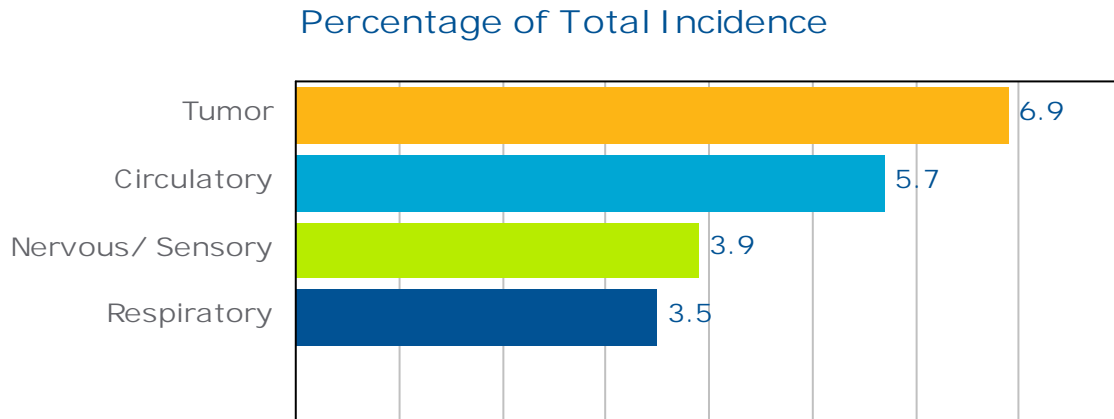




East Texas Co-Op Group critical illness insurance offering

Most common claims



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

Coverage summary

Covered conditions		Typical scenario Brain Tumor (expenses not covered by medical plan)		Solution: \$10,000 Group critical illness policy
Blindness	Stroke ³	Deductible	\$500	<ul style="list-style-type: none"> Lump sum payment to the employee upon diagnosis
Benign brain tumor	Coma ⁴	Specialist visits co-pay	\$960	<ul style="list-style-type: none"> Multiple payout plan design
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	\$6,000	<ul style="list-style-type: none"> Spouse coverage benefit independent of employee's
Heart attack		Employee out-of-pocket medical costs	\$10,660	<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						Monthly wellness premium	
	Age					Employee and children	\$2.40
	30-34	35-39	40-44	45-49	50-54		
	\$6.70	\$9.10	\$13.10	\$17.30	\$22.22	Employee, children and spouse	\$4.80



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 which is 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.

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.



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.

Wellness Benefit

Employee and children covered by a Critical Illness certificate will automatically be eligible to receive this benefit. A \$75 benefit per calendar year, per insured, for covered health screening tests performed.

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 Exclusion***

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from a pre-existing condition. 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.

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

Monthly Wellness Premium	
Employee and Children	\$2.40
Employee, Spouse and Children	\$4.80

To Calculate Your Total Monthly Cost:

1. Choose a \$5,000, \$10,000 or \$15,000 benefit for yourself. Locate the monthly cost that corresponds with your age on the effective date of coverage.
2. Choose a \$5,000 or \$10,000 benefit for your spouse. Locate the monthly cost that corresponds with your spouse's age on the effective date of coverage.
3. Add the cost of the wellness benefit. If you chose coverage just for yourself, the wellness benefit cost is \$2.40. If you chose coverage for you and your spouse, the wellness benefit cost is \$4.80.
4. Add the cost of 1, 2 and 3 for the total monthly cost.
5. Pre-Existing Condition Limitation – Benefits will not be paid 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