \$10.00 and materials co-pay is \$25.00. Out-of-network vision services are reimbursed up to a certain dollar amount for covered expenses. Exams and lenses are covered in-network with a co-pay once every 12 months; frames (within plan allowances) are covered in-network with a co-pay once every 24 months. The plan covers contacts in lieu of glasses. Please refer to the plan summary for more detailed information on this benefit.

Disability Income - MetLife*

p 23 - 28

This insurance is designed to provide a monthly income to an individual that is disabled due to an accident or illness. ESC-20 Benefits Cooperative is offering a Short Term and Long Term Disability plan to all eligible employees.

- ⇒ Short Term Disability is available with either a **14** or **30 day** elimination period.
- ⇒ Long Term Disability coverage is available with either **90** or **180** day elimination period. Note: Short Term disability may be elected with the Long Term disability (180 day elimination period).

For new co-op members or new hires, evidence of insurability is not required to add disability plan coverage, however, pre-existing condition exclusions and actively at work requirement will apply.

If you previously waived coverage and want to apply as a late entrant, Evidence of Insurability will be required.

****Disability premiums are deducted on an after-tax basis.***

Cancer Insurance - American Public Life

p 29 - 30

Cancer insurance is designed to be a supplement and benefits are paid directly to you. This plan reimburses up to \$50 per calendar year for cancer screening tests on each insured person. An optional Intensive Care Unit rider is available paying \$600/day, up to 30 days per confinement.

All eligible employees can apply on a Guaranteed Issue Basis (**NO HEALTH QUESTIONS ASKED**); however, for a pre-existing specified disease, no benefits are payable during the first year of coverage.

If the terms of this Summary of Benefits differ from your policy, the policy will govern.

Summary of Benefits

Accident Insurance - American Public Life

p 31 - 35

Accident insurance is designed to be a supplement that pays benefits directly to you, not to your health care provider. This policy pays in addition to what your health care plan pays. This policy pays benefit amounts for covered medical expenses as a result of an accident, and has an ambulance and hospital expense benefit. This benefit is available to eligible employees between the ages of 18-64 and is guaranteed renewable up to age 70.

Basic Life Insurance - Ft. Dearborn

p 36

Eligible employees with each school district, charter school, and ESC receive Basic Life and AD&D as an employer paid benefit. Contact your benefits administrator for the amount of coverage provided. A reduction schedule applies (must meet actively at work requirement).

Voluntary Term Life/AD&D Insurance - Ft. Dearborn*

p 36 - 37

Voluntary Term Life – The Voluntary Group Term Life* plan is an age banded rate plan that allows employee and spouse benefits of up to \$500,000 (in increments of \$10,000) based on the employee's salary, and dependent children coverage of \$5,000 or \$10,000. Reduction schedules apply to employee and spouse coverage beginning at age 65. **During the 2009 - 2010 open enrollment, new co-op members and/or new employees (who apply within 31 days from effective hire date) can apply for coverage on a Guaranteed Issue Basis (NO HEALTH QUESTIONS ASKED!) up to \$200,000 (not to exceed 7 times annual salary) for employee, up to \$50,000 for spouse and up to \$10,000 for children.**

- *Employees must meet actively at work requirement.*
- *Employees must elect coverage on self to insure dependents.*
- *Evidence of insurability will be required for anyone who takes an amount over guarantee issue.*
- *Employees who decline Voluntary Life coverage during their initial eligibility period and later decide to apply must submit EOI satisfactory to FDL to the full amount applied for.*
- *During annual enrollment each year, employees and spouses enrolled for Voluntary Term Life may elect to increase their current election by \$10,000 without EOI, up to the Guarantee Issue amount.*

Voluntary AD&D – The Voluntary Accidental Death and Dismemberment benefit is available up to \$500,000 for Employee Only (in increments of \$10,000). Family coverage is also available. Spouse will be insured for 50% and eligible children will be insured for 10% of the principal sum on the insured employee. This coverage does exclude certain hazardous activities; see policy for specific information.

***Group Term life and AD&D premiums are deducted on an after-tax basis.**

On-line Enrollment Instructions

Follow these simple steps to enroll.....

Step 1: Log on

Go to www.esc20bc.net and click on “**Online Enrollment Login.**” This will take you to your login screen. You will be prompted to enter a user name and password.

Username: Last name followed by last 4 digits of social security number

Password: Social security number (no dashes)

Examples:

Jane Dovebar 123-45-6789

User name: dovebar6789 Password: 123456789

John Doe 987-65-4321

User name: doe4321 Password: 987654321

Your Login Information:

username: _____

password: _____

(write down the new password you create)

Step 2: Change Your Password

After you log in for the first time, you will be required to **change your password** to something other than your social security number.

Step 3: Benefit Change Events

You will be taken to the appropriate event at this point, either “Open Enrollment” for existing employees re-enrolling in benefits, or “New Hire Enrollment” for new employees enrolling for the first time.

Step 4: Acceptance

Be sure to take the time to read this section to ensure that you understand the terms of your “electronic signature” within **THEbenefitsHUBSM**. When you have reviewed and understand the information, click on **I accept and Wish to Continue**.

Step 5: Personal and Dependent Information Review

Review your Personal and Dependent information at this points. Select **Edit** to update this information. **Newly mandated federal regulations require all dependent social security numbers for medical, dental, and/or vision elections. All employees are required by law to provide their dependent information online during the open enrollment period and will be unable to proceed any further in the process without doing so.**

On-line Enrollment Instructions

Step 6: Benefit Elections

You will be taken through each of the benefit plans at this point. You will be able to add, drop and make changes to your elections on these screens. *Important:* All plans are defaulted to pre-tax with the exception of life and disability. If you do not wish to participate in the Cafeteria Plan, you must manually change if you prefer post-tax. Click **Save & Continue** to move on to each screen until you have reviewed each of the benefit plans.

Step 7: Beneficiary Assignments

Add your life insurance beneficiaries on this screen. You may elect more than one primary and contingent. It is important that you add a current phone number. This information may be updated any time during the plan year. To add a beneficiary, click the **Add Beneficiary** link.

Step 8: Review

Here you will review a summary of your information and elections. If you need to make changes, select **Benefit Elections** located near the top of the screen in the **Steps** toolbar. This will take you back to the **Benefit Elections** section where you can make changes.

Once you have confirmed all of your information and elections are correct, you will click **Save & Confirm Elections** and then select **OK** when prompted in order for all information to be saved.

Step 9: Print Confirmation Statement

You may print a copy of the Confirmation Statement showing your elections and keep this for your records. You may access this information online at any time during the plan year.

Step 10: Log Out and Close

You will need to select **Log Out & Close** near the top left corner of the screen when you have completely finished your enrollment.

MEDICAL AND DEPENDENT CARE REIMBURSEMENT

What are Reimbursement Accounts?

A Reimbursement Account is a simple way for you to pay for your out-of-pocket medical and dependent care expenses while increasing your take-home pay. **The Health Care reimbursement maximum is \$416.66/month or \$5,000/year. The Dependent Care reimbursement maximum is also \$416.66/month or \$5,000/year per household/family.**

How Does A Medical Reimbursement Account Work?

Carefully determine your expected annual qualified expenses. Divide the total amount by 12, 24 or 26 (depending on your pay cycle) paychecks per year. This is the amount you will put on your election form. These dollars are taken out of your pay **BEFORE** taxes are taken out, and are contributed to your personal reimbursement account. Once you have incurred an expense, you may file a claim on the Reimbursement Claim Form provided to you online.

Medical Reimbursement Account Worksheet

(Out of Pocket Expenses/Annual Amounts/Plan Year 09/1/2009 to 08/31/2010)

Deductible & Co-Insurance.....	_____
Dental/Ortho Expenses.....	_____
Prescriptions.....	_____
Vision/Lasik Surgery Expenses.....	_____
Over the Counter medications.....	_____
Health Care Equipment.....	_____
Other Expenses:	_____
_____	_____
_____	_____
Twelve Month Total:	_____

Key Points & Highlights

- The annual contribution is \$5,000.
- The Plan Year is September 1, 2009 – August 31, 2010.
- Services must be **incurred** in the Plan Year.
- Participants have a 90 day grace period after the Plan Year to file claims.
- Dependents do not have to be covered under group medical plan for expenses to be eligible under FSA's; but must be eligible as a tax dependent.
- Be conservative in your estimate - **\$ does not roll over to the next year; USE IT OR LOSE IT.**
- Call MGM at 972.881.2255 / 800.833.4028 if you have questions about specific expenses and eligibility.

CAUTION - "Use It or Lose It" Rule

If you contribute dollars to a reimbursement account and do not use all of the monies you deposit, you will lose any remaining balance in the account at the end of the plan year.

Medical Reimbursement Claims:

If your division offers the Benny Card and you do not wish to use the Benny Card*, you may still file the paper claim form. Once your claim is received in our office it will be reviewed and entered for processing. A check will be cut for the entire amount of the eligible claim, up to the amount you have elected for the year for Medical Reimbursement. Claim forms and documentation can be faxed to 800-973-3702. Direct Deposit is also available. **(*Keep in mind that the Benny Card is a MasterCard; it is accepted at almost all locations where a MasterCard is accepted.** If you do not use the Benny Card, you will still be charged the \$1.50 monthly fee).

Claim Documentation & Reimbursement

Claim Documentation must include:

- Provider Name and Address
- Patient Name
- Date of Service
- Description of service or supply
- Amount of service or supply
- EOB's (explanation of benefit forms received from your health carrier) are required for part of expenses covered under your medical plan

Paid receipts, credit card receipts and balance forward statements do not suffice as proper documentation.

- If the expense is covered expense on your medical plan, you must first file it with your insurance provider, and then file the EOB along with your Reimbursement Request Claim Form.
- If the expense is not a covered expense on your medical plan, simply attach the receipt, including the above required information, to the Reimbursement Request Claim Form and submit it to MGM.

Dependent Care Account

What is it?

The Dependent Care Assistance Program “DCAP” is a separate flexible spending account which allows you to pay for your dependent care expenses pre-tax.

How does it work?

You will elect to have a specified pre-tax deduction taken from your paycheck each pay period. These dollars are set aside in a flexible spending account and subtracted from your gross earnings before any taxes are taken out, lowering your taxable income. After you submit a Reimbursement Claim Form with the proper documentation (including care provider’s tax ID #) for the expense, you will be reimbursed from this account. Direct Deposit is also available.

How much can you contribute?

The U.S. Congress has set the limits allowable for contributions to a dependent care flexible spending account:

\$5,000 for a married couple filing jointly

\$5,000 for a single parent

\$2,500 for a married person filing separately

Dependent Care Reimbursement Claims:

Once your claim is received in our office it will be reviewed and entered for processing. Claims cannot be reimbursed until money has been posted to your account from your payroll deductions each month for Dependent Care reimbursement. Reimbursement Claim forms and documentation (which must include the care provider’s tax ID #) can be faxed to 800-973-3702.

Online Flex Claim Status

To view current flex claim status and account balances go to the ESC 20 Benefits Cooperative website, www.esc20bc.net and click on the Check FSA Account button. The first time you log on, you must have your User Name and PIN#. (If you forget your PIN#, you can call (972) 881-2255 to have it reset).

Dependent Care FSA vs. Tax Credit

If you participate in the plan, you cannot claim credits on your income tax return for the same expenses (a.k.a. double dipping). Also, amounts reimbursed under this plan will reduce the amount of other dependent care expenses that you can claim for the purposes of tax credits. Before you sign up, evaluate whether or not taking federal income tax credit will save you more money than participating in a dependent care FSA.

How the Dependent/Child Care Reimbursement Account Works

Money in your account cannot be reimbursed until it is deposited, so there may be a delay in reimbursement during your first month participating in the plan.

In the example below this participant has no daycare costs from June through August. The monthly cost for the remaining nine months is \$200 per month, so the monthly amount deducted from the paycheck is \$150. During the plan year this participant would be reimbursed \$150 per month even during June through August.

Month	Fill in Your Cost	Example Monthly Cost	You Pay	Deducted From Your Check Pre-Tax	You Claim	Your Reimbursement Check
September		\$200	\$200	\$150	\$200	\$150
October		\$200	\$200	\$150	\$200	\$150
November		\$200	\$200	\$150	\$200	\$150
December		\$200	\$200	\$150	\$200	\$150
January		\$200	\$200	\$150	\$200	\$150
February		\$200	\$200	\$150	\$200	\$150
March		\$200	\$200	\$150	\$200	\$150
April		\$200	\$200	\$150	\$200	\$150
May		\$200	\$200	\$150	\$200	\$150
June		0	0	\$150	0	\$150
July		0	0	\$150	0	\$150
August		0	0	\$150	0	\$150
Your Yearly Total		\$1,800	\$1,800	\$1,800	\$1,800	\$1,800

ESC-20 Benefits Cooperative Dental Plan Rates

Discount Plan - Silver Network

Employee Only	\$0.00
Employee + Spouse	\$5.00
Employee + Child(ren)	\$5.00
Employee + Spouse + Child(ren)	\$8.00

Copay Plan - Platinum Network

Employee Only	\$11.12
Employee + Spouse	\$21.01
Employee + Child(ren)	\$23.63
Employee + Spouse + Child(ren)	\$36.69

Indemnity Plan - Platinum Network

Employee Only	\$21.84
Employee + Spouse	\$54.75
Employee + Child(ren)	\$60.06
Employee + Spouse + Child(ren)	\$83.75

*** Discount vision plan added to each dental plan at no cost**



ACE USA is the U.S. domestic operating division of ACE Limited. Insurance products and services are provided by the U.S. Insurance Underwriting Companies and not by ACE Limited. This plan of insurance is underwritten by ACE American Insurance Company.

ace usa



CORPORATE HEADQUARTERS 5373 South Green Street, Ste. 400 Salt Lake City, Utah 84123
 TOLL FREE PHONE: 800-999-9789 TOLL FREE FAX: 888-673-5328 WWW.DENTALSELECT.COM

ESC 20 Benefits Cooperative

SUMMARY OF BENEFITS

2009

	SILVER DISCOUNT PLAN
	In-Network Benefits Only
Preventive Routine exams, cleanings (2 per year), topical fluoride, x-rays	Up to 90% Fee Reduction
Basic Fillings, extractions, and oral surgery	Up to 60% Fee Reduction
Major Crowns, bridges, dentures and endodontics and periodontics	Up to 50% Fee Reduction
Orthodontics Children and Adults: Lifetime Max:	20% Discount No Maximum
Maximum Benefit (Per Year) Preventive, Basic and Major services per person per year.	No Maximum
Deductible (Per Year) Per Person: Family Max:	\$0
Specialists Endodontists, Oral Surgeons, Periodontists, Prosthodontists, Pediatric Specialists*.	20% Discount

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and in the case of a discrepancy, the plan documents apply. Please refer to the Group Certificate Booklet for a complete description of benefits, limitations and exclusions.



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 TOLL FREE PHONE: 800-999-9789 TOLL FREE FAX: 888-673-5328 WWW.DENTALSELECT.COM

ESC 20 Benefits Cooperative

SUMMARY OF BENEFITS 2009

	Co-Pay High Plan	
	Platinum Network	
Preventive Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	See Out of Network Payment
Basic Fillings, periodontics and oral surgery	Fixed Co-pays Refer to Patient Co-pay Schedule	
Major Crowns, bridges, dentures and endodontics		
Orthodontics Children and Adults: Lifetime Max:	20% Discount No Maximum	No Coverage
Maximum Benefit <i>(Per Year)</i> Preventive, Basic and Major services per person per year.	No Maximum	No Maximum
Deductible <i>(Per Year)</i> Per Person; 3x Per Family Applies to all Basic and Major Services	No Deductible	No Deductible
Specialists Endodontists, Oral Surgeons, Periodontists, Prosthodontists, Pediatric Specialists	20% Discount	No Coverage

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and in the case of a discrepancy, the plan documents apply. Please refer to the Group Certificate Booklet for a complete description of benefits, limitations and exclusions.

	General Dentist Contracted Patient Co-pay	General Dentist Non-Contracted Patient
D6750	Crown - porc fused to high noble metal (note 2)	214
D6751	Crown - porcelain fused to predom. base metal	323
D6752	Crown - porcelain fused to noble metal	321
D6780	Crown - 3/4 cast high noble metal (note 2)	288
D6781	Crown - 3/4 cast base metal	288
D6782	Crown - 3/4 cast noble metal	288
D6783	Crown - 3/4 porcelain/ceramic (note 3)	288
D6790	Crown - full cast high noble metal (note 2)	322
D6791	Crown - full cast predominantly base metal	312
D6792	Crown - full cast noble metal	308
D6930	Remerent bridge	61
D6970	Cast post and core	120
D6971	Cast post as part of fixed partial denture retainer	105
D6972	Prefab post and core	102
D6973	Core build up for retainer, including pins	56
D6976	Each additional cast post - same tooth	45
D6977	Each additional prefab post - same tooth	39
D6999	Lab Fee (see notes 2 & 3)	See notes 2 & 3
D7111	Extraction of primary tooth	26
D7140	Extraction of erupted tooth or exposed tooth	33
D7210	Surgical removal of erupted tooth	75
D7220	Removal impacted tooth - soft tissue	96
D7230	Removal impacted tooth - partial bony	121
D7240	Removal impacted tooth - completely bony	148
D7241	Removal impacted tooth	187
D7250	Surgical removal residual tooth roots	114
D7270	Tooth reimplantation/stabilization	204
D7280	Surgical access of an unerupted tooth	145
D7285	Biopsy of oral tissue-hard (bone, tooth)	20% Discount
D7286	Biopsy of oral tissue-soft (all others)	20% Discount
D7287	Cytology sample	20% Discount
D7288	Brush biopsy - Trans epithelial sample collection	20% Discount
D7290	Surgical repositioning of teeth	113
D7310	Alveoplasty in conj, w/ extraction - per quad	71
D7311	Alveoplasty in conj, w/ extractions - 1 - 3 teeth	40
D7320	Alveoplasty, no extraction - per quad	106
D7321	Alveoplasty not in conj, w/ exts - 1 - 3 teeth	67
D7510	I&D abscess - intraoral soft tissue	80
D7511	I&D abscess - intraoral soft tissue, complicated	90
D7810-7899	TMJ Treatment	20% Discount
D7960	Frenulotomy - separate procedure	183
D7971	Excision of pericoronal gingiva	55
D9110	Palliative - emerg. treatment of pain - minor proc.	38
D9210	Local anesthetic	0
D9220	General Anesthesia, first 30 minutes	N/C
D9221	General Anesthesia, additional 15 minutes	N/C
D9241	Intravenous sedation, first 30 minutes	N/C
D9242	Intravenous sedation, each add 15 minutes	N/C
D9248	Non-intraven. conscious sedation (age 7 & under)	N/C
D9430	Office visit ops. - scheduled hrs. - no other servs.	23
D9440	Office visit - after regular scheduled hours	37
D9940	Occlusal guards by report (note 5)	162
D9951	Occlusal adjustment - limited	69
D9972	External Bleaching per Arch	20% Discount
D9973	External Bleaching per Tooth	20% Discount
08x010-8x80	Orthodontics (note 8)	20% Discount

NOTE 1: Any procedure not listed is available on a fee-for-service basis.

NOTE 2: For a precious metal (high-noble) or gold, charge the difference between the lab fee for a base metal and the lab fee for the precious metal (high-noble) to the patient. Bill 2999 for crown restoration, Bill 6999 for fixed prosthodontics.

NOTE 3: For a full porcelain, charge the difference between the lab fee for a porcelain base metal crown and the lab fee for the full porcelain crown. Bill 2999 for crown restoration, Bill 6999 for fixed prosthodontics.

NOTE 5: Occlusal Guards covered for Bruxism only.

NOTE 6: All Plans - Patient will be charged co-pay plus lab fees, not to exceed \$150.00. Bill code 5899

NOTE 7: All Plans - Patient will be charged co-pay plus lab fees, not to exceed \$100.00. Bill code 5899.

NOTE 8: Discount does not apply to Invisalign

N/C: Not Covered

The appropriate fee Schedule for Member's particular plan applies regardless of whether a waiting period or annual maximum has been met.



**TEXAS PLATINUM
SAN ANTONIO
TX-1 2009**

**SCHEDULE OF CO-PAYMENTS
FOR GENERAL CONTRACTED PROVIDERS**

CORPORATE HEADQUARTERS 5373 South Green Street, 4th Floor Salt Lake City, Utah 84123
Toll Free Phone: 800-999-9789 **Toll Free Fax:** 888-673-5328 **www.DENTALSELECT.com**

Code	Procedure Description	General Dentist General Co-Pay	General Dentist Non-Contracted Patient	General Dentist Non-Contracted Patient Fragment	General Dentist Contracted Patient Co-Pay	General Dentist Non-Contracted Patient Fragment		
D0999	OSHA Infection and Sterilization	0	0	0	D3421	Apico/perirad surgical - bicuspud first root	227	100
D0120	Periodic oral examination	0	0	25	D3425	Apico/perirad surgical - molar first root	244	107
D0140	Limited oral examination	0	0	28	D3426	Apico/perirad surgical - each additional root	100	44
D0150	Comprehensive oral examination	0	0	30	D3430	Retrograde filling - per root	51	45
D0160	Detailed and extensive oral examination	0	0	30	D4210	Gingivectomy/gingivoplasty - 1 - 3 teeth per quad	187	70
D0170	Re-evaluation	0	0	23	D4211	Gingivectomy/gingivoplasty - 4 + teeth per quad	47	22
D0180	Periodontal evaluation	0	0	20	D4240	Gingival flap proc. incl. root planning - 4 + teeth	207	92
D0210	Intraoral - compl ser incl biwings	0	0	30	D4241	Gingival flap proc. incl. root planning 1 - 3 teeth	180	60
D0220	Intraoral - periapical - first film	0	0	30	D4249	Clinical crown lengthening - hard tissue	156	62
D0230	Intraoral - periapical - each add film	0	0	30	D4250	Clinical crown lengthening - hard tissue	180	79
D0240	Intraoral - occlusal film	0	0	11	D4260	Oseous surg. & flap entry/closure - 1- 3 teeth	356	157
D0250	Extroral - first film	0	0	21	D4263	Oseous surg. & flap entry/closure - 4 + teeth	268	118
D0260	Extroral - each additional	0	0	15	D4266	Bone replacement graft - first site in quad	123	57
D0270	Extroral - single film	0	0	20	D4264	Bone replacement graft - each additional site in quad	52	23
D0272	Biwings - two films	0	0	12	D4266	Guided tissue regen. - resorbable barrier, per site	124	52
D0273	Biwings - three films	0	0	23	D4270	Guided tissue regen. - non resorbable barrier, per site	157	67
D0274	Biwings - four films	0	0	22	D4271	Pedicle soft tissue graft procedure	228	98
D0277	Vertical biwings - 7 to 8 films	0	0	29	D4271	Free soft tissue graft donor site	264	113
D0330	Panoramic film	0	0	50	D4271	Subepithelial connective graft proc. (incl. donor)	285	123
D0340	Cephalometric film	0	0	50	D4275	Soft tissue allograft	263	113
D0470	Diagnostic casts	73	73	33	D4276	Comb. connective tissue and double pedicle graft	355	153
D1110	Propylaxis - adults	62	62	27	D4320	Provisional splinting - intraoral	355	153
D1203	Top appl fluor excl propyl (age 14 & under)	0	0	51	D4321	Provisional splinting - extraoral	132	56
D1330	Oral hygiene instruction	0	0	13	D4341	Pero. scaling & root planning - 4 + teeth per quad	115	49
D1510	Sealant - per tooth (age 14 & under)	0	0	36	D4342	Pero. scaling & root planning - 1 - 3 teeth per quad	88	26
D1515	Space maintainer - fixed unilateral (age 14 & under)	12	12	0	D4355	Full mouth debridement	60	20
D1520	Space maintainer - rem. unilateral (age 14 & under)	184	184	16	D4381	Antimicrobial agents	20	9
D1525	Space maintainer - rem. bilateral (age 14 & under)	148	148	0	D4910	Pero maintenance procedures after active therapy	54	20
D1550	Recement of space maintainer (age 14 & under)	188	188	0	D5110	Complete denture - upper (note 6)	691	187
D2140	Amalgam - 1 surface primary or permanent	0	0	0	D5120	Complete denture - lower (note 6)	691	184
D2150	Amalgam - 2 surfaces primary or permanent	0	0	68	D5130	Immediate denture - upper (note 6)	720	184
D2160	Amalgam - 3 surfaces primary or permanent	0	0	89	D5211	Immediate denture - lower (note 6)	720	184
D2161	Amalgam - 4 + surfaces primary or permanent	0	0	89	D5212	Maxillary Partial Denture - Resin Base (note 7)	412	102
D2330	Resin - 1 surface anterior	22	22	55	D5213	Mand. Partial Denture - Resin Base (note 7)	619	155
D2331	Resin - 2 surfaces anterior	38	38	55	D5214	Mand. Partial Denture w/ cast metal base (note 7)	619	155
D2332	Resin - 3 surfaces anterior	38	38	65	D5410	Adjust complete denture - maxillary	46	0
D2335	Resin - 4 + surf or involving incisal angle anterior	47	47	72	D5411	Adjust complete denture - mandibular	46	0
D2390	Resin based comp. crown - ant. prim. or perm.	128	128	0	D5421	Adjust partial denture - maxillary	40	0
D2391	Resin - 1 surface posterior prim. or perm.	33	33	51	D5422	Adjust partial denture - mandibular	87	0
D2392	Resin - 2 surfaces posterior prim. or perm.	43	43	68	D5510	Repair broken complete denture base (note 7)	77	0
D2393	Resin - 3 surfaces posterior prim. or perm.	59	59	79	D5520	Replace missing/broken tooth - ea. tooth (note 7)	93	0
D2394	Resin - 4 + surfaces posterior prim. or perm.	59	59	82	D5610	Repair resin saddle or base (note 7)	80	0
D2610	Inlay - porcelain/ceramic 1 surface	201	201	90	D5620	Repair cast framework (note 7)	90	0
D2620	Inlay - porcelain/ceramic 2 surfaces	254	254	127	D5630	Repair or replace broken clasp (note 7)	69	0
D2630	Inlay - porcelain/ceramic 3 surfaces	278	278	140	D5640	Replace broken teeth - per tooth (note 7)	90	0
D2642	Inlay - porcelain/ceramic - 2 surfaces	333	333	137	D5650	Add tooth to existing partial denture (note 7)	90	0
D2643	Inlay - porcelain/ceramic - 3 surfaces	337	337	177	D5660	Add clasp to existing partial denture (note 7)	79	32
D2644	Inlay - porcelain/ceramic - 4 surfaces	337	337	177	D5710	Rebase complete maxillary denture (note 7)	172	73
D2740	Crown - porcelain/ceramic substrate (note 3)	326	326	200	D5711	Rebase complete mandibular denture (note 7)	172	73
D2750	Crown - porcelain fused to high noble metal (note 2)	340	340	212	D5720	Rebase maxillary partial denture (note 7)	179	76
D2751	Crown - porcelain fused to predom. base metal	327	327	207	D5721	Rebase mandibular partial denture (note 7)	179	76
D2752	Crown - porcelain fused to noble metal	328	328	213	D5730	Reine complete maxillary denture (Chariside)	136	0
D2780	Crown - 3/4 cast high noble metal (note 2)	289	289	174	D5731	Reine complete mandibular denture (Chariside)	136	0
D2781	Crown - 3/4 cast predominantly base metal	289	289	174	D5741	Reine maxillary partial denture (Chariside)	121	0
D2782	Crown - 3/4 cast noble metal	289	289	174	D5750	Reine mandibular partial denture (Chariside)	121	0
D2783	Crown - 3/4 porcelain ceramic (note 3)	289	289	174	D5751	Reine complete maxillary denture (lab) (note 7)	220	0
D2790	Crown - full cast high noble metal (note 2)	330	330	199	D5761	Reine complete mandibular denture (lab) (note 7)	204	0
D2791	Crown - full cast predominantly base metal	296	296	192	D5761	Reine upper partial denture (lab) (note 7)	204	0
D2792	Crown - full cast noble metal	299	299	199	D5810	Reine mandibular partial denture (lab) (note 7)	204	0
D2915	Recement cast or prefabricated post and core	31	31	0	D5811	Intram complete denture (maxillary)	20	0
D2920	Recement crown	36	36	0	D5820	Intram complete denture (mandibular)	20	0
D2930	Prefab. stainless steel crown - prime tooth	11	11	0	D5821	Intram partial denture (maxillary)	20	0
D2931	Prefab. stainless steel crown - permanent tooth	114	114	0	D5850	Intram partial denture (mandibular)	20	0
D2933	Prefab. stainless steel crown w/ resin window	141	141	0	D5851	Tissue conditioning, mandibular	69	0
D2934	Prefab. coated stainless steel crown - primary	32	32	0	D5860	Tissue conditioning, maxillary - per denture unit	69	0
D2940	Prefab. coated stainless steel crown - primary	32	32	0	D5861	Overdenture - complete by report	20	0
D2950	Core build-up including any pins	92	92	0	D5899	Overdenture - partial by report	20	0
D2951	Pin retention - per tooth in addition to restoration	24	24	0	D5899	Lab Fee (notes 6 & 7)	174	139
D2952	Cast post & core in addition to restoration	162	162	0	D6000-6199	Implants (Does not include parts)	322	205
D2953	Each additional cast post - same tooth	63	63	0	D6205	Pontic-indirect resin based composite	297	188
D2954	Prefab. post & core in addition to crown	130	130	0	D6210	Pontic - cast high noble metal (note 2)	297	188
D2954	Each additional prefab post - same tooth	64	64	0	D6211	Pontic - cast base metal	299	196
D2960	Anterior bonding per tooth	20%	20%	0	D6212	Pontic - cast noble metal	313	215
D2961	Labial veneer resin laminate (lab)	20%	20%	0	D6240	Pontic - porcelain fused to high noble metal (note 2)	319	206
D2962	Labial veneer porcelain laminate (lab)	20%	20%	0	D6241	Pontic - porcelain fused to predominantly base metal	320	209
D2970	Temporary crown (fractured tooth)	0	0	0	D6242	Pontic - porcelain fused to noble metal	329	198
D2999	Lab Fee (notes 2 & 3)	See notes 2 & 3	See notes 2 & 3	0	D6250	Pontic - porcelain/ceramic (note 3)	322	210
D3110	Pulp cap - direct excluding final restoration	26	26	0	D6251	Pontic - resin with high noble metal (note 2)	317	194
D3120	Pulp cap - indirect excluding final restoration	67	67	0	D6252	Pontic - resin with predominantly base metal	326	200
D3220	Therapeutic pulpotomy excluding final restoration	23	23	0	D6252	Pontic - resin with noble metal	326	200
D3221	Pulpal debridement primary & permanent teeth	66	66	0	D6508	Onlay - porcelain/ceramic - 2 surf.	323	163
D3222	Partial pulpotomy apexogenesis	67	67	0	D6509	Onlay - porcelain/ceramic - 3 + surf.	325	175
D3230	Pulpal therapy anterior-excluding final restoration	64	64	0	D6610	Onlay - cast high noble metal - 2 surf. (note 2)	217	146
D3240	Pulpal therapy posterior-excluding final restoration	68	68	0	D6611	Onlay - cast high noble metal - 3 +surf. (note 2)	217	146
D3310	Root Canal - ant. exclud. final restoration	222	222	108	D6612	Onlay - cast predom. base metal - 2 surf.	250	172
D3320	Root Canal - bicuspud exclud. final restoration	273	273	137	D6613	Onlay - cast predom. base metal - 3 + surf.	250	172
D3330	Root Canal - molar exclud. final restoration	380	380	164	D6614	Onlay - cast noble metal - 2 surf.	217	146
D3346	Retreatment of previous root canal - anterior	238	238	80	D6615	Onlay - cast noble metal - 3 + surf. (note 2)	250	172
D3347	Retreatment of previous root canal - bicuspud	252	252	119	D6720	Crown - resin with high noble metal (note 2)	327	200
D3348	Retreatment of previous root canal - molar	376	376	134	D6721	Crown - resin with predominantly base metal	315	200
D3410	Apicoectomy/periradicular surgical - anterior	209	209	93	D6722	Crown - resin with noble metal	324	197
					D6740	Crown - porcelain/ceramic (note 3)	327	200



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ESC 20 Benefits Cooperative

90% R&C

SUMMARY OF BENEFITS

2009

	Indemnity - Max Plan	
	PLATINUM NETWORK	
	Network Dentist	Non-Network Dentist
Preventive Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	100% of R&C
Basic Fillings, extractions, oral surgery	80%	80% of R&C
Major Crowns, bridges, dentures, endodontics and periodontics	50%	50% of R&C
	No Waiting Period	
Orthodontics Children under 19	50%	50%
	No Waiting Period	
Lifetime Max:	\$1,000.00	
Dental Select Platinum Network	20% Discount	No Discount
Connection Dental Network	Maximum charge allowed is \$3,800.	
Maximum Benefit Per Member's Effective Date Per Year Preventive, Basic and Major services per person per year.	\$1,000.00	
Deductible Per Member's Effective Date Per Year Applies to Basic and Major services.		
Per Person:	\$50.00	\$50.00
Family Max:	\$150.00	\$150.00
Specialists Endodontists, Oral Surgeons, Periodontists, Prosthodontists, Pediatric Specialists	SEE NOTES	PAID SAME AS GENERAL DENTISTS

Reasonable and Customary (R&C): means benefits based only on "Reasonable and Customary" fee criteria.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and in the case of a discrepancy, the plan documents apply. Please refer to the Group Certificate Booklet for a complete description of benefits, limitations and exclusions.

Presenting the Superior Vision Plan Provided through
ESC-20 Benefits Cooperative

Outline of Benefits

Monthly Rates:	Employee Only	\$6.98
	Employee and Spouse	\$13.86
	Employee and Child(ren)	\$13.58
	Employee and Family	\$20.66

Co-payment:	\$10 Exam
	\$25 Materials
	\$25 Contact Lens Fitting Exam Fee

In-network co-pay: Paid to the in-network provider.

Materials co-pay: Applies to lenses and/or frames, not contact lenses.

	In-Network	Out-of-Network
Comprehensive Exam Ophthalmologist (MD)	Covered in Full	Up to \$42
Comprehensive Exam Optometrist (OD)	Covered in Full	Up to \$37
Standard Lenses:		
Single Vision	Covered in Full	Up to \$32
Bifocal	Covered in Full	Up to \$46
Trifocal	Covered in Full	Up to \$61
Lenticular	Covered in Full	Up to \$84
Contact Lenses:*		
Medically Necessary	Covered in Full	Up to \$210
Cosmetic-Selective**	Up to \$120	Up to \$100
Standard Contact Lens Fitting Exam Fee***	Covered in Full	Not Covered
Specialty Contact Lens Fitting Exam Fee***	Up to \$50	Not Covered
Frames-Standard**	Up to \$125	Up to \$68

* Contact lenses are in lieu of eyeglass lenses and frames benefit.

**The insured is responsible for paying any charges in excess of this allowance.

***Standard contact lens fitting fee applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only. The specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multi-focal lenses. For the specialty fit, the member is responsible for any charges over \$50.

Plan Frequency

Comprehensive Exam	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

Note: This is only a summary of the benefit plan. You may review and/or obtain a copy of the certificate of coverage by contacting your Human Resources/Employee Benefits office.

Discount SVP8-20

These discounts apply to upgrades on the covered frame and lenses only. For discounts on additional pairs, please refer to the Discounts on Additional Purchases.

Frames 20% off the difference between the covered frame allowance and the retail price of the selected frame.

Note: Discounts do not apply when prohibited by the manufacturer.

Add-ons to the covered pair of lenses

Lens Options and Upgrades Member pays 20% off retail up to

- Scratch Coat (Factory) \$13_(Single Vision & Standard Lined Multifocal Lenses)
- Ultraviolet Coat \$15_(Single Vision & Standard Lined Multifocal Lenses)
- Standard Anti-Reflective Coat* \$50_(Single Vision & Standard Lined Multifocal Lenses)
- High Index 1.6* \$55_(Single Vision Lenses Only)
- Polycarbonate \$40_(Single Vision Lenses Only)
- Standard Photochromic \$80_(Single Vision Lenses Only)
- Plastic Tints solid or gradient \$25_(Any Type Lenses)
- Glass coloring \$35_(Any Type Lenses)

Member pays

- Power over 4.00 Sphere, 2.00D Cylinder & 5.00D Prism 20% discount off retail
- Cosmetic Finishing, Beveling, Edging & Mounting 20% discount off retail
- All other Lens Options/Upgrades 20% discount off retail

* Higher end or brand name lens upgrades are at an additional expense to the member. You may apply the maximum out of pocket expense toward the upgraded lens retail cost and the member is responsible for the difference less 20%.

Progressive Power Lens Benefit (no-line): The member pays the difference between the provider's price for Standard Trifocal lenses and the price of the progressive power lenses selected, less 20%.

View your benefits and provider listings at www.superiorvision.com.

Contact lenses can be purchased on-line and delivered directly to your door. Visit www.svcontacts.com for more information.

For assistance with using your plan, please contact Customer Service at (800) 507-3800.

Discounts on Additional Purchases			
Prescription eyeglass lenses	30% off retail	All other prescription materials	20% off retail
Add-on charges to basic lenses	20% off retail	Eyeglass frames	30% off retail
Contact lenses (except disposables)	20% off retail	Everyday "frame and lens" package pricing"	20% off retail
Disposable contact lenses	10% off retail		
Discounts are provided by Superior Vision contracted providers identified in the provider directory with a "DP".			
Refractive Surgery Discounts & Cosmetic Eyelid Surgery Discounts are available: Superior Vision Services has a nationwide network of refractive surgeons who specialize in the popular elective procedures of radial keratotomy (RK), photo-refractive keratotomy (PRK) and LASIK. These providers offer Superior Vision Plan members a 20% discount off their usual and customary surgical fees for these procedures. Ophthalmic plastic surgeons are also contracted to provide the procedure of blephoroplasty (cosmetic eyelid surgery) to Superior Vision Plan members on the same discount basis.			

ESC 20 Benefits Cooperative

Plan Effective Date: 09/01/09

Explore the coverage that helps you protect your income and your lifestyle.

What is the difference between short term and long term disability insurance?

Short Term Disability (STD) insurance can help you replace a portion of your income during the initial weeks of a disability.

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time.

Eligibility Requirements

Short Term Disability:

All active half-time or full-time employees working at least 18.75 hours per week are eligible to participate.

Long Term Disability:

All active half-time or full-time employees working at least 18.75 hours per week are eligible to participate.

How “disability” is defined under your Plan...

Generally, you are considered disabled and eligible for short term and long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of treatment; and for STD, you are unable to earn more than 80% of your Predisability Earnings at your own occupation, or for LTD, you are unable to earn more than 80% of your Predisability Earnings at your own occupation for any employer in your Local economy; and you are unable to perform each of the material duties of your own occupation.

Following the Own Occupation period for LTD, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of treatment and you are unable to earn 60% of your Predisability Earnings at any gainful occupation for any employer in your Local economy for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer.

What is the benefit amount?

Short Term Disability:

The Short Term Disability benefit replaces a portion of your predisability earnings, less the income you may receive from other sources (e.g., state-mandated benefits, no-fault auto laws, sick pay, etc.).

The Benefit amount is 60 % of your predisability weekly earnings. The maximum monthly benefit is \$6,000.

Long Term Disability:

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less the income you may receive from other sources (e.g., Social Security, Workers' Compensation, etc.).

The Benefit amount is 60% of your predisability monthly earnings. The maximum monthly benefit is \$6,000.



MetLife® Disability Coverage

When do benefits begin and how long do they continue?

Short Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are as follows:

Option 1:

For Injury/Accident: 30 days.

For Sickness (includes pregnancy): 30 days.

Option 2:

For Injury/Accident: 14 days.

For Sickness (includes pregnancy): 14 days.

Benefits continue for as long as you are disabled up to a maximum duration of 26 weeks.

Long Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is Option 1: 90 days, Option 2: 180 days.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Additional Disability Plan Benefits:

Coverage with Your Best Interests in Mind...

When you are ill or injured for a short period, MetLife® believes you need more than a supplement to your income. That's why we offer return-to-work services.

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services:

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications/Accommodations:

Adjustments (e.g., redesign of work station tools) that enable you to return to your previous job or a similar one.

Retraining:

Development programs to help you return to your previous job or educate you for a new one.

The Services of Social Security Specialists:

Can help you obtain Social Security Disability benefits. Can guide you through the initial application and appeals processes. May also help you access legal assistance from attorneys.



Answers to Some Important Questions...

Q. Can I still receive benefits if I return to work part time?

- A.** Yes. As long as you are disabled and meet the terms of your disability plan, you may qualify for adjusted disability benefits.

Your plan offers financial incentives designed to help you to return to work, even on a part-time basis. While disabled, you may receive up to 100% of your Predisability Earnings when combining benefits, Rehabilitation Incentives, other income sources such as Social Security Disability Benefits and State Disability Benefits, and part-time earnings.

Short Term Disability coverage offers Rehabilitation and Family Care Incentives when you participate in an approved Rehabilitation Program. With the Rehabilitation Incentive you can get a 10% increase in your weekly benefit. Following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to \$100 per week for eligible expenses, such as child care. If you participate in a Rehabilitation Program while you are disabled, we may reimburse you for expenses you incur in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Long Term Disability coverage also offers Rehabilitation and Family Care Incentives when you participate in an approved Rehabilitation Program. With the Rehabilitation Incentive you can get a 10% increase in your monthly benefit. Under long term disability coverage, the Family Care Incentive provides reimbursement up to \$400 per month for eligible expenses, such as child care, during the first 24 months of disability. If you participate in a Rehabilitation Program while you are disabled, we may reimburse you for expenses you incur in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Are there any limitations for pre-existing conditions?

- A.** Yes. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Q. Are there any other limitations or exclusions to my coverage?

- A.** Yes. Under *Short Term Disability*, no payment will be made for any disability caused or contributed to by:

- Elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery or in vitro fertilization, embryo transfer procedure, artificial insemination, or other specific procedures.

However, pregnancies and complications from any of these procedures will be treated as a sickness

Under *Short Term and Long Term Disability coverage* no payment will be made for any disability caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

Additionally, for STD and for LTD no payment will be made for a disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or a similar law.



MetLife® Disability Coverage

For Long Term Disability, limited benefits apply for specific conditions, such as mental or nervous disorders or diseases, alcohol, drug, or substance abuse or addiction, neuromuscular, musculoskeletal or soft tissue disorders, and chronic fatigue syndrome and related conditions.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance/Summary Plan Description provided by your Employer for specific details or contact your benefits administrator with any questions.

The “Plan Benefits” provides only a brief overview of the LTD and STD plans. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance/Summary Plan Description. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability (“LTD”) and Short Term Disability (“STD”) coverages are provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD and STD coverages terminates when your employment ceases, when you cease to be an eligible employee, when your LTD and STD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.





MetLife® Disability Coverage

ESC 20 Benefits Cooperative Disability Plan Contribution Worksheet

This worksheet allows you to approximate your monthly and annual contributions for Short Term Disability (STD) and Long Term Disability (LTD) coverage effective September 1, 2009. Contribution amounts are based on gross monthly income. Actual contributions will be calculated by the payroll system.

Short Term Disability Contribution:

A. Annual Earnings	
B. Monthly Earnings (A. divided by 12)	
C. Monthly Earnings/100	
D. Rate per \$100	0.40
E. Estimated Monthly Contribution (C. x D.)	
F. Estimated Annual Contribution (E. x 12)	

STD Example

A. Annual Earnings	\$ 30,000
B. Monthly Earnings (A. divided by 12)	\$ 2,500
C. Monthly Earnings/100 (B. divided by 100)	\$ 25.00
D. Rate per \$100	0.40
E. Estimated Monthly Contribution (C. x D.)	\$ 10.00
F. Estimated Annual Contribution (E. x 12)	\$ 120.00

Long Term Disability Contribution:

A. Annual Earnings	
B. Monthly Earnings (A. divided by 12)	
C. Monthly Earnings/100 (B. divided by 100)	
D. Rate per \$100	0.48
E. Estimated Monthly Contribution (C. x D.)	
F. Estimated Annual Contribution (E. x 12)	

LTD Example

A. Annual Earnings	\$ 30,000
B. Monthly Earnings (A. divided by 12)	\$ 2,500
C. Monthly Earnings/100 (B. divided by 100)	\$ 25.00
D. Rate per \$100	0.48
E. Estimated Monthly Contribution (C. x D.)	\$ 12.00
F. Estimated Annual Contribution (E. x 12)	\$ 144.00



MetLife
Disability Plan Rates
 2009 - 2010 Plan Year

Short Term Disability

	14 Day	30 Day
0 - 29	0.36	0.27
30 - 34	0.36	0.27
35 - 39	0.36	0.27
40 - 44	0.54	0.40
45 - 49	0.73	0.54
50 - 54	0.80	0.80
55 - 59	1.06	1.06
60 - 64	1.23	1.23
65 +	1.23	1.23

Long Term Disability

	90 Day	180 Day
0 - 29	0.14	0.09
30 - 34	0.20	0.13
35 - 39	0.30	0.19
40 - 44	0.48	0.38
45 - 49	0.68	0.50
50 - 54	1.00	0.74
55 - 59	1.34	0.98
60 - 64	1.59	1.15
65 +	1.59	1.15

American Public Life Group Cancer Plan (APL GC AP GC-3 5/1/06) ESC 20 Benefits Cooperative

This coverage is offered on a guarantee issue basis. However, no benefits are payable for any loss during the first year of a Covered Person's coverage as the result of a Pre-Existing Specified Disease. A Pre-Existing Specified Disease is defined as one for which, within twelve (12) months prior to the Covered Person's effective date of coverage, medical advice, consultation, or treatment, including prescribed medications, was recommended or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment.

Benefit	Low Option Base Plan	High Option Base Plan
Radiation/Chemotherapy/Immunotherapy Hormone Therapy	\$500/month of treatment \$50/treatment; 12/year	\$1500/month of treatment \$50/treatment; 12/year
Surgical Schedule Anesthesia Reconstructive Surgery Skin Cancer	\$1,600 Schedule; \$15/unit 25% of schedule Included in schedule Included in schedule	\$4,800 Schedule; \$45/unit 25% of schedule Included in schedule Included in schedule
Hospital Confinement Government/Charity Hospital/HMO Ambulatory Surgical Facility	\$100/day 1-90; \$100/day 91+ in lieu of other benefits \$100/day in lieu of other benefits \$200/day	\$300/day 1-90; \$300/day 91+ in lieu of other benefits \$300/day in lieu of other benefits \$600/day
Drugs and Medicine - Inpatient Drugs and Medicine - Outpatient	\$150/confinement \$50/script; \$50/month	\$150/confinement \$50/script; \$150/month
Transportation and Lodging Patient Transportation Family Transportation Patient Lodging Family Lodging	\$.40/mile up to 1,000 miles \$.40/mile up to 1,000 miles \$50/day up to 50 days/cal year (out) \$50/day up to 50 days/cal year (in)	\$.40/mile up to 1,000 miles \$.40/mile up to 1,000 miles \$50/day up to 50 days/cal year (out) \$50/day up to 50 days/cal year (in)
Blood and Plasma	\$150/day; \$7,500/cal year (50 days)	\$250/day; \$12,500/cal year (50 days)
Bone Marrow/Stem Cell Transplant autologous non-autologous for other type cancer Experimental Treatment Attending Physician Prosthesis - Surgical Prosthesis - hairpiece Dread Disease Hospice Care Private Nursing Ambulance - Ground Ambulance - Air Extended Care Home Health Care Second & Third Surgical Opinion Waiver of Premium Physical Therapy	\$500/cal year \$1,500/cal year Same as non-experimental \$30/day of confinement \$1,000/device; lifetime max 2 \$50/hairpiece; lifetime max 2 \$100/day up to 90 days \$50/day; \$9,000 lifetime max \$150/day of confinement \$200/trip; 2/confinement \$2,000/air; 2/confinement \$100/day up to confinement days \$100/day up to confinement days \$300/diagnosis 90 day elimination period \$25/visit; 4/month; \$1,000 life	\$1500/cal year \$4,500/cal year Same as non-experimental \$50/day of confinement \$3,000/device; lifetime max 2 \$50/hairpiece; lifetime max 2 \$300/day up to 90 days \$100/day; \$18,000 lifetime max \$150/day of confinement \$200/trip; 2/confinement \$2,000/air; 2/confinement \$300/day up to confinement days \$300/day up to confinement days \$300/diagnosis 90 day elimination period \$25/visit; 4/month; \$1,000 life
Diagnostic Testing Benefit	\$50; 1per person, per year (30 day waiting period)	\$50; 1per person, per year (30 day waiting period)
Critical Illness Rider:	\$2500 Lump Sum Benefit; 30 day WP, no survival period; benefit payable once for Internal Cancer and once for heart attack or stroke	\$2500 Lump Sum Benefit; 30 day WP, no survival period; benefit payable once for Internal Cancer and once for heart attack or stroke
Optional Benefit		
ICU Rider	\$600 up to a maximum of 30 days per confinement	\$600 - up to a maximum of 30 days per confinement
Premiums - 12 Month Pay Scale		
Individual Single Parent Family Family	Plan Opt 1 - Low Option Base Only \$14.80 \$20.60 \$26.40	Plan Opt 3 - High Option Base Plan Only \$29.40 \$40.40 \$51.50
Individual Single Parent Family Family	Plan Opt 2 - Low Option Base Plan + Intensive Care Rider \$17.80 \$24.80 \$32.70	Plan Opt 4 - High Option Base Plan + Intensive Care Rider \$32.40 \$44.60 \$57.80

LIMITATIONS AND EXCLUSIONS

Only Loss For Cancer: This Policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. This Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

Pre-Existing Condition Limitation: No benefits are payable for any loss incurred during the first year of the Covered Person's coverage under this Policy as the result of a Pre-Existing Specified Disease, as defined in this Certificate. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered.

Pre-Existing Condition Limitation - Hospital Intensive Care Rider: No benefits will be provided during the first two years of this rider for hospital intensive care unit confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the 30th day following the covered person's effective date for this rider.

Waiting Period: This Policy/Certificate contains a 30-day Waiting Period during which no benefits will be paid under this Policy/Certificate. If any Covered Person has a Specified Disease diagnosed before the end of the 30-day period immediately following the Covered Person's effective date, coverage for that person will apply only to loss that is incurred after one year from the effective date of such person's coverage. If any Covered Person is diagnosed as having a Specified Disease during the 30-day period immediately following the effective date, the Insured may elect to void the Certificate from the beginning and receive a full refund of premium.

If this Policy replaced Specified Disease Cancer coverage from another company that terminated within 30 days of the effective date of the Certificate, the 30-day Waiting Period will be waived for those Covered Persons that were covered under the prior coverage. However, the Pre-Existing Condition Limitation paragraph will still apply.



Supplemental

Accident Insurance

Because life is full of surprises

ACCIDENTS HAPPEN - IT'S A SIMPLE FACT OF LIFE

BUT THEY DON'T HAVE TO CATCH YOU UNPREPARED

With added security coverage, you can rest assured that you're protected if a covered accident happens to threaten your financial security, or the security of your family. So give yourself and your family the protection and peace of mind you need. Wouldn't this be the perfect time to add this valuable protection?

IT'S A LEVEL OF PROTECTION
OTHER COVERAGE PLANS SIMPLY CAN'T MATCH

- Added Security Coverage pays regardless of any other medical coverage
- It protects you 24 hours a day on or off the job
- Issue ages, 18-64
- It's guaranteed renewable up to age 70
- Family members receive full benefits
- Benefits are paid directly to you
- There is no limit on the number of accidents covered

A3 - Accident Expense Policy
For ESC 20 Benefits Cooperative

Benefits	
<p>Accidental Injury Benefit - We will pay the actual charges per accident (not to exceed maximum benefits for units selected) for physician's treatment, surgery, x-rays, reduction of fractures and dislocations or other emergency treatment expenses. In no case will the benefit exceed actual charges. There is a \$50 deductible for emergency room expenses, per occurrence, regardless of the number of units. Expenses must commence within 60 days of the covered accident.</p>	\$500
<p>Ambulance Benefit - We will pay the actual charges (not to exceed maximum benefits for units selected) for emergency transportation for covered treatment (ground or air). Such emergency transportation must occur within 21 calendar days of the covered accident.</p>	\$1,250
<p>Hospital Confinement - We will pay the daily hospital benefit, based upon the number of units selected, when a covered insured is confined to a hospital due to accident or injury. This benefit begins the first day of confinement and pays up to 30 days per any one accident.</p>	\$75
<p>Accidental Death Benefit - We will pay the benefit shown for accidental death which results within 90 days of the accident, based upon the number of units selected.</p>	\$5,000
<p>Dismemberment - We will pay the following benefit, based upon the number of units selected, for dismemberment which results within 90 days of a covered accident (dismemberment benefits are subject to a \$5,000 per unit cumulative maximum per accident).</p>	
Single Finger or toe	\$250
Multiple fingers or toes	\$500
Single Hand, Arm, Foot or Leg	\$2,500
Multiple Hands, Arms, Feet or Legs	\$5,000
<p>Loss of Sight Benefit - We will pay the benefit, based upon the number of units selected, shown for the loss of sight due to accidental injury.</p>	
Loss of sight in one eye	\$2,500
Loss of sight in both eyes	\$5,000
<p>Premiums:</p>	
Individual	\$10.80
Individual and Spouse	\$19.40
Individual and Children	\$21.20
Family (2 Parents and children)	\$29.80

American Public Life Insurance Company
P. O. Box 925 • Jackson, MS 39205-0925
601-936-6600 or 800-256-6736

DEFINITIONS

INJURY or ACCIDENTAL INJURY or ACCIDENTAL BODILY INJURY means physical damage to an Insured Person, sustained on or after the Effective Date, and while this Policy is in force, which is the direct cause of the loss, independent of disease, bodily infirmity or any other cause. All injuries sustained in any one accident and all complications arising therefrom and recurrence and complication shall be deemed to be a single "Injury."

DISABILITY means Your inability, as a result of covered Accidental Injury, to perform the substantial and material duties of Your occupation and You are not gainfully employed.

EXCLUSIONS AND LIMITATION

Benefits otherwise provided by this policy will not be payable for services or expenses or any such loss resulting from or in connection with:

1. sickness, illness or bodily infirmity; except as covered by the Sickness Disability Rider;
2. suicide, attempted suicide or intentional self-inflicted injury, whether sane or insane;
3. dental care or treatment due to accidental injury to natural teeth;
4. war or any act of war (whether declared or undeclared) or participating in a riot or felony;
5. alcoholism or drug addiction;
6. travel or flight in or descent from any aircraft or device which can fly above the earth's surface in any capacity other than as a fare-paying passenger on a regularly scheduled airline;
7. injury originating prior to the effective date of the policy;
8. injury occurring while intoxicated (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss is incurred);
9. voluntary inhalation of gas or fumes or taking of poison or asphyxiation;
10. voluntary ingestion or injection of any drug, narcotic or sedative, unless administered on the advice and taken in such doses as prescribed by a physician;
11. injury sustained or sickness which manifests itself while on full-time duty in the armed forces. Upon notice, the company will refund the proportion of unearned premium while in such forces;
12. injury incurred while engaged in an illegal occupation;
13. injury incurred while attempting to commit a felony or an assault;
14. mental or emotional disorders;
15. injury to a covered person while practicing for or being a part of organized or competitive rodeo, sky diving, hang gliding, parachuting or scuba diving;
16. driving in any race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
17. charges incurred outside the U.S. if an insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
18. hernia, carpal tunnel syndrome or any complication therefrom;
19. any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).

If you are entitled to benefits under this policy, as a result of sprained or lame back, or any intervertebral disk conditions, such benefits shall be payable for a maximum period of time, not exceeding in the aggregate three (3) months for any injury.

These exclusions and limitations are not applicable for all states. Please refer to your policy or outline for applicable exclusions and limitations.

This coverage should be viewed as a supplement to other health insurance. This is not the insurance contract, and only the actual policy provisions will apply. It is therefore important that you read your policy carefully. All products are not available in all states.

In West Virginia: 18, and 19 above are changed and read as follows:

18. hernia, within six (6) months after the Effective Date;
19. carpal tunnel syndrome or any complication therefrom;
20. any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).

In Idaho: Exclusions and Limitations

1. sickness, illness or bodily infirmity;
2. suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane;
3. dental care or treatment due to accidental Injury to natural teeth;
4. war or any act of war (whether declared or undeclared) or participating in a riot or felony;
5. alcoholism or drug addiction;
6. participation in any form of flight aviation other than as a fare-paying passenger in a licensed, passenger-carrying aircraft;
7. a Pre-existing Condition incurred within 12 months following the effective date of coverage;
8. Injury occurring while intoxicated or under the influence of any narcotic, unless administered on the advice and taken in such doses as prescribed by a Physician;
9. Injury sustained or sickness which first manifests itself while on full-time duty in the armed forces. Upon notice, We will refund the proportion of unearned premium while in such forces.
10. Injury incurred while engaging in an illegal occupation;
11. Injury incurred while attempting to commit a felony;
12. mental or emotional disorders;
13. Injury to a covered person while participating as a professional as a part of organized or competitive rodeo, sky diving, hang gliding, parachuting or scuba diving;
14. driving as a professional in any race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
15. charges incurred outside the U.S., if an Insured traveled to the location for the purpose of receiving medical services, drugs or supplies;



A member of the American Fidelity Group®

American Public Life Insurance Company • P.O. Box 925 • Jackson, Mississippi 39205
800-256-8606 • 800-256-6736 (Sales Department) • www.ampublic.com

This brochure does not constitute the full contract and is intended to provide basic information about American Public Life Insurance Company's Form A-3B Supplemental Accident product. For specific details, please consult an actual policy and its provisions.



ESC – 20 Benefits Cooperative #GFZ03043 - BENEFITS AT A GLANCE

Your Basic and Voluntary Life Insurance benefits are provided by Fort Dearborn Life Insurance Company. Below is a summary of the benefits available to you:

BASIC GROUP TERM LIFE/AD&D

Any full-time, active employee working at least 18.75 hours per week is eligible for Basic Group Term Life and Accidental Death and Dismemberment (AD&D). Each participating school district can elect to offer their employees one of the following benefit amounts: \$10,000; \$15,000; \$20,000; \$25,000; \$30,000, \$35,000; \$40,000; \$45,000 or \$50,000.

Your Employer pays the entire cost of this coverage. Coverage reduces to 65% upon attainment of age 65, further reduces to 50% of the original amount upon attainment of age 70, further reduces to 25% of the original amount at age 75 and terminates at retirement.

VOLUNTARY GROUP TERM LIFE

Any full-time, active employee and their spouse are eligible to elect Voluntary Life coverage for themselves and their eligible dependents within 31 days of their initial eligibility period. Employee and spouse benefits are available in \$10,000 increments to a maximum of \$500,000. The employee benefit amount, combined with basic life insurance benefit, may not exceed seven times the employee's annual salary. **The amount of coverage elected for a dependent cannot exceed the employee's benefit amount. Employee and Spouse Voluntary Term Life coverage reduces to 65% of the original amount upon attainment of age 65 and to 50% of the original amount upon attainment of age 70. Reductions due to attained age and premium rates for Spouse Term Life will be based on the Spouse's age.**

Guaranteed Issue:	Employee	\$200,000*
	Spouses	\$50,000*

During annual enrollment each year, employees and spouses enrolled for Voluntary Term Life may elect to increase their current election by \$10,000 without Evidence of Insurability, up to the Guaranteed Issue amount

Employees who decline Voluntary Life coverage during their initial eligibility period and later decide to apply must submit Evidence of Insurability satisfactory to FDL for the full amount applied for.

Dependent Child amounts:

Age 15 days to 6 months	\$100
Age 6 months to age 25	\$5,000 (\$0.90 per family) or
Full-time students	\$10,000 (\$1.80 per family)

Blended User Voluntary Life Insurance MONTHLY Premium Cost (based on 12 payroll deductions per year)

Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
10,000	\$ 0.60	\$ 0.80	\$ 0.90	\$ 1.10	\$ 1.60	\$ 2.70	\$ 4.30	\$ 6.60	\$ 12.70	\$ 20.60	\$ 29.40
20,000	1.20	1.60	1.80	2.20	3.20	5.40	8.60	13.20	25.40	41.20	58.80
30,000	1.80	2.40	2.70	3.30	4.80	8.10	12.90	19.80	38.10	61.80	88.20
40,000	2.40	3.20	3.60	4.40	6.40	10.80	17.20	26.40	50.80	82.40	117.60
50,000	3.00	4.00	4.50	5.50	8.00	13.50	21.50	33.00	63.50	103.00	147.00
60,000	3.60	4.80	5.40	6.60	9.60	16.20	25.80	39.60	76.20	123.60	176.40
70,000	4.20	5.60	6.30	7.70	11.20	18.90	30.10	46.20	88.90	144.20	205.80
80,000	4.80	6.40	7.20	8.80	12.80	21.60	34.40	52.80	101.60	164.80	235.20
90,000	5.40	7.20	8.10	9.90	14.40	24.30	38.70	59.40	114.30	185.40	264.60
100,000	6.00	8.00	9.00	11.00	16.00	27.00	43.00	66.00	127.00	206.00	294.00
110,000	6.60	8.80	9.90	12.10	17.60	29.70	47.30	72.60	139.70	226.60	323.40
120,000	7.20	9.60	10.80	13.20	19.20	32.40	51.60	79.20	152.40	247.20	352.80
130,000	7.80	10.40	11.70	14.30	20.80	35.10	55.90	85.80	165.10	267.80	382.20
140,000	8.40	11.20	12.60	15.40	22.40	37.80	60.20	92.40	177.80	288.40	411.60
150,000	9.00	12.00	13.50	16.50	24.00	40.50	64.50	99.00	190.50	309.00	441.00

VOLUNTARY GROUP Accidental Death and Dismemberment (AD&D)

Any full-time, active employee is eligible to elect Voluntary AD&D coverage. Evidence of Insurability is not required for Voluntary AD&D coverage.

The **Individual Plan** covers you in the event of accidental death or dismemberment. Benefits are available in \$10,000 increments to a maximum of \$500,000. The cost for this coverage is \$0.03 per \$1,000 of benefit.

The **Family Plan** covers you and your eligible dependents in the event of accident or dismemberment. Employee amounts are available in \$10,000 increments to a maximum of \$500,000. The spouse benefit is equal to 50% of the employee amount, and the child benefit is equal to 10% of the employee amount. The cost for this coverage is \$0.06 per \$1,000 of benefit.

Coverage reduces to 65% of the original amount upon attainment of age 65, further reduces to 50% of the original amount upon attainment of age 70, and terminates at retirement.

Your Basic and Voluntary Group Term Life coverage automatically includes:

Waiver of Premium: Your term life coverage may continue to age 65 at no cost to you if you become totally disabled prior to age 60, subject to the requirements of this benefit.

Accelerated Death Benefit: If you are diagnosed with a Terminal Condition which with reasonable medical certainty will result in your death within 12 months, you may choose to accelerate up to 75% of your group term life insurance amount. This sum is limited to a maximum of \$250,000 and a minimum of \$7,500. The amount of the accelerated payment will reduce the death benefit payable under the term life coverage by the amount of the requested payment.

Conversion Option (applies to Basic and Voluntary Term Life): Should you leave your employment with ESC-20 Benefits Cooperative you may convert your term life coverage to an individual whole life insurance policy. The request to convert must be made within 31 days following termination of coverage.

Portability Option (applies to Voluntary Term Life only): Should you leave your employment with ESC-20 Benefits Cooperative, you may port your term life coverage for as long as the group policy is in force. The request to port must be made within 31 days following termination of coverage. Upon termination of the group policy, you will have the option to convert your coverage so long as the request is received within 31 days of the group's termination.

This summary is for illustrative purposes only and does not constitute a contract. The full terms and conditions of the coverage you select will be contained in the policies provided to ESC-20 Benefit Cooperative. If there is any discrepancy between this benefit description and the policy, the terms of the policy will control.

Basic and Voluntary Life Insurance is Underwritten by:

Fort Dearborn Life Insurance Company