Topeka Public Schools USD # 501

VOLUNTARY BENEFITS

Enrollment Guide

Leading Learners
Topeka Public Schools

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DISCLAIMER

The intent of this summary is to briefly highlight your benefits and NOT to replace your insurance contracts or booklets. The information has been compiled into summary form to outline the voluntary benefits offered by Topeka Public Schools USD #501.

If this benefit summary does not address your specific benefit questions, please contact BenefitsDirect for assistance.

Phone: 1-877-523-0176
Email: info@benefits-direct.com
Web: www.benefits-direct.com/tps501

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.

The information in this booklet is proprietary. Please do not copy or distribute to others.

Created by

BenefitsDirect

TPS 501 Employee Benefits

Policy & Claim Contact Information

Product	Insurance Company	ID Card/Policy	Claims/Questions
Medical	BlueCross BlueShield of Kansas	ID Cards	(800) 432-3990 www.bcbsks.com
Dental	DELTA DENTAL	ID Cards	(800) 234-3375 www.deltadentalks.com
Vision	SUPERIOR VISION See yourself healthy.	ID Cards	(800) 507-3800 www.superiorvision.com
Flexible Spending Account	FLEX MADE EASY	Receive email to set up account online New Participant - Debit Cards Mailed to Home Returning Participants - Use your same Debit Card	(855) 615-3679 www.flexmadeeasy.com
Term Life	RELIANCE STANDARD LIFE INSURANCE COMPANY A MEMBER OF THE TOKIO MARINE GROUP	Group Contract Benefit Portal has Group Contracts	(877) 523-0176 www.benefits-direct.com/tps501
Short-Term Disability	RELIANCE STANDARD LIFE INSURANCE COMPANY A MEMBER OF THE TOKIO MARINE GROUP	Group Contract Benefit Portal has Group Contracts	(877) 523-0176 www.benefits-direct.com/tps501
Cancer	Loyal American Life Insurance Company	Policy Mailed to Home Adddress	(877) 523-0176 www.benefits-direct.com/tps501
Accident	Humana.	Letter with instructions to download Policy Mailed to Home Adddress	(877) 523-0176 www.benefits-direct.com/tps501
Critical Illness	Loyal American Life Insurance Company	Policy Mailed to Home Adddress	(877) 523-0176 www.benefits-direct.com/tps501
Supplemental Health	Humana.	Letter with instructions to download Policy Mailed to Home Adddress	(877) 523-0176 www.benefits-direct.com/tps501
Permanent Life & Long-Term Care	COMBINED INSURANCE	Policy Mailed to Home Adddress	(877) 523-0176 www.benefits-direct.com/tps501
Identity Theft Protection	INFOARMOR DETECTION IS THE NEW PREVENTION	Receive email to set up account online	https://myportal.infoarmor.com/
Pre-Paid Legal	LegalShield Total access. Total freedom.	Information Mailed to Home Address	(800) 654-7757 www.legalshield.com

Leading Learners Topeka Public Schools
BenefitsDirect Insurance Network

Vision Insurance

SUPERIOR VISION
See yourself healthy.

Vision Plan Benefits for Topeka Public Schools USD

Co-Pays	
Exam	$10
Materials[1]	$10
Contact Lens Fitting (standard & specialty)	$25

Monthly Premiums	
Emp. only	$9.26
Emp. + one	$14.89
Emp. + child(ren)	$15.19
Emp. + family	$22.82

Services/Frequency	
Exam	12 months
Frame	24 months
Contact Lens Fitting	12 months
Lenses	12 months
Contact Lenses	12 months

(Based on date of service)

Benefits through Superior National Network

	In-Network	Out-of-Network
Exam (Ophthalmologist)	Covered in full	Up to $34 retail
Exam (Optometrist)	Covered in full	Up to $26 retail
Frames	$150 retail allowance	Up to $72 retail
Contact Lens Fitting (standard[2])	Covered in full	Not covered
Contact Lens Fitting (specialty[2])	$50 retail allowance	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full	Up to $29 retail
Bifocal	Covered in full	Up to $43 retail
Trifocal	Covered in full	Up to $53 retail
Standard Progressive[3]	Covered in full	Up to $43 retail
Contact Lenses[4]	$150 retail allowance	Up to $100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements
[1] *Materials co-pay applies to lenses and frames only, not contact lenses*
[2] *See your benefits materials for definitions of standard and specialty contact lens fittings*
[3] *If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses.*
[4] *Contact lenses are in lieu of eyeglass lenses and frames benefit*

Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

SuperiorVision.com
Customer Service
800.507.3800

Discounts on Covered Materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over standard progressive retail

The following options have out-of-pocket maximums[5] on standard (not premium, brand, or progressive) lenses.

	Maximum Member Out-of-Pocket	
	Single Vision	Bifocal & Trifocal
Scratch coat	$13	$13
Ultraviolet coat	$15	$15
Tints, solid or gradients	$25	$25
Anti-reflective coat	$50	$50
High index 1.6	$55	20% off retail
Photochromics	$80	20% off retail

Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, other prescription materials:	20% off retail
Disposable contact lenses:	10% off retail

[5] *Discounts and maximums may vary by lens type. Please check with your provider.*

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.

Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 800.507.3800 SuperiorVision.com
The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life
NVIGRP 5-07 0616-BSv2/KS

3 Easy Steps to Finding an In-Network Provider

STEP 1: Go to **SuperiorVision.com**. In the **"Locate a Provider"** box, select your provider network, enter your city or ZIP code and click the **"Locate"** button. You can also click the **"Advanced Search"** button to search by mile radius, eye care provider's name or practice name.

Locate a Provider

You may also **login** to the member area of the website, select **"Locate a Provider"** from the navigation and your network will be auto-populated on the page.

If You Have		Network
Superior Vision Services	use	Superior National
Superior Vision Benefit Management (Block Vision)	use	Superior Select
Superior Vision of New Jersey (Block Vision of New Jersey)	use	Superior Select
Superior Vision Insurance Plan of Wisconsin (Vision Insurance Plan of America)	use	Superior Select Midwest
Superior Vision of Texas (Block Vision of Texas)	use	Superior Select Southwest

Your Network is: Superior National

STEP 2: Review the list of results from your search and choose an eye care provider.

- **Call your selected eye care provider prior to your appointment to verify provider network participation and to confirm services and acceptance of your vision plan.**
- It's important to note that not all providers at each office or optical store location are in-network providers, nor do they participate in all networks.

STEP 3: You may also call Customer Service at 800.507.3800 for assistance in locating an in-network provider.

Getting Started Guide: Members

SuperiorVision.com gives you quick access to your vision benefits information. Member account information is shared by all covered family dependents—family members may log in as the primary member.

Logging In

Step 1

From the home page of our website, select the "Members" link.

Step 2

From the member home page, click the "Member Login" button.

Step 3

If you have already set up your account, enter your user name and password. If not, click "Create a new account."

Step 4

From the Create Your New Account page the primary subscriber can set up an account with their own username and password and have immediate access to the secure Member area of the website.

Key Functions

Within the secure area, you can:

- Locate a provider
- View your benefits coverage
- Print your ID card
- Manage your profile
- Download forms

Customer Service

contactus@superiorvision.com
800.507.3800

Monday—Friday	5:00 am to 6:00 pm PT
Saturday	8:00 am to 1:30 pm PT

11101 White Rock Road | Rancho Cordova, CA 95670 | p. 800.507.3800

SuperiorVision.com

SUPERIOR VISION
See yourself healthy.

Flexible Spending Accounts

FLEX MADE EASY

Flexible Spending Account Program Overview

Use your FSA to save 25% or more on the things you buy every day...

We all pay taxes. We all buy things like prescriptions, bandages, and glasses or contacts - not to mention co-pays, child care, and braces. And we all like to save money.

A Flexible Spending Account (FSA) uses pre-tax dollars to help you save on health care and dependent care expenses. Once the plan year begins, the money in your FSA is yours to spend immediately, on a wide range of needs for yourself and your family. And because this FSA from Flex Made Easy is so easy to use, there's no hassle, less waiting - and no reason to miss out on enrollment.

It's Covered

You probably know you can cover your co-pays, deductibles, dental and vision care, and prescriptions with your health care FSA. But did you know it's good for hundreds of over-the-counter items such as bandages and contact lenses solution, not to mention many services, too? You can also use it for Over-the-Counter drugs and medicines, as long you get a prescription from your doctor.

Qualified medical expenses include:

- Co-pays, deductibles, co-insurance
- Dental expenses
- Eyeglasses, laser surgery, contact lenses
- Prescription drugs
- Over-the-counter supplies
- Chiropractic care

Qualified dependent care expenses include:

- Daycare
- Babysitting
- Before & after school care
- Pre-k
- Summer day camps
- Care for older dependents in need of assistance

info@benefits-direct.com (877) 523-0176 www.benefits-direct.com/tps501

FLEX MADE EASY

Flexible Spending Account Program Overview

Everyday savings....

Saving is simple. When you enroll in the program, you set aside some of your pay before taxes to use on eligible expenses. The more you put in, the more you save on your tax bill.

It's easy...

It's your money. The program just helps you save it from taxes, and spend it on your health and your family. Flex Made Easy provides convenient payment and reimbursement options. Just swipe your FSA Debit Card to pay for eligible medical and/or dependent care expenses.

If you need to submit a claim, you can complete your transaction through our secure mobile application, our online portal, by email, fax or regular postal mail. Sign up for direct deposit, and get your funds back fast!!

Once you enroll, you will receive detailed instructions for accessing your account online through the Flex Made Easy secure online portal.

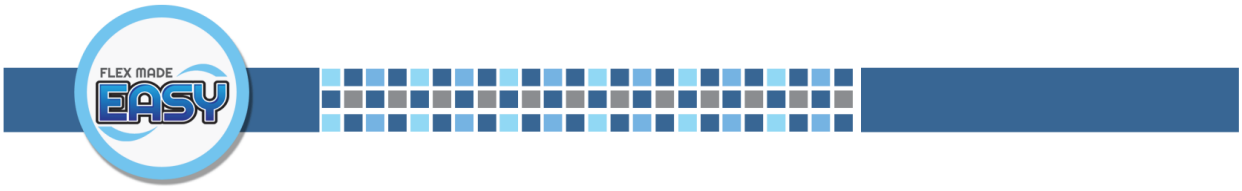
Contact

FLEX MADE EASY

410 Archibald
Kansas City, MO 64111

1-855-615-3679

info@FlexMadeEasy.com



This worksheet will help you determine the dollar amount you will spend for medical expenses during the plan year. In order to maximize your savings, please include expenses for you, your spouse and any of your dependents in your calculation.

Medical Expenses not covered by Insurance — Annual Estimate

Deductibles, co-pays, coinsurance	$_____
Physician visits/routine exams	$_____
Prescription Drugs	$_____
Insulin/Syringes	$_____
Annual physicals	$_____
Chiropractic treatments	$_____
Other:_____	$_____

Subtotal Medical Expenses **$_____**

Dental Expenses not covered by Insurance

Checkups/cleanings	$_____
Fillings	$_____
Root Canals	$_____
Crowns/Bridges/Dentures	$_____
Oral Surgery	$_____
Orthodontia	$_____
Other:_____	$_____

Subtotal Dental Expenses **$_____**

Vision/Hearing Expenses not covered by Insurance

Exams	$_____
Eyeglasses	$_____
Prescription Sunglasses	$_____
Contact Lenses & Cleaning Solutions	$_____
Corrective Eye Surgery (LASIK, cataract etc.)	$_____
Hearing exams/hearing aids & batteries	$_____

Subtotal Vision Expenses **$_____**

Total Medical Expenses $_____

Qualified Expenses

- ✓ Acupuncture
- ✓ Alcoholism treatment
- ✓ Ambulance
- ✓ Birth control pills
- ✓ Braille books and magazines
- ✓ Chiropractors
- ✓ Coinsurance amounts and deductibles
- ✓ Contact lenses, solutions and cleaners
- ✓ Crutches and wheelchairs
- ✓ Dental treatment*
- ✓ Dermatologist visits*
- ✓ Eyeglasses (prescription); vision exams
- ✓ Guide dog or other animal aide
- ✓ Hearing devices and batteries
- ✓ Hospital services
- ✓ Immunizations (including flu shots)
- ✓ Infertility treatments
- ✓ Insulin
- ✓ Laboratory/diagnostic fees
- ✓ Language training for child with disability
- ✓ Laser eye surgery
- ✓ Learning disability
- ✓ Massage therapy (medical necessity)*
- ✓ Norplant insertion or removal
- ✓ Nursing services
- ✓ Nutritionist's expenses (medical necessity)
- ✓ Occlusal guards to prevent teeth grinding
- ✓ Orthodontia
- ✓ Over-the-counter drugs (require a prescription)*
- ✓ Pap smears
- ✓ Physical therapy
- ✓ Prescription drugs
- ✓ Prosthetics
- ✓ Psychologist
- ✓ Reading glasses
- ✓ Smoking cessation programs
- ✓ Sterilization
- ✓ TMJ related treatments
- ✓ Transplants
- ✓ Travel expenses related to medical care only
- ✓ Wigs (medical reasons only)
- ✓ X-ray fees

Ineligible Expenses

- ✓ Burial expenses
- ✓ Cosmetic procedures (unless necessary to improve a deformity arising from congenital abnormality, personal injury from an accident or trauma, or a disfiguring disease)
- ✓ Dancing lessons
- ✓ Diapers or diaper service
- ✓ Ear piercing
- ✓ Electrolysis (see cosmetic procedures)
- ✓ Exercise equipment, unless prescribed for a specific medical condition
- ✓ Face lifts (see cosmetic procedures)
- ✓ Fitness programs for general health
- ✓ Funeral expenses
- ✓ Hair transplant (see cosmetic procedures)
- ✓ Health club dues
- ✓ Holistic or natural remedies
- ✓ Illegal operations and treatments
- ✓ Items paid or payable by insurance
- ✓ Items you intend to claim as a credit for income tax purposes
- ✓ Marriage counseling
- ✓ Maternity clothes
- ✓ Non-prescription sunglasses (sunclips)
- ✓ Nursing care for a normal, healthy baby
- ✓ Nutritional supplements (general good health)
- ✓ Overnight camp (Dependent Care)
- ✓ Premiums for group health coverage maintained through spouse's employer or individual insurance premiums
- ✓ Rogaine (see cosmetic procedures)
- ✓ Safety glasses (unless prescription)
- ✓ Swimming lessons
- ✓ Tanning salons and equipment
- ✓ Teeth whitening or bleaching (even if as a result of a congenital defect)
- ✓ Vision discount programs or warranty charges
- ✓ Vitamins (over-the-counter)
- ✓ Warranties for eyeglasses and/or hearing aids
- ✓ Weight loss programs and drugs (unless a medical necessity exists for a specific medical condition)

* Items are eligible for reimbursement through a Health Care FSA or an HRA if they are treating a current or imminent medical condition. Some items may require additional documentation such as a letter of medical necessity or a prescription (for over-the-counter medications) from your medical provider. Please visit www.FlexMadeEasy.com for more detailed information and a more comprehensive list of eligible expenses.

Basic Life Insurance

Plan Highlights

Group Basic Life and AD&D, and Dependent Life Insurance

Topeka Public Schools USD #501

ELIGIBILITY

Class 1: Each Active Full-Time Superintendent, All full time Deputy Superintendent, Interim Superintendent, District Attorney, Executive Director of Instruction and Executive Director of Administration working 27.5 hours or more per week.
Class 2: Each Active Full-Time Administrative employees with less than 5 years of service as an Administrator working 27.5 hours or more per week.
Class 3: Each Active Full-Time Administrative employees with 5 but less than 10 years of service as an Administrator working 27.5 hours or more per week.
Class 4: Each Active Full-Time Administrative employees with 10 or more years of service as an Administrator working 27.5 hours or more per week.
Class 5: Each Active Full-Time Classified Support Staff working 27.5 hours or more per week.
Class 6: Each Active Full-Time Certified Educators working 19.375 hours or more per week.

Dependents: You must be insured in order for Dependents to be covered.
Dependents are:

- your legal spouse not legally separated or divorced from you
- unmarried financially dependent child(ren)*, to age 26.

*natural and adopted children and stepchildren in your custody.
Age limit does not apply to handicapped children.

- A person may not have coverage as both an Employee and Dependent.
- Only one insured spouse may cover Dependent children.

BENEFIT AMOUNT

Basic Life (District paid)
*Please consult with your Employer or Benefit Representative to determine your volume of coverage
Dependent Life
Spouse and Dependent Child(ren), to age 26
Class 1, 2, 3, & 4: $10,000 (employee paid)
Class 5: Choice of $2,500 (district paid) with option for employee to purchase an additional $7,500, for a total of $10,000
Class 6: Choice of $2,500 or $10,000 (employee paid) (spouse amount may not exceed 100% of employee amount)

BENEFIT REDUCTION DUE TO AGE (applicable to employee/spouse coverage)

Age	Original Benefit Reduced To
70	65%
75	50%

FEATURES

- Living Benefit Rider(expressed as Accelerated Death Benefit in some states and Imminent Death Benefit in PA)
- Air Bag Benefit
- Education Benefit
- FMLA/MSLA Continuation
- Loss of Use Benefit
- Seat Belt Benefit
- Waiver of Premium

VALUE ADDED SERVICES

- Bereavement Counseling Service
- Travel Assistance Service

EXCLUSIONS

AD&D EXCLUSIONS:
AD&D benefits will not be payable for a loss: caused by suicide or intentionally self-inflicted injuries; caused by or resulting from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; sustained during an insured s commission or attempted commission of an assault or felony; to which the insured s acute or chronic intoxication is a contributing factor; or to which the insured s voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor.
For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

RELIANCE STANDARD LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP
www.RelianceStandard.com

Reliance Standard Plans
Dependent Life Insurance
Premium Table

Topeka Public Schools USD #501

Class	Spouse Coverage	Child Coverage	Monthly Cost
1, 2, 3, & 4	$10,000	$10,000	$4.00
5	$2,500	$2,500	District paid
	$10,000	$10,000	$3.00
6	$2,500	$2,500	$0.70
	$10,000	$10,000	$4.00

Supplemental Life Insurance

Plan Highlights

Group Voluntary and Dependent Life Insurance

Topeka Public Schools USD #501

ELIGIBILITY

Each Active Full-Time employee working 27.5 hours or more per week and Certified Educators working 19.375 hours or more hours per week.

Dependents: You must be insured in order for Dependents to be covered.
Dependents are:

- your legal spouse not legally separated or divorced from you
- A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

Voluntary Life:
Choose from a minimum of $20,000 to a maximum of $240,000 in $20,000 increments
Amounts of life insurance equal to $150,000 or more may be subject to an earnings cap.
Dependent Life
Spouse
Choose from a minimum of $10,000 to a maximum of $100,000 in $10,000 increments
(spouse amount may not exceed 50% of employee amount)

GUARANTEED ISSUE

Employee: $240,000 During Initial Eligibility Period Only
Spouse: $75,000 During Initial Eligibility Period Only

CONTRIBUTION REQUIREMENTS

Employee:
Coverage is 100% employee paid.

Spouse: Coverage is 100% employee paid.

FEATURES

- Living Benefit Rider (expressed as Accelerated Death Benefit in some states and Imminent Death Benefit in PA)
- Conversion Privilege
- FMLA/MSLA Continuation

BENEFIT REDUCTION DUE TO AGE (applicable to employee/spouse coverage)

Age	Original Benefit Reduced To
70	65%
75	50%

EXCLUSIONS

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

RELIANCE STANDARD LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

www.RelianceStandard.com

Reliance Standard Plans
Supplemental and Dependent Life Insurance
Premium Table

Topeka Public Schools USD #501

Scheduled Benefit: Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below.
For employees age 70 and older: Benefit amounts are reduced according to the age-based reduction chart shown in the Supplemental Life brochure.

- Determine your age band using your age at your last birthday.
- Select a benefit amount (employees age 70 and older: see above comment).
- Spouse premium: Repeat the steps above for your spouse, still using your own age at last birthday.
- Employee and spouse rates change as insured moves from one age bracket to the next.

Employee Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Reduced amounts age 70-74		Reduced amounts age 75+	
$20,000	$1.20	$1.20	$1.60	$1.80	$2.40	$4.20	$6.40	$11.00	$13.20	$25.40	**$13,000**	$26.78	**$10,000**	$65.70
$40,000	$2.40	$2.40	$3.20	$3.60	$4.80	$8.40	$12.80	$22.00	$26.40	$50.80	**$26,000**	$53.56	**$20,000**	$131.40
$60,000	$3.60	$3.60	$4.80	$5.40	$7.20	$12.60	$19.20	$33.00	$39.60	$76.20	**$39,000**	$80.34	**$30,000**	$197.10
$80,000	$4.80	$4.80	$6.40	$7.20	$9.60	$16.80	$25.60	$44.00	$52.80	$101.60	**$52,000**	$107.12	**$40,000**	$262.80
$100,000	$6.00	$6.00	$8.00	$9.00	$12.00	$21.00	$32.00	$55.00	$66.00	$127.00	**$65,000**	$133.90	**$50,000**	$328.50
$120,000	$7.20	$7.20	$9.60	$10.80	$14.40	$25.20	$38.40	$66.00	$79.20	$152.40	**$78,000**	$160.68	**$60,000**	$394.20
$140,000	$8.40	$8.40	$11.20	$12.60	$16.80	$29.40	$44.80	$77.00	$92.40	$177.80	**$91,000**	$187.46	**$70,000**	$459.90
$160,000	$9.60	$9.60	$12.80	$14.40	$19.20	$33.60	$51.20	$88.00	$105.60	$203.20	**$104,000**	$214.24	**$80,000**	$525.60
$180,000	$10.80	$10.80	$14.40	$16.20	$21.60	$37.80	$57.60	$99.00	$118.80	$228.60	**$117,000**	$241.02	**$90,000**	$591.30
$200,000	$12.00	$12.00	$16.00	$18.00	$24.00	$42.00	$64.00	$110.00	$132.00	$254.00	**$130,000**	$267.80	**$100,000**	$657.00
$220,000	$13.20	$13.20	$17.60	$19.80	$26.40	$46.20	$70.40	$121.00	$145.20	$279.40	**$143,000**	$294.58	**$110,000**	$722.75
$240,000	$14.40	$14.40	$19.20	$21.60	$28.80	$50.40	$76.80	$132.00	$158.40	$304.80	**$156,000**	$321.36	**$120,000**	$788.40

Spouse Monthly Premiums
(use employee's age)

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Reduced amounts Age 70-74		Reduced amounts Age 75+	
$10,000	$0.60	$0.60	$0.80	$0.90	$1.20	$2.10	$3.20	$5.50	$6.60	$12.70	**$6,500**	$13.39	**$5,000**	$32.85
$20,000	$1.20	$1.20	$1.60	$1.80	$2.40	$4.20	$6.40	$11.00	$13.20	$25.40	**$13,000**	$26.78	**$10,000**	$65.70
$30,000	$1.80	$1.80	$2.40	$2.70	$3.60	$6.30	$9.60	$16.50	$19.80	$38.10	**$19,500**	$40.17	**$15,000**	$98.55
$40,000	$2.40	$2.40	$3.20	$3.60	$4.80	$8.40	$12.80	$22.00	$26.40	$50.80	**$26,000**	$53.56	**$20,000**	$131.40
$50,000	$3.00	$3.00	$4.00	$4.50	$6.00	$10.50	$16.00	$27.50	$33.00	$63.50	**$32,500**	$66.95	**$25,000**	$164.25
$60,000	$3.60	$3.60	$4.80	$5.40	$7.20	$12.60	$19.20	$33.00	$39.60	$76.20	**$39,000**	$80.34	**$30,000**	$197.10
$70,000	$4.20	$4.20	$5.60	$6.30	$8.40	$14.70	$22.40	$38.50	$46.20	$88.90	**$45,500**	$93.73	**$35,000**	$229.95
$80,000	$4.80	$4.80	$6.40	$7.20	$9.60	$16.80	$25.60	$44.00	$52.80	$101.60	**$52,000**	$107.12	**$40,000**	$262.80
$90,000	$5.40	$5.40	$7.20	$8.10	$10.80	$18.90	$28.80	$49.50	$59.40	$114.30	**$58,500**	$120.51	**$45,000**	$295.65
$100,000	$6.00	$6.00	$8.00	$9.00	$12.00	$21.00	$32.00	$55.00	$66.00	$127.00	**$65,000**	$133.90	**$50,000**	$328.50

PREMIUM CALCULATION (Add your elections here):

Employee Premium	
Spouse Premium	
Total Premium	

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

Rates are subject to change.

Please read this important information:

- **You may not have coverage as both an employee and as a dependent.**

Short-Term Disability Insurance

Plan Highlights

Voluntary Group Short Term Disability Insurance

Topeka Public Schools USD #501

COVERAGE

Disability income protection insurance provides a benefit for short term "disability" resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active Full-Time employee working 27.5 hours or more per week and Certified Educators working 19.375 or more hours per week.

BENEFITELECTION

You may choose a weekly benefit is an amount equal to one of the options listed below:

Option 1: 50% of covered earnings to a maximum benefit of $1,154 per week with an elimination period of 7 days for injury, 7 days for sickness which will be paid up to a maximum of 25 weeks.

Option 2: 60% of covered earnings to a maximum benefit of $1,154 per week with an elimination period of 7 days for injury, 7 days for sickness which will be paid up to a maximum of 25 weeks.

Option 3: 50% of covered earnings to a maximum benefit of $1,154 per week with an elimination period of 14 days for injury, 14 days for sickness which will be paid up to a maximum of 24 weeks.

Option 4: 60% of covered earnings to a maximum benefit of $1,154 per week with an elimination period of 14 days for injury, 14 days for sickness which will be paid up to a maximum of 24 weeks.

Option 5: 50% of covered earnings to a maximum benefit of $1,154 per week with an elimination period of 30 days for injury, 30 days for sickness which will be paid up to a maximum of 22 weeks.

Option 6: 60% of covered earnings to a maximum benefit of $1,154 per week with an elimination period of 30 days for injury, 30 days for sickness which will be paid up to a maximum of 22 weeks.

Option 7: 50% of covered earnings to a maximum benefit of $1,154 per week with an elimination period of 60 days for injury, 60 days for sickness which will be paid up to a maximum of 18 weeks.

Option 8: 60% of covered earnings to a maximum benefit of $1,154 per week with an elimination period of 60 days for injury, 60 days for sickness which will be paid up to a maximum of 18 weeks.

FEATURES

- Maternity covered as any other illness
- Non-occupational coverage
- Partial Disability benefit included
- Transfer of Coverage provision
- Zero Day Residual included Definition

LIMITATIONS

- Pre-Existing Condition Limitation 3/12

Please note- pre-ex limitations also apply to benefit increases

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers compensation or other workers disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

www.RelianceStandard.com

Premium Worksheet

Group Short Term Disability Insurance

Topeka Public Schools

Scheduled Benefit: Each eligible employee may elect 50% of their weekly earnings, up to $1,154 per week benefit maximum.

To calculate your monthly payroll deduction, use the formula indicated below:
(Round all numbers to the nearest whole number)

1. Enter your **Weekly Earnings**, not to exceed $2,308	1. $_____
2. **Multiply** your weekly earnings (Line 1) by 0.5	2. $_____
3. Find your rate from the table displayed based on the plan option you choose	3. $_____
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3.	4. $_____
5. **Divide** the amount on Line 4 by 10 and enter the amount on Line 5 to get your monthly payroll deduction.	5. $_____

Plan Option	Rate per $10 benefit
Option 1	$0.532
Option 3	$0.475
Option 5	$0.456
Option 7	$0.380

Example Calculation: Jane Smith is Age 35 and choose Plan Option 1

1. Enter your **Weekly Earnings**, not to exceed $2,308	1. $ 400
2. **Multiply** your weekly earnings (Line 1) by 0.5	2. $ 200 (maximum weekly benefit)
3. Find your rate from the table displayed based on the plan option you choose	3. $ .532
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3.	4. $ 106.40
5. **Divide** the amount on Line 4 by 10 and enter the amount on Line 5 to get your monthly payroll deduction.	5. $ 10.64 (monthly payroll deduction)

RELIANCE STANDARD LIFE INSURANCE COMPANY
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Premium Worksheet

Group Short Term Disability Insurance

Topeka Public Schools

Scheduled Benefit: Each eligible employee may elect 60% of their weekly earnings, up to $1,154 per week benefit maximum.

To calculate your monthly payroll deduction, use the formula indicated below:
(Round all numbers to the nearest whole number)

1. Enter your **Weekly Earnings**, not to exceed $1,923	1. $_____
2. **Multiply** your weekly earnings (Line 1) by 0.6	2. $_____
3. Find your rate from the table displayed based on the plan option you choose	3. $_____
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3.	4. $_____
5. **Divide** the amount on Line 4 by 10 and enter the amount on Line 5 to get your monthly payroll deduction.	5. $_____

Plan Option	Rate per $10 benefit
Option 2	$0.570
Option 4	$0.494
Option 6	$0.475
Option 8	$0.400

Example Calculation: Jane Smith is Age 35 and chose Plan Option 2

1. Enter your **Weekly Earnings**, not to exceed $1,923	1. $ 400
2. **Multiply** your weekly earnings (Line 1) by 0.6	2. $ 240 (maximum weekly benefit)
3. Find your rate from the table displayed based on the plan option you choose	3. $ 0.570
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3.	4. $ 136.80
5. **Divide** the amount on Line 4 by 10 and enter the amount on Line 5 to get your monthly payroll deduction.	5. $ 13.68 (monthly payroll deduction)

RELIANCE STANDARD LIFE INSURANCE COMPANY
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Cancer Insurance

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A Promise

In an era where many financial services companies are concerned with bottom- line results at the expense of customer service and loyalty, we come from the old school. We take great pride in providing the finest services to our employer groups, policyholders, business associates, agents - to everyone with whom we come in contact.

The following is not an exhaustive list of terms and conditions but only serves as a depiction of benefits and exclusions. Interested parties should consult the contract for a complete listing of terms and conditions.

LG-6040-AD (08/10)

BASE POLICY BENEFITS

BENEFIT PROVISIONS. We will pay the benefits described in the Certificate for the treatment of an Insured Person's Cancer, provided he or she is covered under an issued Certificate which remains in force. Payment will be made in accordance with all applicable policy provisions. Benefits are payable for a positive diagnosis that begins after the Effective Date. The positive diagnosis must be for Cancer as defined in the policy.

1. **POSITIVE DIAGNOSIS BENEFIT.** We will pay the Actual Charge but not to exceed **$300 per Calendar Year** for one test that confirms the Positive Diagnosis of Cancer in an Insured Person. This benefit is not payable for multiple diagnoses of the same Cancer or for Cancer that metastasizes or for recurrence of the same Cancer.

2. **NATIONAL CANCER INSTITUTE DESIGNATED COMPREHENSIVE CANCER TREATMENT CENTER EVALUATION/CONSULTATION BENEFIT** We will pay the Actual Charge, but not to exceed a **lifetime maximum of $750,** if an Insured Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, We will also pay the transportation and lodging expenses incurred but not to exceed a **lifetime maximum of $350.** This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation and Lodging Expense Benefits of the Policy. **This benefit is payable one time during the lifetime of the Insured Person.**

3. **SECOND AND THIRD SURGICAL OPINION EXPENSE BENEFIT** We will pay the **Actual Charge** for a written second surgical opinion concerning the recommendation of Cancer surgery and if the second surgical opinion is in conflict with that of the Physician originally recommending the surgery and the Insured Person desires a third opinion, We will the Actual Charge for a written third surgical opinion. The Physician providing the second or third surgical opinion cannot be associated with the Physician who originally recommended the surgery. This benefit is not payable the same day the National Cancer Institute Evaluation/Consulting Benefit is payable.

4. **MEDICAL IMAGING, TREATMENT PLANNING AND MONITORING EXPENSE BENEFIT** We will pay the Actual Charge, but not to exceed **$1,000 per Calendar Year,** for laboratory tests, diagnostic X-rays, medical images, when used in Cancer treatment plannings related to Radiation Treatment, Chemotherapy or Immunotherapy.

5. **ANTI-NAUSEA MEDICATION EXPENSE BENEFIT** We will pay the Actual Charge for anti-nausea medication, but not to exceed **$150 per calendar month,** when an Insured Person is prescribed such medication as the result of Radiation Treatment, Chemotherapy or Immunotherapy treatments for Cancer.

6. **COLONY STIMULATING FACTOR OR IMMUNOGLOBULIN EXPENSE BENEFIT** We will pay the Actual Charge but not to exceed **$1,000 per Calendar Month** for Colony Stimulating Factor Drugs or Immunoglobulins prescribed by a Physician or Oncologist during an Insured Person's Cancer treatment regimen for which benefits are payable under the Radiation, Chemotherapy and Immunotherapy Benefit of this Policy or rider attached to it.

7. **OUTPATIENT HOSPITAL OR AMBULATORY SURGICAL CENTER EXPENSE BENEFIT** We will pay the **Actual Charge** from an Ambulatory Surgical Center or Outpatient department of a Hospital for the use of its facilities for the performance of a surgical procedure covered under this Policy but not to exceed **$350 per day.**

8. **PROSTHESIS EXPENSE BENEFIT**

   (A.) Surgically Implanted Breast Prosthesis We will pay the **Actual Charge** for a surgically implanted prosthetic device required and prescribed to restore normal body contour lost as the direct result of an Insured Person's breast removal for the treatment of Cancer. The Surgically Implanted Breast Prosthesis Benefit does not include coverage for breast reconstruction surgery which may be covered under the Surgical Schedule within the Surgical and Anesthesia Benefits Rider.

   (B.) Non-Surgically Implanted Prosthesis We will pay the Actual Charge incurred **not to exceed $2,000 per amputation** for an artificial limb or other non-surgically implanted prosthetic device that is prescribed and required to restore normal body function lost as the direct result of an Insured Person's amputation for the treatment of Cancer . **We will pay a lifetime maximum of $2,000 per amputation.** The cost of replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

9. **NON-LOCAL TRANSPORTATION EXPENSE BENEFIT** We will pay the **Actual Charge, but not to exceed the coach fare on a Common Carrier for the Insured Person and one adult companion's travel** to a Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center where the Insured Person receives treatment for Cancer. This benefit is payable only if the treatment is not available Locally but is available Non-Locally. The adult companion may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. At the option of the Insured Person, We will pay a single private **vehicle mileage allowance of $.50 per mile** for Non-Local transportation in lieu of the common carrier coach fare.

10. **LODGING EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed $75 per day** for a room in a motel, hotel or other appropriate lodging facility (other than a private residence), when an Insured Person receives treatment for Cancer at a Non-Local Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center. The room must be occupied by the Insured Person or an adult companion which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. **This benefit is limited to 100 days per Calendar Year.**

11. **INPATIENT BLOOD, PLASMA AND PLATELETS EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed $300 per day** for the procurement cost, administration, processing and cross matching of blood, plasma or platelets administered to an Insured Person in the treatment of Cancer while an Inpatient.

12. **OUTPATIENT BLOOD, PLASMA AND PLATELETS EXPENSE BENEFIT** We will pay **the Actual Charge not to exceed $300 per day** for the procurement cost, administration, processing and cross matching of blood, plasma or platelets administered to an Insured Person in the treatment of Cancer while an Outpatient.

13. **BONE MARROW DONOR EXPENSE BENEFIT** *We will pay the Daily Hospital Confinement Benefit shown on the Certificate Schedule* for each day a live donor, other than the Insured Person, is confined in a Hospital for the harvesting of bone marrow or stem cells used in a bone marrow or stem cell transplant for the treatment of an Insured Person's Cancer.

14. **BONE MARROW OR STEM CELL TRANSPLANT EXPENSE BENEFIT** We will pay the Actual Charge not to exceed a **lifetime maximum of $15,000 for surgical and anesthesia procedures** (including the harvesting and subsequent re-infusion of blood cells or peripheral stem cells) performed for a bone marrow transplant and/or a peripheral stem cell transplant for the treatment of an Insured Person's Cancer. This benefit will be paid in lieu of the Surgical Expense Benefit and the Anesthesia Expense Benefit which may be described in a rider attached to an issued Certificate.

15. **AMBULANCE EXPENSE BENEFIT** We will pay the **Actual Charge** for ambulance service if an Insured Persons is transported to a Hospital where he or she is admitted as an inpatient for the treatment of Cancer . The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.

16. **INPATIENT OXYGEN EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed $300 per Hospital confinement** for oxygen prescribed by a Physician and received by an Insured Person while confined in a Hospital for the treatment of Cancer.

17. **ATTENDING PHYSICIAN EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed $40 per day** for the professional services of a Physician or Oncologist rendered to an Insured Person while he or she is confined in a Hospital for the treatment of Cancer. This benefit is payable only if the Physician or Oncologist personally visits the Hospital room occupied by the Insured Person and the amount stated is the maximum amount that will be payable for each day of Hospital confinement regardless of the number of visits made by one or more Physicians or Oncologists.

18. **INPATIENT PRIVATE DUTY NURSING EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed $150 per day** for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined in a Hospital for the treatment of Cancer. The Nurse must provide services other than those normally provided by the Hospital and the Nurse may not be an employee of the Hospital or an Immediate Family Member of the Insured Person.

19. **OUTPATIENT PRIVATE DUTY NURSING EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed $150 per day** limited to the same number of days of the prior Hospital confinement for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined indoors at home as the result of Cancer . This benefit is not payable if the services of the Nurse are custodial in nature or to assist the Insured Person in the activities of daily living. This benefit is not payable when the Nurse is a member of the Insured Person's Immediate Family. Charges must begin following a period of Hospital confinement for which benefits are payable under this Certificate.

20. **CONVALESCENT CARE FACILITY EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed $100 per day** for an Insured Person's confinement in a Convalescent Care Facility. The maximum number of days for which this benefit is payable will be the number of days in the last Period of Hospital Confinement that immediately preceded admission to a Convalescent Care Facility. The Convalescent Care Facility Confinement must: be due to Cancer ; begin within 14 days after the Insured Person has been discharged from a Hospital for the treatment of Cancer ; be authorized by a Physician as being medically necessary for the treatment of Cancer.

21. **RENTAL OR PURCHASE OF MEDICAL EQUIPMENT EXPENSE BENEFIT** We will pay the **lesser of the Actual Charge** not to exceed **$1,500 per Calendar Year** for either the rental or purchase of covered medical equipment designed for home use, required and ordered by the Insured Person's attending Physician as the direct result of the treatment of Cancer. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.

22. HOME HEALTH CARE EXPENSE BENEFIT We will pay benefits for the following Covered Charges when a Insured Person requires Home Health Care for the treatment of Cancer.

1. **Home Health Care Visits** - We will pay the Actual Charge for Home Health Care Visits **not to exceed $75 for each day** on which one or more such visits occur. We will not pay this benefit for more than **60 days** in any Calendar Year.
2. **Medicine and Supplies** - We will pay the Actual Charge **not to exceed $450 in any Calendar Year** for drugs, medicine, and medical supplies provided by or on behalf of a Home Health Care Agency.
3. **Services of a Nutritionist** - We will pay the Actual Charge **not to exceed a lifetime maximum of $300** for the services of a nutritionist to set up programs for special dietary needs.

23. HOSPICE CARE EXPENSE BENEFIT We will pay the Actual Charge for Hospice Care **not to exceed $100 per day**, when such care is required because of Cancer . This benefit is payable whether confinement is required in a Hospice Center or services are provided in the Insured Person's home by a Hospice Team. Eligibility for payments will be based on the following conditions being met:(1) the Insured Person has been given a prognosis as being Terminally Ill with an estimated life expectancy of 6 months or less; and (2) We have received a written summary of such prognosis from the attending Physician. We will not pay this benefit while the Insured Person is confined to a Hospital or Convalescent Care Facility. **The lifetime maximum benefit is 365 days of Hospice Care**

24. HAIRPIECE EXPENSE BENEFIT We will pay the Actual Charge not to exceed **a lifetime maximum of $150** for the purchase of a wig or hairpiece that is required as the direct result of hair loss due to Cancer treatment.

25. PHYSICAL, SPEECH, AUDIO THERAPY AND PSYCHOTHERAPY EXPENSE BENEFIT

We will pay the Actual Charge **not to exceed $25 per therapy session** for:

1. Physical therapy treatments given by a license Physical Therapist, or
2. Speech therapy given by a licensed Speech Pathologist/Therapist; or
3. Audio therapy given by a licensed Audiologist; or
4. Psychotherapy given by a licensed Psychologist. These sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Insured Person's home. These treatments must be given on an Outpatient basis unless the primary purpose of a Hospital confinement is for treatment of Cancer other than with physical, speech or audio therapy or psychotherapy. **Benefits may not exceed $1,000 per Calendar Year.**

26. WAIVER OF PREMIUM. We will waive the premiums starting on the first premium due date **following a 60 day period of Total Disability** of the Named Insured due to Cancer. The Named Insured must: (a) be receiving treatment for such Cancer for which benefits are payable under this Certificate; and (b) remain disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled.

THIS IS A CANCER ONLY POLICY, which should be used to supplement your existing health care protection.

RENEWABILITY. Coverage will terminate when the Group Master Policy terminates or when required premium remains unpaid after expiration of the Grace Period.

PREMIUM RATES. We may change the premium rates for coverage only if we also change the rates for all other Certificates issued under the Group Master Policy.

EXCLUSIONS AND LIMITATIONS. No benefits will be paid under the Certificate or any attached riders for: 1. any loss due to any disease or illness other than Cancer, or a listed covered Specified Disease; 2. care and treatment received outside the territorial limits of the United States; 3. treatment by any program engaged in research that does not meet the criteria for Experimental Treatment as defined; 4. treatment that has not been approved by a Physician as being medically necessary; or 5. losses or medical expenses incurred prior to the Certificate Effective Date of an Insured Person's coverage regardless of the Date of Positive Diagnosis.

PRE-EXISTING CONDITIONS LIMITATION. Relative to any Insured Person, We will not pay benefits for expenses resulting from Pre-existing Conditions during the 12 months after coverage becomes effective.
"Pre-existing Condition" means Cancer, or a listed Specified Disease if that optional rider is issued, which was diagnosed by a Physician or for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician within 1 year prior to the effective date of coverage for each Insured Person.

Insurance coverage is provided by form number series LG-6040 and associated riders. This advertisement highlights some features of the Certificate and riders, but is not the insurance contract. An issued Master Group Policy, Certificate and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. Please read the policy, certificate and riders for detailed coverage information.

ADDITIONAL BENEFITS INCLUDED	HIGH PLAN Maximum	LOW PLAN Maximum
ANNUAL CANCER SCREENING BENEFIT RIDER (form LG-6041) **A. Basic Benefit** We will pay the expense incurred, but not to exceed the maximum benefit amount shown on the Policy Schedule, once per calendar year per Insured Person for screening tests performed to determine whether Cancer exists in an Insured Person. Covered annual Cancer screening tests include but are not limited to: mammogram, pap smear, breast ultrasound, ThinPrep, biopsy, chest x-ray, thermography, colonoscopy, flexible sigmoidoscopy, hemocult stool specimen, PSA (blood test for prostate cancer), CEA (blood tests for colon cancer), CA125 (blood test for ovarian cancer), CA15-3 (blood test for breast cancer), serum protein electrophesis (blood test for myeloma). **B. Additional Benefit** We will pay the expense incurred, but not to exceed two times the maximum benefit amount per calendar year as shown on the Policy Schedule, for one additional invasive diagnostic procedure required as the result of an abnormal cancer screening test for which benefits are payable under the Basic Benefit above for an Insured Person. This additional benefit is payable regardless of the results of the additional diagnostic procedure. However, the amount payable will be reduced dollar for dollar for any amount payable under the Positive Diagnosis Benefit contained in the base Policy.	$100 Per Calendar Year $200 Per Calendar Year	$100 Per Calendar Year $200 Per Calendar Year
FIRST OCCURRENCE BENEFIT RIDER (form LG-6043) If an Insured Person receives a positive diagnosis of Internal Cancer, We will pay the First Occurrence benefit amount shown on the Policy Schedule. If the Insured Person receiving the positive diagnosis of Internal Cancer is a child under the age of 21, we will pay one and one-half times the First Occurrence benefit amount shown on the Policy Schedule.	$4,000 Once per Lifetime $6,000 Once per Lifetime	$2,000 Once per Lifetime $3,000 Once per Lifetime
ANNUAL RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY and EXPERIMENTAL TREATMENT BENEFIT RIDER (form LG-6045) We will pay the expense incurred, but not to exceed the maximum benefit amount shown on the Policy Schedule, per calendar year per Insured Person for Radiation Treatment, Chemotherapy, Hormonal Therapy, Immunotherapy or Experimental Treatment. The Radiation Treatment, Chemotherapy, Hormonal Therapy, Immunotherapy or Experimental Treatment must be for the treatment of an Insured Person's Cancer. The benefit amount shown on the Policy Schedule is the maximum calendar year benefit available per Insured Person regardless of the number or types of Cancer treatments received in the same year.	$10,000 Per Calendar Year	$10,000 Per Calendar Year
SURGICAL BENEFIT RIDER (form LG-6048) **Surgical Expense** We will pay the Surgical Expense benefit for a surgical procedure for the treatment of an Insured Person's Cancer (except Skin Cancer) according to the Surgical Schedule shown in this rider. However, in no event will the amount payable exceed the maximum Surgical Expense benefit shown on the Policy Schedule, nor will it exceed the expense incurred. **Anesthesia Expense** We will pay the anesthesia expense incurred, not to exceed 25% of the covered Surgical Expense benefit for the operation performed. This includes the services of an anesthesiologist or of an anesthetist under supervision of a physician for the purpose of administering anesthesia. **Breast Reconstruction** with transverse rectus adominis myocutaneous flap (TRAM), single pedicle, including closure of donor site, with microvascular anastomosis (supercharging) is one of the surgical procedures listed in the Surgical Schedule. If this procedure is performed on an Insured Person as the result of a mastectomy for which We paid a Surgical Expense benefit for the treatment of Breast Cancer, We will pay the expense incurred not to exceed **$900 per $1,000 of the Surgical Benefit issued.** **Skin Cancer Surgery Expense** We will pay the expense incurred, not to exceed the procedure amount listed in this rider **($125 to $750 depending on the procedure)** when a surgical operation is performed on an Insured Person for treatment of a diagnosed Skin Cancer. This benefit is payable in lieu of any benefits for Surgical Expense and Anesthesia Expense which are not applicable to Skin Cancer.	$4,500 Procedure Maximum $1,125 Procedure Maximum $4,050 Procedure Maximum Per Procedure	$3,000 Procedure Maximum $750 Procedure Maximum $2,700 Procedure Maximum Per Procedure
DAILY HOSPITAL CONFINEMENT BENEFIT RIDER (form LG-6042) **Confinements of 30 Days or Less** We will pay the Daily Hospital Confinement benefit amount shown on the Policy Schedule for each of the first 30 days in each period of hospital confinement during which an Insured Person is confined to a hospital, including a government or charity hospital, for the treatment of Cancer. **Confinements of 31 Days or More** If an Insured Person is continuously confined to a hospital, including a government or charity hospital, for longer than 30 consecutive days for the treatment of Cancer, We will pay two times the Daily Hospital Confinement benefit amount shown on the Policy Schedule. This benefit payment will begin on the 31st continuous day of such confinement and continue for each day of confinement until the Insured Person is discharged from the Hospital. **Benefits for an Insured Dependent Child under Age 21** The amount payable under this benefit will be **double the Daily Hospital Confinement benefit** shown on the Policy Schedule if the Insured Person so confined is a dependent child under the age of 21.	$150 Per Day $300 Per Day $300/ $600 Per Day	$100 Per Day $200 Per Day $200/ $400 Per Day

This page is an Insert to be used ONLY with Brochure Form LG-6040. If you do not have this Brochure, ask that your agent provide one for you. All exclusions, limitations, definitions and terms of renewability of the Limited Benefit Cancer Expense Policy (form LG-6040) apply to these riders. THESE ARE LIMITED RIDERS

ADDITIONAL BENEFITS INCLUDED

SPECIFIED DISEASE BENEFIT RIDER (form LG-6052)

If an Insured Person is first diagnosed with one or more covered Specified Diseases and is hospitalized for the definitive treatment of any covered Specified Disease, We will pay benefits according to the provisions of this rider.

COVERS THESE 38 SPECIFIED DISEASES

- Addison's Disease
- Amyotrophic Lateral Sclerosis
- Botulism
- Bovine Spongiform Encephalopathy
- Budd-Chiari Syndrome
- Cystic Fibrosis
- Diptheria
- Encephalitis
- Epilepsy
- Hansen's Disease
- Histoplasmosis
- Legionnaire's Disease
- Lyme Disease
- Lupus Erythematosus
- Malaria
- Meningitis
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Neimann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Q Fever
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Sickle Cell Anemia
- Tay-Sachs Disease
- Tetanus
- Toxic Epidermal Necrolysis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Undulant Fever
- West Nile Virus
- Whipple's Disease
- Whooping Cough

BENEFITS

If an Insured Person is first diagnosed with one or more covered Specified Diseases and is hospitalized for the definitive treatment of any covered Specified Disease, We will pay benefits according to the provisions of this rider.

Initial Hospitalization Benefit We will pay a benefit of **$1,500 per unit of coverage** selected when an Insured Person is confined to a hospital (for 12 or more hours, not applicable in SD) as a result of receiving treatment for a Specified Disease. This benefit is payable only once per period of confinement and once per calendar year for each Insured Person.

Hospital Confinement Benefit We will pay a benefit of **$300 per day per unit of coverage** selected when an Insured Person is hospitalized during any continuous period of 30 days or less for the treatment of a covered Specified Disease. Benefits will **double per day beginning with the 31st day of continuous confinement.**

If the hospital confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Specified Disease, or unless the confinements are separated by 30 days or more.

This page is an Insert to be used ONLY with Brochure Form LG-6040. If you do not have this Brochure, ask that your agent provide one for you. All exclusions, limitations, definitions and terms of renewability of the Limited Benefit Cancer Expense Policy (form LG-6040) apply to these riders. THESE ARE LIMITED RIDERS

Accident Insurance

Humana Accident

Topeka Public Schools

Accident coverage can protect your whole family

A voluntary accident plan offers coverage for accidents, injuries, ambulance services, and accidental death in addition to your primary medical insurance. It's also available to your spouse and children – a plan that can protect your whole family.

Why do I need accident coverage?

Here are a few facts to consider from the National Center for Health Statistics:

- Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during sports or leisure activities, and 44 percent occurred in or around the home
- Where the external cause of nonfatal injuries is specified, falls are the leading cause of inpatient and outpatient care in emergency rooms, outpatient clinics and doctors' offices
- Injuries due to motor vehicle traffic accidents, overexertion and strenuous movements, and striking against or being struck accidentally by objects also make up a large portion of injuries

Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during sports or leisure activities, and 44 percent occurred in or around the home.

- National Center for Health Statistics

What does accident coverage do?

Accident insurance provides you with valuable primary benefits as well as any optional benefits selected by your employer. Features include:

- **Accident Medical Expense:** pays actual charges, up to the amount selected, for physician's treatment or other emergency treatment
- **Ambulance Benefit:** pays actual charges, up to policy amount, for ground ambulance service and emergency air transportation in 100-mile radius
- **Hospital Confinement:** pays a daily benefit for hospital room charge for a maximum of 30 days, up to the amount selected, when the injury is a result of a covered accident

Protect your financial security

Payroll deduction makes it easy for you to pay for accident coverage. You'll feel good knowing benefits are paid up to the amount selected for each accident, and is in addition to any other coverage you may have. Coverage starts at "zero" with each new accident. There's no calendar-year maximum.

Humana Accident rates

Displaying monthly payroll deductions based on monthly premium calculation.

Benefit:	Level One Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	$11.66	$17.25	$25.00	$30.94

Benefit:	Level Two Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	$19.75	$29.73	$34.64	$45.67

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Humana Accident
Group product base

Kansas — Topeka Public Schools

Benefit amount	☐ Level One	☐ Level Two
• **Accident medical expense:** Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. Emergency room visits are limited to three per calendar year.	$ 500	$ 1,000
• **Ground ambulance:** Pays actual expenses up to the amount selected if injury requires ground ambulance transportation.	$ 75	$ 150
• **Air ambulance:** Pays actual expenses up to the amount selected if injury requires air ambulance transportation. Limit one trip per accident.	$ 150	$ 300
• **Hospital indemnity:** Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge, that starts within 30 days after the accident. The benefit is limited to 30 days per accident.	$ 75	$ 150
• **Accidental death, dismemberment and loss of sight (AD&D):**	(Employee amounts listed below. Spouse is 50% and dependent child(ren) is 25% of the employee amounts.)	
Loss of life	$ 25,000	$ 50,000
Any combination of two or more hands, feet, or eyes	$ 25,000	$ 50,000
Loss of single hand, foot or eye	$ 12,500	$ 25,000
Multiple fingers and/or toes	$ 2,500	$ 5,000
Single finger or toe	$ 1,250	$ 2,500
• **Common carrier accidental death, dismemberment and loss of sight**	$ 50,000	$ 100,000
• **Fracture and dislocation benefit:** Pays a percentage of the benefit selected based upon the fracture or dislocation.	$ 750	$ 1,500
• **First hospitalization benefit:** Once per year for an accident; must be admitted for at least 24 hours.	$ 250	$ 500

Fractures

- Hip bone (pelvis) or femur 100%
- Vertebra 75%
- Skull (depressed or ping-pong fracture) 65%
- Leg (tibia or fibula) 50%
- Bones of the foot, ankle, kneecap, hand, wrist or forearm (radius or ulna) 40%
- Lower jaw, shoulder blade, collar bone 35%
- Upper arm, upper jaw, skull (simple, non-depressed fracture) 25%
- Facial bones 20%
- Finger, toe, rib, coccyx 6%

Dislocations

- Hip 100%
- Knee (does not include dislocation of the patella) 50%
- Foot (does not include dislocation of the toes), ankle or shoulder 35%
- Hand (does not include dislocation of fingers), lower jaw, wrist or elbow 20%
- Finger, toe 6%

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Critical Illness Insurance

Why Do I Need BenefitsDirect's Critical Illness Insurance?

Heart disease is the leading cause of death in the United States and strokes affect about 795,000 people each year, according to the American Heart Association. Our Critical Illness coverage will pay a lump sum benefit to you which will help with the treatment costs of these health events.

Covered Illnesses:

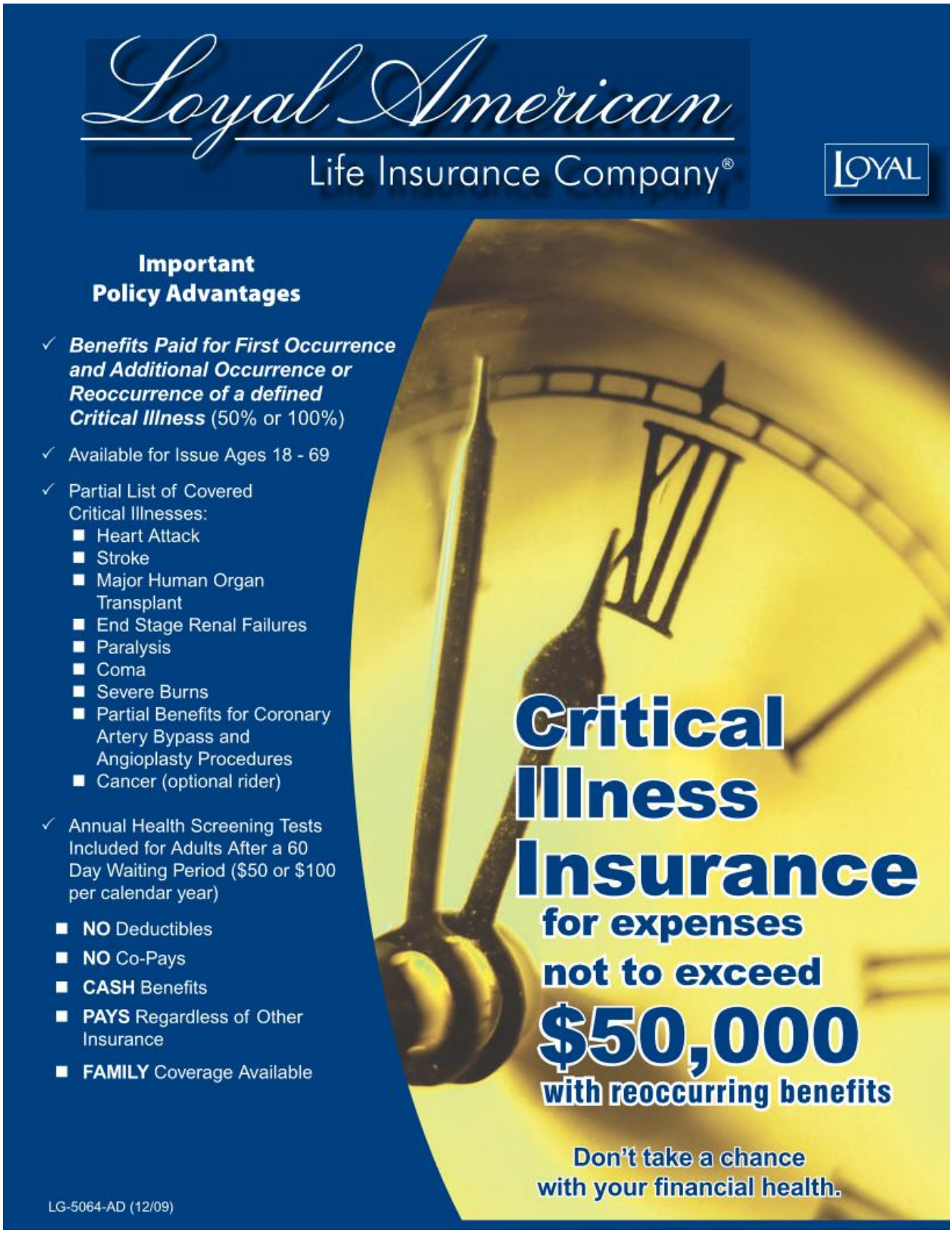
- Heart Attack (100%)
- Stroke (100%)
- Bypass Surgery (25%)
- Organ Transplant (100%)
- Coma (100%)
- Renal Failure (100%)
- Paralysis (100%)
- Severe Burn (100%)
- Angioplasty (25%)

- ❑ $100 Annual Health Screening Benefit (60 day waiting period on wellness benefit)
- ❑ Reoccurrence Benefit for multiple situations
  - ○ Pays 100% of initial benefit (Events must be separated by 180 days.)
- ❑ Employee chooses: **$10,000** to **$30,000** of coverage.
- ❑ Coverage underwritten by Loyal American Life Insurance Company ®
- ❑ **$30,000** Employee Guarantee Issue Amount (Initial Eligibility Period Only)
- ❑ **$15,000** Spouse Guarantee Issue Amount (Initial Eligibility Period Only)
- ❑ **$3,000** Child Guarantee Issue Amount (Initial Eligibility Period Only)

Base Only with $100 Health Screening Benefit and 100% Reoccurrence/Additional Occurrence

Rate Tier	Issue Age	$10,000	$20,000	$30,000
Individual	Under 30	5.58	7.63	10.03
	30 - 39	8.02	11.91	16.33
	40 - 49	13.97	22.55	32.20
	50 - 59	22.60	37.93	55.06
	60 - 69	34.14	58.78	86.22
Single Parent Family	Under 30	5.66	7.74	10.18
	30 - 39	8.14	12.09	16.58
	40 - 49	14.18	22.89	32.69
	50 - 59	22.94	38.49	55.88
	60 - 69	34.65	59.67	87.51
Two Parent Family	Under 30	12.15	15.11	18.72
	30 - 39	16.40	22.10	28.80
	40 - 49	26.22	38.97	53.60
	50 - 59	40.68	63.52	89.53
	60 - 69	59.39	96.22	137.88

This page is an Insert to be used ONLY with Brochure Form LG-5064-AD. If you do not have this Brochure, ask that your agent provide one for you. This is a limited policy. For costs and further details of the coverage, including exclusions, and any reductions or limitations and the terms under which the policy maybe continued in force see your agent or write the company.


Loyal American
Life Insurance Company®
LOYAL
Important
Policy Advantages
✓ Benefits Paid for First Occurrence and Additional Occurrence or Reoccurrence of a defined Critical Illness (50% or 100%)
✓ Available for Issue Ages 18 - 69
✓ Partial List of Covered Critical Illnesses:
Heart Attack
Stroke
Major Human Organ Transplant
End Stage Renal Failures
Paralysis
Coma
Severe Burns
Partial Benefits for Coronary Artery Bypass and Angioplasty Procedures
Cancer (optional rider)
✓ Annual Health Screening Tests Included for Adults After a 60 Day Waiting Period ($50 or $100 per calendar year)
NO Deductibles
NO Co-Pays
CASH Benefits
PAYS Regardless of Other Insurance
FAMILY Coverage Available
Critical Illness Insurance
for expenses not to exceed
$50,000
with reoccurring benefits
Don't take a chance with your financial health.
LG-5064-AD (12/09)

Can You Afford To Say: "It Won't Happen To Me"?

The Cost

Most of us are not financially prepared for a medical crisis caused by a critical illness within our family. Out of pocket expenses can deplete our savings, home equity and retirement funds. Major medical insurance does not cover many non-medical expenses. Out of pocket costs include:

- Deductibles and co-payments
- Doctor and hospital costs exceeding usual and customary charges
- Travel to out of town hospitals for treatment

The Problem

There may be nothing worse than laying in a hospital bed worrying about getting well and having to worry about finances at the same time.

Don't take a chance with your financial health.

Transfer the financial risks to Loyal American Life Insurance Company. Benefits provided under this policy will assist in paying for most of the out of pocket expenses that will be incurred in obtaining treatment for a critical illness for you or your family. The funds paid directly to you provide you with the freedom to seek the best treatment available.

Improve your well being

Take advantage of the annual health screening benefit to ensure you are aware of your health risks and their treatment options.

Critical Illness coverage can help offset initial out-of-pocket costs when help is needed most.

- For Issue Ages 18 – 69
- Employee May Apply for Individual, Single Parent Family or Two Parent Family Coverage
- Employee Selects Level of Coverage Desired from $5,000 to $50,000
- Two Parent Family Rates Include Automatic Spouse Coverage at 50% of Employee's Selected Coverage
- Single Parent and Two Parent Family Rates Include Automatic Child Coverage at 10% of Employee's Selected Coverage

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- Optional Rider Available for First Occurrence, Additional Occurrence or Reoccurrence of Cancer
- First Occurrence Benefit for the Employee is 100% of Benefit Face Amount (Each Insured Person is Limited to the Payment of Only One 1st Occurrence Benefit.)
- For Each Additional Occurrence or Reoccurrence (After 180 Days Past the Last Covered Occurrence) of a Covered Critical Illness, the Benefit is 50% or 100% of the Original Benefit Face Amount Which Varies for the Employee, Spouse and Children

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- Angioplasty or First Coronary Artery Bypass Surgery Benefit Is 25% of Insured's First Occurrence Benefit (Any First Occurrence Benefit amount payable for Heart Attack will be reduced, dollar for dollar, by any amounts previously paid for either Angioplasty or Coronary Artery Bypass Surgery. We will not pay any amount for Angioplasty or Coronary Artery Bypass Surgery if We have already paid the full First Occurrence Benefit for Heart Attack. We will not pay a partial First Occurrence Benefit for more than (1) Angioplasty nor more than (1) Coronary Artery Bypass Surgery per Insured Person.)
- Annual Health Screening Benefit of $50 or $100 Per Year, Depending on Selection, For Employee And Spouse
- Spouse May Continue Coverage if Employee Dies
- Benefits Reduce 50% for Any Covered Person Above Age 70 On the Date of Diagnosis

Benefit Payment Conditions

Payment of any benefit amount shall be subject to the following conditions:
(i) diagnosis must be made within the U.S.; and
(ii) the Date of Diagnosis shall occur while the Insured Person is covered by an issued Certificate.

Exclusions and Limitations

THIS IS A LIMITED CERTIFICATE that is designed to help cover the costs associated with Critical Illness. It should be used to supplement your existing health care protection.

PRE-EXISTING SICKNESS OR INJURY PROVISION:
The benefits of any issued Certificate will not be payable during the first twenty four (24) months that coverage is in force with respect to an Insured Person for a loss caused by a Pre-Existing Sickness or Injury disclosed or not disclosed on the enrollment form. This 24-month period is measured from the effective date of coverage for each Insured Person.

A Pre-Existing Sickness or Injury means:

1. the existence of symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care and treatment within one year before the effective date of an Insured Person's coverage ; or
2. a Sickness or Injury which is diagnosed by a Physician or for which medical advice or treatment was recommended or received from a Physician within twenty four (24) months prior to the effective date of coverage for each Insured Person.

EXCLUSIONS – WHAT WE WILL NOT PAY FOR: Any issued Certificate only pays for loss resulting from covered conditions, as defined in the Certificate: THE CERTIFICATE DOES NOT COVER:
(1) intentionally self-inflicted Injury or Sickness;
(2) suicide or attempted suicide, while sane or insane;
(3) treatment of Mental or Nervous Disorders, alcoholism or chemical dependency;
(4) loss that begins prior to the effective date of coverage;
(5) care and treatment received outside the United States or its territories;
(6) injuries or Sickness due to an act of declared or undeclared war;
(7) any loss sustained or contracted as the result of an Insured Person being physically or mentally impaired due to being under the influence of alcohol or any narcotic unless administered on the advice of a Physician;
(8) any loss to which a contributing cause was the commission of or an attempt to commit a felony. Nor will We be liable for any loss to which a contributing cause was being engaged in an illegal activity;
(9) Injuries or Sickness due to participation in any sport or sporting activity for wage, compensation or profit; or
(10) any illness specifically excluded from the definition of any Critical Illness; or as specifically described in any exclusionary endorsement issued with any Certificate.

EXCLUSIONS FOR CANCER BENEFIT CERTIFICATE RIDER
This rider provides benefits only for Cancer and Carcinoma-in-Situ. No benefit is payable for the diagnosis of Skin Cancer, premalignant conditions or conditions with malignant potential, including, but not limited to severe cervical dysplasia (Class III and IV) and CIN (cervical intraepithelial neplasm). This rider does not provide benefits for any other disease, sickness or incapacity.

RENEWABILITY
This Certificate will terminate when the Group Master policy terminates; when required premium remains unpaid after expiration of the Grace Period; or when the maximum available benefits have been paid.

PREMIUM RATES
We may change the premium rates for this Certificate only if we also change the rates for all other Certificates issued under the Group Master policy.

NOTE: This brochure contains a brief summary of the Certificate of Critical Illness LG-5064 and Cancer Benefit Certificate Rider LG-5065. Coverage as described in this brochure is provided only through the issuance of a Certificate. The Certificate and rider should be consulted for full terms and conditions of coverage.

Underwritten By:
LOYAL AMERICAN
Loyal American Life Insurance Company®
Administrative Office: P.O. Box 1604, Duncan OK 73534
Call Toll-Free 1-800-366-8354

LG-5064-AD (12/09)

Supplemental Health Insurance

Humana Supplemental Health

Kansas

Topeka Public Schools

Average length of a hospital stay: 4.8 days. - Centers for Disease Control and Prevention

Cash benefits help pay for hospital visits

Humana Supplemental Health pays cash benefits when you're hospitalized.

You can use the benefits however you want – to help pay medical bills or everyday living expenses such as housing, car payments, utility bills, childcare, groceries, and credit card bills.

Here are some more benefits to you

- Receive a cash benefit regardless of any other insurance you have
- Don't worry about a physical exam; it's not required
- Pay your premiums through payroll deduction

Here's how it works

You'll be reimbursed a specified amount for covered hospital confinement, physical exams, and doctor's office visits. Benefits are paid directly to you, and you can use the cash however you want. It's that simple.

If you want a little extra peace of mind and a cash benefit if you need it, Humana can help you.

Humana Supplemental Health Rates

Displaying Monthly payroll deductions based on monthly premium calculation including intensive care rider

BENEFIT:	Package One			
Age	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-64	$18.59	$34.46	$25.95	$39.96

Coverage provides payments, in addition to your medical plan, when you're hospitalized. You'll immediately receive the payments – there's no coordination of benefits.

Coverage type	Group supplemental health product that provides indemnity benefits for hospitalization and intensive care unit (ICU).
Benefit plan	Package One **Hospital indemnity:** If a covered person is confined as an inpatient in a hospital, pays $100 per day for 15 days per confinement. **Hospital first occurrence:** If a covered person is confined as an inpatient in a hospital for the first time during a calendar year, pays $250 per day up to four days.
Additional included benefits	**Waiver of premium:** Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an employee's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime maximum. ☐ **Intensive care unit (ICU)/cardiac care unit (CCU)/burn unit:** Pays $100 per day when a covered person is confined to a intensive care unit, cardiac care unit, or burn unit; maximum of 30 days per year.
Pre-existing provision	12/12
Additional plan information	Waiting Period for maternity is 300 days. Spouse includes domestic partners where allowed by state and employer.

Humana.

Permanent Term Life with Long-Term Care

BenefitsDirect

Customized Employee Benefit Programs

Lifetime Life Insurance & Long-Term Care

This is the CHEAPEST and EASIEST WAY TO BUY LTC COVERAGE!

Life Insurance w/ Guaranteed Rates to age 120

- Guaranteed Life Insurance rates to age 120, portable and individually-owned! Other Group Life coverage decreases with age and premiums increase.

Long-Term Care Protection to Age 120

- Pays 4% of Face Amount paid monthly for up to 75 months (6+ yrs)!

Accelerated Death Benefit for Terminal Illness

- Automatically included, 50% of face amount advanced if diagnosed with Terminal Illness!

Future Purchase Option

- Protects future insurability, opportunity to increase coverage on annual basis, even as health status changes!

Limited Underwriting (Initial Eligibility Period Only)

Employee coverage

- Up to $100,000 for employees, NO HEALTH QUESTIONS

Spouse coverage

- Up to $25,000 for spouses, 1 HEALTH QUESTION
  - Maximum 50% of employee election

Child(ren) coverage

- Child's Term Rider benefit –covers all dependent children in family (18 and under on issue date, can remain on until age 23). NO HEALTH QUESTIONS
  - $25,000 Term Policy can be converted to $125,000 Term Policy at age 23

BenefitsDirect Insurance Network

LifeTime Benefit Term

BenefitsDirect Insurance Network

Underwritten by **Combined Insurance**
A Rating from A.M. Best

LifeTime Benefit Term – *Permanent Term Insurance that **lasts a Lifetime!***

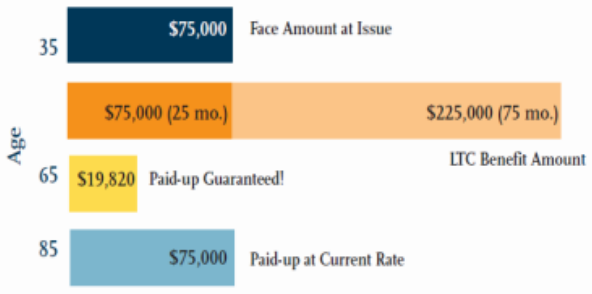
…Finally, a benefit solution for **"Pre"** ***and*** **"Post"** Retirement needs

Plan Features

- Life Insurance Premiums **Guaranteed** for Life
- Long Term Care coverage worth 3x your death benefit amount. That's up to 75 Months of care for Nursing Home, Assisted Living and Home Care!
- Guaranteed acceptance up to **$100,000**
- Paid-Up Insurance **starting in Tenth Year**
- Death Benefit is **Fully Paid-Up** prior to Age 100 on a current assumption basis
- Plan is **Portable** with no increase in life insurance premium
- Spouse and Children coverage available
- Accelerated Death Benefit for Terminal Illness included
- Guaranteed protection for Today and Tomorrow
- Sample rates provided on the following pages

An Example of How LifeTime Benefit Term with LTC Works

- A 35-year-old non-smoker can purchase $75,000 of coverage including the Accelerated Death Benefit for Long Term Care and Terminal Illness with Extension of Long Term Care Benefits for $10.92 weekly.
- At age 65, the employee would have guaranteed paid-up insurance of $19,820.
- At age 85, the full face amount of $75,000 would be paid-up based on current interest rates.
- Long Term Care benefit of $3,000 (4% of $75,000) per month would be available for up to 75 months.



MONTHLY NON-SMOKER RATES

Issue Age	$10,000	$50,000	$100,000
19	N/A	22.50	45.00
20	N/A	23.04	46.08
21	N/A	23.46	46.91
22	N/A	23.92	47.83
23	N/A	24.29	48.58
24	N/A	24.79	49.58
25	N/A	25.25	50.50
26	N/A	26.12	52.25
27	N/A	27.08	54.16
28	N/A	28.04	56.08
29	N/A	29.08	58.16
30	N/A	30.17	60.33
31	N/A	31.48	62.96
32	N/A	32.88	65.76
33	N/A	34.28	68.56
34	N/A	35.77	71.53
35	N/A	37.33	74.66
36	N/A	39.32	78.63
37	N/A	41.42	82.85
38	N/A	43.61	87.23
39	N/A	45.93	91.86
40	N/A	48.37	96.75
41	N/A	51.05	102.10
42	N/A	53.76	107.53
43	N/A	56.69	113.38
44	N/A	59.74	119.48
45	N/A	62.96	125.91
46	13.43	67.17	134.34
47	14.35	71.76	143.53
48	15.31	76.56	153.13
49	16.36	81.82	163.64
50	17.50	87.50	174.99
51	18.57	92.85	185.71
52	19.69	98.46	196.93
53	20.89	104.45	208.89
54	22.18	110.89	221.77
55	23.55	117.75	235.49
56	23.01	115.06	230.12
57	24.81	124.05	248.09
58	26.71	133.53	267.06
59	28.71	143.55	287.11
60	30.84	154.20	308.40
61	33.42	167.09	334.19
62	36.14	180.69	361.39
63	39.02	195.08	390.17
64	42.07	210.35	420.70
65	45.29	226.45	452.90
66	50.34	251.69	503.38
67	55.67	278.35	556.69
68	61.33	306.63	613.26
69	67.35	336.74	673.49
70	73.76	368.82	737.64

MONTHLY SMOKER RATES

Issue Age	$10,000	$50,000	$100,000
19	N/A	28.58	57.16
20	N/A	29.29	58.58
21	N/A	30.04	60.08
22	N/A	30.75	61.50
23	N/A	31.54	63.08
24	N/A	32.37	64.75
25	N/A	33.12	66.25
26	N/A	34.33	68.66
27	N/A	35.62	71.25
28	N/A	36.92	73.83
29	N/A	38.25	76.50
30	N/A	39.67	79.33
31	N/A	41.45	82.90
32	N/A	43.31	86.63
33	N/A	45.22	90.45
34	N/A	47.30	94.60
35	N/A	49.33	98.66
36	N/A	51.81	103.61
37	N/A	54.49	108.98
38	N/A	57.21	114.43
39	N/A	60.19	120.38
40	N/A	63.29	126.58
41	13.45	67.26	134.51
42	14.29	71.43	142.86
43	15.18	75.90	151.79
44	16.11	80.57	161.14
45	17.12	85.58	171.16
46	18.28	91.38	182.76
47	19.54	97.72	195.44
48	20.86	104.31	208.62
49	22.30	111.49	222.97
50	23.83	119.16	238.32
51	25.45	127.25	254.51
52	27.17	135.84	271.69
53	29.00	145.02	290.04
54	30.95	154.74	309.47
55	33.05	165.24	330.49
56	32.08	160.38	320.75
57	34.46	172.30	344.60
58	36.96	184.81	369.62
59	39.62	198.11	396.22
60	42.40	211.99	423.98
61	45.84	229.18	458.36
62	49.45	247.25	494.50
63	53.25	266.23	532.46
64	57.24	286.21	572.43
65	61.45	307.24	614.48
66	68.14	340.71	681.42
67	75.21	376.06	752.12
68	82.71	413.53	827.07
69	90.65	453.26	906.51
70	99.10	495.52	991.04

Identity Theft Protection

INFOARMOR

Information Protection

Security is Priority One

InfoArmor solutions are created to be SSAE 16, ISO 27001 and DISA STIG compliant, requiring adherence to rigorous data storage practices. We not only passed a security audit by one of the nation's largest banks, but we regularly conduct third party intrusion testing/ audits.

As a partner you will feel confident knowing customer data is only stored in a state-of-the-art data center. That data is only accessible via secure, encrypted connections. The databases are on non-public networks behind firewalls using network address translation and address control lists. In addition, our intrusion monitoring and detection systems are constantly looking for anomalies in real-time. InfoArmor has security protocols enabling a limited number of professionals to access data on a "need to know" basis.

All facilities employ the latest security measures as well as state-of-the-art surveillance and alarm systems. No data is stored onsite and no critical data is stored on computers outside of the secure data centers.

Consumer Commitment

Your customers, members or employees will rest assured knowing that their personal information, including their Social Security number, name, address, phone and date of birth, are handled with the utmost care.

In order to protect the security of their information, we use rigorous measures, including:

- 128-bit SSL encryption whenever information is transmitted or stored
- Information resides on secure servers where only our software can access it
- Employee background checks and training in our strict privacy practices

We protect information like our jobs depend upon it, because they do.

INFOARMOR • T 800.789.2720 • WWW.INFOARMOR.COM

INFOARMOR
IDENTITY PROTECTION EXPERTS

FREQUENTLY ASKED QUESTIONS

How does InfoArmor protect me?

By proactively monitoring for fraud, we can detect and stop fraud sooner than other solutions. Our broad coverage includes detecting fraud from sources such as wireless accounts, automobile and mortgage loans, compromised credentials, High Risk Transactions (such as unauthorized account access, fund transfers and password resets) and more, to detect fraud before major damage is done. When we detect suspicious activity using your information we will alert you and help you restore your identity and minimize damages.

What is Internet Surveillance?

Internet Surveillance is a product that scans the Underground Internet for your personal information. Internet Surveillance scours an ever-evolving complex of over 30,000 compromised machines, networks and web services identified by InfoArmor and leading cyber security firms. Whether it is personal identifying information (i.e. name, address or Social Security number), a medical insurance card or an email address, it is designed to find breached data and alerts subscribers in real-time.

What is a Digital Identity report?

This interactive, easy-to-read report not only summarizes what a real-time deep Internet search finds out about a subscriber, but also offers them a Privacy Grade with tips to better secure their information. Digital Identity goes far beyond normal typical Internet search and showcases a subscriber's exposure on the Internet.

How does InfoArmor prevent my identity from being misused?

InfoArmor believes in proactive prevention to protect your identity from misuse. When you sign up for the service you will be presented with the option to reduce unwanted solicitations such as junk mail, telephone solicitations, and preapproved credit offers. This alone can remove the root cause of up to 20% of identity theft. This is a good start to keeping your information out of the hands of fraudsters.

Our technology is predictive, meaning that we can detect when an identity is at an elevated risk for identity theft and take the necessary precautions. If you fall under this category, we may place fraud alerts, credit freezes and pull credit reports to prevent fraud from occurring.

Additionally, when fraud is detected, we know about it sooner than credit solutions because our technology detects fraud at point of application rather than waiting for it to hit your credit report, long after damage has been done. In addition, as of January 1, 2014 PrivacyArmor now includes free credit monitoring, a monthly credit score and an annual credit report to protect your finances. Our system provides complete 360° protection to deter, detect, and defend against identity theft.

How do I know that my identity is secure?

We send monthly identity updates confirming that your identity is secure. InfoArmor's Privacy Advocates will do everything in their power to contact you as soon as we detect an issue or suspicious activity. We will

INFOARMOR IDENTITY PROTECTION EXPERTS

FREQUENTLY ASKED QUESTIONS

always contact you by phone when we see suspicious activity to discuss next steps. We are monitoring your identity so that you don't have to.

What should I do if my identity is stolen?

Our Privacy Advocates will work on your behalf to restore your identity from start to case completion. Privacy Advocates are Certified Identity Theft Risk Management Specialists (CITRMS®) and receive continued support from the Identity Theft Resource Center. They are experts in identity restoration and are committed to doing the work necessary to restore your identity for you.

What if my Privacy Advocate can't get a hold of me if they find out I have been a victim?

InfoArmor's Privacy Advocates will do everything in their power to contact you by telephone as soon as we detect an issue. We will reach out by phone three separate times before trying alternate measures to contact you. We will also email you three times to contact you to let you know that there has been an issue with your personal information. Our final attempt will be a letter to your home address asking you to call us in regards to your identity.

What is covered under your Identity Theft Insurance Policy*?

InfoArmor's Identity Theft Insurance Policy protects against financial damages of identity theft such as associated costs, legal defense expenses and lost wages. For a copy of the full policy, please contact us.

How does InfoArmor compare to other services, like credit monitoring?

InfoArmor detects a different type of identity theft that is not related to credit accounts. InfoArmor's identity monitoring provides a broader range of protection by monitoring for misuse of not only credit, but a variety of data sources. Credit is an important component in identity protection, but it represents a piece of the whole issue of identity protection. Beginning January 1, 2014 InfoArmor's service now includes (free of charge) an annual credit report, monthly credit scores and continuous monitoring.

Is it safe to give InfoArmor my information?

Yes. InfoArmor adheres to a comprehensive information security policy that applies to all employees, consultants, contractors and vendors that interact with InfoArmor and its information assets. Customer data is stored in a state-of-the-art data center (SAS 70 Type II and DISA STIG compliant). That data is only accessible via secure, encrypted connections.

Do you provide a credit report to subscribers?

We believe that credit is one component of your identity that should be periodically reviewed for accuracy as a check to ensure fraud has not occurred. Currently, we remind our subscribers to pull their free credit reports through annualcreditreport.com three times a year to see a complete snapshot of their credit. This is a good complement to our more robust identity monitoring solution.

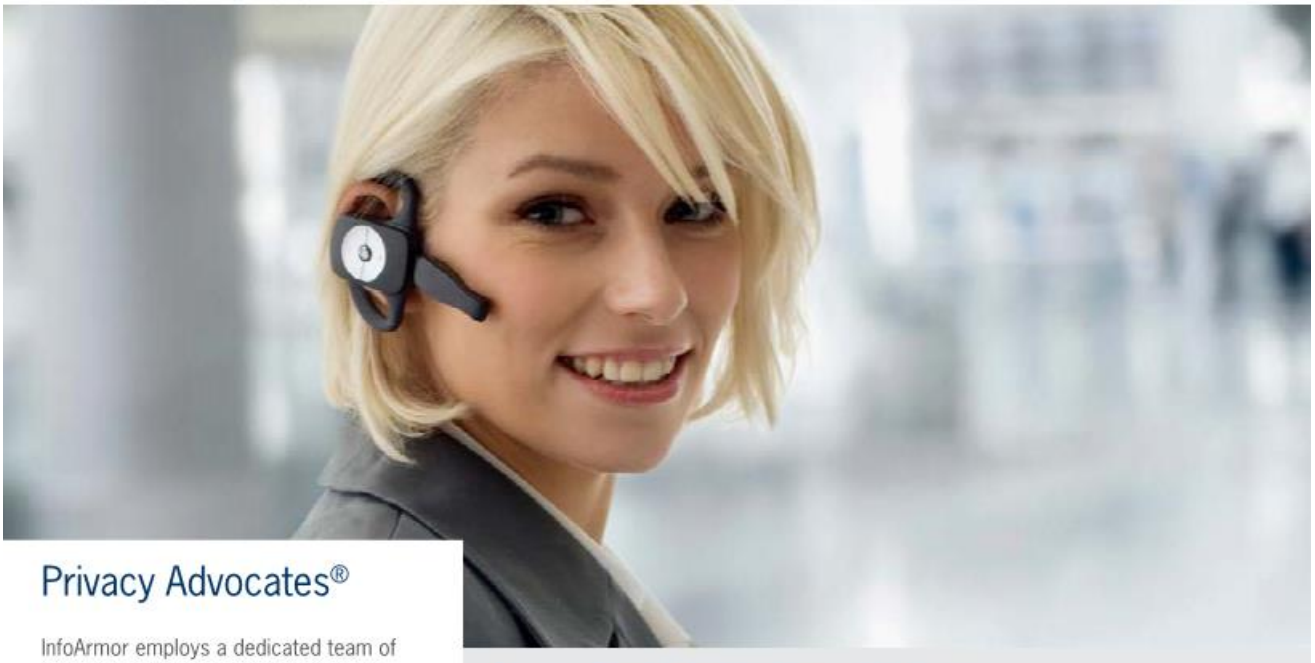
Because we realize that credit *is* an important component to financial security, we now offer a free credit report each year, monthly credit scores, and continuous credit monitoring starting January 1, 2014. Adding credit reports, scores, and monitoring will make the process even easier through InfoArmor's one-stop—shop portal.

Is the credit score you provide my FICO score?

The CreditArmor score we offer is not a FICO score. The score displayed on your CreditArmor tab comes directly from TransUnion and is referred to in the industry as your TRANSRISK SCORE. While the FICO score is most commonly used in financial sectors to determine credit worthiness, the TRANSRISK score shares the same scoring range as FICO. Both scores have a floor of 350 and an 850 ceiling. Scoring fluctuations with your TRANSRISK score follow similar rules to that of FICO but when a FICO score is accessed it also takes into account an Equifax and Experian score.

INFOARMOR

Full Service Remediation



Privacy Advocates®

InfoArmor employs a dedicated team of professionals that provide world class service and expertise in identity theft restoration.

In the event of identity theft, the victim will be assigned a dedicated Privacy Advocate that will act on behalf of the customer to completely restore their identity.

The victim will know their Privacy Advocate by name and will be able to have a personal proponent for their identity restoration.

InfoArmor's Privacy Advocates have been trained by and receive continued support from the Identity Theft Resource Center, the primary national non-profit that focuses on identity theft.

Privacy Advocates are also Certified Identity Theft Risk Management Specialists by the Institute of Fraud Risk Management.

Identity Theft Restoration Includes:

- Dedicated case manager to act on behalf of the victim
- Identity restoration experts trained by the Identity Theft Resource Center
- Investigation and confirmation of fraudulent activity including known, unknown, and potentially complicated sources of identity theft
- Resolution of key issues by maintaining and explaining the fraud victim's rights
- Placing phone calls and preparing appropriate documentation on the victim's behalf including anything from dispute letters to defensible complaints
- Issuing fraud alerts and victim's statements when necessary, with the three consumer credit reporting agencies, Federal Trade Commission, Social Security Administration and the U.S. Postal Service
- Completing and providing copies of all documentation, correspondence, forms and letters for the victim's records
- Contacting, following up and escalating issues with affected agencies and institutions
- Providing restoration beyond just credit including criminal, DMV, medical records, etc.
- Real time access to public records such as DMV, criminal, address changes, liens, judgments and more

Committed to world-class privacy and identity protection.

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LegalShield®
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What is LegalShield?

It's total access. It's total freedom.

Everyone deserves legal protection. And now, with LegalShield, everyone can access it. No matter how traumatic. No matter how trivial. Whatever your situation is, we are here to help. From real estate to divorce advice, identity theft and beyond, we have your rights covered. Welcome to total peace of mind. Welcome to LegalShield.

What your membership includes.

Know your rights in any situation.

LegalShield gives you the ability to talk to an attorney on any matter without worrying about high hourly costs. For one flat monthly fee you can access legal advice, no matter how traumatic or trivial the issue. That's why under the protection of LegalShield you and your family can live your life worry-free, every day, every night, now and forever.

- Legal Advice – unlimited issues
- Letters/calls made on your behalf
- Contracts & documents reviewed up to 15 pages
- Mortgage document assistance
- Lawyers prepare
  - Wills for you and Covered Family Members
  - Living Will
  - Healthcare Power of Attorney
- Traffic-Related Issues (15 day waiting period)
  - Speeding tickets/ Accidents
- IRS Audit Assistance
- Uncontested Name Change
- Uncontested Separation
- Uncontested Divorce
- Uncontested Adoption

(all uncontested 90 day waiting period)

- Trial Defense
  - Pre-Trial
  - Representation at trial
- 25% Preferred Member Discount
- 24/7 Emergency Access for covered situations
- Online legal forms

Your LegalShield Plan Covers:

The Member
The Member's Spouse
Never Married Dependent Children under 26 living at home
Dependent Children under age 18 for whom the Member is legal guardian
Full-Time College Students up to age 26 never married, dependent children
Physically or mentally challenged child living at home

Special Group Rates:

Convenient Payroll Deduction Amount

• LegalShield	$15.75

This guide prepared by:

BenefitsDirect

Please note that the information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The information contained in this Guide was taken from brochures and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your Benefits Manager.