



CITY OF MISSION



GEF
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EMPLOYEE BENEFIT GUIDE

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The information contained in this booklet is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be differences between the information in the booklet and the contract, the contract will govern.

Welcome to Your Benefits Guide

Human Resources Department

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This booklet has been provided to inform you of all the benefit options available to you. Please take the time to review the various plan designs and coverages and decide which option(s) best fit your needs for the 2015 - 2016 plan year.

What Do You Need To Enroll?

You will need to have the following items on hand:

- The names, social security numbers, dates of birth and addresses of any/all dependents you may wish to enroll in one or more of the plans.
- Life Insurance beneficiary information (primary and contingent)
- Proof of dependent status, if you are adding a new dependent (i.e. marriage certificate, birth certificate, court order, etc.)
- Previous or current medical credible coverage information.

During your enrollment, you will be meeting with a benefits counselor who can answer questions about the benefit plans available to you.

Taking Advantage of Pre-Tax Benefits

The City of Mission offers enrollment in a Section 125 Pre-Tax Plan. Certain coverages you contribute to are deducted from your paycheck on a pre-tax basis. The IRS stipulates that when you elect to have your deductions taken out with pre-tax dollars, you also agree to remain in the benefit plan of your selection for one full year, unless you experience a qualifying event. Examples of qualifying events include the following:

- Marriage
- Divorce
- Birth or Adoption of a child
- Death of a Spouse or Dependent
- Change from part-time to full-time status
- Leave of absence
- Loss of coverage
- Eligibility of new coverage
- Termination of Spouse's employment
- Commencement of Spouse/Dependent's employment
- Significant change in the cost or coverage of Spouse's health plan (increase of at least 10%)

* In the event of a qualifying event, notification must be provided to the Human Resources Department in writing within 30 days with appropriate documentation.

Know Your Benefits!

Medical Insurance – BlueCross BlueShield of Texas www.bcbstx.com 1-800-521-2227

Medical insurance pays the large expense that can be incurred when you or a family member, visit doctors, go to the hospital, or seek other costly medical services. Medical insurance allows you to obtain high quality medical care without severe financial hardship to your family. The City pays the premium for employee coverage, while the employee incurs premiums for spouse and dependents should they elect to add them to the plan.

Dental Insurance – Humana Dental www.humana.com 1-800-233-4013

Dental insurance is designed to discount the cost of professional dental care. Benefits include preventative care and discounts on basic and major care as well as orthodontia with restrictions on frequency and annual maximum dollar amounts.

Vision Insurance - Avesis www.avesis.com 1-800-828-9341

Vision insurance is designed to discount the costs of professional vision care. Benefits include exams, lenses, contact lenses and discounts on various other vision needs with restrictions on frequency and annual maximum dollar amounts.

Life Insurance – Dearborn National www.dearbornnational.com 1-800-348-4512

Basic Life insurance in the amount of \$10,000.00 is provided to each employee at no cost. Accidental Death & Dismemberment (AD&D) in the amount of \$10,000 is provided to each employee at no cost. In addition to the Basic Life & AD&D provided by the City, employees can enroll themselves, their spouse and dependents in voluntary life insurance. This enables you to tailor coverage for your individual needs and helps provide financial security for you and your family members.

Voluntary Long-Term Disability – Dearborn National www.dearbornnational.com 1-800-348-4512

Long Term Disability insurance is intended to protect your income for a long duration after you have depleted short-term disability (if applicable) or any sick leave you have accrued. Maximum benefit duration is later of Age 65 or Social Security Normal Retirement Age with an elimination period that requires you to be disabled for 90 days prior to collecting benefits.

Supplemental Insurance Policies – Colonial Life www.coloniallife.com 1-800-325-4368

Colonial Life provides a variety of supplemental insurance policies to help protect you from unexpected medical expenses, and help guard against financial hardship. These plans are designed to supplement your health insurance so that you do not pay out of pocket for deductibles, co-payments, travel expenses or hotel stays if needed. All these plans pay you directly, regardless of other insurance you may already have.

- **Accident Policy** – Helps protect you, your spouse or your children from the unexpected expense of an accident. Accident insurance helps offset the unexpected medical expenses, such as deductibles and co-payments, which can result from a fracture, dislocation or other covered accidental injury.
- **Cancer Policy** – Helps guard against financial hardship if you or a loved one is diagnosed with cancer. Cancer insurance helps offset the out-of-pocket medical and indirect non-medical expenses related to cancer treatment that most medical plans may not cover. This coverage also provides a benefit for specified cancer screening tests.

- **Critical Illness Policy** – Complements your major medical coverage by providing a lump-sum benefit you can use to help pay the direct and indirect costs related to a covered critical illness.
- **Hospital Confinement Indemnity Policy** – Helps with the rising costs associated with a covered hospital confinement or eligible outpatient surgery.
- **Short-Term Disability Policy** – Protects your income for a short duration in case you become ill or you have an off the job injury.

Legal Shield - www.legalshield.com 1-800-654-7757

Legal Shield plans assist in providing legal services at negotiated pre-paid rates with law firms throughout North America at a fraction of what they traditionally cost. An Identity Theft plan is also available to help protect you and your family from identity theft and fraud.

Air Evac Lifeteam - www.lifeteam.net 1-800-793-0010

Through the membership services, if an emergency response team determines that air evacuation is your fastest and safest option, air ambulance helicopter will provide medical transport dramatically reducing the time to an emergency treatment facility. Aside from your membership fee, you will not incur any out-of pocket expenses in connection with your flight.

Employee Assistance Program – Deer Oaks EAP Services www.deeroaks.com 1-800-327-2400

Deer Oaks Employee Assistance Program is a free service provided for you and your dependents by the City. This program offers a wide variety of confidential counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work/life issues in order to live happier, healthier, more balanced lives.

Retirement Plans

- **Texas Municipal Retirement System (TMRS)** - www.tmrs.org 1-800-924-8677
The City mandates that all employees participate in TMRS at a 6% contribution rate per pay period. The City contributes 2 to 1 matching funds for all participating employees. City funds are kept separate until employee retires.
- **ICMA 457 Deferred Compensation Plan** - www.icmarc.org 1-866-886-8024
The ICMA 457 Deferred Compensation Plan is a supplemental retirement savings program that allows the participant to make contributions on a pre-tax basis. Contributions may be increased, decreased, stopped and restarted without restrictions, fees, or penalties.
- **Nationwide Insurance** - www.nrsforu.com 1-877-677-3678
Nationwide 457 Deferred Compensation Plan is a supplemental retirement savings program that allows the participant to make contributions on a pre-tax basis.

New hires: Coverage effective date for all benefits is the 1st day of the month following a 30 day waiting period.

Plan year: October 1, 2015 through September 30, 2016



CITY OF MISSION

HEALTH INSURANCE PREMIUMS - 40 Hour Employees

October 1, 2015 - September 30, 2016

****Insurance Premiums are calculated and deducted based on 24-pay periods****

Medical Insurance - BlueCross BlueShield

Coverage	Semi-Monthly Amount	Monthly Employee Share
Employee Only	\$ -	\$ -
Employee + Child(ren)	\$ 125.00	\$ 250.00
Employee + Spouse	\$ 164.62	\$ 329.24
Employee + Family	\$ 237.50	\$ 475.00

Voluntary Dental Insurance - Humana

Coverage	Semi-Monthly Amount	Monthly Premium
Basic Plan		
Employee Only	Maximum Benefit \$1,000 \$ 6.81	\$ 13.62
Employee + Spouse	Maximum Benefit \$1,000 \$ 13.93	\$ 27.86
Employee + Child(ren)	Maximum Benefit \$1,000 \$ 18.94	\$ 37.88
Employee + Family	Maximum Benefit \$1,000 \$ 26.06	\$ 52.12
High Plan (w/Ortho)		
Employee Only	Maximum Benefit \$1,500 \$ 11.95	\$ 23.90
Employee + Spouse	Maximum Benefit \$1,500 \$ 24.60	\$ 49.20
Employee + Child(ren)	Maximum Benefit \$1,500 \$ 32.33	\$ 64.66
Employee + Family	Maximum Benefit \$1,500 \$ 44.99	\$ 89.98

Voluntary Vision Insurance - Avesis

Coverage	Semi-Monthly Amount	Monthly Premium
Employee Only	\$ 3.06	\$ 6.12
Employee + Spouse	\$ 5.80	\$ 11.59
Employee + Child(ren)	\$ 6.32	\$ 12.63
Employee + Family	\$ 8.13	\$ 16.25

Voluntary Life Insurance - Dearborn National

Coverage	Rate	Semi-Monthly Amount	Monthly Premium
Employee Only (up to \$500,000)	Varies due to age and elected amount		Varies
Spouse (up to \$250,000)	Varies due to age and elected amount		Varies
Dependent - Child(ren) (up to \$10,000)	\$0.20 per thousand regardless of # of children		Varies
Long Term Disability	Varies due to age and salary amount		Varies

Supplemental Products - Colonial

Coverage	Semi-Monthly Amount	Monthly Premium
Accident Insurance		Varies
Cancer Insurance		Varies
Critical Illness Insurance		Varies
Hospital Confinement		Varies
Short-Term Disability Insurance		Varies

City of Mission provides the following benefits for City employees at no cost: Medical insurance (BCBS) for Employee only, \$10,000 Basic Life/AD&D (Dearborn National), and an Employee Assistance Program /EAP (Deer Oaks EAP Services).

***In the event of a qualifying event, notification must be provided to the Human Resources Department in writing within 30 days with appropriate documentation.**



BlueCross BlueShield
of Texas

City of Mission

Coverage Period: 10/01/2015 – 09/30/2016
Coverage for: All | Plan Type: PPO

Summary of Benefits and Coverage: What this Plan Covers & What it Costs



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.bcbstx.com or by calling 1-800-521-2227.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	For In-Network providers \$500 Individual/ \$1,000 Family For Out-of-Network providers \$2,500 Individual/ \$5,000 Family Services that charge a copay, home health, skilled nursing, hospice, In-Network preventive care and prescription drugs do not apply to the overall deductible. Copays and per occurrence deductibles do not count toward the deductible.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	Yes. Per occurrence: \$500 Out-of-Network inpatient admission. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For In-Network providers \$2,000 Individual/ \$4,000 Family For Out-of-Network providers \$6,000 Individual/ \$10,000 Family Prescription drug limit: \$4,600 Individual/ \$9,200 Family	The <u>out-of-pocket limit</u> amount is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Out-of-Network deductibles, Out-of-Network copays, premiums, balance-billed charges, preauthorization penalties, and health care this plan doesn't cover	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Does this plan use a <u>network of providers</u> ?	Yes. See www.bcbstx.com or call 1-800-810-2583 for a list of In-Network providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1-800-521-2227 or visit us at www.bcbstx.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



Summary of Benefits and Coverage: What this Plan Covers & What it Costs



- Copayments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Coinsurance is *your* share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an Out-of-Network provider charges more than the allowed amount, you may have to pay the difference. For example, if an Out-of-Network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called balance billing.)
- This plan may encourage you to use In-Network providers by charging you lower deductibles, copayments and coinsurance amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care <u>provider's office</u> or clinic	Primary care visit to treat an injury or illness	\$20 copay/visit	50% coinsurance	---none---
	Specialist visit	\$35 copay/visit	50% coinsurance	---none---
	Other practitioner office visit	\$35 copay/visit	50% coinsurance	Chiropractic services are limited to 10 visits per plan year In- and Out-of-Network.
	Preventive care/screening/immunization	No Charge	50% coinsurance	Deductible waived In-Network. No charge for child immunizations Out-of-Network through the 6 th birthday.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	50% coinsurance	Deductible waived In-Network. No charge with office visit copay.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	---none---

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City of Mission

Coverage Period: 10/01/2015 – 09/30/2016
Coverage for: All | Plan Type: PPO

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.bcbstx.com	Generic drugs	\$10 retail / \$20 mail order copay/ prescription	\$10 copay/ prescription plus 20% coinsurance	Retail covers a 30 day supply and mail order covers a 90 day supply. With appropriate prescription, up to a 90 day supply is available.
	Preferred brand drugs	\$25 retail / \$50 mail order copay/ prescription	\$25 copay/ prescription plus 20% coinsurance	A separate prescription drug out-of-pocket limit applies: \$4,600 Individual/\$9,200 Family Members electing to purchase preferred/non-preferred brand name drugs when a generic equivalent is available, will be required to pay the difference between the cost of the generic and preferred/non-preferred brand name drug plus the preferred brand name drug.
	Non-preferred brand drugs	\$40 retail / \$80 mail order copay/ prescription	\$40 copay/ prescription plus 20% coinsurance	Non-Participating mail order is not covered. For Non-Participating pharmacy, member must file claim.
	Specialty drugs	\$75 retail copay/ prescription	\$75 retail copay/ prescription plus 20% coinsurance	Must be obtained through Prime Specialty Pharmacy. Mail order is not covered. For Non-Participating pharmacy, member must file claim. Specialty medications can be purchased up to a 90 day supply at retail pharmacy
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	---none---
	Physician/surgeon fees	20% coinsurance	50% coinsurance	---none---

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City of Mission

Coverage Period: 10/01/2015 – 09/30/2016
Coverage for: All | Plan Type: PPO

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you need immediate medical attention	Emergency room services	\$125 copay/visit plus 20% coinsurance	\$125 copay/visit plus 20% coinsurance	Emergency room copay waived if admitted. If admitted, inpatient hospital expenses will apply.
	Emergency medical transportation	20% coinsurance	20% coinsurance	Ground and air transportation covered.
	Urgent care	\$45 copay/visit	50% coinsurance	---none---
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	50% coinsurance	Preauthorization is required; \$250 penalty if services are not preauthorized Out-of-Network providers. \$500 deductible per admission for Out-of-Network providers.
	Physician/surgeon fee	20% coinsurance	50% coinsurance	---none---
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$20 copay/visit	50% coinsurance	Certain services must be preauthorized, refer to benefits booklet for details.
	Mental/Behavioral health inpatient services	20% coinsurance	50% coinsurance	All services must be preauthorized. \$250 penalty if services are not preauthorized Out-of-Network providers. \$500 deductible per admission for Out-of-Network providers.
	Substance use disorder outpatient services	\$20 copay/visit	50% coinsurance	Certain services must be preauthorized, refer to benefits booklet for details.
	Substance use disorder inpatient services	20% coinsurance	50% coinsurance	All services must be preauthorized. \$250 penalty if services are not preauthorized Out-of-Network providers. \$500 deductible per admission for Out-of-Network providers.

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City of Mission

Coverage Period: 10/01/2015 – 09/30/2016
Coverage for: All | Plan Type: PPO

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you are pregnant	Prenatal and postnatal care	\$20 copay/visit	50% coinsurance	Copay applies to first prenatal visit (per pregnancy).
	Delivery and all inpatient services	20% coinsurance	50% coinsurance	Preauthorization is required; \$250 penalty if services are not preauthorized Out-of-Network providers. \$500 deductible per admission for Out-of-Network providers.
If you need help recovering or have other special health needs	Home health care	No Charge	50% coinsurance	Deductible waived In-Network. Preauthorization is required. Limited to 60 visits per plan year.
	Rehabilitation services	\$35 copay/visit	50% coinsurance	Limited to 12 visits per plan year.
	Habilitation services	\$35 copay/visit	50% coinsurance	Includes, but not limited to physical, occupational and manipulative therapy.
	Skilled nursing care	No Charge	50% coinsurance	Deductible waived In-Network. Preauthorization is required. Limited to 25 days per plan year.
	Durable medical equipment	20% coinsurance	50% coinsurance	---none---
If your child needs dental or eye care	Hospice service	No Charge	50% coinsurance	Deductible waived In-Network. Preauthorization is required.
	Eye exam	\$20 copay PCP / \$35 copay SPC	50% coinsurance	---none---
	Glasses	Not Covered	Not Covered	---none---
	Dental check-up	Not Covered	Not Covered	---none---

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)	
<ul style="list-style-type: none">AcupunctureBariatric surgeryCosmetic surgeryDental care (Adult)	<ul style="list-style-type: none">Hearing aidsInfertility treatmentLong-term careNon-emergency care when traveling outside the U.S.Private-duty nursingRoutine foot care (with the exception of person with diagnosis of diabetes)Weight loss programs

Questions: Call 1-800-521-2227 or visit us at www.bcbstx.com.

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)	
• Chiropractic care	• Routine eye care (Adult)

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-521-2227. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cco.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact BlueCross BlueShield of Texas at 1-800-521-2227 or visit www.bcbstx.com, or contact U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your **appeal**. Contact the Texas Department of Insurance's Consumer Health Assistance Program at (855) 839-2427 or visit www.texashealthoptions.com.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-521-2227.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-521-2227.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-521-2227.

Navajo (Dine): Dine'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-521-2227.

—To see examples of how this plan might cover costs for a sample medical situation, see the next page.—

Questions: Call 1-800-521-2227 or visit us at www.bcbstx.com.

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,620
- Patient pays \$1,920

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$500
Copays	\$20
Coinsurance	\$1,250
Limits or exclusions	\$150
Total	\$1,920

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,070
- Patient pays \$1,330

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$500
Copays	\$540
Coinsurance	\$210
Limits or exclusions	\$80
Total	\$1,330

Note: These examples are based on individual coverage only.

Questions: Call 1-800-521-2227 or visit us at www.bcbstx.com.

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from Out-of-Network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-521-2227 or visit us at www.bcbstx.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

TEXAS

City of Mission

Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150
Annual maximum (excludes orthodontia services)	\$1,000	
Preventive services <ul style="list-style-type: none"> • Oral examinations • X-rays • Cleanings • Topical fluoride treatment (through age 14, one per calendar year) • Sealants (through age 14) 	100% no deductible	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgams, composite for anterior teeth) 	80% after deductible	

Discount Services

Basic services

- Space maintainers (through age 14)
- Appliances for children
- Prefabricated stainless steel crowns

Major services

- Crowns
- Inlays and onlays
- Bridgework
- Dentures
- Denture relines and rebases
- Denture repair and adjustments
- Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots
- Periodontics (gum therapy)
- Endodontics (root canals)

Orthodontia services

- Adult and child orthodontia

Receive a discount on these services if you see participating dentists. These services are not covered under this plan. Out-of-pocket expenses do not apply to deductible and annual maximum.

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the average negotiated in-network fee schedule in your area.

Bi-monthly rates* (24 deductions per year)

Employee	\$6.81
Employee + spouse:	\$13.93
Employee + child(ren):	\$18.94
Family:	\$26.06

TEXAS

City of Mission

Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150
Annual maximum (excludes orthodontia services)	\$1,500 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the plan year. (Implants and orthodontia excluded.)	
Preventive services <ul style="list-style-type: none"> • Oral examinations • X-rays • Cleanings • Topical fluoride treatment (through age 14, one per calendar year) • Sealants (through age 14) 	100% no deductible	
Basic services <ul style="list-style-type: none"> • Space maintainers (through age 14) • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgam, composite for anterior teeth) • Appliances for children (through age 14) • Prefabricated stainless steel crowns • Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots • Periodontics • Endodontics (root canal) 	80% after deductible	
Major services <ul style="list-style-type: none"> • Crowns • Inlays and onlays • Bridgework • Dentures • Denture relines and rebases • Denture repair and adjustments 	50% after deductible	
Orthodontia	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

Bi-monthly rates* (24 deductions per year)

Employee	\$11.95
Employee + spouse:	\$24.60
Employee + child(ren):	\$32.33
Family:	\$44.99

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental PPO plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist

With HumanaDental's PPO plan, you can see any dentist. You save an average of 28 percent when you visit a dentist in HumanaDental's PPO Network. To find a dentist in HumanaDental's PPO Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page provides a summary of HumanaDental benefits. Your plan certificate describes in detail your HumanaDental benefits. You can find it on MyHumana, your personal page at **Humana.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

HUMANA
Specialty Benefits

Insured or administered by HumanaDental Insurance Company

This is not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.



CITY OF
MISSION

Vision Summary of Benefits

Avēsis
A National Vision, Dental and Hearing Company

Your vision health is an important part of complete wellness. Avēsis is pleased to present your vision benefits which are designed to give you and your covered family members the care, value and service to help maintain good vision and overall health.

Group No. 10771-1253

IN-NETWORK BENEFITS

SERVICE		OUT-OF-NETWORK
Eye Examination	<ul style="list-style-type: none"> Covered in full after \$10 copay Once every 12 months Includes dilation when professionally indicated. 	<ul style="list-style-type: none"> Reimbursement up to \$45
Frame Benefit*	<ul style="list-style-type: none"> Once every 24 months Members receive a \$50 wholesale allowance (equates to \$100-\$150 retail) toward any frame in a participating provider's office. 	<ul style="list-style-type: none"> One pair every 24 months Reimbursement up to \$45
Standard Spectacle Lenses	<ul style="list-style-type: none"> Covered in full One pair every 12 months Standard single vision, bifocal, trifocal, lenticular covered in full 	<ul style="list-style-type: none"> One pair every 12 months Plan reimburses \$40 for single vision lenses, \$60 for bifocal lenses, \$80 for trifocal lenses and \$80 for lenticular lenses
Progressive Lenses	<ul style="list-style-type: none"> EyeFOCAL L2 Digital Progressives covered in full 	<ul style="list-style-type: none"> \$60 for Progressive Lenses
Lens Options	<p><u>Covered in Full Lenses</u></p> <ul style="list-style-type: none"> Plastic or Glass Oversized Fashion Gradient Tinting Glass-Grey #3 Prescription Sunglasses Polycarbonate Lenses Scratch Resistant Coating¹ Ultraviolet Coating¹ Photochromic Glass <p>¹ Included with Polycarbonate Materials</p> <p><u>20% Discount + Lens Allowance</u></p> <ul style="list-style-type: none"> Standard Anti-Reflective Coating Premium AR Coating Ultra AR Coating Premium Progressives Hi-Index Polarized Plastic Photosensitive 	<ul style="list-style-type: none"> Standard Lens Allowance
Contact Lenses**	<ul style="list-style-type: none"> One pair every 12 months Elective covered up to \$130 allowance Medically Necessary covered in full 	<ul style="list-style-type: none"> Once every 12 months Reimbursement up to \$130 allowance Reimbursement up to \$250
Laser Vision Correction	<ul style="list-style-type: none"> \$150 onetime/lifetime allowance 	<ul style="list-style-type: none"> \$150 onetime/lifetime allowance

RATES - Employee Contribution

Tier	Rates
Employee Only	\$ 6.12
Employee + Spouse	\$11.59
Employee + Child(ren)	\$12.63
Employee + Family	\$16.25

* Please note, if purchased in-network, discounted prices may be offered through the Avēsis Vision Plan. However, as with most products, retail prices may vary. Discounts are not available at Wal-Mart locations or other select retailers.

** If you choose contact lenses, this benefit is provided instead of the benefit for spectacle lenses and frames.

USING OUT OF NETWORK PROVIDERS

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avësis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan; and are in lieu of services provided by a participating Avësis provider. Out-of-network claim forms can be obtained by contacting Avësis' Customer Service Center, your group administrator or by visiting www.avesis.com.

LIMITATIONS AND EXCLUSIONS

Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avësis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics or vision training;
- 2) Subnormal vision aids and any supplemental testing;
- 3) Plano (non-prescription) lenses, sunglasses;
- 4) Two pair of glasses in lieu of bifocal lenses;
- 5) Any medical or surgical treatment of eye or support structures;
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment;
- 8) Services or materials provided as a result of Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.

NOTES AND DISCLAIMERS

Notes and Disclaimers:

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only, or both contact lenses and professional services (fitting fees). Laser vision correction is considered Refractive Surgery, an elective procedure, and may involve potential risks to patients. Avësis is not responsible for the outcome of any refractive surgery. Only one co-pay applies to either frame or lenses.

Termination Provisions:

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

GROUP BENEFIT PROGRAM SUMMARY For CITY OF MISSION, TEXAS

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

GROUP TERM LIFE

Eligibility	All Eligible Active Full Time Employees excluding Chief of Police and City Manager
Group Term Life/AD&D Benefit:	\$10,000
Guarantee Issue Amount – Employee	\$10,000
Age Reduction Schedule	Life and AD&D benefits reduce by 35% of the original amount at age 65 and further reduce by 55% of the original amount at age 70, and further reduce by 70% of the original amount at age 75, and further reduce by 80% of the original amount at age 80, and further reduce by 85% of the original amount at age 90.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 6 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches Social Security Normal Retirement Age (SSNRA), whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries.
Online Will Preparation Services	Provides insureds the ability to quickly and easily create a valid and legal will at their convenience – free of charge.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company, (Downers Grove, IL) (formerly known as Fort Dearborn Life Insurance Company®) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage. (For internal use only: Policy number FDL1-504-707)

GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PROGRAM SUMMARY

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger of Same Hand	25%
Uniplegia	25%

* Loss must occur within 365 days of the accident.

AD&D Product Features Included:

▪ Seatbelt and Airbag Benefits	▪ Coma Benefit	▪ Public Conveyance Benefit
▪ Repatriation Benefit	▪ Spouse Training Benefit	
▪ Education Benefit	▪ Day Care Benefit	

Exclusions – Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that, directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof;
2. infections, except those from an accidental cut or wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. war or act of war;
6. travel or flight in any aircraft while a member of the crew;
7. commission of, or participation in a felony;
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician; or
9. intoxication as defined in the jurisdiction where the accident occurred;
10. participation in a riot.

This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

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For employee distribution

SUPPLEMENTAL GROUP TERM LIFE

Eligibility	All Eligible Active Full Time Employees
Group Term Life Benefit: Employee	\$10,000 - \$500,000, in increments of \$10,000
Guaranteed Issue Amount* – Employee	\$150,000 <i>*Guarantee issue amounts are based on a minimum participation requirement of 65% of all eligible employees. If participation requirements are not achieved, underwriting will be utilized on all employees and spouse applications.</i>
Group Term Life Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$250,000, in increments of \$5,000, not to exceed 50% of the employee benefit amount.
Guaranteed Issue Amount – Spouse	\$30,000
Group Term Life Benefit: Child(ren)	Birth to 14 days: \$250 Age 15 days to 6 months: \$250 Age 6 months to age 26: \$10,000
Grandfathered Benefits (Up to \$500,000): If the Supplemental Life Participation Minimum stated in the Plan Design Summary above is met, all current amounts in force will be grandfathered, subject to the plan design maximums and the grandfathering limits stated. The Guarantee Issue amount shown above will only be offered to employees whose initial eligibility date (new hires) is on or after the effective date of coverage. Employees not previously covered, or those who have selected to increase their coverage, will need to provide satisfactory Evidence of Insurability. Should the Supplemental Life Participation Minimum not be met, grandfathering will not apply and satisfactory Evidence of Insurability will be required for all amounts by all applicants, including those participating in the prior carrier's plan.	
Age Reduction Schedule	Life benefits reduce by 35% of the original amount at age 65 and further reduce by 55% of the original amount at age 70, and further reduce by 70% of the original amount at age 75, and further reduce by 80% of the original amount at age 80, and further reduce by 85% of the original amount at age 90.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 6 months, prior to age 60, premium will be waived for the employee's (and dependent's) life insurance benefit until the employee is no longer disabled or reaches Social Security Normal Retirement Age (SSNRA), whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included.
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage.

This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

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For employee distribution

CITY OF MISSION, TEXAS

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life Insurance

Employee Benefit: **\$10,000 - \$500,000 in \$10,000 increments.**
 Spouse Benefit: **\$5,000 - \$250,000 in \$5,000 increments, not to exceed 50% of the employee benefit.**

Note: Spouse may not have coverage unless the employee has coverage.

Guarantee Issue*

Employee	\$	150,000
Spouse	\$	30,000

*Assumes 65% participation

Child Coverage

Live birth to 14 days:	\$250
Ages 15 days to 6 months:	\$250
Age 6 months to age 26:	\$10,000

Life benefits reduce by 35% of the original amount at age 65 and further reduce by 55% at age 70 of the original amount, and further reduce by 70% of the original amount at age 75, and further reduce by 80% of the original amount at age 80 and further reduce by 85% of the original amount at age 90.

EMPLOYEE Supplemental Life Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.099
20-24	\$0.099
25-29	\$0.099
30-34	\$0.099
35-39	\$0.135
40-44	\$0.189
45-49	\$0.288
50-54	\$0.441
55-59	\$0.720
60-64	\$0.954
65-69	\$1.629
70-74	\$2.898
75+	\$11.007

Dependent Life (Children) Monthly Premium per Family Life	
\$10,000	\$1.80

Supplemental Life Insurance

Semi-Monthly Premium Cost (Based on 24 payroll deductions per year)

Benefit Amount		ATTAINED AGE												
		<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000		\$0.50	\$0.50	\$0.50	\$0.50	\$0.68	\$0.95	\$1.44	\$2.21	\$3.60	\$4.77	\$8.15	\$14.49	\$55.04
\$20,000		\$0.99	\$0.99	\$0.99	\$0.99	\$1.35	\$1.89	\$2.88	\$4.41	\$7.20	\$9.54	\$16.29	\$28.98	\$110.07
\$30,000		\$1.49	\$1.49	\$1.49	\$1.49	\$2.03	\$2.84	\$4.32	\$6.62	\$10.80	\$14.31	\$24.44	\$43.47	\$165.11
\$40,000		\$1.98	\$1.98	\$1.98	\$1.98	\$2.70	\$3.78	\$5.76	\$8.82	\$14.40	\$19.08	\$32.58	\$57.96	\$220.14
\$50,000		\$2.48	\$2.48	\$2.48	\$2.48	\$3.38	\$4.73	\$7.20	\$11.03	\$18.00	\$23.85	\$40.73	\$72.45	\$275.18
\$60,000		\$2.97	\$2.97	\$2.97	\$2.97	\$4.05	\$5.67	\$8.64	\$13.23	\$21.60	\$28.62	\$48.87	\$86.94	\$330.21
\$70,000		\$3.47	\$3.47	\$3.47	\$3.47	\$4.73	\$6.62	\$10.08	\$15.44	\$25.20	\$33.39	\$57.02	\$101.43	\$385.25
\$80,000		\$3.96	\$3.96	\$3.96	\$3.96	\$5.40	\$7.56	\$11.52	\$17.64	\$28.80	\$38.16	\$65.16	\$115.92	\$440.28
\$90,000		\$4.46	\$4.46	\$4.46	\$4.46	\$6.08	\$8.51	\$12.96	\$19.85	\$32.40	\$42.93	\$73.31	\$130.41	\$495.32
\$100,000		\$4.95	\$4.95	\$4.95	\$4.95	\$6.75	\$9.45	\$14.40	\$22.05	\$36.00	\$47.70	\$81.45	\$144.90	\$550.35
\$110,000		\$5.45	\$5.45	\$5.45	\$5.45	\$7.43	\$10.40	\$15.84	\$24.26	\$39.60	\$52.47	\$89.60	\$159.39	\$605.39
\$120,000		\$5.94	\$5.94	\$5.94	\$5.94	\$8.10	\$11.34	\$17.28	\$26.46	\$43.20	\$57.24	\$97.74	\$173.88	\$660.42
\$130,000		\$6.44	\$6.44	\$6.44	\$6.44	\$8.78	\$12.29	\$18.72	\$28.67	\$46.80	\$62.01	\$105.89	\$188.37	\$715.46
\$140,000		\$6.93	\$6.93	\$6.93	\$6.93	\$9.45	\$13.23	\$20.16	\$30.87	\$50.40	\$66.78	\$114.03	\$202.86	\$770.49
\$150,000		\$7.43	\$7.43	\$7.43	\$7.43	\$10.13	\$14.18	\$21.60	\$33.08	\$54.00	\$71.55	\$122.18	\$217.35	\$825.53
\$200,000		\$9.90	\$9.90	\$9.90	\$9.90	\$13.50	\$18.90	\$28.80	\$44.10	\$72.00	\$95.40	\$162.90	\$289.80	\$1,100.70
\$250,000		\$12.38	\$12.38	\$12.38	\$12.38	\$16.88	\$23.63	\$36.00	\$55.13	\$90.00	\$119.25	\$203.63	\$362.25	\$1,375.88
\$300,000		\$14.85	\$14.85	\$14.85	\$14.85	\$20.25	\$28.35	\$43.20	\$66.15	\$108.00	\$143.10	\$244.35	\$434.70	\$1,651.05
\$350,000		\$17.33	\$17.33	\$17.33	\$17.33	\$23.63	\$33.08	\$50.40	\$77.18	\$126.00	\$166.95	\$285.08	\$507.15	\$1,926.23
\$400,000		\$19.80	\$19.80	\$19.80	\$19.80	\$27.00	\$37.80	\$57.60	\$88.20	\$144.00	\$190.80	\$325.80	\$579.60	\$2,201.40
\$450,000		\$22.28	\$22.28	\$22.28	\$22.28	\$30.38	\$42.53	\$64.80	\$99.23	\$162.00	\$214.65	\$366.53	\$652.05	\$2,476.58
\$500,000		\$24.75	\$24.75	\$24.75	\$24.75	\$33.75	\$47.25	\$72.00	\$110.25	\$180.00	\$238.50	\$407.25	\$724.50	\$2,751.75

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

For internal use only: Policy number FDL1-504-707

Slife/blend-no add/24

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CITY OF MISSION, TEXAS

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life Insurance

Employee Benefit: **\$10,000 - \$500,000 in \$10,000 increments.**
 Spouse Benefit: **\$5,000 - \$250,000 in \$5,000 increments, not to exceed 50% of the employee benefit.**

Note: Spouse may not have coverage unless the employee has coverage.

Guarantee Issue*

Employee	\$	150,000
Spouse	\$	30,000

*Assumes 65% participation

Child Coverage

Live birth to 14 days:	\$250
Ages 15 days to 6 months:	\$250
Age 6 months to age 26:	\$10,000

Life benefits reduce by 35% of the original amount at age 65 and further reduce by 55% at age 70 of the original amount, and further reduce by 70% of the original amount at age 75, and further reduce by 80% of the original amount at age 80 and further reduce by 85% of the original amount at age 90.

SPOUSE	
Supplemental Life	
Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.099
20-24	\$0.099
25-29	\$0.099
30-34	\$0.099
35-39	\$0.135
40-44	\$0.189
45-49	\$0.288
50-54	\$0.441
55-59	\$0.720
60-64	\$0.954
65-69	\$1.629
70-74	\$2.898
75+	\$11.007

Dependent Life (Children)	
Monthly Premium per Family	
Life	
\$10,000	\$1.80

Supplemental Life Insurance

NOTE: Spouse's premium is based on Employee's age.

Semi-Monthly Premium Cost (Based on 24 payroll deductions per year)

Benefit Amount		ATTAINED AGE												
		<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000		\$0.25	\$0.25	\$0.25	\$0.25	\$0.34	\$0.47	\$0.72	\$1.10	\$1.80	\$2.39	\$4.07	\$7.25	\$27.52
\$10,000		\$0.50	\$0.50	\$0.50	\$0.50	\$0.68	\$0.95	\$1.44	\$2.21	\$3.60	\$4.77	\$8.15	\$14.49	\$55.04
\$15,000		\$0.74	\$0.74	\$0.74	\$0.74	\$1.01	\$1.42	\$2.16	\$3.31	\$5.40	\$7.16	\$12.22	\$21.74	\$82.55
\$20,000		\$0.99	\$0.99	\$0.99	\$0.99	\$1.35	\$1.89	\$2.88	\$4.41	\$7.20	\$9.54	\$16.29	\$28.98	\$110.07
\$25,000		\$1.24	\$1.24	\$1.24	\$1.24	\$1.69	\$2.36	\$3.60	\$5.51	\$9.00	\$11.93	\$20.36	\$36.23	\$137.59
\$30,000		\$1.49	\$1.49	\$1.49	\$1.49	\$2.03	\$2.84	\$4.32	\$6.62	\$10.80	\$14.31	\$24.44	\$43.47	\$165.11
\$35,000		\$1.73	\$1.73	\$1.73	\$1.73	\$2.36	\$3.31	\$5.04	\$7.72	\$12.60	\$16.70	\$28.51	\$50.72	\$192.62
\$40,000		\$1.98	\$1.98	\$1.98	\$1.98	\$2.70	\$3.78	\$5.76	\$8.82	\$14.40	\$19.08	\$32.58	\$57.96	\$220.14
\$45,000		\$2.23	\$2.23	\$2.23	\$2.23	\$3.04	\$4.25	\$6.48	\$9.92	\$16.20	\$21.47	\$36.65	\$65.21	\$247.66
\$50,000		\$2.48	\$2.48	\$2.48	\$2.48	\$3.38	\$4.73	\$7.20	\$11.03	\$18.00	\$23.85	\$40.73	\$72.45	\$275.18
\$55,000		\$2.72	\$2.72	\$2.72	\$2.72	\$3.71	\$5.20	\$7.92	\$12.13	\$19.80	\$26.24	\$44.80	\$79.70	\$302.69
\$60,000		\$2.97	\$2.97	\$2.97	\$2.97	\$4.05	\$5.67	\$8.64	\$13.23	\$21.60	\$28.62	\$48.87	\$86.94	\$330.21
\$65,000		\$3.22	\$3.22	\$3.22	\$3.22	\$4.39	\$6.14	\$9.36	\$14.33	\$23.40	\$31.01	\$52.94	\$94.19	\$357.73
\$70,000		\$3.47	\$3.47	\$3.47	\$3.47	\$4.73	\$6.62	\$10.08	\$15.44	\$25.20	\$33.39	\$57.02	\$101.43	\$385.25
\$75,000		\$3.71	\$3.71	\$3.71	\$3.71	\$5.06	\$7.09	\$10.80	\$16.54	\$27.00	\$35.78	\$61.09	\$108.68	\$412.76
\$100,000		\$4.95	\$4.95	\$4.95	\$4.95	\$6.75	\$9.45	\$14.40	\$22.05	\$36.00	\$47.70	\$81.45	\$144.90	\$550.35
\$125,000		\$6.19	\$6.19	\$6.19	\$6.19	\$8.44	\$11.81	\$18.00	\$27.56	\$45.00	\$59.63	\$101.81	\$181.13	\$687.94
\$150,000		\$7.43	\$7.43	\$7.43	\$7.43	\$10.13	\$14.18	\$21.60	\$33.08	\$54.00	\$71.55	\$122.18	\$217.35	\$825.53
\$175,000		\$8.66	\$8.66	\$8.66	\$8.66	\$11.81	\$16.54	\$25.20	\$38.59	\$63.00	\$83.48	\$142.54	\$253.58	\$963.11
\$200,000		\$9.90	\$9.90	\$9.90	\$9.90	\$13.50	\$18.90	\$28.80	\$44.10	\$72.00	\$95.40	\$162.90	\$289.80	\$1,100.70
\$225,000		\$11.14	\$11.14	\$11.14	\$11.14	\$15.19	\$21.26	\$32.40	\$49.61	\$81.00	\$107.33	\$183.26	\$326.03	\$1,238.29
\$250,000		\$12.38	\$12.38	\$12.38	\$12.38	\$16.88	\$23.63	\$36.00	\$55.13	\$90.00	\$119.25	\$203.63	\$362.25	\$1,375.88

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

For internal use only: Policy number FDL1-504-707

Slife/blend-no add/24

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GROUP VOLUNTARY LONG-TERM DISABILITY (LTD) PROGRAM SUMMARY for CITY OF MISSION, TEXAS

Without a steady income, most people would not be able to make payments on their homes or keep their family financially stable. Voluntary Group Long-Term Disability (VLTD) is the answer! It is a convenient, economical way of securing an income while out of work from an unexpected accidental injury or illness. Your employer has made VLTD coverage available for you to enroll in. Below are some of the major features of this program.

Eligibility	All Eligible Active Full-time Employees
Group LTD Benefit Percentage	60%
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	\$50
Elimination Period	90 days
Maximum Period Payable	Social Security Normal Retirement Age (SSNRA)
Social Security Offset Method	Primary and Family Integration
Own Occupation Period	24 months
Partial Disability: Earnings Test – During Own Occ Period Earnings Test – After Own Occ Period	80% 60%
Work Incentive Benefit	<u>Proportionate</u> – 12 months. Partially disabled employees are eligible for a Work Incentive benefit. The Work Incentive Benefit allows the partially disabled employee to receive their monthly benefit if their benefit plus their earnings do not exceed 100% of indexed pre-disability income. If their benefit plus their earnings exceeds 100% of indexed pre-disability income, their benefit is reduced by the excess. After 12 months, the employee's Work Incentive Benefit is calculated by multiplying their monthly benefit by their loss of salary ratio. "Partially Disabled" means that an employee is working in a partial or part-time capacity after becoming disabled and meets the earnings test shown above.
Rehabilitation Incentive Income (RII)	<u>Proportionate</u> –12 months. RII is offered to employees who agree to take part in a Rehabilitation Plan, structured to return them to gainful employment in another occupation because they can not return to their regular occupation. During the first 12 months, RII is equal to the monthly benefit. If disability earnings during this period exceed 100% of indexed pre-disability earnings, the monthly benefit is reduced by the excess. After 12 months, RII is equal to the monthly benefit reduced by multiplying the monthly benefit by the adjusted loss of salary ratio.
Survivor Benefit	If the employee passes away after being disabled and receiving long-term disability benefits for six consecutive months, we will pay the employee's beneficiary a lump sum benefit equal to three months of disability benefits.
Day Care Expense Benefit	While receiving Rehabilitation Incentive Income, and participating in an approved rehabilitation plan, the claimant may be reimbursed for eligible day care expenses to cover the expense of child care.
Mental Disorder Limitation	24 months
Substance Abuse Limitation	24 months
Special Conditions Limitation	24 months
Pre-Existing Condition Limitation	<u>3/12</u> - A pre-existing condition means a sickness or injury for which you have received treatment within 3 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.

Additional Features:

- Disability Resource Services - In addition to the resource services available on-line at www.GuidanceResources.com, Disability Resource Services provides a 24 hour telephonic support for all LTD insureds for behavioral health issues. A staff of master degree clinicians are available to provide each caller with assessment, counseling and referral advice for face-to-face counseling.
- Face-to-face counseling– Up to 3 face-to-face counseling sessions per year to address appropriate behavioral health issues.

This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage. (For internal use only: Policy number 2-LTDP-705)

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Voluntary Long Term Disability - Percentage of Salary Program Premium Calculation

Group: **CITY OF MISSION, TEXAS**

Benefit Schedule

Benefit Percentage:	60% of Basic Monthly Earnings*
Benefit Maximum	\$5,000
Maximum Monthly covered earnings:	\$8,333
Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Elimination Period	90 Days
Pre-Existing Conditions Limitation	3/12

*Basic Monthly Earnings/Insured Salary means the monthly compensation you earn from your normal occupation with your employer. It includes total income before taxes, including deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include earnings from bonuses, overtime pay or any other extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date death or disability begins.

Age	Monthly Rate per \$100 of Covered Payroll	Age	Monthly Rate per \$100 of Covered Payroll
Under 25	\$0.140	50-54	\$0.980
25-29	\$0.140	55-59	\$1.251
30-34	\$0.210	60-64	\$1.051
35-39	\$0.360	65-69	\$0.821
40-44	\$0.540	70+	\$0.711
45-49	\$0.761		

Sample Premium Calculation

(Sample assumes a 30 year old employee with \$2,500 in monthly earnings)

Monthly Earnings (maximum \$8,333)	x	Rate	Amount ÷ 100	=	Monthly Premium	Semi-Monthly* Premium
\$2,500	x	\$0.21	\$525 ÷ 100	=	\$ 5.25	\$2.63

Your Premium Calculation

(Enter your salary and the rate for your current age from the table above)

Monthly Earnings (maximum \$8,333)	x	Rate	Amount ÷ 100	=	Monthly Premium	Semi-Monthly* Premium
\$ _____	x	\$ _____	\$ _____ ÷ 100	=	\$ _____	\$ _____

* To determine Semi-Monthly Premium, multiply Monthly Premium by 12, and then divide by 24

This information is only a product highlight. This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. NOTE: For purposes of this illustration, we have assumed a 40 hour work week. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage. (For internal use only: FDL Policy number 2-LTDP-705)

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www.dearbornnational.com



DISABILITY RESOURCE SERVICES™

HELP WHEN IT'S NEEDED MOST

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer Disability Resource Services™ to employees covered by our long-term disability policy. Disability Resource Services provides convenient resources to help address emotional, legal and financial issues.

FACE-TO-FACE SESSIONS

Disability Resource Services provides long-term disability insured employees with three face-to-face sessions in a geographically accessible location to address behavioral issues.

UNLIMITED TELEPHONIC COUNSELING

Disability Resource Services also provides long-term disability insured employees with unlimited telephonic counseling (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level counselors use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

WEB-BASED SERVICES

GuidanceResources® Online (www.guidanceresources.com) is a secure, password-protected website that contains self-assessments, extensive content on personal health and powerful tools to help with

personal, relational, legal, health and financial concerns. This service is free of charge to employees who are insured with us for long-term disability insurance.

GuidanceResources® Online is available 24 hours a day, 7 days a week and covers many topics and personal concerns, such as:

- ▲ Alcohol and drug abuse
- ▲ Depression
- ▲ Divorce and family law
- ▲ Estate planning
- ▲ Getting out of debt
- ▲ Grief and loss
- ▲ Job pressures
- ▲ Managing debt obligations
- ▲ Marital and family conflicts
- ▲ Retirement planning
- ▲ Saving for college
- ▲ Stress and anxiety
- ▲ Tax questions
- ▲ Real estate buying and selling

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DISABILITY RESOURCE SERVICES

(866) 899-1363

TDD: (800) 697-0353

Online: www.guidanceresources.com

Enter Your Company ID: DNDRS



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YOUR GUIDE TO GUIDANCERESOURCES® ONLINE

WWW.GUIDANCERESOURCES.COM

HOW CAN GUIDANCERESOURCES® ONLINE HELP ME?

GuidanceResources® Online offers web-based services designed to help address the personal concerns and life issues you may be facing. Whether it's depression, alcohol and drug abuse, or grief and loss, these services are available to you and members of your family at no cost—24 hours a day, 7 days a week.

WHAT ABOUT FINANCIAL CONCERNS?

Financial issues can arise at any time, from dealing with debt to saving for college. Guidance Resources® Online is available to provide you with the tools and information you need to help solve your personal money management concerns.

HOW CAN I MANAGE ALL OF LIFE'S LITTLE DETAILS AND THE ISSUES MY FAMILY FACES?

Whether you are a new parent, giving care to an elder, sending a child off to college, buying a car or doing home repairs, you're bound to come across concerns that need to be addressed. Let GuidanceResources® Online help you explore your options.

WHERE CAN I GET ANSWERS TO MY LEGAL QUESTIONS?

GuidanceResources® Online provides access to practical, understandable information and tools to help address your concerns about divorce, bankruptcy, buying real estate and other issues.

GUIDE TO USING GUIDANCERESOURCES.COM

1. Once on the GuidanceResources.com home page (Figure A), click on the link at the top labeled "I am a first-time user."



Figure A

2. Enter your company ID: DNDRS. Create a user name and password. The user name (often your name) has to be at least six characters long and should have no spaces (for example: joesmith). The hint is meant to prompt you if you forget your password. Make sure that you complete all required fields, noted with red asterisks.
3. When you've finished, click on the "Submit" button at the bottom of the page.
4. On the next page, you will be asked to provide some demographic information. The Company Name and Email Address fields are required, but all of the other fields are optional. Read the Terms of Use and click inside the checkbox to indicate your agreement to those terms. When you've finished, click on the "Submit" button at the bottom of the page.

FOR FUTURE LOGINS, just go to the member login section and enter your user name and password. This will take you directly to GuidanceResources.com.

If you have any problems logging in, you can contact: memberservices@guidanceresources.com or (877) 595-5289.

GuidanceResources® Online is offered and administered by ComPsych® Corporation. The Dearborn National brand companies do not provide or insure the program or any part of GuidanceResources® Online. This brochure is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the services described.

DISABILITY RESOURCE SERVICES
(866) 899-1363

TDD: (800) 697-0353
Online: www.guidanceresources.com
Enter Your Company ID: DNDRS

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TRAVEL RESOURCE SERVICES

YOUR GUIDE TO SAFE TRAVEL

Our Travel Resource Services, provided by Europ Assistance USA, Inc. (EA) is a 24-hour emergency service that can help you access emergency assistance when you are traveling 100 or more miles away from home. Help is there when a crisis strikes. More than 850,000 multilingual service professionals stand ready to assist you in more than 200 countries and territories worldwide.

KEY SERVICES

Medical Search and Referral — EA will assist you in finding physicians, dentists, and medical facilities.

Medical Monitoring — During the course of a medical emergency, professional case managers, including physicians and nurses, will monitor your case to determine whether the care is appropriate or if evacuation/repatriation is required.

Medical Evacuation/Return Home — In the event of a medical emergency, when a physician designated by EA determines that it is medically necessary for you to be transported under medical supervision to the nearest hospital or treatment facility or be returned to your place of residence for treatment, EA will arrange and pay for the transport under proper medical supervision.

Traveling Companion Assistance — If a travel companion loses previously-made travel arrangements due to your medical emergency, EA will arrange for your traveling companion's return home.

Dependent Children Assistance — If any dependent children under the age of 16 traveling with you are left unattended because you are hospitalized,

EA will arrange and pay for their economy class transportation home. Should transportation with an attendant be necessary, EA will arrange for a qualified escort to accompany the children.

Visit by Family Member/Friend — If you are traveling alone and must be or are likely to be hospitalized for seven consecutive days, EA will arrange and pay for round trip transportation for one member of your immediate family, or one friend designated by you, from his or her home to the place where you are hospitalized.

Return of Mortal Remains — In the event of your death while traveling, EA will arrange and pay for all necessary government authorization, including a container appropriate for transportation and for the return of the remains to place of residence for burial.

Replacement of Medication and Eyeglasses — EA will arrange to fill a prescription that has been lost, stolen or requires a refill, subject to local law, whenever possible. EA will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility.

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Emergency Message Relay — Emergency messages can be relayed to and from friends, relatives and business associates.

Emergency Travel Arrangements — If appropriate, EA will make new travel arrangements or change airline, hotel, and car rental reservations.

Emergency Cash — EA will advance up to \$500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

Locating Lost or Stolen Items — EA will assist in locating and replacing lost or stolen luggage, documents, and personal possessions

Legal Assistance/Bail — EA will locate an attorney and advance bail bond, where permitted by law, with satisfactory guarantee of reimbursement from you. (You pay attorney fees.)

Interpretation/Translation — EA will assist with telephone interpretation in all major languages or will refer you to an interpretation or translation service for written documents.

Pre-Trip Information — EA offers a wide range of informational services before you leave home, including: Visa, Passport, Inoculation and Immunization Requirements, Cultural Information, Temperature, Weather Conditions, Embassy and Consulate Referrals, Foreign Exchange Rates, Travel Advisories.

ELIGIBILITY:

When am I eligible for these services?

You, your spouse or domestic partner and dependent children who receive coverage from Dearborn National® are eligible for this service once your coverage has been verified. Pre-trip informational services are available at any time. All other services take effect when you are on a trip 100 miles or more from home lasting 90 days or less.

Who is responsible to pay for these services?

After your coverage has been verified, EA will arrange and pay for the following subject to the policy limits and guidelines:

- ▲ Emergency Evacuation: \$150,000 Combined Single Limit (CSL)
- ▲ Medically Necessary Repatriation: Included in CSL
- ▲ Repatriation of Remains: Up to \$15,000

If traveling alone:

- ▲ Visit of Family Member or Friend: Up to \$5,000
- ▲ Return of Dependent Children under Age 18: Up to \$5,000
- ▲ Return of Vehicle: Up to \$2,500

All Travel Resource Services must be provided by EA USA. There are no claim reimbursements provided under this Travel Resource Services program. If EA is unable to verify your coverage, you must provide proper guarantee of payment prior to EA incurring third party expenses.

CONDITIONS AND EXCLUSIONS

EA shall not provide services enumerated if the coverage is sought as a result of: suicide or attempted suicide; intentionally self-inflicted injuries; participation in any war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not) or civil war, rebellion, revolution, and insurrection, military or usurped power; participation in any military maneuver or training exercise; traveling against the advice of a physician; traveling for the purpose of obtaining medical treatment; traveling in any country in which the U.S. State Department issued travel restrictions; piloting or learning to pilot or acting as a member of the crew of any aircraft; mental or emotional disorders, unless hospitalized; being under the influence of drugs or intoxicants unless prescribed by a Physician; commission or the attempt to commit a criminal act; participation as a professional in athletics or underwater activities; participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; speed contests; spelunking or caving, heliskiing, extreme skiing; dental treatment except as a result of accidental injury to sound, natural teeth; any non-emergency treatment or surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses; pregnancy and childbirth (except for complications of pregnancy); curtailment or delayed return for other than covered reasons; services not shown as covered.

The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, EA may not be able to respond in the usual manner. EA also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, Acts of God or refusal of authorities to permit EA to fully provide services.

EA is not responsible and cannot be held liable for any malpractice performed by a local physician or attorney who is not an employee of EA; or for any loss or damage to your vehicle during the return of vehicle; or for any loss or damage to any personal belongings.

Dearborn National® Life Insurance Company does not provide or insure any part of Travel Resource Services.

THIS IS NOT A REIMBURSEMENT SERVICE—ALL SERVICES MUST BE ARRANGED BY EA.

TRAVEL RESOURCE SERVICES

In the US and Canada call +1 (877) 715-2593
From other locations (call collect) +1 (202) 659-7807
Email OPS@europassistance-usa.com



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www.dearbornnational.com

Dearborn National®
Strength. Independence. Solutions.

CREATE YOUR OWN WILL ONLINE

How can you have peace of mind that in the event of your death, your property will be distributed according to your wishes? Or your children will be cared for by those you choose? The answer is by having a will.

Online will preparation is an enhanced product service available with your group life insurance coverage from Dearborn National®. The service provides you the ability to simply and quickly create a standard will that meets your needs and is valid in all states—free of charge. Known as the EstateGuidance® program,¹ the service can be accessed online at your convenience.

WHY IS IT IMPORTANT TO HAVE A WILL?

A will is one of the most important legal documents you will ever sign. Upon your death, it controls who gets your property, who will be the guardian of your children and who will manage your estate.

A poll by Bankrate, Inc., found that 69% of parents with children under the age of 18 don't have a will—yet 88% of them said they believe a will is important in order to appoint guardians.²

Without a will, state laws will determine who gets your property. In most states, your property may be divided among your spouse and children. If you do not have immediate family, your property may be distributed to other family members or next of kin. If the court cannot find your next of kin, then the property goes to the state. A will is a legal document that states how you want your property to be distributed rather than having a court decide for you.



EASE THE COSTLY AND TIME-CONSUMING BURDEN OF PROBATE

Probate is a required legal proceeding in which a court determines how property will be divided. If you do not have a will, the court will appoint an administrator and charge a fee for doing so. This may take a long time and cost a significant amount of money. While a will does not preclude probate, it can reduce time, expense and undue stress upon your loved ones.

CREATE YOUR WILL TODAY!

1. Go to www.dearbornnational.com
2. Click the "Individual" tab
3. Under "Online Services," click on "Online Will Preparation"
4. Read the brief overview and click on "Go To EstateGuidance"
5. On the EstateGuidance login page, enter the code: fdlwill

Creating a will is as easy as 1-2-3

For employee distribution.

¹EstateGuidance® is offered by ComPsych® Corporation. EstateGuidance® is administered by ComPsych® Corporation. Dearborn National® Life Insurance Company does not underwrite or administer the EstateGuidance® program. This brochure is for illustrative purposes only and is not a contract.

²NEW YORK, Nov 19, 2007/PRNewswire-FirstCall via COMTEX News. Network/-Bankrate, Inc.(Nasdaq: RATE) <http://investor.bankrate.com/releasedetail.cfm?ReleaseID=276290> ComPsych® Corporation is an independent organization and not affiliated with Dearborn National. ComPsych® does not provide insurance products of any kind.

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Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they're unexpected. How you care for them shouldn't be.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

How do I file a claim?

Visit coloniallife.com or call our Customer Service Department at 1.800.325.4368 for additional information.

If diagnosed with cancer, how will you pay for what your health insurance won't?

The risk of developing cancer, unfortunately, is very real.

Nearly everyone has experienced or knows somebody who has experienced a cancer diagnosis in their family. The good news is that cancer screenings and cancer-fighting technologies have gotten a lot better in recent years. However, with advanced technology come high costs. Major medical health insurance is a great start, but even with this essential safety net, cancer sufferers can still be hit with unexpected medical and non-medical expenses.

Cancer coverage from Colonial Life offers the protection you need to concentrate on what is most important — your care.

Features of Colonial Life's Cancer Insurance:

1. Pays benefits to help with the cost of cancer screening and cancer treatment.
2. Provides benefits to help pay for the indirect costs associated with cancer, such as:
 - Loss of wages or salary
 - Deductibles and coinsurance
 - Travel expenses to and from treatment centers
 - Lodging and meals
 - Child care
3. Pays regardless of any other insurance you have with other insurance companies.
4. Provides a cancer screening benefit that you can use even if you are never diagnosed with cancer.
5. Guaranteed renewable as long as premiums are paid when due.
6. Benefits paid directly to you unless you specify otherwise.
7. You can take your coverage with you even if you change jobs or leave your employer.
8. Flexible coverage options for employees and their families.

Specified Critical Illness Insurance



How will you pay for what your health insurance won't?

Even those of us who plan for the unexpected with life, disability and medical insurance may discover that some expenses can still remain unpaid. Without adequate protection, sufferers of critical illnesses might have to pull from their savings or rely on other financial sources in their time of need.

Specified Disease Insurance helps fill the gaps in your health insurance.

With Colonial Life's Specified Critical Illness Insurance, you're paid a benefit that can help you cover:

- Deductibles, co-pays and co-insurance of your health insurance
- Home health care needs and household modifications
- Travel expenses to and from treatment centers
- Lost income
- Rehabilitation
- Child care expenses
- Everyday living expenses

You're free to use the benefit however you choose.

And coverage is available for you and your eligible family members.

Covered Specified Critical Illnesses

For this illness...	We will pay this percentage of the face amount:
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal (Kidney) Failure	100%
Permanent Paralysis due to a Covered Accident	100%
Coma	100%
Blindness	100%
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100%
Coronary Artery Bypass Graft Surgery	25%
The Maximum Benefit Amount for this policy is 100% of the face amount for each covered person. We will not pay more than 100% of the face amount for all covered Specified Critical Illnesses combined. The policy will terminate when the Maximum Benefit Amount for Specified Critical Illness has been paid.	

Hospital Confinement Indemnity Insurance



How will you cover all of your medical expenses?

Larger deductibles. Higher co-payments. You may be left with more out-of-pocket costs.

Colonial Life's hospital confinement indemnity insurance plan can help protect you against those out-of-pocket expenses related to a covered accident or covered sickness.

My Coverage Worksheet (For use with your Colonial Life Benefits Counselor)

Who's being covered?

- ☐ You only
- ☐ You and your spouse
- ☐ You and your dependent children
- ☐ You, your spouse and your dependent children

What benefits are included?

- Wellness
- Waiver of Premium

\$50 per test

Coverage for you

1 test per year

Coverage for you and your family

2 tests per year

The following benefits are paid per covered person.

- Hospital Confinement
- Outpatient Surgical Procedure

\$ _____ per confinement

Tier 1 \$ _____

Tier 2 \$ _____

Calendar year maximum \$ _____

- Rehabilitation Unit

\$100 per day

How do I file a claim?

Wellness claims may be filed over the phone. Simply call our Policyholder Service Center at 1.800.325.4368. For all other types of claims, visit coloniallife.com for additional information.

Short-Term Disability Insurance



How long could you afford to go without a paycheck?

Help protect your paycheck with Colonial Life's short-term disability insurance.

You use your paycheck mainly to pay for your home, your car, groceries, medical bills and utilities. What if you couldn't go to work due to an accident or sickness?

Monthly Expenses: \$ _____ \$ _____ \$ _____
 \$ _____ \$ _____ \$ _____
Total \$ _____

My Coverage Worksheet (For use with your Colonial Life Benefits Counselor)

How much coverage do I need?

On-Job Accident and On-Job Sickness \$ _____ Off-Job Accident and Off-Job Sickness \$ _____

How long will I receive benefits?

Total Disability: _____ months Partial Disability: 3 months*

*Partial Disability is 50% of the Total Disability Amount

When will my benefits start?

After an Accident: _____ days After a Sickness: _____ days

How much will it cost?

Your cost will vary based on the level of coverage you select.

What additional features are included?

- Waiver of Premium
- Worldwide Coverage

Service Guide for Policyholders



The Policyholder Website: My Colonial Life

Go to **coloniallife.com**, click on **Sign Up** and complete a short registration.
As a member of My Colonial Life, you can:

- File a wellness claim.
- Check on the status of your claim.
- Check your policy information.
- Download claims and service forms.
- Keep your contact information updated.



Claims Information

How to File a Wellness Claim

- For wellness screenings within 12 months of the date you are filing the claim, go to **coloniallife.com**, log in to the policyholder website and click on **File a Wellness Claim Online**. Or you may use the automated customer service center at **1.800.325.4368**.
- For wellness screenings over 12 months from the date you are filing the claim, go to **coloniallife.com**, click on **File a Claim**, followed by **Health/Wellness Claim (over a year old)**. Complete and submit the claim as the form instructs. Be sure to review and sign all pages where indicated.

How to File Disability Claims

- Where indicated on the form, be sure to:
 - Have the doctor verify the dates of disability and furnish dates of treatment on the form where indicated.
 - Have the employer confirm the dates missed from work.
- Read and sign the claims authorization page. We cannot obtain additional information for your doctor without proper consent.
- Submit your claim:
 - **Fax the completed form to 1.800.880.9325**. Include your name and Social Security number on each page of your fax as indicated. If you fax the claim, you do not need to mail the original document to us; keep it for your records.
 - OR**
 - Mail the completed forms to Colonial Life (see contact us section of this document).

How to File Other Claims

- All claims:
 - Visit **coloniallife.com**, click on **File a Claim**.
 - Complete the sections of the claim form that apply to your specific claim. Be sure the information includes a diagnosis from your doctor, along with copies of any appropriate medical bills. Make sure you sign and date the certification and the authorization portion of the claim form.



Optional Services

The first page of Colonial Life's claim forms explains optional services that may be utilized by initializing on the blanks provided.

The options include:

- Authorizing Colonial Life to release information to your benefits counselor, plan administrator or family member.
- Authorizing Colonial Life to communicate claims information via electronic messaging to your home phone number.
- Send any applicable claim benefits by overnight delivery and deduct the fee from your claim payment.

Resolving Your Claim

- When we receive information regarding your claim, you will be notified by telephone or email.
- If you selected the electronic messaging option, you will receive a call once the claim is processed.
- We will notify you by letter if we need any additional information from your doctor or any other source(s). We welcome your assistance in encouraging your doctor to provide the needed information as quickly as possible.

Important Reminders

- When mailing the claim form or other information, please keep a copy of your information for your records.
- If you want us to send any applicable claim benefits by overnight delivery and deduct the fee from your claim payment, check the overnight line in the "Optional Service" section of the claim form.

Ongoing Claims

Total disability benefits provided by your coverage are based on disability information submitted on your claim form.

Because Colonial Life cannot pay benefits for time you have not yet missed from work, you may be asked to provide verification of your ongoing disability and the dates you are unable to work. All disability dates must be confirmed by your doctor and your employer. Please include medical treatment dates on your claim form.

Contact Us

Online

coloniallife.com

Log in to the policyholder website to send us an Email.

Telephone

800.325.4368. Call Center representatives are available Monday through Friday, 8 a.m. – 8 p.m. Eastern Standard Time. Automated service information is available 24/7, 365.

Please have your Social Security or your policy number ready when you call.

Hearing-impaired customers who have TDD (Telecommunications Device for the Deaf), please call 1.803.798.4040.

Mailing Address

Colonial Life Service Center

P.O. Box 100195
Columbia, SC 29202-3195



Colonial Life
1200 Colonial Life Boulevard
Columbia, South Carolina 29210
coloniallife.com

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Have You Ever?

- Needed your Will prepared or updated
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Signed a contract
- Received a moving traffic violation
- Had concerns regarding child support
- Worried about being a victim of Identity theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information on-line
- Feared the security of your medical information
- Been pursued by a collection agency

What is LegalShield?

LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll Advisory Solutions, the world's leading company in ID Theft consulting and restoration. We have safeguarded over 1 million members, provided more than 200,000 identity consultations, and helped restore nearly 10,000 individual identities.

The LegalShield® Membership Includes:

- Legal Advice – personal legal issues
- Letters/calls made on your behalf
- Contracts & documents reviewed (up to 15 pages)
- Residential Loan Document Assistance
- Attorneys prepare your Will, your Living Will and your Health Care Power of Attorney
- Moving Traffic Violations (available 15 days after enrollment)
- Trial Defense including Pre-Trial & Trial
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- IRS Audit Assistance
- 25% Preferred Member Discount (Bankruptcy, Criminal Charges, Other Matters, etc.)
- 24/7 Emergency Access for covered situations

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children.

The IDShieldSM Membership Includes:

Full Service Restoration

Complete identity recovery services by Kroll Licensed Private Investigators and our \$5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

Privacy Monitoring

Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.

Security Monitoring

SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle.

Consultation

Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 8 dependents.

Payroll Deduction Amount	LegalShield	IDShield	Combined
INDIVIDUAL	\$8.48 semi-monthly	\$4.48 semi-monthly	\$12.95 semi-monthly
FAMILY	\$9.48 semi-monthly	\$9.48 semi-monthly	\$16.95 semi-monthly

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions. An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members. Ask your Independent Associate for details.



MEMBERSHIP

PROVIDING YOU WITH PEACE-OF-MIND

In a medical emergency, every second counts...especially when transporting patients who are far away from adequate medical treatment. No one knows that better than the flight crew at Air Evac Lifeteam, an emergency air ambulance program with nearly three decades of experience.

Air Evac Lifeteam responds to scene calls, hospital-to-hospital transports, and assists search and rescue, carrying seriously ill or injured patients to the nearest appropriate medical facility. One flight can cost thousands of dollars, and may not be covered in full by your insurance plan.

Air Evac Lifeteam is happy to offer a membership plan that covers the remaining balance of your transport after your insurance plan has paid, leaving you with no out-of-pocket air medical transport expenses. And, as a member of the AirMedCare Network, an Air Evac Lifeteam membership provides you with reciprocity among more than 200 helicopter and airplane base locations across 28 states. Thus, you could be flown by any one of the AirMedCare Network partners and experience the same benefits (i.e. no out-of-pocket expenses for a medically necessary flight).

Business plan membership options are available to cover your employees and their families. For more information contact Brice Calahan at 956-635-0671 or calahanedward@air-evac.com.



800.793.0010 • www.joinlifeteam.com

Deer Oaks EAP Services Fact Sheet



The Deer Oaks Employee Assistance Program is a free service provided for you and your dependents by your employer. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work/life issues in order to live happier, healthier, more balanced lives. These services are completely confidential and can be easily accessed by calling the toll-free Helpline listed below. Deer Oaks EAP is a resource you can trust.

Eligibility: All employees and their dependents are eligible to access the EAP. This includes retirees and employees who have recently separated from their employer (within 6 months of separation).

In-person Counseling and Assessment: A network of over 13,700 licensed EAP Specialists throughout the United States are available to provide in-person assessment and counseling services.

Telephone Counseling and Assessments: Deer Oaks EAP Specialists may also conduct comprehensive assessments by phone and provide supportive counseling in order to identify and resolve issues quickly.

Legal and Financial Consultation: Free initial 30 minute consultation with an in-plan attorney or financial planner; 25% reduction in fees for subsequent visits with the same attorney or planner; discounted mediation services; free Simple Will Kit; and six (6) page legal document review.

Referrals and Community Resources: EAP Specialists provide referrals to community resources, legal resources, and child/elder care services.

Online Tools and Resources: Log on to www.deeroaks.com to access an extensive topical library containing health and wellness articles, downloadable presentations, child and elder care resources, and work/life balance resources. The Deer Oaks website also includes a wealth of information for supervisors with topics covering conflict resolution, leadership, motivation, and more.

Prevention and Education Newsletters: Employees and supervisors receive monthly e-newsletters covering a variety of topics including health and wellness, work/life balance issues, conflict resolution, leadership, and more.

Work/Life Services: Tools, tips, and online articles for balancing work and family. These tools will help you to become better organized and make the most out of your family time.

Parents at Work (PAW) Program: This program is for mothers and fathers who are adjusting to being new parents. An EAP Specialist will encourage and support new mothers and fathers through the challenges, stress, and anxiety often experienced with returning to work.

Disaster Assistance Program: Educational articles on how to help children cope with disasters; consultation to Employer Group Management Personnel regarding disaster readiness; and tools for developing workplace violence prevention plans.

Tele-Language Services: Deer Oaks has the ability to translate any document or provide therapy in a language other than English if requested. Services are available for telephonic interpretation in over 150 of the most commonly spoken languages and dialects.

Find-Now Child and Elder Care Program: This program assists participants caring for children and/or aging parents with the search for licensed, regulated, and inspected child and elder care facilities in their area. Searchable databases and other resources are provided on the Deer Oaks website and counselors are available to consult with participants regarding these decisions.

Take the High Road: Deer Oaks remains concerned about the safety of its EAP participants. Therefore, Deer Oaks reimburses participants for their cab fares in the event that they are incapacitated due to impairment by a substance or extreme emotional condition. This service is available once per year per participant and covers fares within the metropolitan city limits (excludes tips).

Critical Incident Stress Management: Traumatic events can be extremely disruptive to the well-being and productivity of employees and is an enormous threat to the retention of an organization's staff. Deer Oaks will respond quickly when asked to provide Critical Incident Stress Debriefings for any major company incident.

My City Plan as of August 2012

City name and number

Mission (00874) since 01-1971

Employee's deposit rate

6% (01-2007)

City's matching ratio

200% (01-1994)

Vesting requirement

5 years of service

Retirement eligibility

5 years of service/Age 60; 20 years of service/Any Age

Additional provisions

Supplemental Death Benefits (Employee & Retiree)
100% Updated Service Credit (with Transfers) - Auto-Readopt
Restricted Service Credit
Probationary Service Credit



TMRSFACTS

Texas Municipal Retirement System

1200 North Interstate 35, Austin, Texas 78701 • PO Box 149153, Austin, Texas 78714-9153
512.476.7577 • 800.924.8677 • Fax 512.476.5576 • phonecenter@tmrs.com



ICMA-RC: A Smart Choice

We are an independent,
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services corporation
focused on the retirement
savings needs of the
public sector.

We are proud to serve
the public sector only;
our mission since 1972.

To learn more about
ICMA-RC, contact your
representative.

Sandra Aguilar

ICMA-RC

Retirement Plans Specialist

saguilar@icmarc.org

202-246-4757 (cell)

866-886-8024 (toll free)

361-334-2192 (fax)

Investments with Competitive Fees

- Investment options from a variety of mutual fund companies, including simplified and diversified target-date and target-risk funds
- No sales charges for buying or selling funds
- Roth and Traditional IRAs to complement your employer retirement plans and help you meet additional savings goals

Personalized Services

- Retirement plan representatives, including CERTIFIED FINANCIAL PLANNER™ professionals, all of whom do not work on commission, to help you throughout your working and retirement years
- Guided Pathways® investment advisory services, to help you determine how much you should save and how you should invest in your ICMA-RC retirement accounts
- Financial plans available at low or even no cost, to help you meet your overall financial goals



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AC: 12306-0411-4726

We're serious about security in retirement.

You can do something today to help you attain a more secure and comfortable financial future. Enroll in the Nationwide Deferred Compensation Plan at work.

Why invest for retirement through your Deferred Compensation Plan?

- Your pension and Social Security income may not be enough
- You can choose your own contribution amount
- Pre-tax contributions help you save more of what you earn
- Take advantage of time — Compounding returns and deferring taxes can help you grow assets over the long term

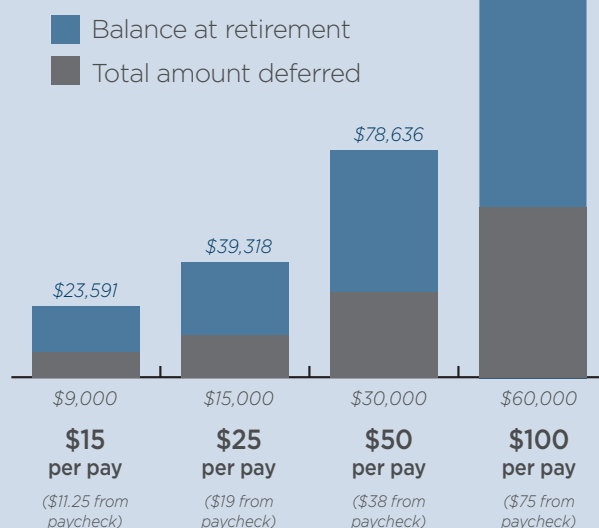
It's easy to get started. Your Nationwide Retirement Specialist can help you enroll and will work with you throughout your career and retirement to help you do more with this opportunity. Enroll today!

Retirement Specialists cannot offer investment, tax or legal advice. You should consult your own counsel before making retirement plan decisions.

NRM-6540AO.1 (01/15)

Take advantage of the power of time

After 25 years:



This hypothetical illustration shows how much different deferral amounts per semi-monthly paycheck for 25 years could accumulate, given an 7% annual rate of return. The grey sections show how much is actually deferred in, and the blue shows how much could be earned on top of those deferrals in that 25-year period.

This example is not a yield projection for any specific investment. If fees, taxes, and expenses were reflected, the return would be less.

Investments involve market risk, including possible loss of principal. Withdrawals are taxed as ordinary income.



Contact your Nationwide Retirement Specialist:
Wilson Heacock
361-887-1978
heacow1@nationwide.com



Contact your home office Retirement Specialist:
Chris Groh
1-888-401-5272
nrsforu@nationwide.com

The Nationwide Group Retirement Series includes unregistered group fixed and variable annuities and trust programs. The unregistered group fixed and variable annuities are issued by Nationwide Life Insurance Company. Trust programs and trust services are offered by Nationwide Trust Company, FSB, a division of Nationwide Bank. Nationwide Investment Services Corporation, member FINRA. Nationwide Mutual Insurance Company and Affiliated Companies, Home Office: Columbus, OH 43215-2220.

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New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
All employees.

Some employees. Eligible employees are:

- With respect to dependents:
We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

Date of change (mm/dd/yyyy):

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

