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2016-2017 BENEFIT GUIDE

November 1, 2016 - October 31, 2017

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“Committed To Student Excellence”

2016-2017 BENEFITS

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Enrollment

Roma ISD will be utilizing Professional Enrollment Concepts' (PEC) services for our benefit communication and enrollment this year. PEC's Benefit Counselors will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

Each year, we strive to offer comprehensive and competitive benefit plans to our employees. In the following pages, you will find a summary of our benefit plans for 2016- 2017. Please read this guidebook carefully as you prepare to make your elections for the upcoming Plan Year.

About this Benefits Guidebook

This Benefits Guidebook describes the highlights of Roma ISD's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of Roma ISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Roma ISD.

EMPLOYEE ELIGIBILITY

Eligibility

Roma ISD encourages the health and financial well-being of its employees by providing access to quality and affordable healthcare. Eligible full-time employees have access to Roma ISD's comprehensive Benefit Program.

Please make sure to review this Benefit Guide in detail to learn more about these options.

Full-time employees who work a minimum of 20 hours per week and are at least 18 years of age are eligible to participate in the benefits program with an effective date of first of the month following the date of hire.

Once your enrollment is completed, you may not make any changes to your elections unless you have a Qualifying Life Event or your hours worked per week drop below the minimum.



Qualifying Events

If you experience a qualifying life event (for instance: getting married or having a baby), please contact PEC; proof of the Qualifying Life Event must be submitted to your Human Resource Department within 30 days in order to change current benefit elections.

Qualifying Life Events

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility (attainment of limiting age or change in student status);
- A change in associate's spouse's or dependents' work hours;
- A termination or commencement of employment of associate's spouse or eligible dependent with coverage;
- Other events as the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.

DENTAL BENEFITS

Summary of Benefit

Ameritas Dental gives you the freedom to choose whether you would like to visit a contracting dentist or a non-contracting dentist. There are considerable cost savings when using a dentist who is contracted with Ameritas. Ameritas Dental also provides employees with an EyeMed discount. **NOTE: the total vision allowance is \$150, to include all services and materials with the provider of your choice. Any vision benefit used will be deducted from the dental Calendar Year maximum.**

The following is a brief summary of the major plan provisions.

	Low Plan	High Plan
Deductible		
Individual	\$50	\$50
Type 1		
	100%	100%
Type 2		
	50%	80%
Type 3		
	NA	50%
Orthodontia		
	NA	50%
Deductible Applies To		
	Type 2	Type 2 & Type 3
Maximums		
Calendar Year	\$1,000	\$1,000
Lifetime Orthodontia	NA	\$1,000

Low Plan

Type 1

Routine exam (2 per benefit period)
 Bitewing x-rays (2 per benefit period)
 Full mouth/panoramic x-rays (1 in 3 years)
 Periapical x-rays
 Cleaning (2 per benefit period)
 Fluoride for children 18 and under (1 per benefit period)

Type 2

Sealants (age 16 and under)
 Space maintainers
 Restorative amalgams
 Restorative composites
 Simple extractions

High Plan

Type 1

Routine exam (2 per benefit period)
 Bitewing x-rays
 Full mouth/panoramic x-rays (1 in 3 years)
 Periapical x-rays
 Cleaning (2 per benefit period)
 Fluoride for children 18 and under (1 per benefit period)
 Sealants (age 16 and under)
 Space Maintainers

Type 2

Restorative amalgams
 Restorative composites
 Endodontics (nonsurgical)
 Endodontics (surgical)
 Periodontics (nosurgical)
 Periodontics (surgical)
 Denture repair
 Simple extractions
 Complex extractions
 Anesthesia

Type 3

Onlays
 Crowns (1 in 5 years per tooth)
 Crown repair
 Prosthodontics (fixed bridge, removable complete/partial dentures) (1 in 5 years)

VISION BENEFITS

Summary of Benefit

VSP Vision provides you and your family with quality vision benefits at an affordable cost. The program is designed to encourage you and your family to visit the optometrist or ophthalmologist.

	Standard Plan	Premium Plan
	In Network	In Network
Well/Vision Exam		
	\$10 copay	\$10 copay
Prescription Glasses		
Copay	\$25 copay	\$25 copay
Frame	\$130 allowance \$150 allowance for featured brands 20% savings on the amount over allowance Every 24 months	\$180 allowance \$200 allowance for featured brands 20% savings on the amount over allowance Every 12 months
Lenses	Single vision, lines bifocal, and lined trifocal Polycarbonate lenses for dependent children Every 12 months	Single vision, lines bifocal, and lined trifocal Polycarbonate lenses for dependent children Every 12 months
Lens Enhancements	\$55 for standard progressive lenses \$95-\$105 for premium progressive lenses \$150-\$175 for custom progressive lenses Every 12 months	\$55 for standard progressive lenses \$95-\$105 for premium progressive lenses \$150-\$175 for custom progressive lenses Every 12 months
Contacts (instead of glasses)	\$130 allowance for contacts, copay does not apply Up to \$60 for contact lens exam (fitting and evaluation) Every 12 months	\$180 allowance for contacts, copay does not apply Up to \$60 for contact lens exam (fitting and evaluation) Every 12 months
If you visit a provider out of the VSP network your coverage is as follows:		
Exam	Up to \$45	Up to \$45
Frame	Up to \$70	Up to \$70
Single Vision Lenses	Up to \$30	Up to \$30
Lined Bifocal Lenses	Up to \$50	Up to \$50
Lined Trifocal Lenses	Up to \$65	Up to \$65
Progressive Lenses	Up to \$50	Up to \$50
Contacts	Up to \$105	Up to \$105

FLEXIBLE SPENDING ACCOUNT

Summary of Benefits

Health Care (HCFSA) & Dependent Care (DCFSA) Flexible Spending Accounts

(FSA) The health care and dependent care flexible spending accounts administered by National Plan Administrators let you set aside pre-tax dollars from your paycheck to pay for many health care and dependent care expenses. By paying for these expenses with pre-tax dollars, you reduce the amount of your taxable income and increase your take-home pay. You may choose to participate in one or both FSA accounts – whether or not you elect any other benefits.

General FSA Rules and Restrictions

In exchange for the tax advantages FSAs offer, the IRS has imposed the following rules and restrictions for both health care and dependent care FSAs:

- You may only use the money in your FSAs to reimburse expenses that you have incurred during the plan year for which the FSA was established.
- If you have any money remaining in your FSA at the end of the year, only \$500 of it will roll over. In other words: USE IT OR LOSE IT.
- You cannot transfer money from one FSA to another.
- You cannot begin, stop, or change the amount of your FSA contributions during the calendar year unless you experience a qualified life event (such as: marriage, divorce or the birth/adoption of a child). Contact HR for qualifying life events.
- You cannot claim expenses that are reimbursed through your HCFSA or DCFSA as a deduction on your income tax return.
- Reimbursement for DCFSA claims is only up to the total amount that is in your account at that time.
- The dependent care provider cannot be anyone considered our dependent for income tax purposes (such as one of your older children). In order to be reimbursed, you are required to provide the tax identification number or Social Security number of the party providing care.

How Much Can I Contribute?

- To participate, decide how much you would like to contribute to one or both accounts for the year. The money you allocate to each account is automatically deducted from your paycheck each pay period before taxes are calculated:
- For a Health Care Flexible Spending Account (HCFSA) you could contribute up to the maximum of \$2,500 for the 2016 year.
- For a Dependent Care Flexible Spending Account you could contribute up to the maximum of \$5,000 for the 2016 year. The exceptions are:
- If you and your spouse file separate tax returns, you may contribute \$2,500 per year.
- If your spouse is employed, your maximum contribution is the lesser of your spouse's taxable income (but no more than \$5,000)
- If your spouse is a full-time student or they are physically or mentally disabled, your maximum contribution is \$2,500 a year if you claim expenses for one dependent and \$5,000 a year if you claim expenses for two or more dependents.

ACCIDENT

Summary of Benefits

You do everything you can to keep your family safe, but accidents do happen. It’s comforting to know you have help to manage the medical costs associated with accidental injuries both on and off the job. Unum’s Accident insurance is designed to help offset the financial effects of a covered accident with a lump sum benefit, paid directly to the employee.

Accident	
Benefit	Amount
Accident Follow-Up Treatment	
Accidental Death Benefit Rider	
Employee	\$50,000
Spouse	\$20,000
Child(ren)	\$10,000
Accidental Death Benefit Rider Common Carrier	
Employee	\$150,000
Spouse	\$60,000
Child(ren)	\$30,000
Ambulance	
Ground	\$400
Air	\$1,500
Burns	
Third-degree 35 or more sq. in.	\$10,000
Third-degree 9 to 34 sq. in.	Up to \$5,000
Second-degree for 35% or more of body	\$1,000
Concussion	
	\$150
Dislocation	
Open Reduction	Up to \$6,000
Closed Reduction	Up to \$3,000
Doctor’s Office Visit	

Accident	
Benefit	Amount
Hospital Admission	
	\$500
Fractures	
Open Reduction	Up to \$7,500
Closed Reduction	Up to \$3,750
Chips	25% of applicable closed reduction
Surgery	
Open, abdominal, thoracic	\$1,500
Exploratory	\$150
Tendon/Ligament/Rotator Cuff	
Repair of more than one	\$1,200
Repair of one	\$800
Exploratory without repair	\$150
Health Screening Benefit	
	\$75

CRITICAL ILLNESS

Summary of Benefits

Unum's Critical Illness insurance is designed to help employees offset the financial effects of a catastrophic illness with a lump sum benefit, if an insured is diagnosed with a covered critical illness. The critical illness benefit is based on the amount of coverage in effect on the date of diagnosis of a critical illness or the date treatment is received, according to the terms and provisions of the policy.

Critical Illness	
Coverage Amount	
Employee	\$5,000 to \$50,000
Spouse	\$5,000 to \$30,000
Child	25% of employee coverage
Condition	
Heart attack	100%
Stroke	
End stage renal failure	
Major organ failure	
Permanent paralysis as a result of covered accident	
Coma as a result of severe traumatic brain injury	
Blindness	
Benign brain tumor	
Occupational HIV	
Condition	
Coronary artery bypass surgery	25%
Pre-existing Conditions	
	12 month look back, 12 month waiting
Wellness Benefit*	
Per insured, per calendar year	\$75

* Wellness tests are:

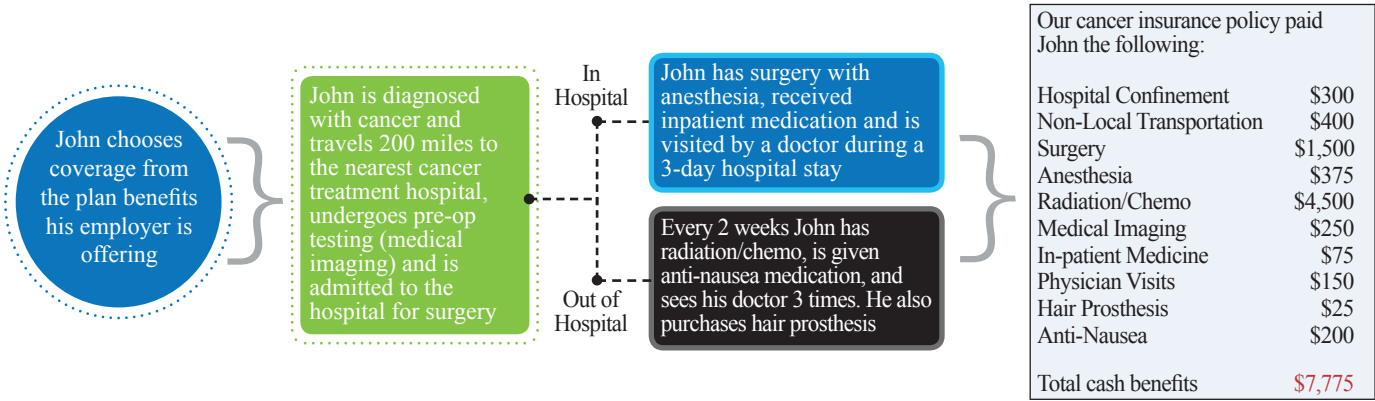
- Blood test for triglycerides
- Bone marrow aspiration or biopsy
- CA 15-3 (blood test for breast cancer)
- CA -125 (blood test for ovarian cancer)
- Carotid Doppler
- Chest x-ray
- Colonoscopy
- Echocardiogram
- Electrocardiogram
- Fasting blood glucose test
- Fasting plasma glucose (FPG)
- Hemoglobin A1C (HbA1c)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Thermography
- Thin prep pap test
- Two hour post load plasma glucose
- Virtual Colonoscopy
- CEA (blood test for colon cancer)
- Stress test on a bicycle or treadmill

CANCER

Summary of Benefits

Receiving a diagnosis of cancer or a specified disease can be difficult on anyone, both emotionally and financially. Having the right coverage to help when undergoing treatments for cancer or a specified disease is important. Allstate’s coverage can help provide added financial support when it is needed most.

Allstate’s coverage helps offer peace of mind when a diagnosis of cancer or a specified disease occurs. Below is an example of how a benefit might be paid.



Specified Diseases - Amyotrophic Lateral Sclerosis (Lou Gehrig’s Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaire’s Disease, Addison’s Disease, Hansen’s Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye’s Syndrome, Primary Sclerosing Cholangitis (Walter Payton’s Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis.

CANCER CONTINUED

	Low	High
Hospital and Related Benefits		
Continuous Hospital Confinement (daily)	\$100	\$200
Government or Charity Hospital (daily)	\$100	\$200
Private Duty Nursing Services (daily)	\$100	\$200
Extended Care Facility (daily)	\$100	\$200
At Home Nursing (daily)	\$100	\$200
Hospice Care Center (daily)	\$100	\$200
Hospice Care Team (per visit)	\$100	\$200
Radiation, Chemotherapy, and Healing		
Radiation/Chemotherapy for Cancer (every 12 months)	\$5,000	\$10,000
Blood, Plasma, and Platelets (every 12 months)	\$5,000	\$10,000
Medical Imaging (yearly)	\$250	\$500
Hematological Drugs (yearly)	\$100	\$200
Surgery and Related Benefits		
Surgery	\$1,500	\$3,000
Anesthesia (% of surgery)	25%	25%
Ambulatory Surgical Center (daily)	\$250	\$500
Second Opinion	\$200	\$00
Bone Marrow or Stem Cell Transplant		
Autologous	\$500	\$1,000
Non-autologous	\$1,250	\$2,500
Non-autologous for leukemia	\$2,500	\$5,000
Miscellaneous Benefits		
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation (per trip or mile)	Coach fare or \$0.40	Coach fare or \$0.40
Outpatient Lodging (daily)	\$50	\$50
Family Member Lodging (daily)	\$50	\$50
Transportation (per trip or mile)	Coach fare or \$0.40	Coach fare or \$0.40
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment (every 12 months)	\$5,000	\$5,000
Prosthesis	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis	\$50	\$50
Anti-Nausea Benefits (yearly)	\$200	\$200
Waiver of Premium (primary insured only)	Yes	Yes
Additional Benefits		
Cancer Initial Diagnosis	\$2,000	\$2,000
Wellness*	\$100	\$100
Intensive Care		
Intensive Care Confinement (daily)	\$200	\$200
Step-down Confinement (daily)	\$100	\$100
Air/Surface Ambulance	Charges	Charges

* Wellness eligible exams include:

- Biopsy for skin cancer
- Echocardiogram
- Flexible sigmoidoscopy
- HPV Vaccination
- Mammography, including breast ultrasound
- Stress test on bike or treadmill
- Serum Protein Electrophoresis (test for myeloma)
- Doppler screening for carotids or peripheral vascular disease
- Ultrasound screening for abdominal aortic aneurysms
- Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), and PSA (prostate cancer)
- Chest X-ray
- EKG
- Bone Marrow testing
- Colonoscopy
- Hemocult stool analysis
- Lipid panel (total cholesterol count)
- Pap smear, including ThinPrep Pap test
- Thermography

HOSPITAL INDEMNITY

Summary of Benefits

Even if you have coverage that helps with most of the expenses, you may still have to deal with deductibles, co-payments, and co-insurance. Not to mention all the other bills you’re already paying each month - mortgage, groceries, electricity, and gasoline. That money has to come from somewhere, too.

Colonial Life’s Hospital Confinement Indemnity insurance plan offers added financial protection for those out-of-pocket costs related to a covered accident or a covered sickness.

Hospital Indemnity			
Option	Tier 1*	Tier 2**	Calendar Year Max
Option 1	\$500	\$1,000	\$1,500
Option 2	\$750	\$1,500	\$2,500
Option 3	\$1,000	\$2,000	\$3,000

***Tier 1 Sample Surgical Procedures**

Breast	Removal of oral leisons	treatment) other than a finger or toe
Auxillary node dissection	Myringotomy	Foot surgery (bunionectomy,
Breast capsulotomy	Tonsillectomy	exostectomy, arthroplasty, hammertoe
Breast reconstruction	Tracheostomy	repair)
Lupectomy	Gynecological	Fracture (closed reduction treatment)
Cardiac	Dilation & Curettage (D&C)	other than a rib, finger, or toe
Pacemaker insertion	Endometrial ablation	Removal of orthopedic hardware
Digestive	Lysis of adhesions	Removal of tendon leison
Colonoscopy	Liver	Skin
Hemorrhoidectomy (external)	Paracentesis	Laparoscopic hernia repair
Lysis of adhesions	Musculoskeletal System	Skin grafting
Ear/Nose/Throat/Mouth	Carpal/cubital repair or release	
Adenoidectomy	Dislocation (closed reduction	

****Tier 2 Sample Surgical Procedures**

Breast	Stapedectomy	Arthroscopic knee surgery with
Breast reduction	Tympanoplasty	menisectomy (knee cartilage repair)
Cardiac	Tympanotomy	Arthroscopic shoulder surgery
Angioplasty	Eye	Clavicle resection
Cardiac catherization	Cataract surgery	Dislocation (ORIF - open reduction
Digestive	Corneal surgery (penetrating	with internal fixation)
Exploratory laparoscopy	keratoplasty)	Fracture (ORIF - open reduction with
Laparoscopic appendectomy	Glaucoma surgery (trabeculectomy)	internal fixation)
Ear/Nose/Throat/Mouth	Vitreotomy	Removal or implantation of cartilage
Ethmoidectomy	Gynecological	Tendon/ligament repari
Mastoidectomy	Myomectomy	Thyroid
Septoplasty	Musculoskeletal System	Excision of a mass

Doctor Office Visit Benefit: \$25 paid for each visit up to three visits per calendar year for named insured only coverage or five visits per calendar year combined for family coverage. Payable for any doctor’s office visit for any reason, including an annual physical exam.

LIFE INSURANCE

Summary of Benefits

Basic Life and Accidental Death and Dismemberment (AD&D)

Roma ISD provides eligible employees with Basic Life Insurance in the amount of \$10,000 through Unum. All full-time employees are also provided with Accidental Death and Dismemberment (AD&D) Insurance in the same amount as Basic Life. Both of these coverages are 100% paid for by Roma ISD.

NOTE: benefit amount reduces to 65% at age 70, and to 50% at age 75.

Supplemental Life and Accidental Death and Dismemberment (AD&D)

Roma ISD gives employee the opportunity to elect supplemental life and AD&D insurance, in equal amounts through Unum.

Supplemental Life Insurance

Coverage is available up to the lesser of 5 times annual salary or \$500,000 in increments of \$10,000.

Employees are guarantee issued \$250,000 of coverage, however, they may elect additional coverage with the submission and approval of an Evidence of Insurability form (EOI). You must elect coverage when first available or you will be asked to complete an EOI form. **NOTE: benefit amount reduces to 65% at age 70, and to 50% at age 75.**

- **Spouse Life Insurance Coverage**

Employees are also given the option to purchase life insurance for their spouse in \$5,000 increments up to the lesser of 100% of the employee elected coverage or \$500,000. Employees must purchase voluntary life insurance in order to purchase coverage for their spouse. **Spouses are guarantee issued \$50,000,** however, they may elect additional coverage with the submission and approval of an EOI form.

- **Dependent Child(ren) Life Insurance Coverage**

Life insurance for dependent children may be

purchased in increments of \$2,000 up to 100% of employee coverage, not to exceed \$10,000. Employees must purchase supplemental life insurance in order to purchase coverage for their child(ren).

Whole Life

- Unum's Whole Life Insurance provides much more than a death benefit - it also offers valuable "living benefits" that you can use during times of need; You can keep your Whole Life coverage after you retire, making it an essential complement to Term Life. If you enroll in coverage when you are first eligible, you may purchase an increase in coverage to the maximum guaranteed issue amount without health questions at any subsequent re-enrollment event.

Eligibility:

- Issue Ages: 15 - 80 for employee and spouse; 14 days - 26 years for child.

Your Plan Options:

- Employee: \$2,000 to \$200,000 in increments of \$10,000
- Spouse: \$2,000 to \$50,000 in increments of \$5,000
- Child: \$5,000 to \$50,000

Available Features:

- Cash Value: this policy accumulates cash value. You can borrow funds from this value if needed.
- Living Benefit Option: this feature allows the policy owner to request up to 100% of the death benefit, to a maximum of \$150,000, if the insured is diagnosed with a medical condition that limits life expectancy to 12 months or less.
- Accidental Death Benefit: this benefit is equal to the face amount, up to a maximum of \$150,000, if the policy holder dies before age 70 as a result of covered accident.

DISABILITY

Summary of Benefits

The disability plan provides various levels of income replacement during periods of both short-term and long-term absences from work caused by a covered illness or injury.

Educator Select Income Protection

This benefit provides for continuation of up to 66 2/3% of your monthly pay, to a maximum of \$7,500 per month, starting on the chosen day of your covered illness or injury, and will pay for up to social security retirement age. Employees may elect from 7, 14, 30, 60, 90, or 180 days waiting period.

Plan Features:

- Work-life balance Employee Assistance Program¹
- Worldwide emergency travel assistance services²
- Dependent Care Benefit³
- Full maternity benefits
- 3 month lump-sum Accelerated Survivor Benefit
- 12 month rehire provision
- Comparative reporting and analysis
- Minimum monthly benefit of \$200

Limitations:

- 24 months mental illness and self-reporting symptom

Exclusions:

- 12 month look-back, 12 month waiting pre-existing condition*
- Intentionally self-inflicted injury
- Active participation in a riot
- Loss of professional license, occupational license, or certification
- Commission of a crime for which the employee has been convicted
- War, declared or undeclared, or any act of war
- Incarceration

*A pre-existing condition means the insured employee:

- Received medical treatment, consultation, care, or services including diagnostic measures, or took prescribed drugs or medicines in the 12 months just prior to the effective date of coverage; and
- The disability begins in the first 12 months after the effective date of coverage.

¹ Provides access to a comprehensive employee assistance and work-life program for the insured employee and family, to help manage workplace stress and deal more effectively with personal issues ranging from severe to every day problems. As an additional feature, the program includes the OnClaim Support Service.

² Delivers global travel assistance including medical and legal emergency support for employees and family who travel for business or pleasure more than 100 miles from home.

³ Pays an additional \$350 per dependent per month, to an overall family maximum of \$1,000, to disabled employees who are receiving LTD payments while participating in the Rehab/Return to Work Assistance Program.

MONTHLY RATES

Dental Rates		
	Low	High
Tier		
Employee	\$18.00	\$41.72
Employee + Spouse	\$47.04	\$82.84
Employee + Child(ren)	\$52.44	\$90.32
Family	\$82.20	\$144.16

Vision Rates		
	Standard	Premium
Tier		
Employee	\$8.00	\$12.54
Employee + 1	\$12.81	\$20.06
Employee + Children	\$13.07	\$20.48
Family	\$21.08	\$33.01

Accident Rates	
Tier	
Employee	\$18.02
Employee + Spouse	\$29.66
Employee + Child(ren)	\$31.50
Family	\$43.14

Critical Illness Rates

For personalized critical illness rates, please contact a Benefits Counselor.

Cancer Rates		
	Low	High
Tier		
Employee	\$15.61	\$24.36
Employee + Spouse	\$24.90	\$38.06
Employee + Child(ren)	\$21.46	\$34.10
Family	\$30.72	\$47.78

MONTHLY RATES

Employee Life and AD&D Rates		
	Life Monthly Rate Per \$10,000	AD&D Monthly Rate Per \$10,000
Age		
<20	\$0.430	\$0.200
20-24	\$0.430	
25-29	\$0.430	
30-34	\$0.520	
35-39	\$0.610	
40-44	\$1.300	
45-49	\$2.590	
50-54	\$3.980	
55-59	\$7.020	
60-64	\$12.120	
65-69	\$21.400	
70+	\$21.400	
75+	\$21.400	

Employee Life and AD&D Rate Calculation	
Base Annual Salary	\$
Steps	
Coverage Amount	
Divide by \$10,000	
Multiply by Combined Life and AD&D Rate	
Equals Monthly Rate	\$

Spouse Life and AD&D Rates		
	Life Monthly Rate Per \$5,000	AD&D Monthly Rate Per \$5,000
Age		
<20	\$0.300	\$0.100
20-24	\$0.300	
25-29	\$0.300	
30-34	\$0.350	
35-39	\$0.450	
40-44	\$0.900	
45-49	\$1.800	
50-54	\$2.800	
55-59	\$4.900	
60-64	\$8.400	
65-69	\$14.850	
70+	\$14.850	

Spouse Life and AD&D Rate Calculation	
Steps	
Coverage Amount	
Divide by \$5,000	
Multiply by Combined Life and AD&D Rate	
Equals Monthly Rate	\$

MONTHLY RATES

Child(ren) Life and AD&D Rates

	Life Monthly Rate Per \$2,000	AD&D Monthly Rate Per \$2,000
Age		
<26	\$0.400	\$0.040

Flat rate for Child policy covers all children regardless of number of children. This is not a per child or per policy deduction.

Educator Select Income Protection

Monthly Rate Per \$100	
Elimination Period	
0/7	\$3.500
14/14	\$2.960
30/30	\$2.540
60/60	\$2.040
90/90	\$1.160
180/180	\$0.810

Educator Select Income Protection

Steps	
Base Annual Salary	\$
Divide by 12 Months	
Monthly Base Pay	\$
Times 66 2/3%	
Times Rate	
Divide by \$100	
Equals Monthly Rate	\$

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NOTES

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Carrier Contacts

Benefit Plan	Administrator	Contact Number	Website
Dental	Ameritas	800-659-2223	www.ameritas.com
Vision	VSP	800-877-7195	www.vsp.com
Flexible Spending Account	National Plan Administrators	800-880-2776	www.natlplan.com
Accident Critical Illness	Unum	800-635-5597	www.unum.com
Cancer	Allstate	800-521-3535	www.allstate.com
Hospital Indemnity	Colonial	800-325-4368	www.coloniallife.com
Life and AD&D Disability	Unum	800-423-0344	www.unum.com
Benefits Service Center	PEC	855-735-8873	NA