



# Employees of Texarkana Independent School District

## Benefits At-A-Glance

### Coverage for you

#### Critical Illness Insurance

##### The Lincoln Critical Illness Insurance Plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for employees
- Includes access to a personal health advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

#### Critical Illness Insurance | Employee

Guaranteed coverage amounts	\$10,000, \$20,000, \$30,000 or \$40,000
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##### Guaranteed coverage amounts

- You can choose from the coverage amount(s) above without the need for completing evidence of insurability.

### Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

#### Critical Illness Insurance | Spouse

Guaranteed coverage amount	\$10,000, \$20,000, \$30,000 or \$40,000 (up to 100% of the employee coverage amount)
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##### Guaranteed coverage amounts

- You can choose from the coverage amount(s) above for your spouse without the need for completing evidence of insurability.

### Coverage for your dependent children

Your dependent children automatically receive 50% of your coverage amount at no extra cost.

## Core Benefits

Covered Conditions	Benefit Percentage
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
End Stage Renal (kidney) Failure	100%
Arterial/vascular disease	50%
Mitral or aortic valve disease	25%
Noninvasive cancer (in situ)	25%
Skin Cancer (other than melanoma)	\$1,000 per lifetime
Supplemental Conditions	
Advanced Huntington's disease	100%
Advanced COPD	100%
AIDS	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced multiple sclerosis	100%
Benign brain tumor	100%
Loss of sight, hearing and/or speech	100%
Accidental Injuries Benefit	
Severe burns, permanent paralysis or traumatic brain injuries (includes coma)	100%
Occupational Disease (employee only)	
HIV	100%
Hepatitis (B, C, D)	100%
Invasive MRSA Infection	25%
Tuberculosis	25%
Tetanus	25%
Rabies	25%

Additional Childhood Conditions	Benefit Percentage
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 Diabetes	100%

Health Assessment / Wellness Benefit	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered exam or screening	Level: \$50 per year

Additional Plan Benefit(s)	
Health Advocate Services	Included
Portability	Included

**Note:** See the policy for details and specific requirements for each of these benefit options.

## Benefit Exclusions

The plan includes only covered conditions or losses that occur when the insurance is in force. Benefits are not payable for any covered conditions or loss caused or contributed to by:

1. suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
2. committing or attempting to commit a felony; participation in a felony; committing a felony;
3. war or any act of war, declared or undeclared;
4. participation in a riot, insurrection or rebellion of any kind; active participation in a riot, insurrection or rebellion; voluntary participation in a riot, insurrection or rebellion; participation in a riot or insurrection; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months. A Covered Condition sustained while residing outside the United States, its possessions, Canada, or Mexico for more than 12 months, unless the Covered Condition is rediagnosed/confirmed in the United States.

*Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest is not payable if the event occurs during a medical procedure.*

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

**Questions?** Call 800-423-2765 and mention ID: TEXARISD.

## Critical Illness Insurance Premium

Here's how little you pay with group rates.

### Employee | Monthly Premiums

Employee Age Range (Attained Age)	Critical Illness Premium Rate per \$1,000
0-24	.300
25-29	.300
30-34	.420
35-39	.600
40-44	.900
45-49	1.360
50-54	2.000
55-59	2.820
60-64	4.100
65-69	6.200
70+	9.340

An employee age 36 wishes to purchase \$10,000 in insurance.

Step 1- Find the rate in the table based on age (\$0.600)

Step 2- Divide benefit desired by 10= 10  
Step 3- Multiply rate in step 1 by step 2 to get monthly premium- \$6.00

### Spouse | Monthly Premiums

Employee Age Range (Attained Age)	Critical Illness Premium Rate per \$1,000
0-24	.300
25-29	.300
30-34	.420
35-39	.600
40-44	.900
45-49	1.360
50-54	2.000
55-59	2.820
60-64	4.100
65-69	6.200
70+	9.340

The Lincoln National Life Insurance Company  
Please see prior page for product information.