

East Texas Employee Benefits Cooperative



EMPLOYEE BENEFIT GUIDE

Plan Year September 1, 2013 to August 31, 2014

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Benefit Contact Information

Refer to this list when you need to contact one of your benefit providers. For general information please contact your Benefits Department, Financial Benefit Services or log on to www.etxebc.com

Program	Vendor	Phone Number	Website/Email
Benefit Representatives	Financial Benefit Services Natalie Kirby Nancy Peverelle	(800) 583-6908 (800) 583-6908 ext 232 (214) 422-1193 (800) 583-6908 ext 323	http://www.etxebc.com Nataliek@fbsbenefits.com Nancyp@fbsbenefits.com
Medical Prescription	BlueCross BlueShield of Texas Express Scripts	(866) 355-5999 (800) 922-1557	http://www.bcbstx.com/trs
Dental PPO Radius Network	Cigna Policy# 3335825	(800) 244-6224	http://www.mycigna.com
Vision	Block Vision Policy# 326739	(866) 265-0517	http://www.blockvision.com
Disability	The Hartford File a Claim Policy# 395311	(800) 583-6908 (866) 278-2655	http://www.thehartford.com
Cancer	Loyal American Policy# 1500	(800) 366-8354	http://www.loyalamerican.com
Life and AD&D	Dearborn National Policy# F019112	(800) 583-6908	http://www.dearbornnational.com
Accident	American Public Life Group# 12583	(800) 583-6908	http://www.ampublic.com
Critical Illness	Unum	(800) 583-6908	http://www.unum.com
Permanent Life	Texas Life	(800) 283-9233	http://www.texaslife.com
Identity Theft	ID Watchdog	(800) 237-1521	http://www.idwatchdog.com
COBRA Medical Only Dental and Vision	TRS Active Care BCBS-TX National Benefit Services	(888) 541-7107 (800) 274-0503	http://www.nbsbenefits.com
403(b)/457 Plans	National Benefit Services	(800) 274-0503	http://www.nbsbenefits.com

Important Things To Know

Important Dates to Remember:

Plan Year September 1, 2013 to August 31, 2014



Third Party Benefit Administrator– Financial Benefit Services (FBS) will continue to be your contact for all your benefit needs. Enrollment assistance is available for those self-enrolling. Please call Financial Benefit Services at 800-583-6908 between 8:00 am—5:00 pm to speak with a representative.

Online Benefit Access: www.etxebc.com You have access to benefit information 24/7 on the employee benefit website provided. You can review and print the consolidated benefit guide, download claim forms, plan summaries, and access links to carrier websites and provider searches.

Dental PPO Insurance offered through Cigna— Largest PPO Network Nationwide. Preventative Care covered at 100%, Basic Care covered at 80%, Major, Orthodontia, and Implants covered at 50%. Calendar Year Maximum \$1,500 for 1st year, and \$100.00 increase toward the Calendar Year Maximum each year following provided that that Preventative Services are utilized each plan year.

Vision Insurance offered through Block Vision—Members pay a co-pay for in-network benefits, \$10 co-pay for exam benefits, and a \$25 co-pay for material costs. Out-of-network Vision Services are reimbursed up to a certain dollar amount.

Insurance Products also including:

Long-Term Disability Insurance
Voluntary Term Life Insurance

Group Cancer Insurance
Group Accident Insurance

Critical Illness Insurance
Identity Theft Protection

Online Benefit Enrollment

To Enroll Online, Please Visit www.etxebc.com



ETX EBC Co-Op
Employee Benefits Portal



THEbenefitsHUB

Delivering Instant Access to Your Employee Benefits

Login

Your Username Is:

The first Six (6) characters of your last name, followed by the first letter of your first name, followed by the last Four (4) digits of your Social Security Number.

Your Password Is:

Last Name (Excluding punctuation) followed by the last four (4) digits of your Social Security Number.

Login

Username

Password

[Forgot Username or Password?](#)

Supported Browsers

Google Chrome
Microsoft Internet Explorer (7.0 or Later)
Mozilla Firefox (3.5 or Later)

Benefit Enrollment Information and Changing Your Coverage

Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change or continue benefit elections each year. **Changes are not permitted during the plan year unless a Section 125 qualifying event occurs.** It is recommended that you keep this booklet after enrollment is complete for future reference.



- > The Annual Enrollment process will be “passive” meaning you do not have to re-enroll unless you have changes.
- > **Changes, additions or drops may be made only during the annual enrollment period without a qualifying event.**
- > Employees must review their personal information and verify that the dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- > Employees must confirm on **each benefit screen** (dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit.
- > **Supplemental insurance requires eligible employees to work a minimum of 15 hours per week, unless additional eligibility requirements are allowed by your employer.**

New Hire Enrollment

All new hire enrollment elections must be completed via the online enrollment system within the first 31 days of employment. Failure to complete elections during this time frame will result in the forfeiture of coverage until September 1, 2014.



Section 125 Cafeteria Plan Guidelines

A Cafeteria plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Benefit elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year. Participation in a Section 125 is automatic unless you elected not to receive benefits.

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefits Department within 31 days of your qualifying event and meet with your Benefits Department Representative to complete and sign the necessary paperwork in order to initiate a benefits election change. Benefit changes must be consistent with the qualifying event.

Changes In Status (CIS):

Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
Gain or Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
Judgment/Decree/Order	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Eligibility for Government Programs	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

EMPLOYEE GUIDE TO ENROLL IN BENEFITS WITH THEbenefitsHUB

With THEbenefitsHUB, you have access to benefits 24 hours a day, 7 days a week, from anywhere that you have Internet access.

Logging In

THEbenefitsHUB will guide you through the simple enrollment process page by page.

Employee Usage Agreement:

This agreement is displayed when you login to the system as an employee. Please read this section to ensure that you understand the terms of your “electronic signature” within THEbenefitsHUB. When you agree with this information, click the **Continue** button.

- **Change Password:** Update your password following your organization’s password policy. Once your new password has been set, click the **Save & Continue** button.

Demographic Information

The **Employee Data Entry** process requires you to enter demographic information. Please review current information for accuracy. Enter in any new or missing information and click on the **Save & Continue** button when you are ready to proceed to the next step.

*Please Note: All fields in **BOLD** are required.*

- **Personal Information:** Please enter an email address if you have one. If you need to use the Forgot Password link on the Login page, the system will deliver your new login credentials to this email address.
- **Emergency Information:** Enter an emergency contact and the contact method.
- **Dependent Information:** To add a dependent, click on the **+** icon. To edit an existing dependent, click on the  icon or the name of the dependent. Click on the **Save** button after successfully adding information for each dependent. *Please make sure to indicate if your child is a full-time student and/or claimed on your tax return as this could affect eligibility on some benefit plans.*
- To revisit any of the sections mentioned select the **Back** button to return to the previous section.

Benefits Enrollment

Once all personal and dependent data has been entered, you will have access to enroll online in the benefits for which you are eligible. Each **benefit plan type** will appear individually for you to review. Select the **Sign & Continue** button for to proceed to the next benefit plan type.

- **View Benefit Descriptions:** To view, click on the [View Plan Outline of Benefit](#) link or the  next to the name of the plan you would like to review. This shows a plan summary and any available links or additional documentation related to this plan.
- **View Plan Cost:** Click on the checkbox next to each eligible family member or choose the coverage level you would like. The cost will automatically appear in the box to the right of the members’ names. The “Election Summary” box will be updated as coverage is adjustments.
- **View Total Plan Cost:** As you select plans, the cost will be adjusted in the “Election Summary” box under the plans.
- **Forms:** *One or more of your Benefit Plans may require a paper form to be submitted with the Insurance Carrier.* If this is the case, THEbenefitsHUB will prompt you to print the necessary forms during your online enrollment session.
- **View Important Plan Information:** Your benefits administrator will spotlight the importance of specific features of the plan or add any disclaimers that may be necessary to include in the Plan Information section. You may expand/collapse this information by clicking on the “Plan Information” section.
- **Product Summary Video:** Videos are placed throughout the benefit election process. You can access product videos that explain the purpose, function and importance of the benefit package by clicking on the  con.

Beneficiary Information

Beneficiaries are required; please choose your beneficiary *for each* applicable plan.

Consolidated Enrollment Form

Consolidated Enrollment Form:

This form will display all data from each of the sections listed above, including personal and enrollment information. You may make changes to anything that is incorrect by clicking on the [Benefit Plan](#) name. Once you are finished with the enrollment process, you will be sent to the “Employee Menu” where you may make changes. (See *Employee Menu section*)

When you have completed your benefit selections, click the  button and you will be redirected to the Employee Menu screen.

Employee Menu

Once the enrollment is completed in the system, you will see the following Employee Menu icons:



Personal Information: Access and edit information by selecting the menu items under [Personal Information](#). You can also change your [Password](#) in this section.



Dependent Information: Access and edit information for **Dependents** in this section. *Make sure the HR Department knows of any changes made as this may change eligibility status or give an opportunity to change enrollment in certain benefits!*



Benefit Plan Information: Access and view benefits in this section. You will not be able to change benefit elections unless it is an open enrollment period for your company. See a **quick review** of all information on the [Consolidated Enrollment Form](#).

Navigation and Data Entry Tips...

Below are tips to help you familiarize with the **THEbenefitsHUB**:

- **HELP?** If you need assistance during the enrollment process, select [HELP](#) located at the upper right corner of the screen.
- **BACK & FORTH:** Please do not use the web browser’s “back” or “forward” arrows while in the system. Use the navigation buttons in the **THEbenefitsHUB** instead:  
- **REQUIRED DATA:** As noted on each screen, the **BOLD** items are required to allow continuation to the next page. The more information entered, the better the system will work for you; but you may skip non-bolded items if they don’t apply.
- **MOVING ON:** When each election page is complete, go to the bottom of the page and select the  button.
- **UNABLE TO FINISH?** If for any reason you are unable to complete the enrollment process you may [LOGOUT](#) and login at a later time. When you login again, you will walk through the same process. The data previously entered will be stored.
- **WHAT ARE THOSE SYMBOLS?** If you “toggle” the cursor/arrow on the icons, the definition of the icons will be revealed.
 = Edit  = View
- **LINKS...** [words, names or phrases with your organization’s primary color that becomes underlined](#) when you put your cursor/arrow on them, these are links that will take you to a certain section.
- **SCREEN NAVIGATOR:** This line is at the top of your screen. You may click on the links to quickly jump back to those previous screens.

CIGNA Dental Benefit Summary

ETX Coop Group #3335825

Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That's why this dental plan includes **CIGNA Dental WellnessPlusSM** features. When you or your family members receive any preventive care in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature.

Benefits

CIGNA Dental PPO

Network	In-Network		Out-of-Network	
	CIGNA DPPO -Radius		CIGNA Savings -Radius	
Calendar Year Maximum (Class I, II and III expenses)	Year 1: \$1,500		Year 1: \$1,500	
	Year 2: \$1,600#		Year 2: \$1,600#	
	Year 3 and beyond: \$1,700+		Year 3 and beyond: \$1,700+	
Annual Deductible				
Individual	\$50 per person		\$50 per person	
Family	\$150 per family		\$150 per family	
Reimbursement Levels**	Based on Reduced Contracted Fees		90th percentile of Reasonable and Customary Allowances	
	Plan Pays	You Pay	Plan Pays	You Pay
Class I - Preventive & Diagnostic Care	100%	No Charge	100%	No Charge
Oral Exams Routine Cleanings Bitewing X-rays Emergency Care to Relieve Pain Fluoride Application Sealants Space Maintainers				
Class II - Basic Restorative Care	80%*	20%*	80%*	20%*
Fillings Full Mouth X-rays Panoramic X-ray Periapical X-rays Brush Biopsies Oral Surgery – Simple Extractions				
Class III - Major Restorative Care	50%*	50%*	50%*	50%*
Crowns Root Canal Therapy/Endodontics Osseous Surgery Periodontal Scaling and Root Planing Surgical Extractions of Impacted Teeth Oral Surgery - all except simple extractions Anesthetics Histopathologic Exams Denture Repairs Denture Relines, Rebases and Adjustments Repairs to Bridges, Crowns and Inlays Dentures Bridges Inlays/Onlays Prosthesis Over Implant				
Class IV - Orthodontia	50%	50%	50%	50%
Lifetime Maximum	\$1,000 Dependent children to age 26		\$1,000 Dependent children to age 26	
Class IX - Implants	50%	50%	50%	50%
Deductible	Subject to plan deductible		Subject to plan deductible	
Annual Maximum	Subject to plan annual maximum		Subject to plan annual maximum	

Important Notes

Student/Dependent Age Limit to Age 26

Monthly Rates

EE Only	\$24.00	EE + Child(ren)	\$66.00
EE + Spouse	\$51.00	EE + Family	\$90.00

Dental Network Savings Program (DNSP): Using an out-of-network dental health care professional will cost you more than using in-network care. You may be able to save some money on out-of-pocket expenses if you use a dental health care professional that participates in CIGNA's Dental Network Savings Program.

Missing Tooth Limitation – The amount payable is 50% of the amount otherwise payable until insured for 12 months; thereafter, considered a Class III expense.

Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

* Subject to annual deductible

Dental Oral Health Integration Program (OHIP) - All dental customers = Clinical research shows an association between oral health and overall health. The CIGNA Dental Oral Health Integration Program (OHIP)® is designed to provide enhanced dental coverage for customers with certain eligible medical conditions. Eligible conditions for the program include cardiovascular disease, cerebrovascular disease (stroke), diabetes, maternity, chronic kidney disease, organ transplants, and head and neck cancer radiation. The program provides:

- 100% coverage for certain dental procedures
- guidance on behavioral issues related to oral health
- discounts on prescription and non-prescription dental products

For more information and to see the complete list of eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.

**For services provided by a CIGNA Dental PPO network dentist, CIGNA Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, CIGNA Dental will reimburse according to Reasonable and Customary Allowances but the dentist may balance bill up to their usual fees.

Increase contingent upon receiving Preventive Services in Plan Year 1

+ Increase contingent upon receiving Preventive Services in Plan Years 1 and 2

CIGNA Dental PPO Exclusions and Limitations

Procedure	Exclusions and Limitations
Late Entrants Limit	50% coverage on Class III and IV for 12 months
Exams	Two per Calendar year
Prophylaxis (Cleanings)	Two per Calendar year
Fluoride	1 per Calendar year for people under 19
Histopathologic Exams	Various limits per Calendar year depending on specific test
X-Rays (routine)	Bitewings: 2 per Calendar year
X-Rays (non-routine)	Full mouth: 1 every 36 consecutive months., Panorex: 1 every 36 consecutive months
Model	Payable only when in conjunction with Ortho workup and extensive Perio treatment
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns and Inlays	Replacement every 5 years
Bridges	Replacement every 5 years
Dentures and Partial	Replacement every 5 years
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once
Repairs - Dentures	Reviewed if more than once
Sealants	Limited to posterior tooth. One treatment per tooth every three years
Space Maintainers	Limited to non-Orthodontic treatment
Prosthesis Over Implant	1 per 60 consecutive months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges
Alternate Benefit	When more than one covered Dental Service could provide suitable treatment based on common dental standards, CIGNA HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses

Benefit Exclusions:

- Services performed primarily for cosmetic reasons
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture within five years following the date of its original installation
- Replacement of a bridge or denture which can be made useable according to accepted dental standards
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- Bite registrations; precision or semi-precision attachments; splinting
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Services that are deemed to be medical services
- Services and supplies received from a hospital
- Charges which the person is not legally required to pay
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit
- Any sickness covered under any workers' compensation or similar law
- Charges in excess of the reasonable and customary allowances
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. CIGNA HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.



**BLOCK VISION OF TEXAS, INC.
BENEFIT ILLUSTRATION
EAST TEXAS EMPLOYEE BENEFITS COOPERATIVE**

*Platinum \$130 VISION PLAN with Lasik
\$10 Exam/\$25 Eyewear Copayments Full Service – Illustration*

<u>Service / Material</u>	<u>Participating Provider</u>	<u>Non-Participating Provider</u>
Vision Examination:	Paid in full*	Up to: \$40.00 Retail Value*
Frame:	Up to: \$130.00 Retail Value*	Up to: \$45.00 Retail Value*
Lenses: (Clear, Standard, Glass or Plastic includes scratch resistant and polycarbonate lenses)		
Single Vision (per pair)	Paid in full*	Up to: \$40.00 Retail Value*
Bifocal (per pair)	Paid in full*	Up to: \$60.00 Retail Value*
Trifocal (per pair)	Paid in full*	Up to: \$80.00 Retail Value*
Progressives (per pair)	Paid in full*	Up to: \$75.00 Retail Value*
Lenticular (per pair)	Paid in full*	Up to: \$80.00 Retail Value*
Scratch Coating (per pair)	Paid in full*	Up to: \$25.00 Retail Value*
Polycarbonate (per pair)	Paid in full*	Up to: \$20.00 Retail Value*
Contact Lenses:**		
Elective	Up to \$150.00*	Up to: \$150.00 Retail Value*
Medically Required	Paid in full*	Up to: \$210.00 Retail Value*

Laser Vision Correction: \$200.00 allowance (in or out of network)
(Laser Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations)

* After applicable copayment listed above are fulfilled.
 ** Contact lenses and related professional services (fitting, evaluation and follow-up) are covered *in lieu of* eyeglasses.
 Coverage to include all contact lens types (i.e. standard daily wear, extended wear, disposable, toric, gas permeable, and bifocal).

Frequency:

Vision Examination	Once Each 12 Months
Frame	Once Each 12 Months
Lenses	Once Each 12 Months
Contact Lenses	Once Each 12 Months

Rates:

<u>Voluntary Participation</u>	<u>Monthly</u>
Employee	\$ 7.40
Employee + Spouse	\$15.40
Employee + Child(ren)	\$16.00
Family	\$20.50

Non-Covered Eyewear Discount: Members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses and lens "extras" such as tints and coatings. Eyewear purchased from a Wal-Mart Vision Center does not qualify for this additional discount because of Wal-Mart's "Always Low Prices" policy.

WE FOCUS ON YOU SO YOU CAN FOCUS ON LIFE



**FOR MORE INFORMATION PLEASE CONTACT US TOLL-FREE AT
(866) 265-0517 OR VISIT OUR WEBSITE AT www.blockvision.com**

LONG TERM DISABILITY



Benefit Highlights for:

East Texas Employee Benefits Cooperative

<p>What is Long-Term Disability Insurance?</p>	<p>Long-Term Disability Insurance pays you a portion of your earnings if you cannot work because of a disabling illness or injury. You have the opportunity to purchase Long-Term Disability Insurance through your employer.</p> <p>This highlight sheet is an overview of your Long-Term Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p>
<p>Why do I need Long-Term Disability Coverage?</p>	<p>Most accidents and injuries that keep people off the job happen outside the workplace and therefore are not covered by worker's compensation. When you consider that nearly three in 10 workers entering the workforce today will become disabled before retiring¹, it's protection you won't want to be without.</p> <p>¹ Social Security Administration, Fact Sheet 2009.</p>
<p>What is disability?</p>	<p>Disability is defined in The Hartford's* contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings.</p> <p>Once you have been disabled for 24 months, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are 66 2/3% or less of your pre-disability earnings.</p>
<p>Am I eligible?</p>	<p>You are eligible if you are an active employee who works at least 15 hours per week on a regularly scheduled basis.</p>
<p>How much coverage would I have?</p>	<p>You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$7,500 that cannot exceed 66 2/3% of your current monthly earnings. Your plan includes a minimum benefit of 25% of your elected benefit.</p> <p>Earnings are defined in The Hartford's contract with your employer.</p>
<p>When can I enroll?</p>	<p>If you choose not to elect coverage during your annual enrollment period, you will not be eligible to elect coverage until the next annual enrollment period without a qualifying change in family status.</p>
<p>When is it effective?</p>	<p>Coverage goes into effect subject to the terms and conditions of the policy. In no case will newly elected benefits become effective sooner than September 1, 2012. You must satisfy the definition of Actively at Work with your employer on the day your coverage takes effect.</p>
<p>What is does "Actively at Work" mean?</p>	<p>You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.</p>

<p>How long do I have to wait before I can receive my benefit?</p>	<p>You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a Long-Term Disability benefit payment.</p> <p>For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of disability.</p>																		
<p>What is an elimination period?</p>	<p>The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.</p>																		
<p>I already have Disability coverage; do I have to do anything?</p>	<p>If you are not changing the amount of your coverage or your elimination period option, you do not have to do anything. If you want to purchase Long-Term Disability insurance for the first time or change your coverage, please be sure to complete the enrollment form, which indicates your election, and return the signed form to your employer.</p>																		
<p>What other benefits are included in my disability coverage?</p>	<ul style="list-style-type: none"> • Workplace Modification provides for reasonable modifications made to a workplace to accommodate your disability and allow you to return to active full-time employment. • Survivor Benefit - If you die while receiving disability benefits, a benefit will be paid to your spouse, child or estate equal to three times the last monthly gross benefit. • The Hartford's Ability Assist service is included as a part of your group Long Term Disability (LTD) insurance program. You have access to Ability Assist services both prior to a disability and after you've been approved for an LTD claim and are receiving LTD benefits. Once you are covered you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more. In addition, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial and legal issues that may result from a disability. Ability Assist services are provided through ComPsych®, a leading provider of employee assistance and work/life services. • Travel Assistance Program – Available 24/7, this program provides assistance to employees and their dependents who travel 100 miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services. • Identity Theft Protection – An array of identity fraud support services to help victims restore their identity. Benefits include 24/7 access to an 800 number; direct contact with a certified caseworker who follows the case until it's resolved; and a personalized fraud resolution kit with instructions and resources for ID theft victims. 																		
<p>How long will my disability payments continue? Can the duration of my benefit be reduced?</p>	<p>Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the schedule selected and the age at which disability occurs, the maximum duration may vary. Please see the applicable schedules below based on your election of either the Premium or Select benefit option.</p>																		
<p>How long will my disability benefits continue if I elect the Premium benefit option?</p>	<p>Premium Option: For the Premium benefit option – the table below applies to disabilities resulting from sickness or injury:</p> <table border="1" data-bbox="560 1654 1425 1913"> <thead> <tr> <th>Age Disabled</th> <th>Benefits Payable</th> </tr> </thead> <tbody> <tr> <td>Prior to Age 63</td> <td>To Normal Retirement Age or 48 months if greater</td> </tr> <tr> <td>Age 63</td> <td>To Normal Retirement Age or 42 months if greater</td> </tr> <tr> <td>Age 64</td> <td>36 months</td> </tr> <tr> <td>Age 65</td> <td>30 months</td> </tr> <tr> <td>Age 66</td> <td>27 months</td> </tr> <tr> <td>Age 67</td> <td>24 months</td> </tr> <tr> <td>Age 68</td> <td>21 months</td> </tr> <tr> <td>Age 69 and older</td> <td>18 months</td> </tr> </tbody> </table>	Age Disabled	Benefits Payable	Prior to Age 63	To Normal Retirement Age or 48 months if greater	Age 63	To Normal Retirement Age or 42 months if greater	Age 64	36 months	Age 65	30 months	Age 66	27 months	Age 67	24 months	Age 68	21 months	Age 69 and older	18 months
Age Disabled	Benefits Payable																		
Prior to Age 63	To Normal Retirement Age or 48 months if greater																		
Age 63	To Normal Retirement Age or 42 months if greater																		
Age 64	36 months																		
Age 65	30 months																		
Age 66	27 months																		
Age 67	24 months																		
Age 68	21 months																		
Age 69 and older	18 months																		

How long will my disability benefits continue if I elect the Select benefit option?

Select Option: For the **Select** benefit option – see the tables below for the applicable benefit duration based on whether your disability is a result of **injury** or **sickness**.

Schedule for disability caused by injury:

Age Disabled	Benefits Payable
Prior to Age 63	To Normal Retirement Age or 48 months if greater
Age 63	To Normal Retirement Age or 42 months if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and older	18 months

Schedule for disability caused by sickness:

Age Disabled	Benefits Payable
Prior to Age 65	3 Years
Age 65 to 69	To Age 70, but not less than one year
Age 69 and older	1 Year

Important Details

Exclusions: You cannot receive Disability benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- Military service for any country engaged in war or other armed conflict
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability
- You must be under the regular care of a physician to receive benefits.

Mental Illness, Alcoholism and Substance Abuse:

- You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime.
- Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 month lifetime limit.

Pre-existing Conditions: Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have not received treatment for the disabling condition within 3 months, while insured under this policy, before the disability begins, or You have been insured under this policy for 12 months before your disability begins. You may also be covered if you have already satisfied the pre-existing condition requirement of your previous insurer.

Your benefit payments **may be reduced** by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance (please see next section for exceptions)
- Workers' Compensation
- Other employer-based Insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan.)

Your benefit payments **will not be reduced** by certain kinds of other income, such as:

- Retirement benefits if you were already receiving them before you became disabled
- Retirement benefits that are funded by your after-tax contributions
- The portion of your Long -Term Disability payment that you place in an IRS-approved account to fund your future retirement.
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

East Texas Employee Benefits Cooperative

Premium Option Plan A- Monthly Premium Cost

(based on 12 payments per year)

Annual Earnings	Monthly Earnings	Monthly Benefit	Accident / Sickness Elimination Period in Days					
			0 / 7	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
\$3,600	\$300	\$200	7.62	6.08	4.82	3.52	3.44	2.72
\$5,400	\$450	\$300	11.43	9.12	7.23	5.28	5.16	4.08
\$7,200	\$600	\$400	15.24	12.16	9.64	7.04	6.88	5.44
\$9,000	\$750	\$500	19.05	15.20	12.05	8.80	8.60	6.80
\$10,800	\$900	\$600	22.86	18.24	14.46	10.56	10.32	8.16
\$12,600	\$1,050	\$700	26.67	21.28	16.87	12.32	12.04	9.52
\$14,400	\$1,200	\$800	30.48	24.32	19.28	14.08	13.76	10.88
\$16,200	\$1,350	\$900	34.29	27.36	21.69	15.84	15.48	12.24
\$18,000	\$1,500	\$1,000	38.10	30.40	24.10	17.60	17.20	13.60
\$19,800	\$1,650	\$1,100	41.91	33.44	26.51	19.36	18.92	14.96
\$21,600	\$1,800	\$1,200	45.72	36.48	28.92	21.12	20.64	16.32
\$23,400	\$1,950	\$1,300	49.53	39.52	31.33	22.88	22.36	17.68
\$25,200	\$2,100	\$1,400	53.34	42.56	33.74	24.64	24.08	19.04
\$27,000	\$2,250	\$1,500	57.15	45.60	36.15	26.40	25.80	20.40
\$28,800	\$2,400	\$1,600	60.96	48.64	38.56	28.16	27.52	21.76
\$30,600	\$2,550	\$1,700	64.77	51.68	40.97	29.92	29.24	23.12
\$32,400	\$2,700	\$1,800	68.58	54.72	43.38	31.68	30.96	24.48
\$34,200	\$2,850	\$1,900	72.39	57.76	45.79	33.44	32.68	25.84
\$36,000	\$3,000	\$2,000	76.20	60.80	48.20	35.20	34.40	27.20
\$37,800	\$3,150	\$2,100	80.01	63.84	50.61	36.96	36.12	28.56
\$39,600	\$3,300	\$2,200	83.82	66.88	53.02	38.72	37.84	29.92
\$41,400	\$3,450	\$2,300	87.63	69.92	55.43	40.48	39.56	31.28
\$43,200	\$3,600	\$2,400	91.44	72.96	57.84	42.24	41.28	32.64
\$45,000	\$3,750	\$2,500	95.25	76.00	60.25	44.00	43.00	34.00
\$46,800	\$3,900	\$2,600	99.06	79.04	62.66	45.76	44.72	35.36
\$48,600	\$4,050	\$2,700	102.87	82.08	65.07	47.52	46.44	36.72
\$50,400	\$4,200	\$2,800	106.68	85.12	67.48	49.28	48.16	38.08
\$52,200	\$4,350	\$2,900	110.49	88.16	69.89	51.04	49.88	39.44
\$54,000	\$4,500	\$3,000	114.30	91.20	72.30	52.80	51.60	40.80
\$55,800	\$4,650	\$3,100	118.11	94.24	74.71	54.56	53.32	42.16
\$57,600	\$4,800	\$3,200	121.92	97.28	77.12	56.32	55.04	43.52
\$59,400	\$4,950	\$3,300	125.73	100.32	79.53	58.08	56.76	44.88
\$61,200	\$5,100	\$3,400	129.54	103.36	81.94	59.84	58.48	46.24
\$63,000	\$5,250	\$3,500	133.35	106.40	84.35	61.60	60.20	47.60
\$64,800	\$5,400	\$3,600	137.16	109.44	86.76	63.36	61.92	48.96
\$66,600	\$5,550	\$3,700	140.97	112.48	89.17	65.12	63.64	50.32
\$68,400	\$5,700	\$3,800	144.78	115.52	91.58	66.88	65.36	51.68
\$70,200	\$5,850	\$3,900	148.59	118.56	93.99	68.64	67.08	53.04
\$72,000	\$6,000	\$4,000	152.40	121.60	96.40	70.40	68.80	54.40
\$73,800	\$6,150	\$4,100	156.21	124.64	98.81	72.16	70.52	55.76
\$75,600	\$6,300	\$4,200	160.02	127.68	101.22	73.92	72.24	57.12
\$77,400	\$6,450	\$4,300	163.83	130.72	103.63	75.68	73.96	58.48
\$79,200	\$6,600	\$4,400	167.64	133.76	106.04	77.44	75.68	59.84
\$81,000	\$6,750	\$4,500	171.45	136.80	108.45	79.20	77.40	61.20
\$82,800	\$6,900	\$4,600	175.26	139.84	110.86	80.96	79.12	62.56
\$84,600	\$7,050	\$4,700	179.07	142.88	113.27	82.72	80.84	63.92
\$86,400	\$7,200	\$4,800	182.88	145.92	115.68	84.48	82.56	65.28
\$88,200	\$7,350	\$4,900	186.69	148.96	118.09	86.24	84.28	66.64
\$90,000	\$7,500	\$5,000	190.50	152.00	120.50	88.00	86.00	68.00
\$91,800	\$7,650	\$5,100	194.31	155.04	122.91	89.76	87.72	69.36
\$93,600	\$7,800	\$5,200	198.12	158.08	125.32	91.52	89.44	70.72
\$95,400	\$7,950	\$5,300	201.93	161.12	127.73	93.28	91.16	72.08
\$97,200	\$8,100	\$5,400	205.74	164.16	130.14	95.04	92.88	73.44
\$99,000	\$8,250	\$5,500	209.55	167.20	132.55	96.80	94.60	74.80
\$100,800	\$8,400	\$5,600	213.36	170.24	134.96	98.56	96.32	76.16
\$102,600	\$8,550	\$5,700	217.17	173.28	137.37	100.32	98.04	77.52
\$104,400	\$8,700	\$5,800	220.98	176.32	139.78	102.08	99.76	78.88
\$106,200	\$8,850	\$5,900	224.79	179.36	142.19	103.84	101.48	80.24
\$108,000	\$9,000	\$6,000	228.60	182.40	144.60	105.60	103.20	81.60
\$109,800	\$9,150	\$6,100	232.41	185.44	147.01	107.36	104.92	82.96
\$111,600	\$9,300	\$6,200	236.22	188.48	149.42	109.12	106.64	84.32
\$113,400	\$9,450	\$6,300	240.03	191.52	151.83	110.88	108.36	85.68
\$115,200	\$9,600	\$6,400	243.84	194.56	154.24	112.64	110.08	87.04
\$117,000	\$9,750	\$6,500	247.65	197.60	156.65	114.40	111.80	88.40
\$118,800	\$9,900	\$6,600	251.46	200.64	159.06	116.16	113.52	89.76
\$120,600	\$10,050	\$6,700	255.27	203.68	161.47	117.92	115.24	91.12
\$122,400	\$10,200	\$6,800	259.08	206.72	163.88	119.68	116.96	92.48
\$124,200	\$10,350	\$6,900	262.89	209.76	166.29	121.44	118.68	93.84
\$126,000	\$10,500	\$7,000	266.70	212.80	168.70	123.20	120.40	95.20
\$127,800	\$10,650	\$7,100	270.51	215.84	171.11	124.96	122.12	96.56
\$129,600	\$10,800	\$7,200	274.32	218.88	173.52	126.72	123.84	97.92
\$131,400	\$10,950	\$7,300	278.13	221.92	175.93	128.48	125.56	99.28
\$133,200	\$11,100	\$7,400	281.94	224.96	178.34	130.24	127.28	100.64
\$135,000	\$11,250	\$7,500	285.75	228.00	180.75	132.00	129.00	102.00

East Texas Employee Benefits Cooperative

Select Option Plan B – Monthly Premium Cost (based on 12 payments per year)

Annual Earnings	Monthly Earnings	Monthly Benefit	Accident / Sickness Elimination Period in Days					
			0 / 7	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
\$3,600	\$300	\$200	6.08	4.66	3.48	1.82	1.78	1.40
\$5,400	\$450	\$300	9.12	6.99	5.22	2.73	2.67	2.10
\$7,200	\$600	\$400	12.16	9.32	6.96	3.64	3.56	2.80
\$9,000	\$750	\$500	15.20	11.65	8.70	4.55	4.45	3.50
\$10,800	\$900	\$600	18.24	13.98	10.44	5.46	5.34	4.20
\$12,600	\$1,050	\$700	21.28	16.31	12.18	6.37	6.23	4.90
\$14,400	\$1,200	\$800	24.32	18.64	13.92	7.28	7.12	5.60
\$16,200	\$1,350	\$900	27.36	20.97	15.66	8.19	8.01	6.30
\$18,000	\$1,500	\$1,000	30.40	23.30	17.40	9.10	8.90	7.00
\$19,800	\$1,650	\$1,100	33.44	25.63	19.14	10.01	9.79	7.70
\$21,600	\$1,800	\$1,200	36.48	27.96	20.88	10.92	10.68	8.40
\$23,400	\$1,950	\$1,300	39.52	30.29	22.62	11.83	11.57	9.10
\$25,200	\$2,100	\$1,400	42.56	32.62	24.36	12.74	12.46	9.80
\$27,000	\$2,250	\$1,500	45.60	34.95	26.10	13.65	13.35	10.50
\$28,800	\$2,400	\$1,600	48.64	37.28	27.84	14.56	14.24	11.20
\$30,600	\$2,550	\$1,700	51.68	39.61	29.58	15.47	15.13	11.90
\$32,400	\$2,700	\$1,800	54.72	41.94	31.32	16.38	16.02	12.60
\$34,200	\$2,850	\$1,900	57.76	44.27	33.06	17.29	16.91	13.30
\$36,000	\$3,000	\$2,000	60.80	46.60	34.80	18.20	17.80	14.00
\$37,800	\$3,150	\$2,100	63.84	48.93	36.54	19.11	18.69	14.70
\$39,600	\$3,300	\$2,200	66.88	51.26	38.28	20.02	19.58	15.40
\$41,400	\$3,450	\$2,300	69.92	53.59	40.02	20.93	20.47	16.10
\$43,200	\$3,600	\$2,400	72.96	55.92	41.76	21.84	21.36	16.80
\$45,000	\$3,750	\$2,500	76.00	58.25	43.50	22.75	22.25	17.50
\$46,800	\$3,900	\$2,600	79.04	60.58	45.24	23.66	23.14	18.20
\$48,600	\$4,050	\$2,700	82.08	62.91	46.98	24.57	24.03	18.90
\$50,400	\$4,200	\$2,800	85.12	65.24	48.72	25.48	24.92	19.60
\$52,200	\$4,350	\$2,900	88.16	67.57	50.46	26.39	25.81	20.30
\$54,000	\$4,500	\$3,000	91.20	69.90	52.20	27.30	26.70	21.00
\$55,800	\$4,650	\$3,100	94.24	72.23	53.94	28.21	27.59	21.70
\$57,600	\$4,800	\$3,200	97.28	74.56	55.68	29.12	28.48	22.40
\$59,400	\$4,950	\$3,300	100.32	76.89	57.42	30.03	29.37	23.10
\$61,200	\$5,100	\$3,400	103.36	79.22	59.16	30.94	30.26	23.80
\$63,000	\$5,250	\$3,500	106.40	81.55	60.90	31.85	31.15	24.50
\$64,800	\$5,400	\$3,600	109.44	83.88	62.64	32.76	32.04	25.20
\$66,600	\$5,550	\$3,700	112.48	86.21	64.38	33.67	32.93	25.90
\$68,400	\$5,700	\$3,800	115.52	88.54	66.12	34.58	33.82	26.60
\$70,200	\$5,850	\$3,900	118.56	90.87	67.86	35.49	34.71	27.30
\$72,000	\$6,000	\$4,000	121.60	93.20	69.60	36.40	35.60	28.00
\$73,800	\$6,150	\$4,100	124.64	95.53	71.34	37.31	36.49	28.70
\$75,600	\$6,300	\$4,200	127.68	97.86	73.08	38.22	37.38	29.40
\$77,400	\$6,450	\$4,300	130.72	100.19	74.82	39.13	38.27	30.10
\$79,200	\$6,600	\$4,400	133.76	102.52	76.56	40.04	39.16	30.80
\$81,000	\$6,750	\$4,500	136.80	104.85	78.30	40.95	40.05	31.50
\$82,800	\$6,900	\$4,600	139.84	107.18	80.04	41.86	40.94	32.20
\$84,600	\$7,050	\$4,700	142.88	109.51	81.78	42.77	41.83	32.90
\$86,400	\$7,200	\$4,800	145.92	111.84	83.52	43.68	42.72	33.60
\$88,200	\$7,350	\$4,900	148.96	114.17	85.26	44.59	43.61	34.30
\$90,000	\$7,500	\$5,000	152.00	116.50	87.00	45.50	44.50	35.00
\$91,800	\$7,650	\$5,100	155.04	118.83	88.74	46.41	45.39	35.70
\$93,600	\$7,800	\$5,200	158.08	121.16	90.48	47.32	46.28	36.40
\$95,400	\$7,950	\$5,300	161.12	123.49	92.22	48.23	47.17	37.10
\$97,200	\$8,100	\$5,400	164.16	125.82	93.96	49.14	48.06	37.80
\$99,000	\$8,250	\$5,500	167.20	128.15	95.70	50.05	48.95	38.50
\$100,800	\$8,400	\$5,600	170.24	130.48	97.44	50.96	49.84	39.20
\$102,600	\$8,550	\$5,700	173.28	132.81	99.18	51.87	50.73	39.90
\$104,400	\$8,700	\$5,800	176.32	135.14	100.92	52.78	51.62	40.60
\$106,200	\$8,850	\$5,900	179.36	137.47	102.66	53.69	52.51	41.30
\$108,000	\$9,000	\$6,000	182.40	139.80	104.40	54.60	53.40	42.00
\$109,800	\$9,150	\$6,100	185.44	142.13	106.14	55.51	54.29	42.70
\$111,600	\$9,300	\$6,200	188.48	144.46	107.88	56.42	55.18	43.40
\$113,400	\$9,450	\$6,300	191.52	146.79	109.62	57.33	56.07	44.10
\$115,200	\$9,600	\$6,400	194.56	149.12	111.36	58.24	56.96	44.80
\$117,000	\$9,750	\$6,500	197.60	151.45	113.10	59.15	57.85	45.50
\$118,800	\$9,900	\$6,600	200.64	153.78	114.84	60.06	58.74	46.20
\$120,600	\$10,050	\$6,700	203.68	156.11	116.58	60.97	59.63	46.90
\$122,400	\$10,200	\$6,800	206.72	158.44	118.32	61.88	60.52	47.60
\$124,200	\$10,350	\$6,900	209.76	160.77	120.06	62.79	61.41	48.30
\$126,000	\$10,500	\$7,000	212.80	163.10	121.80	63.70	62.30	49.00
\$127,800	\$10,650	\$7,100	215.84	165.43	123.54	64.61	63.19	49.70
\$129,600	\$10,800	\$7,200	218.88	167.76	125.28	65.52	64.08	50.40
\$131,400	\$10,950	\$7,300	221.92	170.09	127.02	66.43	64.97	51.10
\$133,200	\$11,100	\$7,400	224.96	172.42	128.76	67.34	65.86	51.80
\$135,000	\$11,250	\$7,500	228.00	174.75	130.50	68.25	66.75	52.50

A New Dimension in Supplemental Cancer Insurance



Administrative Office:
P.O. Box 1604 • Duncan, OK 73534-1604
Toll Free: 1-800-366-8354

National Marketing Office - Worksite:
P.O. Box 10190 • Kansas City, MO 64171
Toll Free: 1-877-523-0176

A Promise

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

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

LG-6040-AD (08/10)

BASE POLICY BENEFITS

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

- 1. POSITIVE DIAGNOSIS BENEFIT.** We will pay the Actual Charge but not to exceed **\$300 per Calendar Year** for one test that confirms the Positive Diagnosis of Cancer in an Insured Person. This benefit is not payable for multiple diagnoses of the same Cancer or for Cancer that metastasizes or for recurrence of the same Cancer.
- 2. NATIONAL CANCER INSTITUTE DESIGNATED COMPREHENSIVE CANCER TREATMENT CENTER EVALUATION/CONSULTATION BENEFIT** We will pay the Actual Charge, but not to exceed a **lifetime maximum of \$750**, if an Insured Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, We will also pay the transportation and lodging expenses incurred but not to exceed a **lifetime maximum of \$350**. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation and Lodging Expense Benefits of the Policy. **This benefit is payable one time during the lifetime of the Insured Person.**
- 3. SECOND AND THIRD SURGICAL OPINION EXPENSE BENEFIT** We will pay the **Actual Charge** for a written second surgical opinion concerning the recommendation of Cancer surgery and if the second surgical opinion is in conflict with that of the Physician originally recommending the surgery and the Insured Person desires a third opinion, We will the Actual Charge for a written third surgical opinion. The Physician providing the second or third surgical opinion cannot be associated with the Physician who originally recommended the surgery. This benefit is not payable the same day the National Cancer Institute Evaluation/Consulting Benefit is payable.
- 4. MEDICAL IMAGING, TREATMENT PLANNING AND MONITORING EXPENSE BENEFIT** We will pay the Actual Charge, but not to exceed **\$1,000 per Calendar Year**, for laboratory tests, diagnostic X-rays, medical images, when used in Cancer treatment plannings related to Radiation Treatment, Chemotherapy or Immunotherapy.
- 5. ANTI-NAUSEA MEDICATION EXPENSE BENEFIT** We will pay the Actual Charge for anti-nausea medication, but not to exceed **\$150 per calendar month**, when an Insured Person is prescribed such medication as the result of Radiation Treatment, Chemotherapy or Immunotherapy treatments for Cancer.
- 6. COLONY STIMULATING FACTOR OR IMMUNOGLOBULIN EXPENSE BENEFIT** We will pay the Actual Charge but not to exceed **\$1,000 per Calendar Month** for Colony Stimulating Factor Drugs or Immunoglobulins prescribed by a Physician or Oncologist during an Insured Person's Cancer treatment regimen for which benefits are payable under the Radiation, Chemotherapy and Immunotherapy Benefit of this Policy or rider attached to it.
- 7. OUTPATIENT HOSPITAL OR AMBULATORY SURGICAL CENTER EXPENSE BENEFIT** We will pay the **Actual Charge** from an Ambulatory Surgical Center or Outpatient department of a Hospital for the use of its facilities for the performance of a surgical procedure covered under this Policy but not to exceed **\$350 per day**.
- 8. PROSTHESIS EXPENSE BENEFIT**
 - (A.) Surgically Implanted Breast Prosthesis** We will pay the **Actual Charge** for a surgically implanted prosthetic device required and prescribed to restore normal body contour lost as the direct result of an Insured Person's breast removal for the treatment of Cancer. The Surgically Implanted Breast Prosthesis Benefit does not include coverage for breast reconstruction surgery which may be covered under the Surgical Schedule within the Surgical and Anesthesia Benefits Rider.
 - (B.) Non-Surgically Implanted Prosthesis** We will pay the Actual Charge incurred **not to exceed \$2,000 per amputation** for an artificial limb or other non-surgically implanted prosthetic device that is prescribed and required to restore normal body function lost as the direct result of an Insured Person's amputation for the treatment of Cancer. **We will pay a lifetime maximum of \$2,000 per amputation.** The cost of replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.
- 9. NON-LOCAL TRANSPORTATION EXPENSE BENEFIT** We will pay the **Actual Charge, but not to exceed the coach fare on a Common Carrier for the Insured Person and one adult companion's travel** to a Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center where the Insured Person receives treatment for Cancer. This benefit is payable only if the treatment is not available Locally but is available Non-Locally. The adult companion may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. At the option of the Insured Person, We will pay a single private **vehicle mileage allowance of \$.50 per mile** for Non-Local transportation in lieu of the common carrier coach fare.

- 10. LODGING EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed \$75 per day** for a room in a motel, hotel or other appropriate lodging facility (other than a private residence), when an Insured Person receives treatment for Cancer at a Non-Local Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center. The room must be occupied by the Insured Person or an adult companion which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. **This benefit is limited to 100 days per Calendar Year.**
- 11. INPATIENT BLOOD, PLASMA AND PLATELETS EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed \$300 per day** for the procurement cost, administration, processing and cross matching of blood, plasma or platelets administered to an Insured Person in the treatment of Cancer while an Inpatient.
- 12. OUTPATIENT BLOOD, PLASMA AND PLATELETS EXPENSE BENEFIT** We will pay **the Actual Charge not to exceed \$300 per day** for the procurement cost, administration, processing and cross matching of blood, plasma or platelets administered to an Insured Person in the treatment of Cancer while an Outpatient.
- 13. BONE MARROW DONOR EXPENSE BENEFIT** *We will pay the Daily Hospital Confinement Benefit shown on the Certificate Schedule* for each day a live donor, other than the Insured Person, is confined in a Hospital for the harvesting of bone marrow or stem cells used in a bone marrow or stem cell transplant for the treatment of an Insured Person's Cancer.
- 14. BONE MARROW OR STEM CELL TRANSPLANT EXPENSE BENEFIT** We will pay the Actual Charge not to exceed a **lifetime maximum of \$15,000 for surgical and anesthesia procedures** (including the harvesting and subsequent re-infusion of blood cells or peripheral stem cells) performed for a bone marrow transplant and/or a peripheral stem cell transplant for the treatment of an Insured Person's Cancer. This benefit will be paid in lieu of the Surgical Expense Benefit and the Anesthesia Expense Benefit which may be described in a rider attached to an issued Certificate.
- 15. AMBULANCE EXPENSE BENEFIT** We will pay the **Actual Charge** for ambulance service if an Insured Person is transported to a Hospital where he or she is admitted as an inpatient for the treatment of Cancer. The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.
- 16. INPATIENT OXYGEN EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed \$300 per Hospital confinement** for oxygen prescribed by a Physician and received by an Insured Person while confined in a Hospital for the treatment of Cancer.
- 17. ATTENDING PHYSICIAN EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed \$40 per day** for the professional services of a Physician or Oncologist rendered to an Insured Person while he or she is confined in a Hospital for the treatment of Cancer. This benefit is payable only if the Physician or Oncologist personally visits the Hospital room occupied by the Insured Person and the amount stated is the maximum amount that will be payable for each day of Hospital confinement regardless of the number of visits made by one or more Physicians or Oncologists.
- 18. INPATIENT PRIVATE DUTY NURSING EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed \$150 per day** for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined in a Hospital for the treatment of Cancer. The Nurse must provide services other than those normally provided by the Hospital and the Nurse may not be an employee of the Hospital or an Immediate Family Member of the Insured Person.
- 19. OUTPATIENT PRIVATE DUTY NURSING EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed \$150 per day** limited to the same number of days of the prior Hospital confinement for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined indoors at home as the result of Cancer. This benefit is not payable if the services of the Nurse are custodial in nature or to assist the Insured Person in the activities of daily living. This benefit is not payable when the Nurse is a member of the Insured Person's Immediate Family. Charges must begin following a period of Hospital confinement for which benefits are payable under this Certificate.
- 20. CONVALESCENT CARE FACILITY EXPENSE BENEFIT** We will pay the Actual Charge **not to exceed \$100 per day** for an Insured Person's confinement in a Convalescent Care Facility. The maximum number of days for which this benefit is payable will be the number of days in the last Period of Hospital Confinement that immediately preceded admission to a Convalescent Care Facility. The Convalescent Care Facility Confinement must: be due to Cancer; begin within 14 days after the Insured Person has been discharged from a Hospital for the treatment of Cancer; be authorized by a Physician as being medically necessary for the treatment of Cancer.
- 21. RENTAL OR PURCHASE OF MEDICAL EQUIPMENT EXPENSE BENEFIT** We will pay the **lesser of the Actual Charge** not to exceed **\$1,500 per Calendar Year** for either the rental or purchase of covered medical equipment designed for home use, required and ordered by the Insured Person's attending Physician as the direct result of the treatment of Cancer. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.

- 22. HOME HEALTH CARE EXPENSE BENEFIT** We will pay benefits for the following Covered Charges when a Insured Person requires Home Health Care for the treatment of Cancer.
- 1. Home Health Care Visits** - We will pay the Actual Charge for Home Health Care Visits **not to exceed \$75 for each day** on which one or more such visits occur. We will not pay this benefit for more than **60 days** in any Calendar Year.
 - 2. Medicine and Supplies** - We will pay the Actual Charge **not to exceed \$450 in any Calendar Year** for drugs, medicine, and medical supplies provided by or on behalf of a Home Health Care Agency.
 - 3. Services of a Nutritionist** - We will pay the Actual Charge **not to exceed a lifetime maximum of \$300** for the services of a nutritionist to set up programs for special dietary needs.
- 23. HOSPICE CARE EXPENSE BENEFIT** We will pay the Actual Charge for Hospice Care **not to exceed \$100 per day**, when such care is required because of Cancer . This benefit is payable whether confinement is required in a Hospice Center or services are provided in the Insured Person's home by a Hospice Team. Eligibility for payments will be based on the following conditions being met:(1) the Insured Person has been given a prognosis as being Terminally Ill with an estimated life expectancy of 6 months or less; and (2) We have received a written summary of such prognosis from the attending Physician. We will not pay this benefit while the Insured Person is confined to a Hospital or Convalescent Care Facility. **The lifetime maximum benefit is 365 days of Hospice Care**
- 24. HAIRPIECE EXPENSE BENEFIT** We will pay the Actual Charge not to exceed **a lifetime maximum of \$150** for the purchase of a wig or hairpiece that is required as the direct result of hair loss due to Cancer treatment.
- 25. PHYSICAL, SPEECH, AUDIO THERAPY AND PSYCHOTHERAPY EXPENSE BENEFIT**
We will pay the Actual Charge **not to exceed \$25 per therapy session** for:
1. Physical therapy treatments given by a license Physical Therapist, or
 2. Speech therapy given by a licensed Speech Pathologist/Therapist; or
 3. Audio therapy given by a licensed Audiologist; or
 4. Psychotherapy given by a licensed Psychologist. These sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Insured Person's home. These treatments must be given on an Outpatient basis unless the primary purpose of a Hospital confinement is for treatment of Cancer other than with physical, speech or audio therapy or psychotherapy. **Benefits may not exceed \$1,000 per Calendar Year.**
- 26. WAIVER OF PREMIUM.** We will waive the premiums starting on the first premium due date **following a 60 day period of Total Disability** of the Named Insured due to Cancer. The Named Insured must: (a) be receiving treatment for such Cancer for which benefits are payable under this Certificate; and (b) remain disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled.

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

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

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

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

PRE-EXISTING CONDITIONS LIMITATION. Relative to any Insured Person, We will not pay benefits for expenses resulting from Pre-existing Conditions during the 12 months after coverage becomes effective.

"Pre-existing Condition" means Cancer, or a listed Specified Disease if that optional rider is issued, which was diagnosed by a Physician or for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician within 1 year prior to the effective date of coverage for each Insured Person.

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

ADDITIONAL BENEFIT AMOUNTS	PLAN A Maximum	PLAN B Maximum	PLAN C Maximum
<p>ANNUAL CANCER SCREENING BENEFIT RIDER (form LG-6041)</p> <p>A. Basic Benefit We will pay the expense incurred, but not to exceed the maximum benefit amount shown on the Certificate Schedule, once per calendar year per Insured Person for screening tests performed to determine whether Cancer exists in an Insured Person. Covered annual Cancer screening tests include but are not limited to: mammogram, pap smear, breast ultrasound, ThinPrep, biopsy, chest x-ray, thermography, colonoscopy, flexible sigmoidoscopy, hemocult stool specimen, PSA (blood test for prostate cancer), CEA (blood tests for colon cancer), CA125 (blood test for ovarian cancer), CA15-3 (blood test for breast cancer), serum protein electrophoresis (blood test for myeloma).</p> <p>B. Additional Benefit We will pay the expense incurred, but not to exceed two times the maximum benefit amount per calendar year as shown on the Certificate Schedule, for one additional invasive diagnostic procedure required as the result of an abnormal cancer screening test for which benefits are payable under the Basic Benefit above for an Insured Person. This additional benefit is payable regardless of the results of the additional diagnostic procedure. However, the amount payable will be reduced dollar for dollar for any amount payable under the Positive Diagnosis Benefit contained in the base Certificate.</p>	<p>\$50 Per Calendar Year</p> <p>\$100 Per Calendar Year</p>	<p>\$50 Per Calendar Year</p> <p>\$100 Per Calendar Year</p>	<p>\$50 Per Calendar Year</p> <p>\$100 Per Calendar Year</p>
<p>FIRST OCCURRENCE BENEFIT RIDER (form LG-6043)</p> <p>If an Insured Person receives a positive diagnosis of Internal Cancer, We will pay the First Occurrence benefit amount shown on the Certificate Schedule.</p> <p>If the Insured Person receiving the positive diagnosis of Internal Cancer is a child under the age of 21, we will pay one and one-half times the First Occurrence benefit amount shown on the Certificate Schedule.</p>	<p>\$2,500 Once per Lifetime</p> <p>\$3,750 Once per Lifetime</p>	<p>\$5,000 Once per Lifetime</p> <p>\$7,500 Once per Lifetime</p>	<p>\$7,000 Once per Lifetime</p> <p>\$10,500 Once per Lifetime</p>
<p>ANNUAL RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY and EXPERIMENTAL TREATMENT BENEFIT RIDER (form LG-6045)</p> <p>We will pay the expense incurred, but not to exceed the maximum benefit amount shown on the Certificate Schedule, per calendar year per Insured Person for Radiation Treatment, Chemotherapy, Hormonal Therapy, Immunotherapy or Experimental Treatment. The Radiation Treatment, Chemotherapy, Hormonal Therapy, Immunotherapy or Experimental Treatment must be for the treatment of an Insured Person's Cancer. The benefit amount shown on the Certificate Schedule is the maximum calendar year benefit available per Insured Person regardless of the number or types of Cancer treatments received in the same year.</p>	<p>\$5,000 Per Calendar Year</p>	<p>\$12,500 Per Calendar Year</p>	<p>\$20,000 Per Calendar Year</p>
<p>SURGICAL BENEFIT RIDER (form LG-6048)</p> <p>Surgical Expense We will pay the Surgical Expense benefit for a surgical procedure for the treatment of an Insured Person's Cancer (except Skin Cancer) according to the Surgical Schedule shown in this rider. However, in no event will the amount payable exceed the maximum Surgical Expense benefit shown on the Certificate Schedule, nor will it exceed the expense incurred.</p> <p>Anesthesia Expense We will pay the anesthesia expense incurred, not to exceed 25% of the covered Surgical Expense benefit for the operation performed. This includes the services of an anesthesiologist or of an anesthetist under supervision of a physician for the purpose of administering anesthesia.</p> <p>Breast Reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site, with microvascular anastomosis (supercharging) is one of the surgical procedures listed in the Surgical Schedule. If this procedure is performed on an Insured Person as the result of a mastectomy for which We paid a Surgical Expense benefit for the treatment of Breast Cancer, We will pay the expense incurred not to exceed \$900 per \$1,000 of the Surgical Benefit issued.</p> <p>Skin Cancer Surgery Expense We will pay the expense incurred, not to exceed the procedure amount listed in this rider (\$125 to \$750 depending on the procedure) when a surgical operation is performed on an Insured Person for treatment of a diagnosed Skin Cancer. This benefit is payable in lieu of any benefits for Surgical Expense and Anesthesia Expense which are not applicable to Skin Cancer.</p>	<p>\$2,000 Procedure Maximum</p> <p>\$500 Procedure Maximum</p> <p>\$1,800 Procedure Maximum</p> <p>Per Procedure</p>	<p>\$3,500 Procedure Maximum</p> <p>\$875 Procedure Maximum</p> <p>\$2,700 Procedure Maximum</p> <p>Per Procedure</p>	<p>\$5,000 Procedure Maximum</p> <p>\$1,250 Procedure Maximum</p> <p>\$4,500 Procedure Maximum</p> <p>Per Procedure</p>
<p>DAILY HOSPITAL CONFINEMENT BENEFIT RIDER (form LG-6042)</p> <p>Confinements of 30 Days or Less We will pay the Daily Hospital Confinement benefit amount shown on the Certificate Schedule for each of the first 30 days in each period of hospital confinement during which an Insured Person is confined to a hospital, including a government or charity hospital, for the treatment of Cancer.</p> <p>Confinements of 31 Days or More If an Insured Person is continuously confined to a hospital, including a government or charity hospital, for longer than 30 consecutive days for the treatment of Cancer, We will pay two times the Daily Hospital Confinement benefit amount shown on the Certificate Schedule. This benefit payment will begin on the 31st continuous day of such confinement and continue for each day of confinement until the Insured Person is discharged from the Hospital.</p> <p>Benefits for an Insured Dependent Child under Age 21 The amount payable under this benefit will be double the Daily Hospital Confinement benefit shown on the Certificate Schedule if the Insured Person so confined is a dependent child under the age of 21.</p>	<p>\$100 Per Day</p> <p>\$200 Per Day</p> <p>\$200/ \$400 Per Day</p>	<p>\$100 Per Day</p> <p>\$200 Per Day</p> <p>\$200/ \$400 Per Day</p>	<p>\$100 Per Day</p> <p>\$200 Per Day</p> <p>\$200/ \$400 Per Day</p>

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EAST TEXAS EMPLOYEE BENEFITS COOPERATIVE

FOR GROUP PRESENTATION PURPOSES ONLY

ADDITIONAL BENEFITS AMOUNTS

SPECIFIED DISEASE BENEFIT RIDER (form LG-6052)

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

COVERS THESE 38 SPECIFIED DISEASES

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

BENEFITS

If an Insured Person is first diagnosed with one or more covered Specified Diseases and is hospitalized for the definitive treatment of any covered Specified Disease, We will pay benefits according to the provisions of this rider. An applicant may **select 1, 2 or 3 units of coverage.**

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

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

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

*SPECIFIED DISEASE BENEFIT RIDER IS NOT INCLUDED IN PLAN A

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EAST TEXAS EMPLOYEE BENEFITS COOPERATIVE

FOR GROUP PRESENTATION PURPOSES ONLY

MONTHLY RATES	EMPLOYEE	SINGLE PARENT	EMPLOYEE AND SPOUSE	FAMILY
BASE PLAN A	\$16.61	\$20.55	\$28.10	\$28.10
BASE PLAN B	\$26.09	\$31.34	\$43.39	\$43.39
BASE PLAN C	\$35.02	\$41.52	\$57.83	\$57.83

OPTIONAL BENEFITS YOU MAY SELECT FOR ADDITIONAL PREMIUM

HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER (form LG-6047)*

Intensive Care Unit Benefit We will pay the daily Hospital Intensive Care Unit Benefit amount shown on the Certificate Schedule for an Insured Person's confinement in an ICU for sickness or injury.

Double Intensive Care Unit Benefit We will pay double the daily Hospital Intensive Care Unit benefit amount shown on the Certificate Schedule for an Insured Person's confinement in an ICU as a result of Cancer. We will also double this ICU benefit for only the initial ICU confinement resulting from an Insured Person's travel related injury, provided that the ICU confinement begins within 24 hours of the accident causing the travel related injury. A travel related injury includes being struck by an automobile, bus, truck, van, motorcycle, train or airplane; or being involved in an accident where the Insured Person was the operator or passenger in or on such vehicle.

Step Down Unit Benefit We will pay one-half of the daily Hospital Intensive Care Unit benefit amount shown on the Certificate Schedule for an Insured Person's confinement in a Step Down Unit for a sickness or injury.

\$500
Per Day

\$1,000
Per Day

\$250
Per Day

***Additional Limitations and Exclusions for the Hospital Intensive Care Unit Benefit Rider** If the rider is issued and while coverage is in force, it will provide benefits if an Insured Person goes into a hospital Intensive Care Unit (including a Cardiac Intensive Care Unit or Neonatal Intensive Care Unit, hereinafter "ICU"). Benefits start the first day of confinement in an ICU for sickness or injury. Any combination of benefits payable under this rider is limited to a maximum of 45 days per each period of confinement.

ALL BENEFITS CONTAINED IN THIS HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER REDUCE BY ONE-HALF AT AGE 75. Benefits are not payable for any ICU or Step Down Unit confinement that results from intentional self-inflicted injury; or the Insured Person's being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on and according to the advice of a medical practitioner. THIS IS A LIMITED RIDER.

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EAST TEXAS EMPLOYEE BENEFITS COOPERATIVE
FOR GROUP PRESENTATION PURPOSES ONLY

MONTHLY RATES	EMPLOYEE	SINGLE PARENT	EMPLOYEE AND SPOUSE	FAMILY
BASE PLAN A WITH ICU	\$18.93	\$23.75	\$32.50	\$32.50
BASE PLAN B WITH ICU	\$28.42	\$34.53	\$47.79	\$47.79
BASE PLAN C WITH ICU	\$37.35	\$44.72	\$62.23	\$62.23

Group Term Life and Accidental Death and Dismemberment (AD&D) Benefit Highlights for East Texas Employee Benefits Cooperative

Eligibility: All full-time employees regularly working a minimum of 15 hours per week.

Basic Life and AD&D Benefits: As selected by your participating independent school district.

Supplemental Life* and AD&D Benefits:

Active Employees: You may choose an amount from a minimum of \$10,000 to a maximum of \$500,000 in increments of \$10,000. The life benefit cannot exceed 7 times your annual earnings. The AD&D benefit cannot exceed 10 times your annual earnings.

Dependent Spouse: You may choose an amount from a minimum of \$10,000 to a maximum of \$500,000 in increments of \$10,000. The benefit may not exceed 100% of the employee's supplemental life benefit amount.

Dependent Child(ren): You may choose \$5,000 or \$10,000 for child(ren) age 6 months birth to 26 years. \$100 for child(ren) age live birth to 6 months. The benefit may not exceed 100% of the employee's supplemental life benefit amount.

Note: You must be insured for Supplemental benefits in order to elect benefits for your spouse and/or child(ren).

*** Guarantee Issue Amount:** Evidence of Insurability is required for:

1. All amounts for previously eligible individuals who did not enroll within 31 days of initial eligibility, except during the initial enrollment for a school joining the East Texas Employee Benefits Cooperative;
2. Employee life amounts in excess of \$250,000;
3. Spouse life amounts in excess of \$50,000;
4. You enroll for additional coverage that is greater than your current election during annual enrollment, except for an Employee Supplemental life benefit increase of \$10,000, but not to exceed the guarantee issue benefit limit;
5. any increase to your annual earnings which results in an increase to your benefit of more than \$50,000 and that amount exceeds the guarantee issue amount; and
6. All amounts if you voluntarily canceled your insurance and choose to reapply.

Premium: Your employer pays 100% of the premium for the Basic benefits. You pay 100% of the premium for Supplemental benefits.

Life insurance includes the following benefits:

- Accelerated Death Benefit
- Waiver of Premium for employees under 60
- Conversion Privilege
- Portability up to age 65**

AD&D insurance includes the following benefits:

- Seat Belt
- Air Bag
- Repatriation
- Education
- Common Disaster

Limitations: Supplemental life benefits are not payable if death is caused by suicide or attempted suicide, while sane or insane, within 2 years of the coverage effective date or effective date of any increased amount of life insurance.

**Portability is not available if termination is due to sickness, injury or retirement. You must have been insured for at least one year prior to electing portability.

Reductions: Basic and Supplemental employee and spouse benefits are subject to the following age reduction schedule. The guarantee issue benefit limit is proportionately reduced according to the scheduled age reduction percentages.

Benefits reduce to 65% of the original amount at age 65 and further reduce to 50% of the original amount at age 70.

Limitations: Benefits are not payable for any loss that, directly or indirectly, results from or is contributed to by:

- Any disease or infirmity of the mind or body, and any medical or surgical treatment thereof or any infection, except a pus-forming infection of an accidental cut or wound;
- suicide, attempted suicide or intentionally self-inflicted injuries while sane or insane;
- war, declared or undeclared, whether or not a member of any armed forces;
- travel or flight in an aircraft while a member of the crew or while engaged in the operation of the aircraft, or giving or receiving training or instruction in such aircraft;
- commission of, participation in or an attempt to commit an assault or felony;
- being intoxicated by reason of alcohol or drug use or a combination thereof; or
- participation in a riot.

Please note: This information is only a product highlight. Products underwritten and services provided by Fort Dearborn Life Insurance Company® (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Puerto Rico and Guam are marketed under the Dearborn National® brand and the star logo. 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.

Supplemental Employee & Spouse Life Monthly Premium Cost

Benefit Amount	ATTAINED AGE									
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$ 10,000	\$ 0.40	\$ 0.60	\$ 0.70	\$ 1.00	\$ 1.50	\$ 2.30	\$ 4.30	\$ 6.60	\$11.90	\$ 19.00
20,000	0.80	1.20	1.40	2.00	3.00	4.60	8.60	13.20	23.80	38.00
30,000	1.20	1.80	2.10	3.00	4.50	6.90	12.90	19.80	35.70	57.00
40,000	1.60	2.40	2.80	4.00	6.00	9.20	17.20	26.40	47.60	76.00
50,000	2.00	3.00	3.50	5.00	7.50	11.50	21.50	33.00	59.50	95.00
60,000	2.40	3.60	4.20	6.00	9.00	13.80	25.80	39.60	71.40	114.00
70,000	2.80	4.20	4.90	7.00	10.50	16.10	30.10	46.20	83.30	133.00
80,000	3.20	4.80	5.60	8.00	12.00	18.40	34.40	52.80	95.20	152.00
90,000	3.60	5.40	6.30	9.00	13.50	20.70	38.70	59.40	107.10	171.00
100,000	4.00	6.00	7.00	10.00	15.00	23.00	43.00	66.00	119.00	190.00
110,000	4.40	6.60	7.70	11.00	16.50	25.30	47.30	72.60	130.90	209.00
120,000	4.80	7.20	8.40	12.00	18.00	27.60	51.60	79.20	142.80	228.00
130,000	5.20	7.80	9.10	13.00	19.50	29.90	55.90	85.80	154.70	247.00
140,000	5.60	8.40	9.80	14.00	21.00	32.20	60.20	92.40	166.60	266.00
150,000	6.00	9.00	10.50	15.00	22.50	34.50	64.50	99.00	178.50	285.00

Supplemental Life Employee/Spouse Monthly Rates per \$1,000

Age	Rate
Under 30	\$0.04
30 - 34	\$0.06
35 - 39	\$0.07
40 - 44	\$0.10
45 - 49	\$0.15
50 - 54	\$0.23
55 - 59	\$0.43
60 - 64	\$0.66
65 - 69	\$1.19
70 & over	\$1.90

Supplemental Life Child Monthly Rate per Family

Benefit	Rate
\$5,000	\$0.80
\$10,000	\$1.60

Supplemental AD&D Monthly Rates

Employee & Spouse	
Per 1,000	\$0.017
Child per family unit	
\$5,000	\$0.085
\$10,000	\$0.170

Supplemental AD&D Employee/Spouse Monthly Premium Cost

Benefit	Cost
\$ 10,000	\$0.17
20,000	\$0.34
30,000	\$0.51
40,000	\$0.68
50,000	\$0.85
60,000	\$1.02
70,000	\$1.19
80,000	\$1.36
90,000	\$1.53
100,000	\$1.70
110,000	\$1.87
120,000	\$2.04
130,000	\$2.21
140,000	\$2.38
150,000	\$2.55

These Premium Cost Charts are for illustrative purposes only; your monthly premium may be slightly higher or lower due to rounding. Monthly Premium Cost is based on 12 payroll deductions per year.

Please note: This information is only a product highlight. Products underwritten and services provided by Fort Dearborn Life Insurance Company® (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Puerto Rico and Guam are marketed under the Dearborn National® brand and the star logo. 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.

Decide Today To Protect Tomorrow.®



APSB-21402(Multi)-11
(AL, AK, AZ, CO, DC, DE,
HI, IN, MI, MS, NV, OH, TN, TX)



**American Public Life
Insurance Company**

A member of the American Fidelity Group®

Summary of Benefits

Benefit Description	Level 1 - 1 Unit	Level 2 - 2 Units		
Accidental Death - per unit	\$5,000	\$10,000		
Medical Expense Accidental Injury Benefit - per unit	actual charges up to \$500	actual charges up to \$1,000		
Daily Hospital Confinement Benefit	\$75 per day	\$150 per day		
Air and Ground Ambulance Benefit	actual charges up to \$1,250	actual charges up to \$2,500		
Accidental Dismemberment Benefit - per unit				
■ Single Finger or toe	\$250	\$500		
■ Multiple fingers or toes	\$500	\$1,000		
■ Single hand, arm, foot or leg	\$2,500	\$5,000		
■ Multiple hands, arms, feet or legs	\$5,000	\$10,000		
Accidental Loss of Sight Benefit - per unit				
■ Loss of Sight in one eye	\$2,500	\$5,000		
■ Loss of Sight in both eyes	\$5,000	\$10,000		
Optional Benefits				
Accidental Disability Income Benefit <i>(Primary Insured Only)</i>	\$400 - \$1,000 per month \$100 per unit	\$400 - \$1,000 per month \$100 per unit		
Hospital Admission Benefit	\$100 - \$400 per month \$100 per unit	\$100 - \$400 per month \$100 per unit		
Accident Only - Intensive Care Benefit	\$150 - \$600 per month \$150 per unit	\$150 - \$600 per month \$150 per unit		
Optional Riders <i>(Primary Insured Only)</i>				
Total Disability - Sickness Rider	\$400 - \$1,000 per month \$100 per unit	\$400 - \$1,000 per month \$100 per unit		
Gunshot Wound Benefit Rider <i>(Primary Insured Only/Public Safety Personnel Only)</i>	once per 24 hours \$1,000 benefit	once per 24 hours \$1,000 benefit		

Policy Benefit Highlights

Medical Expense Accidental Injury Benefit

Pays actual charges up to the benefit selected for an Insured Person when medical treatment is required as a result of an Accidental Bodily Injury. For medical treatment received on an out-patient basis, Covered Expenses include physician charges, surgery, x-rays, radiation of fractures or other emergency first-aid expenses incurred in a physician's office, clinic, out-patient hospital facility or ambulatory surgical center. If Covered Expenses are incurred at a Hospital emergency room, a \$50 deductible will apply for each Accidental Injury. For medical treatment received by the Insured Person confined in a Hospital as a resident bed patient, Covered Expenses include physician charges, hospital room and medically necessary hospital billed services and supplies.

Air and Ground Ambulance Benefit

Pays actual charges up to the benefit selected for an Insured Person that requires emergency air or ground ambulance transportation, to or from a Hospital, for covered treatment as a result of an Accidental Bodily Injury.

Daily Hospital Confinement Benefit

Pays a daily benefit each day an Insured Person is Hospital confined as the result of an Accidental Bodily Injury. The maximum benefit period for this benefit is 30 days per covered accident.

Accidental Death

Pays an indemnity benefit for an Insured Person when an Accidental Bodily Injury results in the loss of life.

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

Accidental Dismemberment Benefit

Pays an indemnity benefit, as shown below, for an Insured Person if an Accidental Bodily Injury results in Loss of finger, toe, hand, arm, foot, leg or sight.

Single Finger or Toe	\$250 Per Unit
Multiple Fingers or Toes	\$500 Per Unit
Single Hand, Arm, Foot or Leg	\$2,500 Per Unit
Multiple Hand, Arm, Foot or Leg	\$5,000 Per Unit

Accidental Loss of Sight Benefit

Pays an indemnity benefit, as shown below, for an Insured person if an Accidental Bodily Injury results in the Loss of Sight in one eye. Pays double the indemnity benefit, as shown below, for an Insured Person if an Accidental Bodily Injury results in the Loss of Sight in both eyes.

Loss of Sight in one eye	\$2,500 Per Unit
Loss of Sight in both eyes	\$5,000 Per Unit

Optional Benefits

Accidental Disability Income Benefit *(Primary Insured Only)*

Pays a per unit monthly disability income benefit to the Primary Insured for loss of income due to a Disability caused by a covered Accidental Injury. This benefit begins the first day of a covered Disability.

Hospital Admission Benefit

Pays a per unit admission benefit for an Insured Person upon admission to a hospital due to a covered Accidental Injury.

Accident Only – Intensive Care Benefit

Pays a daily benefit for an Insured Person when confined in an Intensive Care Unit as a result of Accidental Bodily Injury.

Limitations and Exclusions

Eligibility

This policy will be issued to only those persons who meet American Public Life Insurance Company's insurability requirements. Persons not meeting APL's insurability requirements will be excluded from coverage by an endorsement attached to the policy.

Base Policy and Optional Benefits

No benefits are payable for a pre-existing condition. Pre-existing condition means an Injury that pertains solely to an Accidental Bodily Injury which resulted from an accident sustained before the Effective Date of coverage. Pre-Existing Conditions specifically named or described as permanently excluded in any part of this contract are never covered.

A Hospital is not an institution which is primarily a place for alcoholics or drug addicts; the aged; a nursing, rest or convalescent nursing home; a mental institution or sanitarium; a facility contracted for or operated by the United States Government for treatment of members or ex-members of the armed forces (unless You are legally required to pay for services rendered in the absence of insurance); or, a long-term nursing unit or geriatrics ward.

Medical Expense Accidental Injury Benefit

Expenses must commence within 60 days of the covered accident. The maximum benefit amount payable for any one accident for the Insured Person shall not exceed the Medical Expense Benefit.

Air and Ground Ambulance Benefit

Emergency transportation must occur within 21 calendar days of the accident causing such Injury.

Daily Hospital Confinement Benefit

The maximum benefit period for this benefit is 30 days per covered accident.

Accidental Death

Accidental Death must result within 90 days of the covered accident causing the injury.

Accidental Dismemberment Benefit

The total amount payable for all Losses resulting from the same accident will not exceed the Maximum Dismemberment Benefit of \$5,000 cumulative per Accident. Loss must be within 90 days of the accident causing such Injury.

Accidental Disability Income Benefit

The minimum benefit is 4 units and the maximum benefit is 10 units. Benefits selected are subject to a 60% maximum replacement of lost income.

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

The maximum benefit period will not exceed 12 months.

Hospital Admission Benefit

The maximum benefit is 4 units.

Accident Only – Intensive Care Benefit

The maximum benefit is 4 units. The maximum benefit period for this benefit is up to 30 days for any one accident.

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

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

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

Guaranteed Renewable

You have the right to renew this Policy until the first premium due date on or after Your 69th birthday, if you pay the correct premium when due or within the Grace Period. When an Insured's coverage terminates at age 70, coverage for other Insured Persons, if any, shall continue under this Policy. We have the right to change premium rates by class.

Family Coverage

You can take advantage of several options to extend coverage to your family:

- Family Plan – You and your spouse and any Eligible Child* under age 21.
- Single Parent Family – You and any Eligible Child* under age 21.

*Please consult the policy for the definition of Eligible Child and full-time student eligibility.

All Riders are subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, which are not in conflict with those of the Rider.

AMERICAN PUBLIC LIFE INSURANCE COMPANY

SUPPLEMENTAL ACCIDENT INSURANCE (A-3)

for:

THE EAST TEXAS CO-OP

Presented By: Financial Benefit Services

BENEFITS	1 Unit	2 Units
Accidental Injury We will pay the actual charges per accident (not to exceed maximum benefits for units selected) for physician's treatment, surgery, x-rays, reduction of fractures and dislocations or other emergency treatment expenses. In no case will the benefit exceed actual charges. There is a \$50 deductible for emergency room expenses, per occurrence, regardless of the number of units. Expenses must commence within 60 days of the covered accident.	\$500	\$1,000
Ambulance Benefit We will pay the actual charges (not to exceed maximum benefits for units selected) for emergency transportation for covered treatment (ground or air ambulance). Such emergency transportation must occur within 21 calendar days of the covered accident.	\$1,250	\$2,500
Hospital Confinement We will pay the daily hospital benefit, based upon the number of units selected, when a covered insured is confined to a hospital due to accident or injury. This benefit begins the first day of confinement and pays a maximum of 30 days per any one accident.	\$75	\$150
Accidental Death Benefit* We will pay the benefit shown for accidental death which results within 90 days of the accident, based upon the number of units selected.	\$5,000	\$10,000
Dismemberment* We will pay the following benefit, based upon the number of units selected, for dismemberment which results within 90 days of covered accident (dismemberment benefits are subject to a \$5,000 per unit cumulative maximum per accident).		
Single finger or toe	\$ 250	\$ 500
Multiple fingers or toes	\$ 500	\$ 1,000
Single hand, arm, foot or leg	\$2,500	\$ 5,000
Multiple hands, arms, feet or legs	\$5,000	\$10,000
Loss of Sight Benefit We will pay the benefit, based upon the number units selected shown, for the loss of sight due to accidental injury.		
Loss of sight in one eye	\$2,500	\$ 5,000
Loss of sight in both eyes	\$5,000	\$10,000

*Number of days may vary by state

	Monthly Premiums	
	1 Unit	2 Units
Individual	\$10.80	\$17.10
Individual & Spouse	\$19.40	\$29.80
Individual & Children	\$21.20	\$34.90
Family (2 parents and children)	\$29.80	\$47.60

DEFINITIONS (Base Policy)

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

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

EXCLUSIONS AND LIMITATIONS (Base Policy)

Benefits otherwise provided by this Policy will not be payable for services or expenses or any such Loss resulting from or in connection with: 1) sickness, illness or bodily infirmity; except as covered by the Sickness Disability Rider; 2) suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane; 3) dental care or treatment due to accidental Injury to natural teeth; 4) war or any act of war (whether declared or undeclared) or participating in a riot or felony; 5) alcoholism or drug addiction; 6) travel or flight in or descent from any aircraft or device which can fly above the earth's surface in any capacity other than as a farepaying passenger on a regularly scheduled airline; 7) Injury originating prior to the effective date of the Policy; 8) Injury occurring while intoxicated (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss is incurred.); 9) voluntary inhalation of gas or fumes or taking of poison or asphyxiation; 10) voluntary ingestion or injection of any drug, narcotic or sedative, unless administered on the advice and taken in such doses as prescribed by a Physician; 11) Injury sustained or sickness which first manifests itself while on full-time duty in the armed forces. Upon notice, the company will refund the proportion of unearned premium while in such forces; 12) Injury incurred while engaged in an illegal occupation; 13) Injury incurred while attempting to commit a felony or assault; 14) mental or emotional disorders; 15) Injury to a covered person while practicing for or being a part of organized or competitive rodeo, sky diving, hang gliding, parachuting or scuba diving; 16) driving in any race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; 17) charges incurred outside the U.S. if an insured traveled to the location for the purpose of receiving medical services, drugs or supplies; 18) hernia, carpal tunnel syndrome or any complication therefrom; 19) any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).

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

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

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

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

Underwritten by:



P. O. Box 925
Jackson, Mississippi 39205

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



East Texas Public Schools Employee Benefit Cooperative

Please read carefully the following description of your Unum Group Voluntary Critical Illness Insurance.

Your Plan

Eligibility

All employees working at least 20 hours each week in active employment in the U.S. with the employer, and their eligible spouses and children to age 24

Benefit Advantages

Lump sum benefit payable for each covered condition

Automatic coverage for dependent children at 25% of employee benefit. Children are covered for the same conditions as the employee, plus specific childhood conditions

Covered Conditions

Heart Attack, Coronary Artery Bypass Surgery, Stroke, End Stage Renal (Kidney) Failure, Major Organ Failure, Permanent Paralysis as the result of a Covered Accident, Coma as the result of Severe Traumatic Brain Injury, Blindness, Benign Brain Tumor, Occupational HIV.

Additional Covered Conditions for Dependent Children

- Cerebral Palsy
- Cleft Lip or Palate
- Cystic Fibrosis
- Down Syndrome
- Spina Bifida

Benefit Amount

Employee: \$5,000, 10,000 or \$15,000

Spouse: \$5,000 or \$10,000

Child: 25% of Employee Benefit Amount

Benefit reduces to 50% on the policy anniversary date following the insured's 70th birthday.

Additional Benefits

Recurrence Benefit

The employee and all family members covered by a Critical Illness certificate will automatically receive this benefit. The Benefit provides an additional payout for subsequent occurrence of benign brain tumor, coma, heart attack and stroke. The date of diagnosis between occurrences of the same conditions must be separated by 12 months. Benefit is payable at 50% of the original benefit amount.

Portability

Employees may take the coverage with them at the same rate, should they terminate employment. The ported coverage will remain in effect

regardless of the group status.

Other Important Provisions

Pre-existing Condition Limitation

Benefits will not be paid for a claim caused by, contributed to by, or occurs as a result of, a Pre-Existing Condition, or any medical or surgical treatment for that condition for which the date of diagnosis is in the first 12 months after the insured's coverage effective date. You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 12 months just prior to your effective date of coverage; or
- the insured had a sickness or injury or symptoms of a sickness or injury, whether diagnosed or not, for which an ordinarily prudent person would have consulted a health care provider during the 12 months just prior to the insured's coverage effective date

Instances When Benefits Would Not Be Paid

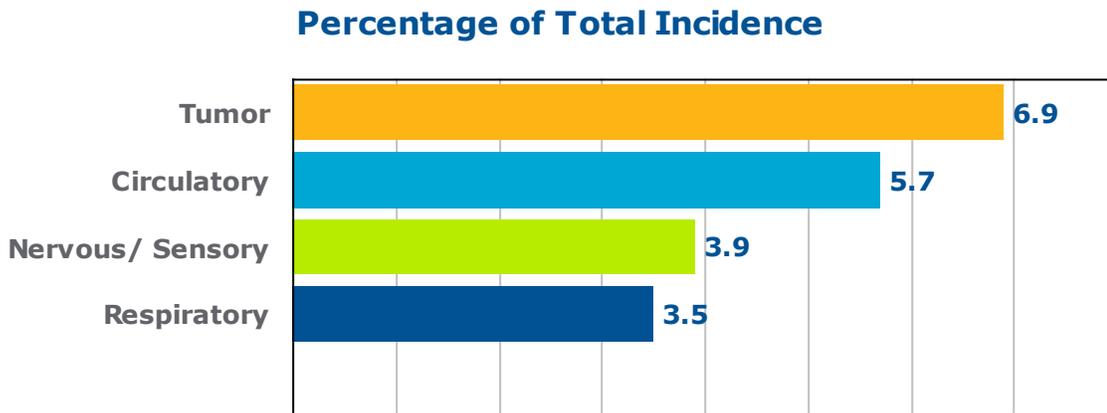
Benefits will not be paid for a claim caused by, contributed to by, or resulting from:

- participating or attempting to participate in a felony or being engaged in an illegal occupation; or
- committing or trying to commit suicide or injuring oneself intentionally
- participating in a war, act of war or committing acts of terrorism
- being under the influence of or addicted to intoxicants or narcotics
- having a diagnosis during the benefit waiting period

Questions

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

Most common claims



Source: Unum internal short term disability claims data, 2006-2008.

Coverage summary

Covered conditions		Typical scenario (expenses not covered by medical plan)		Solution: \$20,000 Group critical illness policy
Blindness	Stroke ³	Deductible	\$500	<ul style="list-style-type: none"> Lump sum payment to the employee upon diagnosis Multiple payout plan design
Benign brain tumor	Coma ⁴	Specialist visits co-pay	\$960	
Coronary artery bypass surgery* ¹	Permanent paralysis ⁵	Travel/Lodging	\$3,200	<ul style="list-style-type: none"> Additional childhood disease coverage
End-stage renal (kidney) failure	Occupational HIV ⁶	Alternative Therapy	\$7,000	<ul style="list-style-type: none"> Spouse coverage benefit independent of employee's
Heart attack		Employee out-of-pocket medical costs	\$11,660	<ul style="list-style-type: none"> Coverage is portable at the same rate and with no qualifying health questions
Major organ failure ²				

Sample Rates

Benefit monthly cost for \$10,000 benefit					
	Age				
	30-34	35-39	40-44	45-49	50-54
	\$6.70	\$9.10	\$13.10	\$17.30	\$22.22

**East Texas Employee Benefits Cooperative
Group Critical Illness Rate Sheet**

Age Band	\$5,000	\$10,000	\$15,000
< 25	\$2.45	\$4.90	\$7.35
25 - 29	\$2.55	\$5.10	\$7.65
30 - 34	\$3.35	\$6.70	\$10.05
35 - 39	\$4.55	\$9.10	\$13.65
40 - 44	\$6.55	\$13.10	\$19.65
45 - 49	\$8.65	\$17.30	\$25.95
50 - 54	\$11.10	\$22.20	\$33.30
55 - 59	\$14.25	\$28.50	\$42.75
60 - 64	\$18.10	\$36.20	\$54.30
65 - 69	\$20.50	\$41.00	\$61.50
70+	\$38.15	\$76.30	\$114.45



East Texas Co-Op Group critical illness insurance offering

*100% of the benefit payable for each covered condition, with the exception of coronary bypass surgery and carcinoma in situ, which are paid at 25% of the purchased benefit amount.

¹Pay out of the coronary artery bypass surgery benefit does not reduce pay out for the diagnosis of heart attack.

²Diagnosis of major organ failure of the heart, lungs, liver or pancreas resulting in the insured being placed on the United Network for Organ Sharing list for a transplant.

³Evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event.

⁴Coma resulting from severe traumatic brain injury lasting for a period of 14 or more consecutive days.

⁵Complete and permanent loss of the use of two or more limbs for continuous 90 days as a result of a covered accident.

⁶Diagnosis of the human immunodeficiency virus resulting from a covered accident which exposed the insured to HIV-contaminated body fluids.

⁷Pay out of the carcinoma in situ benefit does not reduce pay out for the diagnosis of cancer.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form CI-1 or contact your Unum representative.

Individual customers in some states must be covered by comprehensive health insurance before applying for critical illness insurance. See your Unum representative for details.

THIS IS A LIMITED POLICY.

Pre-existing condition limitation

Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of a pre-existing condition or any medical or surgical treatment for that condition for which the date of diagnosis is in the first 12 months after the Insured's coverage effective date.

Pre-existing condition means a sickness or injury or symptoms of a sickness or injury, whether diagnosed or not, for which the insured received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine or had been prescribed drugs or medicine to be taken during the 12 months just prior to the insured's coverage effective date; or the insured had a sickness or injury or symptoms of a sickness or injury, whether diagnosed or not, for which an ordinarily prudent person would have consulted a health care provider during the 12 months just prior to the insured's coverage effective date.

Reduction of benefits

- The benefit amount for the employee and spouse reduces by 50% on the first policy anniversary date after the insured individual's 70th birthday.
- Premiums will not be reduced.
- For coverage purchased after age 70, benefit amounts will not be reduced.

Exclusions

Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of:

- participating or attempting to participate in a felony or being engaged in an illegal occupation; or
- committing or trying to commit suicide or injuring oneself intentionally, whether sane or not; or
- participating in war or any act of war, whether declared or undeclared; or
- committing acts of terrorism; or
- being under the influence of or addicted to intoxicants or narcotics. This would not include physician-prescribed medication, taken in the prescribed dosage; or
- having a date of diagnosis during the benefit waiting period.

LIFE INSURANCE HIGHLIGHTS

For the employee

*Flexible Premium Life Insurance to Age 121
Policy Form PRFNG-NI-10*

Voluntary permanent life insurance can be an ideal complement to the group term and optional term your employer might provide. Designed to be in force when you die, this voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term, on the other hand, typically are not portable if you change jobs and, even if you can keep them after you retire, usually costs more and declines in death benefit.

The policy, PURELIFE-plus, is underwritten by Texas Life Insurance Company, and it has these outstanding features:

- **High Death Benefit.** With one of the highest death benefits available at the worksite,¹ PURELIFE-plus gives your loved ones peace of mind, knowing there will be significant life insurance in force should you die prematurely.
- **Minimal Cash Value.** Designed to provide high death benefit, PURELIFE-plus does not compete with the cash accumulation in your employer-sponsored retirement plans.
- **Long Guarantees.** Enjoy the assurance of a policy that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).
- **Refund of Premium.** Unique in the marketplace, PURELIFE-plus offers you a refund of 10 years' premium, should you surrender the policy if the premium you pay when you buy the policy ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months (24 months in Illinois), you will have the option to receive 92% (84% in Illinois) of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.)*

You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse, minor children and grandchildren.

Like most life insurance policies, Texas Life policies contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative for costs and complete details.

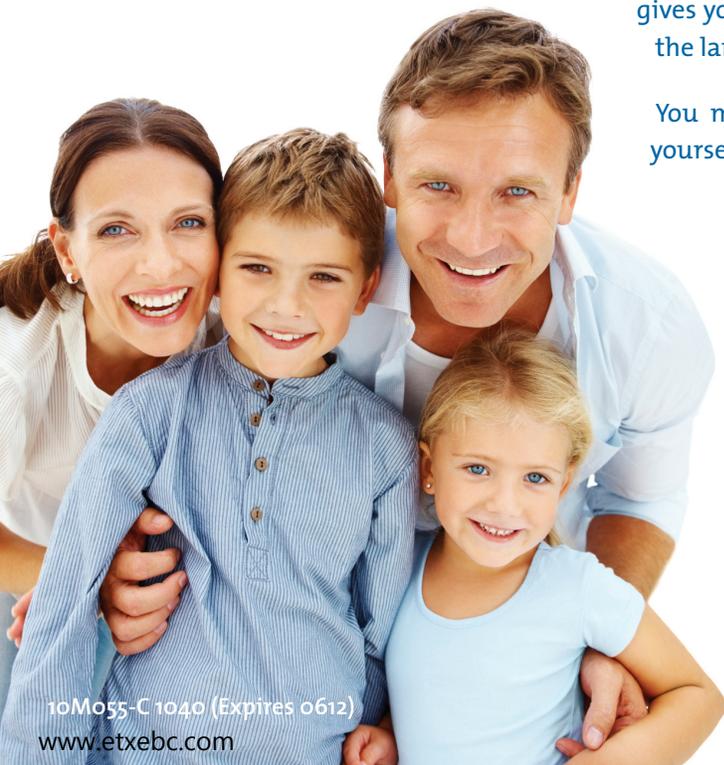
¹ Voluntary and Universal Whole Life Products, Eastbridge Consulting Group, October 2008

See the PURELIFE-plus brochure for details.

TEXASLIFE INSURANCE
COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

Not for use in WA.



TEXAS LIFE

If you wish to apply for a new Texas Life coverage, please contact Financial Benefit Services (FBS) at 469.385.4640 / 800.583.6908 for rates, plan information and the application required to apply for coverage.



Would you know if someone was out there *pretending to be you?*

More than 11 Million identities were stolen last year.

Most victims only discover they have a problem when they are denied credit, denied employment, contacted by police or receive unknown bills.



Why Choose Identity Theft Protection?

Identity Theft Can Strike Anyone at Anytime

More than **11 Million Americans** were victimized by identity theft in 2011, including **more than 500,000 children**.

Identity Theft Devastates it's Victims Financially

The average victim will lose **\$4,841**, and spend an additional **\$1,400** in out-of-pocket expenses trying to resolve their case.

Repairing the Damage Caused by Identity Theft is Frustrating and Time-Consuming

The average victim spends **330 hours repairing the damage** from identity theft - the equivalent of working a full-time job for more than two months.

The Impact of Identity Theft Follows Victims for Years

50% of identity theft victims experience trouble getting loans or credit cards as a result of identity theft.

12% of identity theft victims end up having warrants issued by law enforcement in their name for crimes committed by the identity thief.



My Social Security Number was stolen and used to purchase a car, open a bank account and even start a business.

ID Watchdog discovered the fraudulent activity and restored my identity and my credit.

They're amazing!"

**- Regina Grahn
Identity Theft Victim**



How ID Watchdog Compares to Similar Services ...

	LIFELOCK BASIC	LIFELOCK ULTIMATE	IDENTITY GUARD	FREECREDIT REPORT.COM	IDW PLUS	IDW PLATINUM
 Basic Identity Monitoring	✓	✓	✓		✓	✓
 Advanced Identity Monitoring		✓	✓		✓	✓
 Cyber Monitoring		✓	✓		✓	✓
 Full-Service Identity Restoration					✓	✓
 Credit Report Monitoring		✓	✓	✓	✓	✓
 Credit Reports & Scores		✓	✓	✓		✓
INDIVIDUAL PLAN					\$7.95/mo	\$11.95/mo
FAMILY PLAN					\$14.95/mo	\$22.95/mo

Basic Identity Monitoring: Standard monthly scans of public records databases searching for new information associated with your Social Security Number.

Advanced Identity Monitoring: Additional scans of the National Change of Address (NCOA) database, which identifies new addresses associated with your personal information as well as Non-Credit Loan ("Payday Loan") databases which provide high-interest, quick cash transactions and generally require minimal personal information to obtain.

Cyber Monitoring: Scans underground websites and other illicit online sources which buy, trade and sell personal information including (but not limited to) credit card numbers, passwords and Social Security Numbers.

Full-Service Identity Restoration: A dedicated team of trained and certified resolution specialists who work on your behalf to restore your identity by addressing record-keeping and reporting agencies and removing erroneous and fraudulent records that appear in your name while under the protection of a qualified identity monitoring service.

Credit Report Monitoring: Monitors your credit and notifies you when changes such as new accounts, delinquent accounts and other credit-related information is recorded.

Credit Reports & Scores: Access to your credit reports and scores from the three primary credit reporting agencies; Equifax, Experian and TransUnion.

How Are Stolen Identities Used?

- » To obtain **medical care**
- » **Provide false information** to police
- » To **register for government benefits** such as unemployment or welfare programs
- » For gaining **legal employment without tax liability**
- » To open **credit cards** or take out **loans**