

These Minutes are Pending Board Approval

George Washington Academy

Thursday, October 24, 2024

7:30 p.m.

Board Meeting Minutes

Location: George Washington Academy
2277 South 3000 East
St. George, Utah
Learning Lab

Review of State Evaluations and Student Data was held at 7:00 p.m. prior to the Board Meeting.

The Board meeting convened at 7:40 p.m.

Board Welcome: Shannon Greer, President

Roll Call: Shannon Greer, President

Prayer: Josh Serrano

Pledge of Allegiance: Shannon Greer

Board Members Present: Amanda Mortenson, Austin Reber, Brady Pearce, Deborah Odenwalder, Laura Pressley, Laura Snelson, Kevin Peterson. Casey Unrein and Shannon Greer via Zoom.

Not Present: Blake Clark

Others Present: Spencer Adams, Jenna Ayers, Steven Erickson, Lexis Toia, Hannah Gillespie, Debbie Kauvaka, Josh Serrano, Chance Manzanares and Shelbi Kelly.

Review of Goals:

- Expanding student Leadership opportunities for ALL students
- Ensure ALL students are learning at High Levels
- Focus on Employee Mental Health with Better and Quicker Access

Approval of Minutes:

Deborah made a motion to approve the September 26, 2024 Board Meeting Minutes as outlined in the board packet. Laura Snelson seconded the motion. The motion passed unanimously. All present voted in favor: Amanda Mortenson, Austin Reber, Brady Pearce, Deborah Odenwalder, Laura Pressley, Laura Snelson. Casey Unrein and Shannon Greer via Zoom. (Kevin was absent for the vote)

Amanda made a motion to approve the October 10, 2024 Board meeting minutes as outlined in the board packet. Austin seconded the motion. The motion passed unanimously. All present voted in favor: Amanda Mortenson, Austin Reber, Brady Pearce, Deborah Odenwalder, Laura Pressley, Laura Snelson. Casey Unrein and Shannon Greer via Zoom. (Kevin was absent for the vote)

Public Opportunity to Address the Board:

Josh Serrano wanted to know if and when the first graders would be able to use the math center. Christine explained that they are currently serving only 3-7 grades. Currently if younger kids want to get help at the center they can join the after school program but parents would be required to pay out of pocket. Christine said she would love to talk to Josh and his daughter's teacher to explore how they can best help her.

Sarah Reynolds who joined via zoom wanted to know if IXL was available throughout the summer, she also expressed concern that her child was having a hard time accessing at home. Christine confirmed that it is available throughout the school year and the summer and that if she came into the school tomorrow she would help her get the access she needs.

Set time for adjournment Amanda set time for adjournment for 9:00 pm.

Teacher Reports:

Hannah Gillespie gave a report on first grade. She read an email from Natalie Reynolds, she said our kids are making great growth in reading. In our current history at time rotation, which is focused on digraph sounds, all classes have grown at least 1% if not more. This may not sound like much, but this means that the majority of our students have surpassed the developing and approaching group and have moved on to grade level or extension groups. Math data, currently they are at 60% on or above grade level for computation in math. For a celebration, they received an email from the second grade teachers at the beginning of the year informing them, the first grade teachers, of all the growth that their students made last year. The email from the second grade teachers said that when they went over the B.O.Y. Acadience data for both reading and math and they are blown away by how prepared the students are for second grade. Students scored 73% in reading, and that's after the summer slump. They are right on benchmark for both computation and concepts and application in math.

Lexi Toia reported on fourth grade. She said that their fact fluency grew 19% in the first quarter. They also celebrated their day of stars, which highlights students' independent reading. They got to choose a favorite character and present their character in an Oscar award ceremony. Ms. Lambs sixth grade science class got a test class average of 85% for their gravity and orbits assessment. Three out of the four classes scored an average of 92%, they celebrated with an ice cream party. Fifth grade just looked at the post test data for module four, which is expression. This year they pivoted from last year and cut out lessons that weren't essential and spent extra time on those lessons that were more essential. Our pre test score came in at 41% and we just took our post test and the average was 79%. They have noticed that fifth graders are struggling with fact fluency so they have been focusing on fact fluency. If fluency isn't there the rest of the year will be a struggle in math. They started a fun way to get the kids excited to memorize, they are doing multiplication ninjas. It's kinda like karate, every time they pass off a number 1-12

they get a rubber band to put on their pencil, kind of like a belt. With 12's being a black belt. It's been really motivating for the kids.

Administration Report:

Christine Giles gave the report. She said that right now attendance is at 95% and that tardies are at 89%. Having the different routes for parents to take at drop off has helped with these numbers. Enrollment is at 1,018. This fluctuates, but Debbie has done a great job keeping the number steady. Shannon mentioned she has gotten emails from the state about some of the reports. She wants to make sure they are getting submitted. Chrisine asked for the email to be forwarded to her and Blake and that she would make sure they are done.

Financial Report:

Spencer Adams gave the report. As of the end of September, officially a quarter of the way through the fiscal year, everything is looking great. A couple of things to keep in mind. We hit the October 1 date, which is significant for the financials because there is a good amount of state revenue that gets based off of those October 1 numbers, not as much as in years past but still some. We budgeted off 1,000 students and came in at 1,016, all indications show that the state revenue forecast should increase by quite a bit when its all trued up which generally happens usually on the November allotment. Local and State revenue is pretty much right on track, slightly ahead of schedule. A lot of it's due to, first off, the interest on investments. We came into the year pretty conservative. Not knowing what the rates would do. Then the state revenue, there are a couple of those line items that we get funded 100% or 75% just at the beginning of the year. It makes that trend a little high earlier. Federal revenue, we do see the lunch program starts to trickle in.

The expenses, everything is looking great. There is just one major category in red. As a reminder its only alarming if we don't know whats hitting that or if there are unanticipated events. The admin does a great job of keeping track of these budgers. Overall we are in a great position at this point. The ratios are still looking good. Slightly below the \$250,000. But again keep in mind that those trued-up numbers for the state revenue haven't hit yet so that's going to bolster that up a little bit. Should be finalizing last years audit here shortly. Getting it submitted to the state.

Casey asked if the sweep account has gone into effect and if its working. Spencer said yes he gets emails each day indicating the balance. Its coming in at the 3,000 level. Shannon asked if the reports have been submitter, or will be by the end of the month and Spencer confirmed they would.

Committee Reports (3 min each):

- **Policies Committee** – Nothing to report.
- **Finance Committee** – Nothing to report.
- **Audit Committee** - Casey mentioned that the audit is about finalized. No material deficiencies.
- **Benefits Committee** – Kevin said that everything has been finalized for the health, vision, dental and life insurance policies. It will appear in next months board packet for

approval. It started at 20% increase but got it down to 11.6%. The 11.6% increase still falls within the budget

- **Curriculum Committee** – Nothing to report.
- **Outreach Committee** – Nothing to report.
- **Technology Committee** - Nothing to report.
- **LAND Trust Committee** – Nothing to report.
- **PTO Committee** – Austin said that the fall fest went smoothly, They made \$3,000 over their budget. 30% came from one family who wrote a large check as a donation. Shelbi, make sure to write a thank you note. Shannon wants the PTO to let the board know how they can help and be involved with events.
- **Board Development Committee** – Nothing to report.
- **Campus Management Committee** – Nothing to report.

Discussion and/or Action Items:

None.

Sponsorships:

Shelbi reported that the plaques in the front for the sponsors are up. Thank you cards are being delivered by hand to the sponsors. There have been a few businesses who expressed interest in sponsoring next year. The raffle made money this year.

GWA Expansion: Shannon Greer Erin Preston

Shannon brought up the proposal numbers that the administration team and those who are part of that conversation put together. The total being 1,050 year 1 followed by 1080 year 2, 1,110 year 3, 1,140 year 4 and 1,170 year 5 with more growth potential further down the line. Currently the school is chartered for 1,075. It's going to take us to year 2 to need the expansion but we need to take care of it ahead of time before we actually need it.

Read the rubric for what the state needs and what the proposal says please review and make sure everything the state is asking for evidence is found in the proposal.

Shannon turned the time over to Erin Preston who has done a lot of support work on the attorney side for George Washington Academy. She has experience building schools.. She is here to share the process and some of the pitfalls. We pride ourselves in team effort, doing things right, following the rules and being on time.

Erin said she is a lawyer with 30 years of experience. She grew up in a construction company family. Realized there were a lot of problems with contracts from other charter schools. She has worked with new schools, expansions, remodels, and bonds. She is here to talk about getting contracts and financing right.

10-15 years ago you could get a bond for 3%-4% interest rate which are pretty good terms. She asked what our terms would be. Kevin said the rate we were given is 4.65% for 35 years with no foreseen penalties for paying off early. She asked if that was with refinancing of the existing school as well. Kevin said that they are separate with collateral being from their own buildings.

First consideration is that you never take more than 25% of your funding for a facility. Kevin said that the first 2 years they will be between 22%-23% because of prepayments. Kevin said there will be 1.6 million in prepaid interest David's expenses and escrow. After year 2 it will go down to 22%. Erin said 4.6% is a great percentage she asked how long that is locked in and how much of our cashflow that would eat up. Kevin said we don't know exactly because we don't have final numbers on construction. We have 360 days of cash available, we think we can spend roughly 2-3 million dollars still maintaining the current covenants on the current bond and be able to add the additional bonds as well. Erin mentioned that GWA has always been a very financially strong, sound school. Cash on hand is critical to maintain. It will help us attain financing. She spoke to the idea of advancing our students through the school and growing gradually rather than looking to add a significant amount upfront. She spoke of the Spectrum Academy following a similar model. She said that the benefit of this is that the current GWA students are already familiar with the school's model and it doesn't take a lot to get adjusted for new students in a gradual way. The problem is that we may have some cash problems at first because we have more school to pay for without as many students.

Erin said there are different methods to finance a school. Pre-bonding is what we are looking at. This particular method is their way to have more control over construction and architecture. But it also front loads a lot of things, spending money upfront. Finding a developer to do developer financing is hard right now.

Erin brought up other issues for pre-bonding. Once we get our financing is when we start paying interest. Traditional construction versus charter school construction. As one of the finest charter schools they will want to have us expand. There shouldn't be any problem on getting approved. Especially since we aren't expanding grades. Another benefit is that we have the land already. We need to see if that can be used as collateral and upfront financing. She sees every square inch of a build as how many classrooms, how many special ed classrooms, how many offices every fifty thousand is a teacher. Charter construction is a shorter timeline. You don't want your financing way out there. If it's warranted, great. Erin said her shortest build was a new build at 5 months 3 weeks from shovel to doors open. She said you don't need 18 months of construction time that you hear about a lot. When you have the school board, administration, faculty, and everyone working together you get to listen to each other and get ideas for how to make the best school. Erin asked how many special Ed the school has. Christine said 13%, which is under state average. Erin talked about how districts can receive funding for up to 14.4% but that charters don't have a cap. Erin said that GWA is the only school that she works with that doesn't have special ed closer to 25% in one form or another. We can anticipate the number to go up so to make sure we have the facilities for it. Planning on zoning - We are building to an E occupancy, E being education. It's the second most stringent code to build for. There will be a lot of permits and a lot of specialists required to check beforehand. Everything will get done, then we send everything to the state of education and they will give us the building permit. There will be no impact fees if you go through the state. Generally there are the same architects and builders for charter or traditional. Something to consider is CAT 5 wiring, things like WIFI hubs. Shannon mentioned we wanted to have something similar to a library, not like the traditional one we have in the main building but one with resources. Erin showed a few pictures of different rooms that are multifunctional. Something to consider is making sure that each space we use has multiple functions. Erin said that there is an increasing autism population in our state. They are triggered by different things. The pictures are showing upscaled lighting so that it doesn't flicker and cause seizures. Smells, colors, contrasts, anything that evokes sensory responses they didn't want in

the school that is being pictures. This is where we need to think about our student population, what do they need? Part of the building can be left empty so that we can grow into it in the future. Remote connectivity is important, internet is important, safety is important. There's a few things that are always going to be stable, but we just aren't conducting school the same way we were 10 years ago. First thing is to create a construction timeline. We already have the site, but design, finance, contracts, permits, all go into planning. 75% of the work is done before the shovel hits the ground. We need to decide how to set up the construction model. If you're not doing developer financing, that means that you're in control of your money much more than you would be otherwise so you can have more competitive bidding processes. You can take advantage of the costs where you have construction partners that may not be as busy. Standard of interest and qualifications is an SOIQ. Basically if you are doing an independent selection of architects, you can't consider money. You have them come up with examples of their work and you rank them. Then you open the price if you don't like the price they are out and you move on to the second ranked candidate. This can be problematic.

At this point Shannon entertained a motion to continue the conversation. Kevin made a motion to continue, Brady seconded the motion. All present voted in favor: Amanda Mortenson, Kevin Peterson, Austin Reber, Brady Pearce, Deborah Odenwalder, Laura Pressley, Laura Snelson. Casey Unrein and Shannon Greer via Zoom.

Erin lost connectivity to the internet so the conversation went on without her. She will join us at 7 p.m. for the next meeting.

Casey commented that he valued the talk about SOIQ because it didn't seem like there was any way to value the architect when we didn't even know what our budget was. Brady asked where we are with the architects. Shannon said that we spoke with 3 architects. All of them came back with great information, one of them came with some basic maps of where we can put the building, where we can put it to utilize the space that we have to provide the best parking location that architect group was really very beneficial in helping us to imagine what this might look like. We met with two contracting companies. Both of them gave us some good insight, shared some things that the architect had. Shannon believes that the time spent with both give a good indication of what the process of working with them will be like. We have not identified who we want to work with because we need to go through this formal process. Shannon went on to say that the RFP process has given us the opportunity to really begin engaging with the contractors in a formal way. One of the things that we began the conversation thinking that we would identify an architect, and contractor and work with them in a triangle type relationship. After the meeting both contractors recommended identifying the contractor and letting the contractor identify the architect. That has a more linear relationship with, the contractors feel that would streamline and make the process faster.

Kevin said that at one of the meetings they recommended getting a CMGC, construction manager general contractor. They would help with expediting the process where we were trying to get everything done in 18 months. Basically having one individual that's taking care of all the engineering, the architect would focus on the architect but how we are going to utilize the space and the functionality. One thing Erin brought up is although we don't have to go through a permitting process through the city, we still have to go through a utility and easement

process. We need to make sure the sewer line meets capacity. We may need to bring in a new water line in order to have enough water pressure. So are the processes that the construction manager will lay out for us. We will stay in our wheelhouse of saying what we want, the construction manager will make sure it gets done the right way. Two of the architects that the committee met with, one in particular is masterful at planning and designing projects. The problem is that they are fairly set in their ways of what they think these projects should look like. One of the things the admin team and the committee is fairly adamant about is that we don't want a new building not looking like the old building. We don't want two completely different buildings that look like they are from two different planets. Aesthetically and exterior and material-wise we want there to be some consistency there. Kevin said that as we are all volunteers, we need to find professionals who want to be the general contractor and will let us have input in terms of what we are doing. It's not up to the admin, their job is to educate children. What we are trying to create for aloof us is an accountability factor that says, general contractor, here's the plan. That outlet is not in the right spot, that's not a change order, that's ok you and that's accountability from there. Architect, you recommended this, No, this your architect, this needs to be here. Both contractors are willing to do it that way.

Shannon said that the contractors and even the architects thought that the 18 months was a very quick timeline. She asked Kevin and Casey to talk about why the timeline should be moved to 2027 from a financial standpoint.

Kevin said, we are looking at the pre-bond option. He gave a hypothetical situation to explain the current process. We need a \$10 million building. Between the costs and construction costs and interest expense, and David, that's going to be \$10 million construction, \$2 million interest expense, \$2 million fees, prepaid insurance, all these costs that go into it. \$10 million turns into \$14 million. One of the things Erin is concerned about, is that we would start incurring interest of \$14 million on day one, even if you haven't used any of it yet. We have had some good conversations about a hybrid approach where we would use cash that we have available. We can stay within bond recovery covenants and do everything we need to do and still spend roughly \$2 - \$3 million without incurring any kind of covenant restrictions or any of our bond restrictions being in jeopardy at any point in time. So probably to do soils reports and the architect and some of those things, we use the cash out up front. Then we just postpone the ability to then go get the financing. There is a form that is approved through the state of Utah that allows you to fill out what's called a reimbursement form. And you can apply for a reimbursement form right from the get-go. David says if you think you're going to be at \$14 million ask for \$18 million. Once you set that, it goes through the board and is approved and we can't exceed that amount of the project. Then we can go spend that additional cash, we can do whatever. When we pull the bonds just like you didn't, whatever portion we want it to be, then that going forward would go. Roughly a \$10 million bond after year one, because year one is very expensive, because it's all fee front-end loaded, it's roughly \$575,000-\$600,000 of additional expense is what we are looking at. That's the idea.

Another concern comes from the electrical world. There are a lot of electrical components that have lead times of 18-22 months. Transformers in particular are very hard to get a hold of. Nobody wants to tell us they can do a job then have a hard time getting the components. Austin confirmed the issue and said that Hurricane City has been waiting for 14 months on a transformer for a project. Deborah asked why we shouldn't just sit on the land longer, save up so we can reduce the percentage, as well as wait out the shortages. Brady said it's not going to get

any cheaper. Deborah asked about putting some of the gap from our budget towards a building fund and save that for a few years to reduce that percentage of how much we're getting lending for versus paying out with limiting the impact on our day-to-day functions. She said she doesn't want to see that we limit our cash flow and our budget to the point where our current school is hindered. Shannon said that they have been saving for this day for the past 8-9 years, they have been budgeting but that one thing we need to take into account is that we are at capacity. We need to have more space for the students that we have in the building to be able to continue the great educational opportunities that we have. So while right now we are juggling we need to build so we can put the kids that we have in spaces. We are juggling right now costs getting worse, versus interest rates, versus the ability to educate kids that we currently have. Casey said he thinks we can broaden the conversation of maybe having a smaller building instead of the big one we are talking about. But that is a juggling act that we're playing, in a variety of different committees and conversations. In order to build enough we need to attract more students in order to pay for it. Kevin said it doesn't matter if we delay things. If interest rates get worse, then all the savings that we think were going to save by delaying that are going to end up there. I know what the project's going to cost now, I know what the financing is today, I have no idea what's going to be in the future. Amanda said that one of the contractors said he built 2 buildings on Riverside Road two years apart and the second building was 40% more than the first. So the interest would gain on saving our money is not going to outrun inflation right now. Casey said that the reimbursement resolution that Kevin was mentioning, it is something that probably will, based on the way this process is coming along, be a board item in the next two-three months. Any money spent prior to the resolution being passed cannot be reimbursed. Christine asked what the enrollment is going to need to look like starting next year to get the annual funds. Shannon said that the proposal that admin gave the board is a place to start. Shannon went on to talk about how we have the ability to have more kindergartners, if we can do that we can retain them, the retention is a higher percentage. The concern is where are we going to put them. Possibly portable on the back playground, possibly adding one student to each class. Ultimately, the board will not decide where the students will go, that is up to the administration to decide which teachers can handle extra and what space they can use. Casey said that the school is constantly bringing in large numbers of new students to each grade level. He attributed this to the attractiveness of the school. He also said that each grade level has an 85%-90% retention rate. This means that there are about 15 new students per grade level each year. One of the conversations has been to have a student/teacher ratio of 25. Casey showed 3 different tables that he created. One has the current school makeup with 5 classes in K-5 and 4 classes in 6th and 7th. The average class size was 26.5. Kindergarten had 27.8 but the ratio goes down a bit as we go to different grades. Another table shows a conservative proposal of adding 1 class per grade with 11 new students per class. The average class size was 23.8. The proposed maximum table had 2 new classes being added with 38 students and the class average being 24.3. Retention has gotten higher from kindergarten to first grade over the years. Casey's analysis on that is because kindergarten is more universal now so they are coming to GWA as a school of choice rather than out of necessity. Shannon asked that the admin team confirm that the projected numbers that were brought up at the beginning of this portion of the meeting were the correct projections. They confirmed that they were. Kevin wanted to reassure all of the admin team that the numbers that the board are giving are projections, not ultimatums or expectations. He said nobody will lose their job if these numbers are not met. He said that just because we are throwing out projections doesn't mean that we anticipate or expect not meeting these and that we

would be in financial ruin if they weren't met. We will never put ourselves in such a poor predicament. This will not be placed on the admin team or the teachers, we will not proceed unless there is a viable plan. Kevin said he recognizes that there will be bumps in the road but he doesn't want that to cause analysis paralysis. This is not bulletproof. What it is, is good people trying to do the right thing for the right reason. Chrisine said that the admin analyzed the numbers and spoke with teachers. The teachers feel more comfortable having 28 students in the classroom instead of 25 if they can have an assistant at KN1. Casey showed another table with adding 3 new classes and bringing in an additional 169 students. He mentioned that if we do a big push the first year or two, it would get easier from there because it would be about retention and maintaining after that. Kevin said he didn't want to sugar coat it, the first two years will be hard. There will be some growing pains, but 2 years of difficulty for 20 more years of educating kids is worth it. Shannon went on to talk about the importance of being intentional in our goals. She said that we are going to need to change the way we have been doing things because we want to grow and not just get the same results. Shannons goal is to submit by Tuesday, if we don't meet the deadline we need to way a whole year. By submitting the proposal we are committing to the numbers not the dollar amount. There is the option to push it back a year, that would give us enough time to get the configuration we want. Shannon went on to say these numbers, they will base and they will judge us by how close we hit our numbers. As long as we can finance what we're doing, there are going to be less concerns about what those numbers look like. For example, for the last 10 years we have been chartered at 1,075. Because 10 years ago we crunched some numbers and figured that if every kindergartenthat started in our building stayed with us through 8th grade we would have to water some of them out. So we increased that number so that we would have the ability to keep as many students as we wanted to be here. We have since grown with things like mathnasium and the reading center has grown. We no longer have space to grow. We are bursting at the seams and will not hit that 1,075 mark without jepordizing students and faculty. The state has never come back and said we are under-enrolling. They have always seen our numbers and they've seen that we've budgeted correctly and that we've stayed under budget. With that being said, these numbers, they're going to want to see. They're going to want to see how we intentionally plan to grow. But at the end of the day, as long as we are meeting our financial responsibilities and all of the requirements, if we are 50 students short, and highest we ever get is to 1,140 I don't think they're going to have much to say. We absolutely need to make sure we are staying within our budget, which we have always done. Shannon then asked if anyone has any concerns about submitting the proposal next week. Amanda asked, If we go ahead and apply to the state now and get approved but let's say we decide to start construction not until 2027, will we be penalized? Shannon confirmed they will expect full transparency, and we will be in communication with them if something comes up. As long as we aren't spending money inappropriately or taking funding for growing then not growing I don't think they will have a problem. Casey then asked the admin team if going on year 5 if it's six classes per grade level. Christine mentioned all the developments going in around the school. Kevin said that most of the demographic is coming from all over, it's not a neighborhood school, people are committed to the school and having their kids get the best education and are willing to travel. Kevin did some quick math and said that last year they were able to save \$573,673 more than they anticipated saving, this year they are on track to saving a high amount again. Without changing a single thing, thats enough money to make the bond payment. He has high hopes in money for education and grants that can be received. We have created a great problem, what happens when a family comes and they have three kids but we are

only able to take two? We don't have the space. Nobody wants to take out a huge loan, but it's what needs to be done if we want to grow.

Shannon confirmed that the proposal will be submitted by November 1. The board and the admin team will need to be present at the State Charter School Board on January 16 generally between 10-4. Christine was delegated to reserve the bus. They usually allocate 30-45 minutes for questions. From now until January we will focus on the budget for this project. There will be a continued conversation about whether an attorney needs to review the RFP or which documents need to be reviewed. Not having an attorney review will save money.

Housekeeping items, Christmas party is December 2. It was requested that the November 21 meeting be moved to November 14. The December board meeting will just be preparing for the January meeting.

Closed Meeting – None

Reconvene — Take all appropriate action in relation to closed session items.

Next Meeting: The next regular Board Meeting will be held on November 14 at 7:30 p.m.

Amanda motioned to adjourn the meeting. Adjournment at 10:13.

Minutes written by Shelbi Kelly.



Financial Summary

as of October 31, 2024

33.3% through the Year

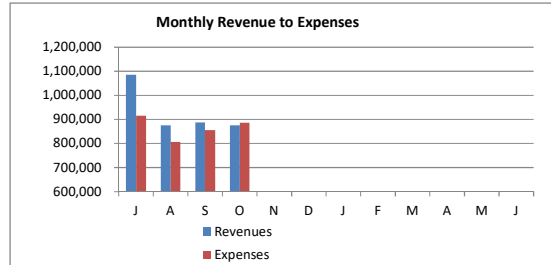
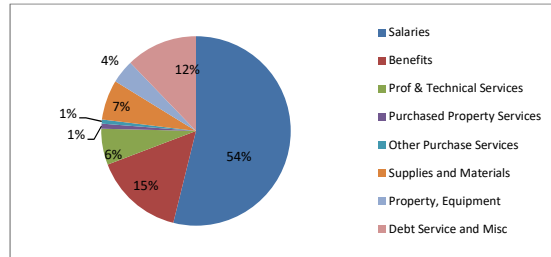
BUDGET REPORT

Green - more than 5% ahead of forecast
 Yellow - within 5% of forecast
 Red - more than 5% behind forecast

| | | | | |
|-----------------------------------|---------------------|----------------------|----------------------|------------|
| Enrollment | | 1000 | 1000 | |
| Revenue | | | | |
| 1000 Local | \$ 210,864 | \$ 546,858 | \$ 546,858 | 39% |
| 3000 State | \$ 3,468,346 | \$ 10,198,466 | \$ 10,330,759 | 34% |
| 4000 Federal | \$ 44,744 | \$ 430,455 | \$ 430,455 | 10% |
| Total Revenue | \$ 3,723,954 | \$ 11,175,779 | \$ 11,308,072 | 33% |
| Expenses | | | | |
| 100 Salaries | \$ 1,822,375 | \$ 5,876,332 | \$ 5,884,332 | 31% |
| 200 Benefits | \$ 450,972 | \$ 1,669,678 | \$ 1,674,844 | 27% |
| 300 Prof & Technical Services | \$ 152,237 | \$ 631,679 | \$ 670,199 | 23% |
| 400 Purchased Property Services | \$ 29,409 | \$ 92,280 | \$ 96,380 | 31% |
| 500 Other Purchase Services | \$ 15,167 | \$ 75,838 | \$ 75,838 | 20% |
| 600 Supplies and Materials | \$ 422,518 | \$ 730,928 | \$ 739,928 | 57% |
| 700 Property, Equipment | \$ 135,716 | \$ 348,081 | \$ 443,314 | 31% |
| 800 Debt Service and Misc | \$ 434,291 | \$ 1,334,712 | \$ 1,334,712 | 33% |
| Total Expenses | \$ 3,462,685 | \$ 10,759,528 | \$ 10,919,547 | 32% |
| Net Income from Operations | \$ 261,269 | \$ 416,251 | \$ 388,525 | 67% |

Operating Margin 7.0% 3.7% 3.4%

EXPENSES

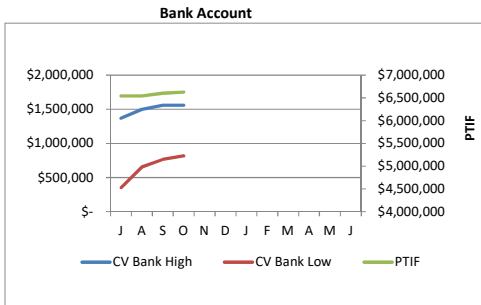


RATIOS

| | Actual | Goal | Covenant | Prior Mth Change |
|-----------------------|------------|-----------|----------|------------------|
| Operating Margin | 3.44% | 5% | | 0.0% |
| Debt Service Coverage | 1.30 | 1.25 | 1.05 | 0.00 |
| Days Cash on Hand | 274 | 130 | 30 | 1 |
| Building Payment % | 11.7% | < 22% | | 0.0% |
| Unrestricted NI | \$ 265,025 | \$250,000 | | \$ (1,974) |
| Maintenance of Effort | \$ - | \$552 | | \$ - |

CASH

| | | |
|---------------------------|--------------|---------------------------|
| Month Ending Cash Balance | \$ 8,189,109 | Includes \$6,629,205 PTIF |
| Days Cash on Hand | 274 | |

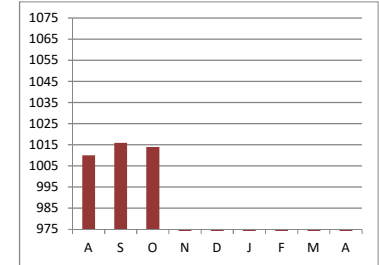


RESERVES

| | Actual Ytd | Forecast |
|----------------------------|---------------------|---------------------|
| Last Year Reserve Balance | \$ 7,135,787 | \$ 7,135,787 |
| Reserves Added this Year | \$ 261,269 | \$ 265,025 |
| Project 1 | \$ - | \$ - |
| New Reserve Balance | \$ 7,397,056 | \$ 7,400,812 |

ENROLLMENT

| | A | S | O | N | D | J | F | M | A |
|--------------|-------------|-------------|-------------|----------|----------|----------|----------|----------|----------|
| K | 139 | 141 | 139 | | | | | | |
| 1 | 134 | 136 | 136 | | | | | | |
| 2 | 139 | 138 | 137 | | | | | | |
| 3 | 134 | 136 | 136 | | | | | | |
| 4 | 138 | 140 | 138 | | | | | | |
| 5 | 125 | 125 | 126 | | | | | | |
| 6 | 106 | 105 | 107 | | | | | | |
| 7 | 95 | 95 | 95 | | | | | | |
| Total | 1010 | 1016 | 1014 | 0 | 0 | 0 | 0 | 0 | 0 |
| | WPU | | 917.55 | | | | | | |



Budget Detail Report

Actuals as of: **October 31, 2024**

Percentage of Year: **33.3%**



| Revenue | (996 Students) | Current Yr Actuals | (1000 Students) | Approved Budget | Changes | 1000 Forecast | % of Forecast | % Change From Prior Mth |
|--|----------------------|---------------------|----------------------|-------------------|----------------------|---------------|---------------|-------------------------|
| | FY24 Actuals | | Approved Budget | | | | | |
| 1000 Revenue From Local Sources | | | | | | | | |
| 1510 Interest | \$ 448,400 | \$ 149,117 | \$ 300,000 | \$ - | \$ 300,000 | 49.7% | 32.1% | |
| 1600 Food Services | \$ 219,830 | \$ 60,217 | \$ 230,000 | \$ - | \$ 230,000 | 26.2% | 68.3% | |
| 1741 Student Activities and Fees | \$ 125 | \$ 5 | \$ 300 | \$ - | \$ 300 | 1.7% | 0.0% | |
| 1741 Textbook and Library Fees | \$ - | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 1920 Donations | \$ 14,116 | \$ 860 | \$ 4,000 | \$ - | \$ 4,000 | 21.5% | 0.0% | |
| 1920 Staff Lounge | \$ 2,681 | \$ 550 | \$ 3,000 | \$ - | \$ 3,000 | 18.3% | 266.7% | |
| 1920 Dixie Direct Fundraiser | \$ 7,175 | \$ - | \$ 8,558 | \$ - | \$ 8,558 | 0.0% | 0.0% | |
| 1930 Sales of Assets | \$ 78 | \$ - | \$ 1,000 | \$ - | \$ 1,000 | 0.0% | 0.0% | |
| 1990 Background Checks | \$ 1,529 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 1990 Miscellaneous Income | \$ - | \$ 115 | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| Total 1000: | \$ 693,934 | \$ 210,864 | \$ 546,858 | \$ - | \$ 546,858 | 38.6% | 40.7% | |
| 3000 Revenue From State Sources MSP | | | | | | | | |
| 30-3005 Regular School Program K | \$ 479,589 | \$ 161,866 | \$ 390,014 | \$ - | \$ 390,014 | 41.5% | 33.3% | |
| 30-3010 Regular School Program 1-12 | \$ 3,326,359 | \$ 1,159,820 | \$ 3,591,301 | \$ - | \$ 3,591,301 | 32.3% | 33.3% | |
| 30-3020 Professional Staff | \$ 239,285 | \$ 83,096 | \$ 249,288 | \$ - | \$ 249,288 | 33.3% | 33.3% | |
| 31-1205 Sped Educ Reg Add-On WPUS | \$ 538,986 | \$ 226,346 | \$ 678,233 | \$ - | \$ 678,233 | 33.4% | 33.3% | |
| 31-1210 Sped Educ Reg Self Contained | \$ 33,883 | \$ 20,464 | \$ 61,393 | \$ - | \$ 61,393 | 33.3% | 33.3% | |
| 31-1220 Sped Educ Extended Year Program | \$ 3,926 | \$ 1,406 | \$ 4,217 | \$ - | \$ 4,217 | 33.3% | 33.4% | |
| 31-1225 Sped Educ State Programs | \$ 8,355 | \$ 3,271 | \$ 9,814 | \$ - | \$ 9,814 | 33.3% | 33.3% | |
| 31-1278 Sped Educ Stipends Extended Year | \$ 3,024 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 31-5201 Class Size Reduction K-8 | \$ 392,873 | \$ 137,539 | \$ 412,617 | \$ - | \$ 412,617 | 33.3% | 33.3% | |
| 31-5344 Enhancement for At-Risk Student | \$ 124,890 | \$ 52,666 | \$ 157,998 | \$ - | \$ 157,998 | 33.3% | 33.3% | |
| 31-5901 Career and Tech Ed Dist. Add-On | \$ 6,230 | \$ 2,031 | \$ 5,965 | \$ - | \$ 5,965 | 34.0% | 33.3% | |
| 31-5903 CTE Comprehensive Counseling | \$ 20,000 | \$ 6,667 | \$ - | \$ 20,000 | \$ 20,000 | 33.3% | 33.3% | |
| 32-0500 Charter School Admin--Costs Base Funding | \$ 114,540 | \$ 38,180 | \$ 115,000 | \$ - | \$ 115,000 | 33.2% | 33.3% | |
| 32-5310 Flexible Allocation | \$ 2,279 | \$ 775 | \$ 2,323 | \$ - | \$ 2,323 | 33.4% | 33.4% | |
| 32-5619 Charter School Local Replacement | \$ 3,111,614 | \$ 1,101,244 | \$ 3,317,000 | \$ - | \$ 3,317,000 | 33.2% | 33.3% | |
| 32-5651 Educator Professional Time | \$ 89,531 | \$ 82,808 | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 33-5805 Early Literacy | \$ 42,822 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 34-5642 Elementary School Counselor Grant | \$ 50,000 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 34-5666 Professional Learning Grant | \$ 8,989 | \$ 2,867 | \$ - | \$ 8,600 | \$ 8,600 | 33.3% | 33.3% | |
| 34-5807 Teacher Salary Supplement Program | \$ 11,311 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 34-5868 Teacher Supplies and Materials | \$ 7,610 | \$ 18,170 | \$ 22,713 | \$ - | \$ 22,713 | 80.0% | 0.0% | |
| 34-5876 Educator Salary Adjustment | \$ 564,864 | \$ 199,337 | \$ 598,011 | \$ - | \$ 598,011 | 33.3% | 33.3% | |
| 34-5911 ELL Software | \$ 2,787 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 35-5420 School Land Trust Program | \$ 145,119 | \$ 148,100 | \$ 148,100 | \$ - | \$ 148,100 | 100.0% | 0.0% | |
| 35-5655 Digital Teaching & Learning | \$ 58,794 | \$ - | \$ - | \$ 49,660 | \$ 49,660 | 0.0% | 0.0% | |
| 35-5678 TSSA | \$ 231,049 | \$ - | \$ 254,228 | \$ - | \$ 254,228 | 0.0% | 0.0% | |
| 35-5679 School Based Mental Health Grant | \$ 55,060 | \$ - | \$ 54,918 | \$ - | \$ 54,918 | 0.0% | 0.0% | |
| 35-5810 Library Books & Elective Resources | \$ - | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 35-5882 Beverly Taylor Sorenson Grant | \$ 47,540 | \$ - | \$ 30,333 | \$ - | \$ 30,333 | 0.0% | 0.0% | |
| 38-5608 Mental Health Screeners | \$ 42,395 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 38-5618 Software Licenses K-3 Reading | \$ 10,246 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 38-5654 Period Products in Schools | \$ - | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 38-5673 Substance Prevention | \$ 4,000 | \$ 4,000 | \$ 4,000 | \$ - | \$ 4,000 | 100.0% | 0.0% | |
| 38-5674 Elementary Suicide Prevention | \$ 1,000 | \$ - | \$ 1,000 | \$ - | \$ 1,000 | 0.0% | 0.0% | |
| 38-5697 LETRS Professional Development Grant | \$ - | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 38-5914 School Safety Specialist | \$ 3,000 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 38-5914 School Safety Grant | \$ 59,438 | \$ - | \$ - | \$ 54,033 | \$ 54,033 | 0.0% | 0.0% | |
| 38-8070 School Lunch (Liquor Tax) | \$ 164,824 | \$ 17,693 | \$ 90,000 | \$ - | \$ 90,000 | 19.7% | 140.3% | |
| Total 3000: | \$ 10,006,212 | \$ 3,468,346 | \$ 10,198,466 | \$ 132,293 | \$ 10,330,759 | 33.6% | 30.5% | |
| 4000 Revenue From Federal Sources | | | | | | | | |
| 45-7522 IDEA Pre-School | \$ 2,503 | \$ - | \$ 2,503 | \$ - | \$ 2,503 | 0.0% | 0.0% | |
| 45-7524 IDEA Flow-Through | \$ 153,427 | \$ - | \$ 153,247 | \$ - | \$ 153,247 | 0.0% | 0.0% | |
| 45-8075 Free & Reduced Reimbursement | \$ 131,759 | \$ 26,197 | \$ 132,555 | \$ - | \$ 132,555 | 19.8% | 127.7% | |
| 45-8075 National School Lunch Program | \$ 56,316 | \$ 12,031 | \$ 57,480 | \$ - | \$ 57,480 | 20.9% | 140.3% | |
| 45-8075 School Breakfast Program | \$ 29,548 | \$ 6,516 | \$ 29,467 | \$ - | \$ 29,467 | 22.1% | 144.2% | |
| 45-8079 Local Food for Schools Co-Op | \$ 6,984 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 45-8080 Pandemic EBT | \$ 653 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 47-7290 CARES UEN WiFi | \$ - | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| 48-7801 Federal Title I A | \$ 43,465 | \$ - | \$ 47,055 | \$ - | \$ 47,055 | 0.0% | 0.0% | |
| 48-7860 Federal NCLB Title II A | \$ 11,706 | \$ - | \$ 8,148 | \$ - | \$ 8,148 | 0.0% | 0.0% | |
| 48-7860 Federal Title IV Repurposed to Title I | \$ 10,000 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% | |
| Total 4000: | \$ 446,361 | \$ 44,744 | \$ 430,455 | \$ - | \$ 430,455 | 10.4% | 133.3% | |
| Total Revenue: | \$ 11,146,507 | \$ 3,723,954 | \$ 11,175,779 | \$ 132,293 | \$ 11,308,072 | 32.9% | 31.7% | |



(996 Students)

(1000 Students)

1000

| | FY24 Actuals | Current Yr Actuals | Approved Budget | Changes | Forecast | % of Forecast | % Change From Prior Mth |
|--|---------------------|-----------------------|---------------------|------------------|---------------------|---------------|----------------------------|
| Expenses | | | | | | | |
| 100 Salaries | | | | | | | |
| 121 Administration | \$ 504,125 | \$ 174,788 | \$ 520,202 | \$ - | \$ 520,202 | 33.6% | 33.6% |
| 131 Teachers | \$ 2,940,993 | \$ 1,027,612 | \$ 3,147,493 | \$ - | \$ 3,147,493 | 32.6% | 30.7% |
| 131 Special Education Salaries | \$ 295,586 | \$ 98,921 | \$ 297,081 | \$ - | \$ 297,081 | 33.3% | 52.4% |
| 131 Stipends / Merit Pay | \$ 136,787 | \$ 5,922 | \$ 88,020 | \$ (21,600) | \$ 66,420 | 8.9% | 15.4% |
| 131 Summer Professional Development | \$ 7,000 | \$ - | \$ 60,000 | \$ - | \$ 60,000 | 0.0% | 0.0% |
| 131 Educator Professional Time Stipend | \$ 21,000 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| 131 Mental Health Stipend | \$ 33,334 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| 131 LETRS Training Stipend | \$ 50,000 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| 131 TSSP After School Tutoring Stipends | \$ - | \$ - | \$ - | \$ 12,600 | \$ 12,600 | 0.0% | 0.0% |
| 131 LAND TRUST - Stipends | \$ - | \$ - | \$ - | \$ 9,000 | \$ 9,000 | 0.0% | 0.0% |
| 131 Special Education Stipends (After School) | \$ 1,998 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| 132 Substitute Teachers (PTO Stipend) | \$ 24,255 | \$ - | \$ 30,000 | \$ - | \$ 30,000 | 0.0% | 0.0% |
| 132 SpEd Substitutes | \$ - | \$ - | \$ 5,000 | \$ - | \$ 5,000 | 0.0% | 0.0% |
| 142 Counselor | \$ 235,501 | \$ 85,738 | \$ 257,466 | \$ - | \$ 257,466 | 33.3% | 34.6% |
| 143 School Nurse | \$ 6,234 | \$ 3,017 | \$ 9,921 | \$ - | \$ 9,921 | 30.4% | 26.3% |
| 145 Librarian / Literacy Aide | \$ 21,374 | \$ 6,562 | \$ 22,279 | \$ - | \$ 22,279 | 29.5% | 72.5% |
| 152 Secretaries | \$ 137,607 | \$ 41,545 | \$ 136,399 | \$ - | \$ 136,399 | 30.5% | 45.3% |
| Board Clerk | \$ - | \$ 4,176 | \$ - | \$ 8,000 | \$ 8,000 | 52.2% | 26.7% |
| 161 Teacher Aides, Reading Specialists & Subs | \$ 456,182 | \$ 141,158 | \$ 525,347 | \$ (28,350) | \$ 496,997 | 28.4% | 60.2% |
| 161 TSSP - ELL Para's | \$ - | \$ 6,429 | \$ - | \$ 25,350 | \$ 25,350 | 25.4% | 0.0% |
| 161 LAND TRUST - K Aide/Student Support Para | \$ 40,585 | \$ 12,344 | \$ 34,000 | \$ 3,000 | \$ 37,000 | 33.4% | 249.1% |
| 161 SpEd Aides & Speech Therapist | \$ 190,806 | \$ 66,962 | \$ 235,040 | \$ - | \$ 235,040 | 28.5% | 66.8% |
| 162 Computer Aides | \$ 22,777 | \$ 7,150 | \$ 24,576 | \$ - | \$ 24,576 | 29.1% | 69.7% |
| 182 Custodial & Maintenance | \$ 113,144 | \$ 40,576 | \$ 120,493 | \$ - | \$ 120,493 | 33.7% | 46.9% |
| 191 Lunch Room Aide | \$ 323,160 | \$ 99,475 | \$ 363,015 | \$ - | \$ 363,015 | 27.4% | 93.2% |
| Total 100: | \$ 5,562,448 | \$ 1,822,375 | \$ 5,876,332 | \$ 8,000 | \$ 5,884,332 | 31.0% | 39.7% |
| 200 Employee Benefits | | | | | | | |
| 220 Social Security | \$ 368,910 | \$ 117,414 | \$ 426,210 | \$ 241 | \$ 426,451 | 27.5% | 37.9% |
| 220 LAND TRUST - BENEFITS | \$ 3,220 | \$ 2,253 | \$ 2,601 | \$ 399 | \$ 3,000 | 75.1% | 83.0% |
| 220 SpEd Social Security | \$ 34,373 | \$ 12,384 | \$ 41,090 | \$ - | \$ 41,090 | 30.1% | 55.4% |
| 230 Retirement | \$ 253,729 | \$ 87,047 | \$ 345,373 | \$ - | \$ 345,373 | 25.2% | 34.2% |
| 240 Group Insurance | \$ 643,286 | \$ 195,384 | \$ 725,754 | \$ - | \$ 725,754 | 26.9% | 43.0% |
| 240 Mental Health | \$ - | \$ 9,886 | \$ 60,000 | \$ - | \$ 60,000 | 16.5% | 78.1% |
| 240 Deductible Stipend | \$ 36,882 | \$ 697 | \$ 35,000 | \$ - | \$ 35,000 | 2.0% | 0.0% |
| 270 Worker's Compensation Fund | \$ 17,075 | \$ 23,211 | \$ 20,412 | \$ 4,526 | \$ 24,938 | 93.1% | 1.1% |
| 280 Unemployment Insurance | \$ 12,728 | \$ 2,696 | \$ 13,238 | \$ - | \$ 13,238 | 20.4% | 0.0% |
| Total 200: | \$ 1,370,203 | \$ 450,972 | \$ 1,669,678 | \$ 5,166 | \$ 1,674,844 | 26.9% | 38.7% |
| 300 Purchased Professional & Technical | | | | | | | |
| 320 Special Education Contractors | \$ 134,028 | \$ 31,789 | \$ 135,000 | \$ - | \$ 135,000 | 23.5% | 212.2% |
| 320 Counseling Services - (FY20 LCSW-Mental Health) | \$ - | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| 320 Math Center Contract | \$ - | \$ - | \$ 80,000 | \$ - | \$ 80,000 | 0.0% | 0.0% |
| 320 School Resource Officer | \$ - | \$ - | \$ 60,000 | \$ - | \$ 60,000 | 0.0% | 0.0% |
| 330 Employee Training & Development | \$ 5,907 | \$ 2,360 | \$ - | \$ - | \$ - | 0.0% | -78.7% |
| 330 TSSA - Training & Development (\$88,800 between PD/Travel) | \$ 32,977 | \$ - | \$ 30,000 | \$ 20,000 | \$ 50,000 | 0.0% | 0.0% |
| 330 LAND TRUST - Training & Development | \$ 30,404 | \$ 8,950 | \$ 24,000 | \$ - | \$ 24,000 | 37.3% | 0.0% |
| 330 SpEd Training & Development | \$ 2,970 | \$ 1,820 | \$ 6,000 | \$ - | \$ 6,000 | 30.3% | 0.0% |
| 330 LETRS Professional Learning Grant PD | \$ - | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| 330 SEDC Services | \$ 3,861 | \$ 2,535 | \$ 3,891 | \$ - | \$ 3,891 | 65.2% | 0.0% |
| 340 Audit | \$ 15,912 | \$ 9,975 | \$ 16,600 | \$ - | \$ 16,600 | 60.1% | 0.0% |
| 345 Business Manager Services | \$ 79,908 | \$ 27,436 | \$ 82,308 | \$ - | \$ 82,308 | 33.3% | 33.3% |
| 349 Legal Services | \$ 465 | \$ - | \$ 8,000 | \$ - | \$ 8,000 | 0.0% | 0.0% |
| 350 Technical Services (IT) | \$ 101,974 | \$ 63,261 | \$ 147,600 | \$ - | \$ 147,600 | 42.9% | 69.5% |
| 580 Admin & Teacher Travel (Meals) | \$ 27,248 | \$ 1,608 | \$ 7,000 | \$ - | \$ 7,000 | 23.0% | 117.0% |
| 580 TSSA - Travel (\$88,800 between PD/Travel) | \$ 20,763 | \$ 20 | \$ 20,280 | \$ 18,520 | \$ 38,800 | 0.1% | 0.0% |
| 580 LAND TRUST - Travel | \$ 863 | \$ - | \$ 6,000 | \$ - | \$ 6,000 | 0.0% | 0.0% |
| 580 SpEd - Travel | \$ 1,511 | \$ 1,882 | \$ 1,500 | \$ - | \$ 1,500 | 125.5% | 177.2% |
| 580 SpEd Contracted Employee Travel | \$ 3,386 | \$ 601 | \$ 3,500 | \$ - | \$ 3,500 | 17.2% | 0.0% |
| Total 300: | \$ 462,177 | \$ 152,237 | \$ 631,679 | \$ 38,520 | \$ 670,199 | 22.7% | 68.1% |
| 400 Purchased Property Services | | | | | | | |
| 411 Water/Sewage | \$ 9,360 | \$ 3,452 | \$ 12,000 | \$ - | \$ 12,000 | 28.8% | 0.0% |
| 411 Water Rights | \$ - | \$ - | \$ 1,000 | \$ - | \$ 1,000 | 0.0% | 0.0% |
| 412 Disposal Services | \$ 17,063 | \$ 3,507 | \$ 15,480 | \$ - | \$ 15,480 | 22.7% | 0.0% |
| 420 Cleaning Services | \$ 5,880 | \$ 3,330 | \$ 5,800 | \$ - | \$ 5,800 | 57.4% | 0.0% |
| 431 Lawn Care Services | \$ 12,430 | \$ 6,840 | \$ 12,000 | \$ 4,100 | \$ 16,100 | 42.5% | 66.6% |
| 431 Non-Technology Repairs & Maintenance | \$ 31,638 | \$ 12,280 | \$ 33,000 | \$ - | \$ 33,000 | 37.2% | 24.9% |
| 432 Copy Machine Servicing | \$ 7,071 | \$ - | \$ 13,000 | \$ - | \$ 13,000 | 0.0% | 0.0% |
| Total 400: | \$ 83,442 | \$ 29,409 | \$ 92,280 | \$ 42,620 | \$ 96,380 | 30.5% | 21.4% |
| 500 Other Purchased Services | | | | | | | |
| 518 Field Trips / Bus Rental | \$ 2,734 | \$ 125 | \$ 3,000 | \$ - | \$ 3,000 | 4.2% | 0.0% |
| 522 Property & Liability Insurance | \$ 47,784 | \$ 12,967 | \$ 52,838 | \$ - | \$ 52,838 | 24.5% | 0.0% |
| 530 Telephone | \$ 10,856 | \$ 396 | \$ 11,000 | \$ - | \$ 11,000 | 3.6% | 33.3% |
| 540 Marketing | \$ 6,242 | \$ 1,679 | \$ 9,000 | \$ - | \$ 9,000 | 18.7% | 0.0% |
| Total 500: | \$ 67,616 | \$ 15,167 | \$ 75,838 | \$ - | \$ 75,838 | 20.0% | 1.5% |



| | (996 Students) FY24 Actuals | Current Yr Actuals | (1000 Students) Approved Budget | Changes | 1000 Forecast | % of Forecast | % Change From Prior Mth |
|--|-----------------------------------|--------------------------------|---------------------------------------|--------------------|--------------------------------|---|----------------------------|
| 600 Supplies and Materials | | | | | | | |
| 610a Classroom Supplies | \$ 52,113 | \$ 39,532 | \$ 44,680 | \$ 27,320 | \$ 72,000 | 54.9% | 3.5% |
| 610a TSSA - Supplies | \$ 7,610 | \$ - | \$ 18,320 | \$ (18,320) | \$ - | 0.0% | 0.0% |
| 610a LAND TRUST | \$ - | \$ 234 | \$ 12,000 | \$ (9,000) | \$ 3,000 | 7.8% | 0.0% |
| 610b Special Ed Supplies | \$ 9,522 | \$ 2,447 | \$ 10,000 | \$ - | \$ 10,000 | 24.5% | 19.5% |
| 610 Elective Supplies | \$ - | \$ - | \$ 6,000 | \$ - | \$ 6,000 | 0.0% | 0.0% |
| 610c Theatre Supplies | \$ 4,241 | \$ 940 | \$ 7,000 | \$ - | \$ 7,000 | 13.4% | 4.6% |
| 610d CCA Expenses | \$ 4,456 | \$ 3,100 | \$ 5,179 | \$ - | \$ 5,179 | 59.9% | 0.0% |
| 610e Student Activity Supplies / Incentives | \$ 11,739 | \$ 3,708 | \$ 14,000 | \$ - | \$ 14,000 | 26.5% | 37.5% |
| 610f Board Expenses/meals | \$ 3,666 | \$ 1,385 | \$ 10,000 | \$ - | \$ 10,000 | 13.9% | 7.4% |
| 610g Office Supplies/General | \$ 34,581 | \$ 20,737 | \$ 35,000 | \$ - | \$ 35,000 | 59.2% | 17.1% |
| 610h Safety Supplies | \$ 1,602 | \$ 1,243 | \$ 4,000 | \$ - | \$ 4,000 | 31.1% | 3.8% |
| School Safety Grant | \$ 3,245 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| 610i GWA Gives Back | \$ - | \$ - | \$ 1,300 | \$ - | \$ 1,300 | 0.0% | 0.0% |
| 610j First Aid Supplies | \$ 388 | \$ 206 | \$ 1,000 | \$ - | \$ 1,000 | 20.6% | 104.0% |
| 610k Director Discretionary Fund | \$ 8,734 | \$ 4,695 | \$ 10,000 | \$ - | \$ 10,000 | 47.0% | 34.7% |
| 610m Staff Lounge | \$ 5,033 | \$ 4,786 | \$ 6,000 | \$ - | \$ 6,000 | 79.8% | 2.4% |
| 610n Swag Store | \$ - | \$ 240 | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| 610o Christmas Party | \$ 4,975 | \$ - | \$ 5,000 | \$ - | \$ 5,000 | 0.0% | 0.0% |
| 610p Health and Wellness | \$ 1,685 | \$ 494 | \$ 3,000 | \$ - | \$ 3,000 | 16.5% | 315.1% |
| 610q Non Food Lunch Supplies | \$ 23,851 | \$ 10,678 | \$ - | \$ 20,000 | \$ 20,000 | 53.4% | 24.4% |
| 621 Natural Gas | \$ 12,039 | \$ 539 | \$ 14,000 | \$ - | \$ 14,000 | 3.9% | 45.3% |
| 622 Electricity | \$ 43,346 | \$ 20,019 | \$ 43,000 | \$ - | \$ 43,000 | 46.6% | 50.9% |
| 630 School Lunch Prgm | \$ 248,244 | \$ 87,920 | \$ 230,000 | \$ (20,000) | \$ 210,000 | 41.9% | 50.6% |
| 641 Textbooks/Curriculum | \$ 47,705 | \$ 66,666 | \$ 79,794 | \$ (46,100) | \$ 33,694 | 197.9% | -49.4% |
| 641 TSSA - Curriculum | \$ 39,200 | \$ 42,533 | \$ 39,200 | \$ 11,500 | \$ 50,700 | 83.9% | 0.0% |
| 641 UCCRSC | \$ - | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| 641 Digital Teaching & Learning Curriculum | \$ 47,152 | \$ 34,600 | \$ 14,000 | \$ 20,600 | \$ 34,600 | 100.0% | 0.0% |
| 641 SpEd - Textbooks/Curriculum | \$ 922 | \$ 9,695 | \$ 29,855 | \$ 15,000 | \$ 44,855 | 21.6% | 1.9% |
| 644 Library Books | \$ 4,324 | \$ 3,000 | \$ 4,000 | \$ - | \$ 4,000 | 75.0% | 217.8% |
| 650 Tech Related Supplies | \$ 46,519 | \$ 1,747 | \$ - | \$ 2,700 | \$ 2,700 | 64.7% | 0.0% |
| 670 Educational Software | \$ 19,000 | \$ 26,200 | \$ 15,700 | \$ (15,700) | \$ - | 0.0% | -37.3% |
| 670 TSSA - Educational Software (\$75,900 between hardware/software) | \$ - | \$ - | \$ 10,800 | \$ 15,700 | \$ 26,500 | 0.0% | 0.0% |
| 670 LAND TRUST - Educational Software | \$ 9,551 | \$ 18,535 | \$ 14,700 | \$ 5,300 | \$ 20,000 | 92.7% | 0.0% |
| 670 SpEd - Educational Software | \$ - | \$ - | \$ 3,400 | \$ - | \$ 3,400 | 0.0% | 0.0% |
| 680 Maintenance Supplies & Material | \$ 37,421 | \$ 16,639 | \$ 40,000 | \$ - | \$ 40,000 | 41.6% | 31.3% |
| Total 600: | \$ 732,864 | \$ 422,518 | \$ 730,928 | \$ 9,000 | \$ 739,928 | 57.1% | 19.0% |
| 700 Property | | | | | | | |
| 710 Land and Site Improvements & Building | \$ 99,353 | \$ 40,875 | \$ 25,000 | \$ 48,000 | \$ 73,000 | 56.0% | 27.8% |
| 710 School Safety Grant | \$ - | \$ - | \$ - | \$ 50,000 | \$ 50,000 | 0.0% | 0.0% |
| 733 Furniture and Fixtures | \$ 18,311 | \$ 9,427 | \$ 20,000 | \$ - | \$ 20,000 | 47.1% | 17.6% |
| 733 SpEd - Furniture and Fixtures | \$ 1,533 | \$ 1,080 | \$ 1,296 | \$ - | \$ 1,296 | 83.3% | 0.0% |
| 734 Technology Hardware | \$ 54,929 | \$ - | \$ 2,700 | \$ (2,700) | \$ - | 0.0% | 0.0% |
| 734 TSSA - Tech Hardware (\$75,900 between hardware/software) | \$ - | \$ - | \$ - | \$ 1,400 | \$ 1,400 | 0.0% | 0.0% |
| 734 LAND TRUST - Hardware | \$ 18,607 | \$ - | \$ 55,000 | \$ - | \$ 55,000 | 0.0% | 0.0% |
| 734 SpEd - Tech Hardware | \$ 3,108 | \$ - | \$ 345 | \$ - | \$ 345 | 0.0% | 0.0% |
| 734 ESSER III - Tech Hardware | \$ - | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| 734 Digital Teaching & Learning Hardware | \$ - | \$ - | \$ 15,000 | \$ - | \$ 15,000 | 0.0% | 0.0% |
| 734 School Safety Grant | \$ 24,962 | \$ 4,033 | \$ - | \$ 4,033 | \$ 4,033 | 100.0% | 0.0% |
| 736 Technology Software | \$ 2,020 | \$ - | \$ - | \$ - | \$ - | 0.0% | -100.0% |
| 736 TSSA - Software (\$75,900 between hardware/software) | \$ 38,782 | \$ 46,995 | \$ 48,000 | \$ - | \$ 48,000 | 97.9% | 0.0% |
| 736 LAND TRUST - Software | \$ 10,773 | \$ - | \$ 5,500 | \$ (5,500) | \$ - | 0.0% | 0.0% |
| 736 SpEd - Software | \$ 2,771 | \$ 1,680 | \$ 1,800 | \$ - | \$ 1,800 | 93.3% | 0.0% |
| 736 School Safety Grant | \$ 23,100 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| 739 Kitchen Equipment | \$ 643 | \$ - | \$ 23,440 | \$ - | \$ 23,440 | 0.0% | 0.0% |
| 790 Cap Ex Fund | \$ 227,009 | \$ 31,626 | \$ 150,000 | \$ - | \$ 150,000 | 21.1% | 0.0% |
| Total 700: | \$ 525,901 | \$ 135,716 | \$ 348,081 | \$ 95,233 | \$ 443,314 | 30.6% | 8.2% |
| 800 Debt Service & Miscellaneous | | | | | | | |
| 810 Dues and Fees | \$ 15,132 | \$ 3,320 | \$ 19,000 | \$ - | \$ 19,000 | 17.5% | 37.9% |
| 830 Bond Restricted Assets (Interest) | \$ 469,512 | \$ 156,504 | \$ 436,912 | \$ - | \$ 436,912 | 35.8% | 33.3% |
| 840 Bond Restricted Assets (Principal) | \$ 815,000 | \$ 271,667 | \$ 845,000 | \$ - | \$ 845,000 | 32.1% | 33.3% |
| 833 Bond Fees | \$ 51,670 | \$ 2,800 | \$ 33,800 | \$ - | \$ 33,800 | 8.3% | 0.0% |
| 890 Miscellaneous | \$ 618 | \$ - | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| Total 800: | \$ 1,351,932 | \$ 434,291 | \$ 1,334,712 | \$ - | \$ 1,334,712 | 32.5% | 34.2% |
| Total Expenses: | \$ 10,156,583 | \$ 3,462,685 | \$ 10,759,528 | \$ 198,539 | \$ 10,919,547 | 31.7% | 35.1% |
| Net Income: | \$ 989,924 | \$ 261,269 | \$ 416,251 | \$ (66,246) | \$ 388,525 | 67.2% | |
| | | | | | \$ 250,000 | Restricted Forecasted Spend Down | |
| | | | | | \$ 265,025 | Food Service | \$ (104,724) |
| | | | | | \$ 123,500 | SpEd | \$ 123,500 |
| Cap Ex Fund: | | At year end: \$ 176,393 | | Use: \$0 | At year end: \$ 294,767 | | |
| (Unrestricted over \$350,000) Special Project Fund: | | Beg of Year \$ 185,261 | | | At year end: \$ 185,261 | | |
| Fund Reserve: | | | \$ 7,413,538 | | \$ 7,400,812 | | |

GEORGE WASHINGTON ACADEMY

Balance Sheet

As of October 31, 2024

| | <u>Oct 31, 24</u> |
|---|-----------------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| 8110 · Cash in Banks | |
| 8111 · Cache Valley Bank Accounts | |
| 1 · Petty Cash | 179.07 |
| 8111.1 · Cache Valley Bank (2050) | -13,510.52 |
| 8111.3 · Cache Valley Checking (8114) | 1,573,234.88 |
| Total 8111 · Cache Valley Bank Accounts | <u>1,559,903.43</u> |
| 8116 · PTIF | 6,629,205.45 |
| 8120 · US Bank Accounts | |
| 8120.1C · Principal Fund 2015 (80001) | 499,510.85 |
| 8120.2 · Interest Fund 2008 (9002) | 0.02 |
| 8120.2B · Interest Fund 2011 (5001) | 0.01 |
| 8120.2C · Interest Fund 2015 (80002) | 56,287.73 |
| 8120.3C · Reserve Fund 2015 (80003) | 1,285,912.50 |
| 8120.5C · Repair & Rplcmnt 2015 (80005) | 150,000.00 |
| 8120.6C · Expense Fund 2015 (80006) | 67,217.65 |
| Total 8120 · US Bank Accounts | <u>2,058,928.76</u> |
| Total 8110 · Cash in Banks | <u>10,248,037.64</u> |
| Total Checking/Savings | <u>10,248,037.64</u> |
| Other Current Assets | |
| 8130 · Accounts Recievable | |
| 8135 · Utah State Sales Tax | 4,099.51 |
| Total 8130 · Accounts Recievable | <u>4,099.51</u> |
| Total Other Current Assets | <u>4,099.51</u> |
| Total Current Assets | <u>10,252,137.15</u> |
| TOTAL ASSETS | <u><u>10,252,137.15</u></u> |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| 9513 · Accounts Payable-bill.com | 18,986.86 |
| Total Accounts Payable | <u>18,986.86</u> |
| Credit Cards | |
| 9531 · Visa Card | |
| 9531a · VISA Card - Jessica's Card | 4,131.82 |
| 9531b · VISA Card - Blake's Card | -240.64 |
| Total 9531 · Visa Card | <u>3,891.18</u> |
| 9532 · Lowe's | 161.57 |
| Total Credit Cards | <u>4,052.75</u> |
| Other Current Liabilities | |
| 9510 · Accounts Payable | 546.85 |
| 9530 · Accrued Liabilities | |
| 9535 · Accrued Bond Liability | 209,714.60 |
| Total 9530 · Accrued Liabilities | <u>209,714.60</u> |
| 9540 · Accrued Salaries & Withholdings | |
| 9544 · Utah State Withholding | 18,148.00 |
| Total 9540 · Accrued Salaries & Withholdings | <u>18,148.00</u> |
| 9540a · Payroll & Benefit YE Accrual | 352,543.09 |

GEORGE WASHINGTON ACADEMY

Balance Sheet

As of October 31, 2024

| | <u>Oct 31, 24</u> |
|--|------------------------------------|
| 9550 · Due to Other Funds | 315,684.26 |
| 9560 · Deferred Revenue | |
| 9561 · Local | 30,943.26 |
| Total 9560 · Deferred Revenue | <u>30,943.26</u> |
| Total Other Current Liabilities | <u>927,580.06</u> |
| Total Current Liabilities | <u>950,619.67</u> |
| Total Liabilities | 950,619.67 |
| Equity | |
| 30000 · Opening Balance Equity | 193.93 |
| 9820 · Net Assets - Restricted | 274,126.04 |
| 9830 · Retained Earnings | 8,336,409.18 |
| 9850 · Unreserved Fund Balances | 7,398.97 |
| 9859 · Undesignated Fund Balance | 422,122.16 |
| Net Income | 261,267.20 |
| Total Equity | <u>9,301,517.48</u> |
| TOTAL LIABILITIES & EQUITY | <u><u>10,252,137.15</u></u> |



PROPOSAL FOR BOARD ACTION

Proposal Title: _____

Submitted by: _____

Originating Committee: _____

Please briefly describe: (1) the situation giving rise to the proposal, (2) the background behind the proposal, (3) your assessment of the situation/background, and (4) your recommendation to the Board.

Situation:

Background Information, including a list of reviewing committees:

Assessment:

Recommendation:

Please submit this form with all accompanying paperwork to the Board Clerk, Shelbi Kelly, at skelly@gwacademy.org by the 15th day of the month of the Board meeting.

Employer Group Plan Renewal

George Washington

Academy



1224 South River Road Suite A202
St George, UT 84790

Office & Text: 435.673.7912 | Fax: 435.634.9277

Emails: gerene@southernutahinsurance.com

chanel@southernutahinsurance.com

www.southernutahinsurance.com

UnitedHealthcare

Medical Proposed Rates for George Washington Academy

Effective Date: January 01, 2025 In Progress Rates, Service Fee: 5.26%

• The numbers below are on an illustrative basis. Final rates will be determined after Underwriting analysis of the final member census.

| | Current Plan 2024 | Renewal-SUI Rate Relief | Alternate Plan Option |
|------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Plan Name | DD3F (HSA) Rx plan: G84 | EANQ (Open Access HSA) Rx plan: G84 | EANO (Open Access HSA) Rx plan: G84 |
| Product | INS-Choice + | INS-Choice + | HMO-Choice |
| HRA/HSA | HSA | HSA | HSA |
| Rating Group | DD3F-G84 | DD3F-G84 | Total |
| Benefits* | In Network | In Network | In Network |
| Office Copay (PCP/SPC) | PCP D&C, SCP D&C | PCP D&C, SCP D&C | PCP D&C, SCP D&C |
| Hospital Copays | OP D&C, IP D&C | OP D&C, IP D&C | OP D&C, IP D&C |
| UC/ER | UC D&C, ER D&C | UC D&C, ER D&C | UC D&C, ER D&C |
| Major Diagnostics | MD D&C: DDP | MD D&C: DDP | MD D&C: DDP |
| X-ray & Lab | X-ray D&C, Lab D&C: DDP | X-ray D&C, Lab D&C: DDP | X-ray D&C, Lab D&C: DDP |
| Deductible | \$4,000 / \$8,000 / Emb | \$4,000 / \$8,000 / Emb | \$4,000 / \$8,000 / Emb |
| Coinsurance | 80% | 80% | 70% |
| Out-of-Pocket | \$6,250 / \$12,500 / Emb | \$6,250 / \$12,500 / Emb | \$6,250 / \$12,500 / Emb |
| Pharmacy | Med Ded, \$5/\$30/\$65/\$250, 2.5 MO | Med Ded, \$5/\$30/\$65/\$250, 2.5 MO | Med Ded, \$5/\$30/\$65/\$250, 2.5 MO |
| Rx PDL-Network | Advantage-Natl | Advantage-Natl | Advantage-Natl |
| | Out of Network | Out of Network | Out of Network |
| Deductible | \$6,000 / \$12,000 / Emb | \$6,000 / \$12,000 / Emb | N/A / Emb |
| Coinsurance | 50% | 50% | N/A |
| Out of Pocket | \$12,000 / \$24,000 | \$12,000 / \$24,000 | N/A |
| Enrollment | Current Plan 2024 | Renewal -SUI Rate Relief | Renewal Plan 2025 |
| EE Only | 20 | 20 | 20 |
| EE+Spouse | 4 | 4 | 4 |
| EE+Ch(ren) | 3 | 3 | 3 |
| Family | 21 | 21 | 21 |
| Total | 48 | 48 | 48 |
| Rates | | | |
| EE Only | \$623.60 | \$715.02 | \$666.80 |
| EE+Spouse | \$1,403.10 | \$1,608.79 | \$1,500.30 |
| EE+Ch(ren) | \$1,340.74 | \$1,537.29 | \$1,433.62 |
| Family | \$1,933.16 | \$2,216.55 | \$2,096.86 |
| Monthly Cost | \$62,703 | \$71,894 | \$67,612 |
| Annual Cost | \$752,436 | \$862,739 | \$812,065 |
| Increase | - | 15.00% | 11.6% |

UnitedHealthcare Renewal Kit

Prepared for: George Washington Academy
Member Group ID: #1621806
Effective Date: 1/1/2025

Based on current enrollment, UnitedHealthcare is pleased to offer the following renewal ~~terms:~~

Dental renewal

| Quote Options | Enrollment | Alt |
|---|------------|-------------------------|
| Plan Code | | 1X746 |
| Plan Type | | Passive PPO |
| | | In / Out |
| Individual Deductible (In/Out) | | \$50 / \$50 |
| Family Deductible (In/Out) | | \$150 / \$150 |
| Annual Plan Maximum | | \$5000 / \$5000 |
| Preventive Services | | 100% / 100% |
| Basic Dental Services | | 80% / 80% |
| Endodontics | | 50% / 50% |
| Periodontics | | 50% / 50% |
| Oral Surgery | | 50% / 50% |
| Major Services | | 50% / 50% |
| Orthodontia Eligibility | | Child Only / Child Only |
| Orthodontia Coinsurance | | 50% / 50% |
| Orthodontia Lifetime Maximum | | \$1000 / \$1000 |
| Waiting Period for Major Services | | 0 Months |
| UCR | | MAC |
| Network Name | | Options PPO 20 |
| Consumer Max Multiplier Included | | No |
| Preventive Max Multiplier Included | | No |
| Implants Included | | Yes |
| Contribution Type | | |
| Dental Estimated Monthly Premium | | |
| Employee Only | | \$36.13 |
| Employee & Spouse | | \$72.27 |
| Employee & Child(ren) | | \$83.53 |
| Employee & Family | | \$125.98 |
| Total Estimated Monthly Premium | | |

Change from current: -20%

- Rates are effective for 12 months.
- **Current & 2025 Dental Plan comparison:**
 - - The plan deductibles are the same on both plans \$50 Ind. /\$150 Family.
 - - The alternate quote has a \$5000 per person per year annual max payout in and out of network! Your current plan has \$2000 in and out of network.
 - - Both have no waiting periods.
 - - Both have the \$1000 for ortho coverage for child only up to age 19.
 - - The 2025 plan DOES cover implants!
 - - The 2025 plan has LOWER monthly rates!

UnitedHealthcare Renewal Kit

Prepared for: George Washington Academy
Member Group ID: #1621806
Effective Date: 1/1/2025

Based on current enrollment, UnitedHealthcare is pleased to offer the following renewal terms:

Vision renewal

| | | Employee | Empl + Spouse | Empl + Child | Empl + Fam |
|----------------------|--------------|----------|---------------|--------------|------------|
| Plan: S110C | Current Rate | \$5.67 | \$10.76 | \$12.63 | \$17.77 |
| | Renewal Rate | \$5.67 | \$10.76 | \$12.63 | \$17.77 |
| Change from current: | | | | | 0.00% |

* Ask about our Basic Life / AD&D options!

- Please refer to your benefit summary or certificate of coverage for a detailed view of the benefit coverage
- Rates are based on maintaining current employee participation level.
- Rates are based on maintaining current employer contribution level.
- Rate assumes standard exclusions & limitations.
- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.

| | NON-ORTHODONTICS | | ORTHODONTICS | |
|--|-------------------------------------|-------------------------------------|--------------------------------|--------------------------------|
| | NETWORK | NON-NETWORK | NETWORK | NON-NETWORK |
| Individual Annual Deductible | \$50 | \$50 | \$0 | \$0 |
| Family Annual Deductible | \$150 | \$150 | \$0 | \$0 |
| Annual Maximum Benefit <i>(The total benefit payable by the plan will not exceed the highest listed maximum amount for either Network or Non-Network services.)</i> | \$2000 per person per calendar year | \$2000 per person per calendar year | \$1000 per person per lifetime | \$1000 per person per lifetime |
| Annual Deductible Applies to Preventive and Diagnostic Services | No | | | |
| Annual Deductible Applies to Orthodontic Services | No | | | |
| Waiting Period | No waiting period | | | |
| Orthodontic Eligibility Requirement | Up to age 19 | | | |

| COVERED SERVICES* | NETWORK PLAN PAYS** | NON-NETWORK PLAN PAYS*** | BENEFIT GUIDELINES |
|---|---------------------|--------------------------|--|
| DIAGNOSTIC SERVICES | | | |
| Periodic Oral Evaluation | 100% | 100% | Limited to 2 times per consecutive 12 months. |
| Radiographs | 100% | 100% | Bitewing: Limited to 1 series of films per calendar year. Complete/Panorex: Limited to 1 time per consecutive 36 months. |
| Lab and Other Diagnostic Tests | 100% | 100% | |
| PREVENTIVE SERVICES | | | |
| Dental Prophylaxis (Cleanings) | 100% | 100% | Limited to 2 times per consecutive 12 months. |
| Fluoride Treatments | 100% | 100% | Limited to covered persons under the age of 16 years and limited to 2 times per consecutive 12 months. |
| Sealants | 100% | 100% | Limited to covered persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months. |
| Space Maintainers | 100% | 100% | For covered persons under the age of 16 years, limit 1 per consecutive 60 months. |
| BASIC DENTAL SERVICES | | | |
| Restorations <i>(Amalgam or Anterior Composite)*</i> | 80% | 80% | Multiple restorations on one surface will be treated as a single filling. |
| General Services <i>(including Emergency Treatment)</i> | 80% | 80% | Palliative Treatment: Covered as a separate benefit only if no other service was done during the visit other than X-rays. General Anesthesia: when clinically necessary. Occlusal Guard: Limited to 1 guard every consecutive 36 months. |
| Simple Extractions | 80% | 80% | Limited to 1 time per tooth per lifetime. |
| Oral Surgery <i>(includes surgical extractions)</i> | 80% | 80% | |
| Periodontics | 80% | 80% | Perio Surgery: Limited to 1 quadrant or site per consecutive 36 months per surgical area. Scaling and Root Planing: Limited to 1 time per quadrant per consecutive 24 months. Periodontal Maintenance: Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement. |
| Endodontics | 80% | 80% | Root Canal Therapy: Limited to 1 time per tooth per lifetime. |
| MAJOR DENTAL SERVICES | | | |
| Inlays/Onlays/Crowns* | 50% | 50% | Limited to 1 time per tooth per consecutive 60 months. |
| Dentures and other Removable Prosthetics | 50% | 50% | Full Denture/Partial Denture: Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments. |
| Fixed Partial Dentures (Bridges)* | 50% | 50% | Limited to 1 time per tooth per consecutive 60 months. |
| ORTHODONTIC SERVICES | | | |
| Diagnose or correct misalignment of the teeth or bite | 50% | 50% | |

* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

** The network percentage of benefits is based on the discounted fee negotiated with the provider.

*** The non-network percentage of benefits is based on the schedule of usual and customary fees in the geographic area in which the expenses are incurred.

In accordance with the Illinois state requirement, a partner in a Civil Union is included in the definition of Dependent. For a complete description of Dependent Coverage, please refer to your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan. The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary Benefits and your Certificate of Coverage/benefits administrator, the Certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental@ Options PPO Plan is either underwritten or provided by: UnitedHealthcare Insurance Company, Hartford, Connecticut; UnitedHealthcare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York; or United HealthCare Services, Inc.

UnitedHealthcare/dental exclusions and limitations

Dental Services described in this section are covered when such services are:

- A. Necessary;
- B. Provided by or under the direction of a Dentist or other appropriate provider as specifically described;
- C. The least costly, clinically accepted treatment; and
- D. Not excluded as described in the Section entitled, General Exclusions.

GENERAL LIMITATIONS

PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.

COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to 1 time per consecutive 36 months.

BITEWING RADIOGRAPHS Limited to 1 series of films per calendar year.

EXTRAORAL RADIOGRAPHS Limited to 2 films per calendar year.

DENTAL PROPHYLAXIS Limited to 2 times per consecutive 12 months.

FLUORIDE TREATMENTS Limited to covered persons under the age of 16 years, and limited to 2 times per consecutive 12 months.

SPACE MAINTAINERS Limited to covered persons under the age of 16 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.

SEALANTS Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.

RESTORATIONS Multiple restorations on one surface will be treated as a single filling.

PIN RETENTION Limited to 2 pins per tooth; not covered in addition to cast restoration.

INLAYS AND ONLAYS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.

CROWNS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.

POST AND CORES Covered only for teeth that have had root canal therapy.

SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.

SCALING AND ROOT PLANING Limited to 1 time per quadrant per consecutive 24 months.

ROOT CANAL THERAPY Limited to 1 time per tooth per lifetime.

PERIODONTAL MAINTENANCE Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.

FULL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.

PARTIAL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.

RELINING AND REBASING DENTURES Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.

REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES

Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.

PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than the exam and radiographs, were performed on the same tooth during the visit.

OCCUSAL GUARDS Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.

FULL MOUTH DEBRIDEMENT Limited to 1 time every consecutive 36 months.

GENERAL ANESTHESIA Covered only when clinically necessary.

OSSEOUS GRAFTS Limited to 1 per quadrant or site per consecutive 36 months.

PERIODONTAL SURGERY Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area.

REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.

GENERAL EXCLUSIONS

The following are not covered:

1. Dental Services that are not necessary.
2. Hospitalization or other facility charges.
3. Any dental procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive Surgery regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any dental procedure not directly associated with dental disease.
6. Any dental procedure not performed in a dental setting.
7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
8. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the covered person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
9. Expenses for dental procedures begun prior to the covered person becoming enrolled under the Policy.
10. Dental Services otherwise covered under the Policy, but rendered after the date individual coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual coverage under the Policy terminates.
11. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including spouse, brother, sister, parent or child.
12. Foreign Services are not covered unless required as an Emergency.
13. Replacement of complete dentures, fixed and removable partial dentures, or crowns, if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement.
14. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
15. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
16. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
17. Placement of dental implants, implant-supported abutments and prostheses
18. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
19. Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
20. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
21. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
22. Acupuncture; acupressure and other forms of alternative treatment, whether or not used as anesthesia.
23. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
24. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
25. Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
26. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
27. Orthodontic coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, any surgical procedure to correct a malocclusion, replacement of lost or broken retainers and/or habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.

| | NON-ORTHODONTICS | | ORTHODONTICS | |
|---|-------------------------------------|-------------------------------------|--------------------------------|--------------------------------|
| | NETWORK | NON-NETWORK | NETWORK | NON-NETWORK |
| Individual Annual Deductible | \$50 | \$50 | \$0 | \$0 |
| Family Annual Deductible | \$150 | \$150 | \$0 | \$0 |
| Annual Maximum Benefit <i>(The total benefit payable by the plan will not exceed the highest listed maximum amount for either Network or Non-Network services.)</i> | \$5000 per person per Calendar Year | \$5000 per person per Calendar Year | \$1000 per person per Lifetime | \$1000 per person per Lifetime |
| Annual Deductible Applies to Preventive and Diagnostic Services | No | | | |
| Annual Deductible Applies to Orthodontic Services | No | | | |
| Waiting Period | No waiting period | | | |
| Orthodontic Eligibility Requirement | Child Only Up to Age 19 | | | |

| COVERED SERVICES* | NETWORK PLAN PAYS** | NON-NETWORK PLAN PAYS*** | BENEFIT GUIDELINES |
|---|---------------------|--------------------------|---|
| PREVENTIVE & DIAGNOSTIC SERVICES | | | |
| Periodic Oral Evaluation | 100% | 100% | Limited to 2 times per consecutive 12 months. |
| Radiographs - Bitewing | 100% | 100% | Bitewing: Limited to 1 series of films per calendar year. Complete/Panorex: Limited to 1 time per consecutive 36 months. |
| Dental Prophylaxis (Cleanings) | 100% | 100% | Benefit is not to exceed in combination with periodontal maintenance 4 per consecutive 12 months. |
| Fluoride Treatments | 100% | 100% | Limited to covered persons under the age of 16 years and limited to 2 times per consecutive 12 months. |
| Sealants | 100% | 100% | Limited to covered persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months. |
| BASIC DENTAL SERVICES | | | |
| Radiographs - Intraoral/Extraoral | 80% | 80% | Limited to 2 films per calendar year. |
| Lab and Other Diagnostic Tests | 80% | 80% | |
| Space Maintainers | 80% | 80% | For covered persons under the age of 16 years, limit 1 per consecutive 60 months. |
| Restorations; Amalgam or Composite (Anterior & Posterior) | 80% | 80% | Multiple restorations on one surface will be treated as a single filling. |
| General Services - Emergency Treatment | 80% | 80% | Covered as a separate benefit only if no other service was done during the visit other than X-rays. |
| Simple Extractions | 80% | 80% | Limited to 1 time per tooth per lifetime. |
| Oral Surgery - Brush Biopsy | 80% | 80% | |
| Endodontics - Pulpotomy | 80% | 80% | Root Canal Therapy: Limited to 1 time per tooth per lifetime. |
| Periodontal Maintenance | 80% | 80% | Benefit is not to exceed in combination with dental prophylaxis 4 per consecutive 12 months. |
| MAJOR DENTAL SERVICES | | | |
| General Services - Occlusal Guards | 50% | 50% | Limited to 1 guard every consecutive 36 months. |
| General Services - Anesthesia | 50% | 50% | When clinically necessary. |
| Oral Surgery - Surgical Extractions | 50% | 50% | |
| Oral Surgery - Partial/Bony | 50% | 50% | |
| Oral Surgery - Other | 50% | 50% | |
| Endodontics - Other | 50% | 50% | |
| Periodontics - Non Surgical | 50% | 50% | Scaling and Root Planing: Limited to 1 time per quadrant per consecutive 24 months. |
| Periodontics - Surgical | 50% | 50% | Limited to 1 quadrant or site per consecutive 36 months per surgical area. |
| Periodontics - Osseous Surgery | 50% | 50% | Limited to 1 quadrant or site per consecutive 36 months per surgical area. |
| Inlays/Onlays/Crowns* | 50% | 50% | Limited to 1 time per tooth per consecutive 60 months. |
| Dentures and other Removable Prosthetics | 50% | 50% | Full Denture/Partial Denture: Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments. |
| Fixed Partial Dentures (Bridges)* | 50% | 50% | Limited to 1 time per tooth per consecutive 60 months. |
| Implant Services | 50% | 50% | Limited to 1 time per tooth per consecutive 60 months. |
| ORTHODONTIC SERVICES | | | |
| Diagnose or correct misalignment of the teeth or bite | 50% | 50% | |

* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

** The network percentage of benefits is based on the discounted fee negotiated with the provider.

*** The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider.

In accordance with the Illinois state requirement, a partner in a Civil Union is included in the definition of Dependent. For a complete description of Dependent Coverage, please refer to your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan. The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary Benefits and your Certificate of Coverage/benefits administrator, the Certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental@ Options PPO Plan is either underwritten or provided by: UnitedHealthcare Insurance Company, Hartford, Connecticut; UnitedHealthcare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York; or United HealthCare Services, Inc.

UnitedHealthcare/dental exclusions and limitations

Dental Services described in this section are covered when such services are:

- A. Necessary;
- B. Provided by or under the direction of a Dentist or other appropriate provider as specifically described;
- C. The least costly, clinically accepted treatment; and
- D. Not excluded as described in the Section entitled, General Exclusions.

GENERAL LIMITATIONS

1. **PERIODIC ORAL EVALUATION** Limited to 2 times per consecutive 12 months.
2. **COMPLETE SERIES OR PANOREX RADIOGRAPHS** Limited to 1 time per consecutive 36 months.
3. **BITEWING RADIOGRAPHS** Limited to 1 series of films per calendar year.
4. **EXTRAORAL RADIOGRAPHS** Limited to 2 films per calendar year.
5. **DENTAL PROPHYLAXIS** Is Covered in combination with periodontal maintenance but not on the same date of service, benefit is not to exceed in combination with periodontal maintenance 4 per consecutive 12 months.
6. **FLUORIDE TREATMENTS** Limited to covered persons under the age of 16 years, and limited to 2 times per consecutive 12 months.
7. **SPACE MAINTAINERS** Limited to covered persons under the age of 16 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.
8. **SEALANTS** Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.
9. **RESTORATIONS (Amalgam or Composite)** Multiple restorations on one surface will be treated as a single filling.
10. **PIN RETENTION** Limited to 2 pins per tooth; not covered in addition to cast restoration.
11. **INLAYS AND ONLAYS** Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
12. **CROWNS** Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
13. **POST AND CORES** Covered only for teeth that have had root canal therapy.
14. **SEDATIVE FILLINGS** Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.
15. **SCALING AND ROOT PLANING** Limited to 1 time per quadrant per consecutive 24 months.
16. **ROOT CANAL THERAPY** Limited to 1 time per tooth per lifetime.
17. **PERIODONTAL MAINTENANCE** Is covered in combination with dental prophylaxis but not on the same date of service, benefit is not to exceed in combination with dental prophylaxis 4 per consecutive 12 months.
18. **FULL DENTURES** Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
19. **PARTIAL DENTURES** Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
20. **RELINING AND REBASING DENTURES** Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.
21. **REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES** Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.
22. **PALLIATIVE TREATMENT** Covered as a separate benefit only if no other service, other than the exam and radiographs, were performed on the same tooth during the visit.
23. **OCCUSAL GUARDS** Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.
24. **FULL MOUTH DEBRIDEMENT** Limited to 1 time every consecutive 36 months.
25. **GENERAL ANESTHESIA** Covered only when clinically necessary.
26. **OSSEOUS GRAFTS** Limited to 1 per quadrant or site per consecutive 36 months.
27. **PERIODONTAL SURGERY** Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area.
28. **REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS AND IMPLANTS, IMPLANT CROWNS, IMPLANT PROTHESIS** Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.

GENERAL EXCLUSIONS

1. Dental Services that are not Necessary.
2. Hospitalization or other facility charges.
3. Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any Dental Procedure not directly associated with dental disease.
6. Any Dental Procedure not performed in a dental setting.
7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
8. Any implant procedures performed which are not listed as Covered implant procedures in the Schedule of Covered Dental Services.
9. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
10. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
11. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
12. Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
13. Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
14. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
15. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
16. Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled under the Policy.
17. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
18. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
19. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).

GENERAL EXCLUSIONS

20. Replacement of crowns, bridges, and fixed or removable prosthetic appliances inserted prior to plan Coverage unless the patient has been Covered under the Policy for 12 continuous months. If loss of a tooth requires the addition of a clasp, pontic, and/or abutment(s) within this 12 period, the plan is responsible only for the procedures associated with the addition.
21. Replacement of missing natural teeth lost prior to the onset of plan Coverage until the patient has been Covered under the Policy for 12 continuous months.
22. Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
23. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
24. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child.
25. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
26. Acupuncture; acupressure and other forms of alternative treatment, whether or not used as anesthesia.
27. Orthodontic service Coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, or a surgical procedure to correct a malocclusion, replacement of retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.
28. Foreign Services are not Covered unless required as an Emergency.
29. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
30. Any Dental Services or Procedures not listed in the Schedule of Covered Dental Services.



UHC Current & Renewal Vision Plan

Vision Benefit Summary
Powered by UnitedHealthcare Vision Network
Customer Service and Provider Locator: (800) 638-3120
myuhcvision.com

Plan S110C

UnitedHealthcare Vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

Exam with Materials

| Benefit Frequency | |
|---|-----------------------|
| Comprehensive Exam(s) | Once every 12 months |
| Comprehensive Exam(s) for persons with diabetes | Twice every 12 months |
| Eyeglass Lenses | Once every 12 months |
| Frames | Once every 24 months |
| Contact Lenses instead of Eyeglasses | Once every 12 months |

In-Network Services

Copays

| | |
|---|----------|
| Exam(s) | \$ 20.00 |
| Eyeglasses (lenses and frame) | \$ 20.00 |
| Contact lenses instead of Eyeglasses | \$ 20.00 |
| Retinal Screening for persons with diabetes | \$ 0.00 |

Frame Benefit - for frames that exceed the allowance, an additional 30% discount may be applied to the overage¹

| | |
|---------------------------|----------------------------------|
| Private Practice Provider | \$ 130.00 retail frame allowance |
| Retail Chain Provider | \$ 130.00 retail frame allowance |

Lens Options - this list highlights the discounted cost on our most popular lens options. Exact pricing may vary; confirm cost with your provider prior to purchase.

| | |
|--------------------------------------|-------|
| Standard Scratch Coating | \$0 |
| Scratch Warranty | \$10 |
| Tint | \$14 |
| UV Coating | \$16 |
| Photochromic | \$67 |
| Anti-Reflective Tier I | \$30 |
| Anti-Reflective Tier II | \$50 |
| Anti-Reflective Tier III | \$75 |
| Anti-Reflective Tier IV | \$95 |
| Roll and Polish Edges | \$13 |
| Progressive Tier I | \$55 |
| Progressive Tier II | \$100 |
| Progressive Tier III | \$150 |
| Progressive Tier IV | \$200 |
| Progressive Tier V | \$250 |
| High Index (<1.66) | \$53 |
| High Index (1.66-1.73) | \$63 |
| Polycarbonate for Adults | \$33 |
| Polycarbonate for Dependent Children | \$0 |

Contact Lens Benefit²

| | |
|--|--|
| Elective contact lenses Allowance is applied toward the purchase of contact lenses. Contact lens copay is waived. | \$125.00 |
| Elective contact lens fitting and evaluation Allowance is applied toward the contact lens fitting/evaluation fees. | \$40.00 |
| Necessary contact lenses³ | Covered in full after copay (if applicable). |

Children's and Maternity Eye Care Benefit

Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam 60 days after the initial exam. Members age 0-12 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.

Out-of-Network Reimbursements (Copays do not apply)

| | |
|---|----------------|
| Exam(s) | Up To \$40.00 |
| Frames | Up To \$45.00 |
| Single Vision Lenses | Up To \$40.00 |
| Lined Bifocal and Progressive Lenses | Up To \$60.00 |
| Lined Trifocal Lenses | Up To \$80.00 |
| Lenticular Lenses | Up To \$80.00 |
| Elective Contacts instead of Eyeglasses ² | Up To \$100.00 |
| Contact Lens Fitting and Evaluation | Up To \$0.00 |
| Necessary Contacts instead of Eyeglasses ³ | Up To \$210.00 |

Discounts

Laser vision

UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction services. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at \$945 per eye for Traditional LASIK and \$1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit myuhcvision.com.

Additional Material

At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.

Contact Lens

Order extra contact lenses at uhcontacts.com for 10% off.

Hearing Aids

As a UnitedHealthcare Vision plan member, you can save on custom-programmed hearing aids when you buy them from UnitedHealthcare Hearing. To find out more go to UHCHearing.com. When placing your order use promo code MYVISION to get the special price discount.

Blue Light Eyesafe

UnitedHealthcare Vision has collaborated with Eyesafe® to provide members with a 20% discount off the retail price on blue-light screen filters for their devices. Members can receive the discount by visiting myuhcvision.com and clicking on the Eyesafe link.

¹30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify discounts with your provider.

²Contact lenses are instead of eyeglass lenses and/or eyeglass frames.

³Necessary contact lenses are determined at the provider's discretion for certain conditions. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

Important to Remember:

In-Network

- Always identify yourself as a UnitedHealthcare Vision member when making your appointment. This will assist the provider in obtaining your benefit information.
- Patient lens options are subject to change.

Choice and Access of Vision Care Providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service or for a printed directory, visit our website myuhcvision.com or call (800) 638-3120, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at myuhcvision.com.

In-Network Provider - Copays and non-covered patient options are paid to provider by program participant at the time of service.

Out-of-Network Provider - Participant pays all billed charges to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. Receipts for payments should be submitted within 90 days after the date of service to the following address: UnitedHealthcare Vision, Attn. Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

Customer Service is available toll-free at (800) 638-3120 from 8:00 a.m. to 11:00 p.m. Eastern Time Monday through Friday, and 9:00 a.m. to 6:30 p.m. Eastern Time on Saturday.

READ YOUR PLAN CAREFULLY - THIS BENEFIT SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX, VPOL.13.TX or VPOL.18.TX and associated COC form number VCOC.INT.06.TX, VCOC.CER.13.TX or VCOC.18.TX. Plans sold in Virginia use policy form number VPOL.06.VA, VPOL.13.VA or VPOL.18.VA and associated COC form number VCOC.INT.06.VA, VCOC.CER.13.VA or VCOC.18.VA. If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you their normal fee for such services or materials. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request. This cost may be higher than if you had received only covered vision services and you may incur additional out-of-pocket expenses. Eyewear materials may be ordered through our national lab network.



Current Basic Group Life Plan Coverage

EMPLOYEE BENEFITS SUMMARY | 50050377 GEORGE WASHINGTON ACADEMY

FOR ALL ACTIVE FULL TIME EMPLOYEES

| | |
|---|------------------------------------|
| GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT | EMPLOYER CONTRIBUTION: 100% |
|---|------------------------------------|

AMOUNT OF COVERAGE: Pays a benefit of \$10,000 without evidence of insurability.

Benefits reduce, based on your age, to 65% at age 65, to 45% at age 70, to 30% at age 75, to 20% at age 80, to 15% at age 85, and to 10% at age 90, and then terminate when you are no longer eligible or your retirement, whichever occurs first. Reductions occur at the Policy Anniversary.

GROUP TERM LIFE insurance is designed to provide benefits to your designated beneficiary for loss of life.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) is payable, if within 365 days of a covered accident, you suffer loss of life or dismemberment. AD&D provides protection for losses occurring on or off the job.

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT ALSO INCLUDES THE FOLLOWING:

- Accelerated Benefit
- Extended Life Insurance Benefit (Waiver of Premium)
- Portability
- Coma Benefit
- Exposure & Disappearance Benefit
- Repatriation Benefit
- Child Care Center Benefit
- Felonious Assault Benefit
- Special Education Benefit
- Spouse Training Benefit
- Safety Equipment Benefit
- Total Loss of Use Benefit
- Travel Assistance
- Dignity Planner
- Restoration Benefit

Monthly Rates

Basic Life Rate/1000 Volume: 0.154

AD&D Rate/1000 Volume: 0.012

Total Rate/1000 Volume: 0.166

Dependent Life Premium per employee \$3.17

Monthly Total: \$253.92

Annual Total: \$3,047.04

| | |
|-----------------------|------------------------------------|
| DEPENDENT LIFE | EMPLOYER CONTRIBUTION: 100% |
|-----------------------|------------------------------------|

Spouse: Pays a benefit to your eligible spouse in the amount of \$5,000.

Children: Pays a benefit to your eligible children between the ages of 6 months and 26 years in the amount of \$5,000. Benefits are reduced to \$5,000 for children from Live Birth to 6 Months.

Benefits terminate when you are no longer eligible or your retirement, whichever occurs first.

Important Note

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of US Able Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. US Able Life's policies set forth the rights and obligations of covered persons and US Able Life. Please be aware that certain participation requirements, limitations, or exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a certificate of insurance. Please read your insurance documents carefully.

This benefit summary was generated by US Able Life on 9/30/2022 at 3:37 PM and may not reflect changes recently submitted to US Able Life.



Company Name: **George Washington Academy**

Effective Date: **1/1/2025**
 Total Eligible EEs: **62**
 Situs State / SIC: **UT (84790) / 8211- Elementary and secondary schools**
 Commissions / Rate Guarantee: **Standard / 24 Months¹**

UnitedHealthcare Basic Life Proposal

Features that give you peace of mind

- Online tools and information for preparing wills and trusts*
- Access to travel assistance for domestic and foreign needs such as medical assistance, emergency
- Grief and loss consultation for beneficiaries*
- Waiver of premiums for disabled employees under age 60
- For Non-Contributory plans, 100% participation is required
- For Contributory plans, a minimum 25% employer contribution and 75% participation is required

Quote Options

| Quote Options | Basic Life Proposal 1 |
|--|-------------------------|
| Cirrus (BL / ADnD) Plan Code | BL0088 / ADD0643 |
| # of Employees | 62 |
| Total Life Volume | 919,500 |
| Contribution Type | Non-Contributory |
| Benefit Type | Flat Amount |
| Benefit Level | 15,000 |
| Guaranteed Issue Amount ² | 15,000 |
| Max Benefit Amount | 15,000 |
| Age-Reduction Schedule | 65%@65, 50%@70 |
| Basic Life Rate/1000 Volume | 0.12 |
| AD&D Rate/1000 Volume | 0.02 |
| Total Rate/1000 Volume | 0.14 |
| Total Estimated Monthly Premium | \$128.73 |
| Total Estimated Annual Premium (including fees and credits) | \$1,544.76 |
| Dependent Life Plan Code | BDEP0087 |
| Spouse Benefit | 7,500 |
| Child Benefit | 3,750 |
| Total Estimated Premium per Employee | \$2.63 |
| Total Estimated Monthly Premium | \$163.06 |
| Employee counts | 62 |
| Total Estimated Annual Premium | \$1,956.72 |



Accident Insurance

Protection for accidental injuries on- and off-the-job, 24 hours a day

THINK ABOUT THIS



More than 85% of the medically consulted injuries suffered by workers occurred off the job[†]



Every 10 minutes, 1,054 people suffer an injury severe enough to require a doctor or medical professional[†]



3.2 million people were treated in emergency departments for injuries involving sports and recreational equipment[†]

When an accidental injury requires medical attention, the costs can pile up quickly. Accident Insurance from Allstate Benefits can help pick up where other insurance leaves off, providing a cash benefit to help cover expenses.

Here's How It Works

- Select a benefit and premium amount to meet your needs
- Premiums will be deducted each pay period
- If you have an accident and get medical attention, file a claim and receive cash benefits

Protecting Your Finances

You've worked hard for your savings - don't let an accident wipe it out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



The Allstate Benefits Advantage

- Guaranteed Issue coverage, meaning no medical questions to answer*
- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

[†]National Safety Council, Injury Facts®, 2022 Edition. *Subject to exclusions and limitations, please refer to the Exclusions and Limitations section of this brochure.




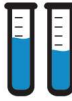



Meet Joe

CHOOSE

Joe signs up for Allstate Benefits Accident Insurance during his employer's Open Enrollment.

USE

A few months later, Joe is playing soccer when he breaks his leg after colliding with another player. Here's his story:

| | | | | |
|---|--|---|--|---|
|  <p>Ambulance</p> <p>Joe is taken by ambulance to an urgent care center</p> |  <p>Tests</p> <p>He is examined by a doctor and X-rays are taken</p> |  <p>Hospital Stay</p> <p>He is diagnosed with an open fracture of the tibia and fibula and admitted for surgery</p> |  <p>Surgery</p> <p>Joe has surgery and is visited by his doctor. He is released after a one-day stay</p> |  <p>Recovery</p> <p>He is sent to physical therapy to strengthen his leg and improve his mobility</p> |
|---|--|---|--|---|

CLAIM

Joe files a claim on his Allstate Benefits Accident coverage through the convenient web portal, **MyBenefits***.



He receives cash benefits for:

- Ground Ambulance
- Initial Hospital Admission
- Daily Hospital Confinement
- Urgent Care Center
- Accident Physician's Treatment
- Accident Follow-Up Treatment
- X-rays
- General Anesthesia
- Medical Equipment
- Medical Supplies
- Medication
- Therapy (6 days)
- Dislocation or Fracture (open reduction)

***MyBenefits Claim Filing Portal**
 Access the site at: allstatebenefits.com/mybenefits

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Here are some of the ways Joe can use his cash benefits

| | | | |
|--|---|--|--|
|  <p>Finances</p> <p>Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted</p> |  <p>Travel</p> <p>Can help pay for expenses while receiving treatment in another city</p> |  <p>Home</p> <p>Can help pay the mortgage, continue rental payments, or home repairs for after care</p> |  <p>Expenses</p> <p>Can help pay your family's living expenses such as bills, electricity, and gas</p> |
|--|---|--|--|

The example above details a fictional situation; your individual experience may vary. For a listing of benefits and benefit amounts, see pages 3 through 6.

ACCIDENT INSURANCE (GAI7)

Group Accident Insurance Benefits from Allstate Benefits

| ACCIDENT FACILITY CARE | | | PLAN 1 | PLAN 2 |
|---|-------------------------------|--------------|-----------|-----------|
| Initial Hospital Admission | | | \$1,500 | \$2,000 |
| Daily Hospital Confinement (pays daily) | | | \$300 | \$400 |
| Intensive Care Unit Confinement (pays daily) | | | \$600 | \$800 |
| ACCIDENT INJURIES | | | PLAN 1 | PLAN 2 |
| Brain Injury Diagnosis | | | \$900 | \$1,200 |
| Broken Tooth | | | \$300 | \$400 |
| Burns (% of body surface) 2nd Degree | Less than 10% | | \$75 | \$100 |
| | | 10% to 24% | \$150 | \$200 |
| | | 25% or more | \$750 | \$1,000 |
| 3rd Degree | Less than 10% | | \$300 | \$400 |
| | | 10% to 24% | \$1,500 | \$2,000 |
| | | 25% or more | \$6,000 | \$8,000 |
| Skin Graft (% of Burns Benefit) | | | 50% | 50% |
| Coma | | | \$30,000 | \$40,000 |
| Lacerations | With Repair (total length) | Less than 2" | \$150 | \$200 |
| | | 2" to 6" | \$375 | \$500 |
| | | More than 6" | \$750 | \$1,000 |
| | Without Repair | | \$150 | \$200 |
| Paralysis | 1 or 2 Limbs | \$22,500 | \$30,000 | |
| | 3 or 4 Limbs | \$45,000 | \$60,000 | |
| ACCIDENT TREATMENT AND URGENT CARE | | | PLAN 1 | PLAN 2 |
| Accident Follow-Up Treatment (pays daily) | | | \$150 | \$200 |
| Accident Physician Treatment | | | \$150 | \$200 |
| Ambulance | Air | | \$1,500 | \$2,000 |
| | Ground | | \$300 | \$400 |
| Urgent Care | | | \$150 | \$200 |
| X-ray | | | \$300 | \$400 |
| Emergency Room Services | | | \$300 | \$400 |
| Blood, Plasma or Platelets | | | \$900 | \$1,200 |
| Eye Injury | | | \$300 | \$400 |
| General Anesthesia | | | \$300 | \$400 |
| Ligament, Rotator Cuff, Tendon or Knee Cartilage Surgery | With Repair | | \$1,500 | \$2,000 |
| | Without Repair | | \$450 | \$600 |
| Miscellaneous Outpatient Surgery | | | \$300 | \$400 |
| Open Abdominal or Thoracic Surgery | | | \$3,000 | \$4,000 |
| Ruptured or Herniated Disc Surgery | | | \$1,500 | \$2,000 |
| TREATMENT, SUPPORT AND RECOVERY | | | PLAN 1 | PLAN 2 |
| Companion Non-Local Lodging (pays daily) | | | \$300 | \$400 |
| Medical Equipment | | | \$375 | \$500 |
| Medical Supplies | | | \$15 | \$20 |
| Medication | | | \$15 | \$20 |
| Non-Local Transportation (per trip; 3 times per accident) | | | \$750 | \$1,000 |
| Post-Accident Common Carrier Transportation | | | \$600 | \$800 |
| Prosthetic Device | 1 device | | \$1,500 | \$2,000 |
| | 2 or more devices | | \$3,000 | \$4,000 |
| Residence/Automobile Modification | | | \$1,500 | \$2,000 |
| Therapy (pays daily; up to 6 days per accident) | | | \$90 | \$120 |
| ACCIDENTAL DEATH AND DISMEMBERMENT | | | PLAN 1 | PLAN 2 |
| Accidental Death | | | \$60,000 | \$80,000 |
| Common Carrier Accidental Death (fare-paying passenger) | | | \$150,000 | \$200,000 |
| Accidental Dismemberment [†] | | | \$60,000 | \$80,000 |
| Functional Loss [†] | | | \$60,000 | \$80,000 |
| OPTIONAL/ADDITIONAL RIDER | | | PLAN 1 | PLAN 2 |
| Dislocation and Fracture [^] | | | | |
| Closed Reduction Maximum | | | \$6,000 | \$8,000 |
| Open Reduction Maximum | | | \$18,000 | \$24,000 |
| Avulsion Fracture or Chip Fracture (25% of Closed Reduction) | up to | | \$1,500 | \$2,000 |
| | | | | |
| Stress Fracture (10% of Closed Reduction) | up to | | \$600 | \$800 |
| | | | | |
| Outpatient Physician Treatment and Preventative Care (OPH) (pays daily) | | | \$25 | \$25 |

[^]Up to amount shown; see Injury Benefit Schedule in this document. Multiple losses from the same injury pay up to the maximums shown above for each type of repair (Open or Closed Reduction).

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

| WITH CLOSED or OPEN REDUCTION DISLOCATION* | PLAN 1 | | PLAN 2 | |
|---|----------|---------|----------|---------|
| | OPEN | CLOSED | OPEN | CLOSED |
| Hip Joint | \$18,000 | \$6,000 | \$24,000 | \$8,000 |

Offered to the Employees of:

Rate Insert AL 6

Benefits are paid once per covered person per covered accident, unless otherwise noted

PLAN 1 MONTHLY PREMIUMS

| EE | EE + SP | EE + CH | F |
|---------|---------|---------|---------|
| \$22.14 | \$38.31 | \$49.65 | \$63.18 |

PLAN 1 MONTHLY PREMIUMS

| EE | EE + SP | EE + CH | F |
|----|---------|---------|---|
| | | | |

PLAN 2 MONTHLY PREMIUMS

| EE | EE + SP | EE + CH | F |
|---------|---------|---------|---------|
| \$28.61 | \$49.52 | \$63.95 | \$80.78 |

PLAN 2 MONTHLY PREMIUMS

| EE | EE + SP | EE + CH | F |
|----|---------|---------|---|
| | | | |

EE = Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Issue ages: 18 and Over if Actively at Work

[†]Up to amount shown; see Injury Benefit

Schedule - Dismemberment and Functional Loss section in this document. Multiple losses from same injury pay up to amount shown.

| | | | | |
|--|-------------|---------------|-------------|---------------|
| Ankle Joint; Knee Joint (except Patella); Bone or Bones of the Foot (except Toes) | \$7,200 | \$2,400 | \$9,600 | \$3,200 |
| Wrist Joint | \$6,300 | \$2,100 | \$8,400 | \$2,800 |
| Elbow Joint | \$5,400 | \$1,800 | \$7,200 | \$2,400 |
| Shoulder Joint | \$3,600 | \$1,200 | \$4,800 | \$1,600 |
| Bone or Bones of the Hand (except Fingers); Collarbone | \$2,700 | \$900 | \$3,600 | \$1,200 |
| Lower Jaw | \$1,800 | \$600 | \$2,400 | \$800 |
| Two or more Fingers or Two or more Toes | \$1,260 | \$420 | \$1,680 | \$560 |
| Kneecap (Patella) | \$900 | \$300 | \$1,200 | \$400 |
| One Finger or One Toe or Any other dislocation not listed above | \$540 | \$180 | \$720 | \$240 |
| FRACTURE* | OPEN | CLOSED | OPEN | CLOSED |
| Hip, Thigh (Femur); Pelvis (except Coccyx); Skull Fracture-Depressed (except Bones of the Face or Nose) | \$18,000 | \$6,000 | \$24,000 | \$8,000 |
| Skull Fracture-Non-Depressed (except Bones of the Face or Nose) | \$17,100 | \$5,700 | \$22,800 | \$7,600 |
| Vertebral Body or Vertebral Processes | \$13,500 | \$4,500 | \$18,000 | \$6,000 |
| Arm, between Shoulder and Elbow (Humerus); Shoulder Blade (Scapula); Leg (Tibia or Fibula) | \$9,900 | \$3,300 | \$13,200 | \$4,400 |
| Ankle; Kneecap (Patella); Collarbone (Clavical); Forearm (Radius or Ulna) | \$7,200 | \$2,400 | \$9,600 | \$3,200 |
| Foot (except Toes); Hand or Wrist (except Fingers) | \$6,300 | \$2,100 | \$8,400 | \$2,800 |
| Lower Jaw (Mandible) (except Alveolar Process) | \$3,600 | \$1,200 | \$4,800 | \$1,600 |
| Two or more Ribs, Fingers or Toes; Bones of Face (except Nose); Nose; Upper Jaw (except Alveolar Process); Sternum | \$2,700 | \$900 | \$3,600 | \$1,200 |
| One Rib, Finger or Toe; Coccyx; Any other fracture not listed above | \$1,260 | \$420 | \$1,680 | \$560 |

*Employee, Spouse and Children receive 100% of the benefit amounts listed.

| DISMEMBERMENT AND FUNCTIONAL LOSS | PLAN 1 | PLAN 2 |
|--|---------------|---------------|
| Arm, Leg, Hand, Foot | \$30,000 | \$40,000 |
| One or more entire Toes or Fingers | \$6,000 | \$8,000 |
| Hearing or Sight (per Ear or Eye) | \$30,000 | \$40,000 |
| Speech | \$60,000 | \$80,000 |

For Home Office Use Only Proposal P1708554640, Quote ACCMP1709028297, CL0

For use in enrollments situated in: AL. This rate insert is part of the approved brochure for Rate Insert AL 6 and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than July 16, 2027, 3 years from the date the rate insert was produced.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2022 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

Benefits - Benefit paid for the following conditions (subject to maximums as listed on pages 3 and 4)

ACCIDENT FACILITY CARE BENEFITS

Initial Hospital Admission - first admission to a hospital in a calendar year

Daily Hospital Confinement - maximum of 365 days over a two year period following the covered accident

Intensive Care Unit Confinement - maximum of 180 days

ACCIDENT INJURIES BENEFITS

Brain Injury Diagnosis - diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage

Broken Tooth - dental repair to sound natural teeth by crown, filling or extraction. One crown, filling or extraction per covered person, per accident. Not payable for injury caused by biting or chewing

Burns - treatment received within 48 hours of an accident for a 2nd or 3rd degree burn resulting from exposure to heat, electricity, radiation, friction or chemicals. Sunburns are not covered. If both 2nd and 3rd degree burns are suffered in a single accident, the benefit amount for each degree of burn is paid

Coma - unconsciousness lasting seven or more days; during which time, the Glasgow Coma Score is 4 or lower. Medically induced comas, coma resulting directly from drug or alcohol use, and diagnosis of brain death are excluded

Laceration - treatment received within three days of an accident for a cut or tear of skin/flesh. If more than one laceration in a single accident is repaired, the total length of all repaired lacerations will determine the benefit amount paid

Paralysis - complete/permanent loss of use of one or more limbs for 90 consecutive days

Skin Graft - skin transplant to repair or treat burns on the body. A benefit must be paid under the Burns benefit

ACCIDENT TREATMENT AND URGENT CARE BENEFITS

Accident Follow-Up Treatment - treatment received by telemedicine consultation (doesn't include electronic mail message, fax or online questionnaire), at a doctor's office or as an outpatient in a hospital. Maximum of six days. Not paid if the Therapy benefit is paid for the same day of treatment. If treatment is eligible for payment under the Accident Follow-Up Treatment and Therapy benefits, the treatment paying the highest benefit amount is paid

Accident Physician Treatment - treatment by a doctor

Ambulance - transportation by a licensed ground or air ambulance service. Both services pay once per accident per year

Urgent Care - services received at an urgent care facility

X-ray - must be ordered by a doctor

Emergency Room Services - treatment in an emergency room

Blood, Plasma or Platelets - transfusion of blood products to treat an injury

Eye Injury - surgery or removal of a foreign object by a doctor. Eye exam with or without anesthesia is not surgery

General Anesthesia - administered for surgery, provided one of the certificate surgery benefits is paid

Ligament, Rotator Cuff, Tendon, or Knee Cartilage Surgery - surgery or an exploratory arthroscopic surgical procedure to repair a torn, ruptured or severed tendon, ligament, rotator cuff or knee cartilage. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Miscellaneous Outpatient Surgery - outpatient surgical procedures. Not paid if Eye Injury or any other surgery is paid. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Open Abdominal or Thoracic Surgery - performed by a doctor for diagnosis or repair. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Ruptured or Herniated Disc Surgery - surgical repair for a ruptured disc of the spine. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Major Diagnostic Exam - CAT or CT scan, EEG, MRI, PET, ultrasound. X-rays are not covered. If more than one exam is ordered, the exam paying the highest benefit amount is paid

Pain Management - epidural injection or nerve ablation procedure to manage pain in the body. General, regional or local anesthesia is not covered

TREATMENT, SUPPORT AND RECOVERY BENEFITS

Companion Non-Local Lodging - each day a companion stays at a non-local lodging to be with a covered person while confined in a non-local facility more than 50 miles from their home. Maximum of 30 days

Medical Equipment - doctor-prescribed cane, crutches, supportive braces, walker, walking boot, wheelchair, or scooter that aids in mobility

Medical Supplies - purchase of medical supplies

Medication - purchase of prescription or over-the-counter medication

Non-Local Transportation - when a covered person travels more than 50 miles from their home to obtain treatment not available locally. Not paid when receiving services other than non-local treatment,

when someone accompanies or visits a covered person receiving non-local treatment, or when transported by air or ground ambulance

Post-Accident Common Carrier Transportation - following a three-day hospital stay more than 250 miles from the covered person's home; requires a common carrier flight, train or bus to return home within 48 hours of discharge. Payable only if the Daily Hospital Confinement benefit is paid. Does not pay for someone to accompany the covered person

Prosthetic Device - a new or replacement of an existing prosthetic arm, eye, foot, hand, or leg. Does not include hearing aids, dental aids, false teeth, eyeglasses, artificial joints or cosmetic prostheses (including hair wigs)

Residence or Automobile Modification - permanent structural modifications made to a primary residence (by a licensed contractor) or an automobile within 365 days after a covered accident to maintain an independent lifestyle

Therapy - daily treatment for one or more of the following therapies: chiropractic; cognitive behavioral; occupational; physical; respiratory; speech or vocational. Not paid if the Accident Follow-Up Treatment benefit is paid; if the treatment received meets the requirements for Accident Follow-Up Treatment and Therapy, the benefit paying the highest amount is paid

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Accidental Death - death caused by a covered accident

Common Carrier Accidental Death - death while traveling as a fare-paying passenger on a common carrier

Accidental Dismemberment - dismemberment(s) caused by a covered accident. If this benefit was previously paid for the loss of a finger, hand, foot or toe and a second dismemberment occurs under the same covered accident in the same area of the body within 180 days, the benefit will be reduced by the

previously paid amount

Functional Loss - total and irreversible loss of hearing, sight or speech lasting at least 30 days and caused by a covered accident

OPTIONAL/ADDITIONAL RIDER BENEFITS

Dislocation and Fracture - dislocations or fractures resulting from a covered accident and listed in the schedule of benefits are covered. Multiple dislocations or fractures from the same accident are limited to the amount shown in the Benefit Amounts on page 3

Closed Reduction - non-surgical repair of a dislocation or fracture, including immobilization

Open Reduction - surgical repair of a dislocation or fracture

Avulsion Fracture - tendon or ligament pulls off a piece of bone

Chip Fracture - small fragment of bone is broken off

Stress Fracture - tiny cracks in bone often caused by repetitive force

Partial Dislocation - joint is not completely separated

Outpatient Physician Treatment for Accident and Preventive Care - pays once per day per covered person (not to exceed 2 days per covered person per calendar year) for the treatment of covered injuries or preventive care received within 180 days of a covered accident



Practical benefits for everyday living.®



When you choose

ALLSTATE BENEFITS,

we can help give you and your family financial peace of mind.

Are you in good hands?®



We're the name you know and trust, protecting America's families for over 50 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily - and get benefits deposited directly into your bank account (authorization required).

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 180 days, unless otherwise stated, from the date of an accident, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

Dependent Eligibility/Termination

Coverage may include you, your spouse or domestic partner, and your children. Spouse or domestic partner and children coverage ends when your coverage ends, when you request to terminate dependent coverage, or upon your death. Spouse or domestic partner coverage also ends upon divorce. Child coverage also ends when the child reaches age 26, unless the child is disabled and dependent on you for support.

When Coverage Ends

Coverage under the policy and riders ends on the earliest of the following: the date the group policy is terminated; the last day the group policy grace period ends after non-payment of required premiums; you are no longer actively working for the group policyholder; you or your class are no longer eligible; you submit a written request to terminate the certificate; your death; a false claim is filed.

EXCLUSIONS AND LIMITATIONS

Exclusions and Limitations for the Policy and the following riders: Dislocation and Fracture Rider; Outpatient Physician Treatment for Accident and Preventive Care Rider
Benefits are not paid for: act of war or voluntary participation in a riot, insurrection, rebellion or terrorist act; suicide or attempt at suicide, while sane or insane; intentionally self-inflicted injury or action; any bacterial infections (except from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; voluntary participation in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any course, racetrack or speedway; hernia, including complications; operating a vehicle with a blood alcohol level that equals or exceeds the legal limit in the jurisdiction where the accident occurred; voluntary ingestion, injection, inhalation, or absorption of any poison, gas or fumes; voluntarily taking drugs or sedatives, unless taken as prescribed by a physician; an error, mishap, or malpractice during a medical, diagnostic or surgical treatment or procedure; elective, cosmetic, or plastic surgery, or drugs or supplies to alter, improve or enhance the shape or appearance of the body (including for psychological or emotional reasons); pregnancy; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Benefits will not be paid for loss that occurs prior to the effective date of coverage or outside the United States, its territories, or Canada.

This brochure is for use in enrollments situated in UT. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than August 15, 2027.

Group Accident benefits are provided under policy form GAI7, or state variations thereof. Dislocation and Fracture Rider GAIC7DF; Outpatient Physician Treatment for Accident and Preventive Care Rider GAIC7OPH.

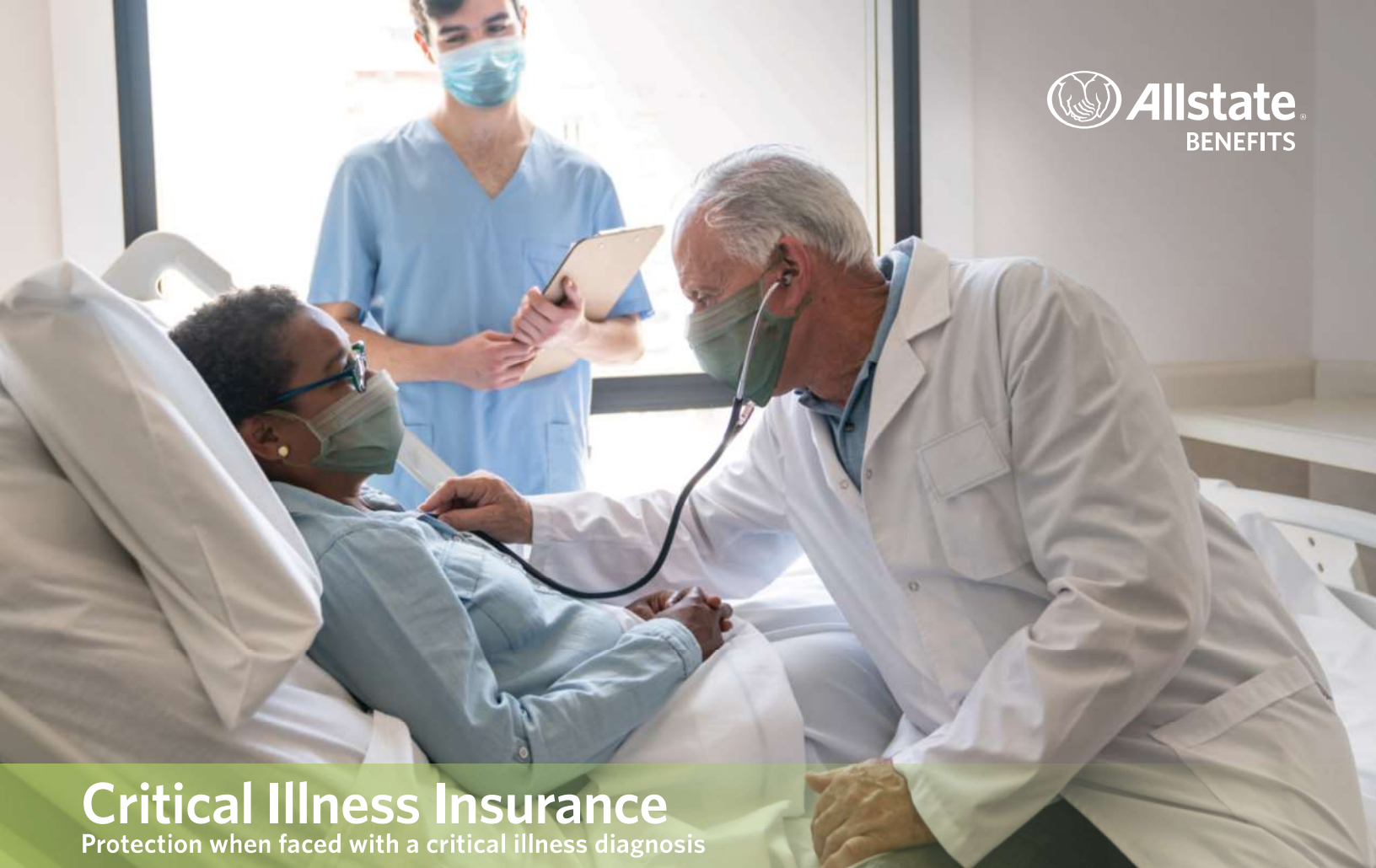
The coverage provided is limited benefit supplemental accident insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.
©2024 Allstate Insurance Company. www.allstate.com or allstatebenefits.com



Critical Illness Insurance

Protection when faced with a critical illness diagnosis

THINK ABOUT THIS



Early detection, improved treatments and access to care, are factors that influence cancer survival*



Every 40 seconds, someone in the U.S. has a stroke**



By 2035, 45.1% of the U.S. population is projected to have some form of CVD***

If you're diagnosed with a critical illness and it keeps you out of work, the impact to your finances can grow quickly. Critical Illness Insurance from Allstate Benefits can help ease your mind so you can focus on getting better.

Here's How It Works

- Select a benefit and premium amount to meet your needs
- Premiums will be deducted each pay period
- If you're diagnosed with a critical illness, file a claim and receive a lump-sum cash benefit*

Protecting Your Finances

You've worked hard for your savings – don't let a critical illness wipe them out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Coverage can include your dependents
- Benefits paid regardless of any other medical or disability plan coverage
- Coverage may be continued; refer to your certificate for details

*Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2021. **Heart Disease and Stroke Statistics—2022 Update: A Report From the American Heart Association ***CVD = Cardiovascular Disease. <https://www.heart.org/en/news/2019/01/31/cardiovascular-diseases-affect-nearly-half-of-american-adults-statistics-show>
*Please refer to the Exclusions and Limitations section of this brochure.



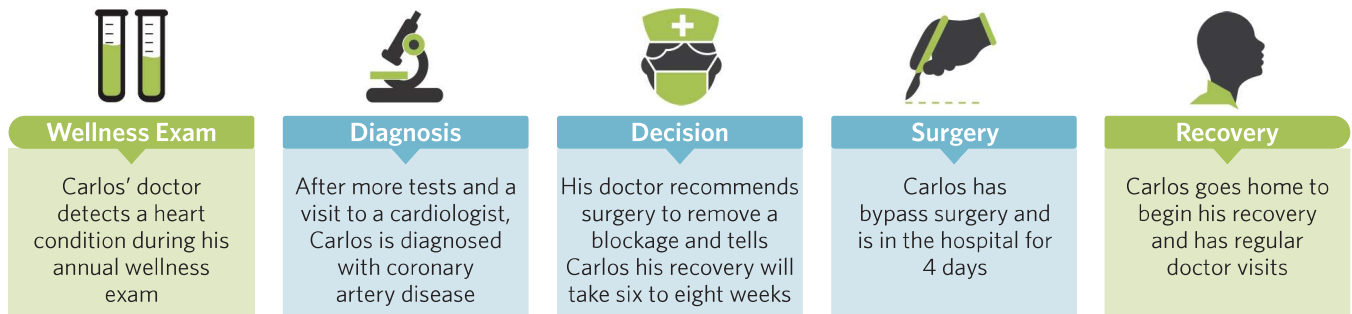
Meet Carlos

CHOOSE

Carlos signs up for Allstate Benefits Critical Illness Insurance during his employer’s Open Enrollment.

USE

A few months later, Carlos learns he has a coronary artery disease. Here’s his story:



CLAIM

Carlos files a claim with his Allstate Benefits Critical Illness coverage through the convenient web portal, **MyBenefits***. He receives a lump-sum cash benefit for:

| | |
|--|--|
| <ul style="list-style-type: none"> • Fixed Health Screening • Coronary Artery Bypass Graft | <p>*MyBenefits Claim Filing Portal</p> <p>Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.</p> <p>Access: mybenefits.allstate.com</p> |
|--|--|

Here are some of the ways Carlos can use his cash benefits



The example above details a fictional situation; your individual experience may vary. For a listing of benefits and benefit amounts, see pages 3 through 6.

Critical Illness Insurance (GCI5)

Group Critical Illness Insurance from Allstate Benefits

Offered to the Employees of: Rate Insert UT 8

BENEFIT AMOUNTS

The percentages below are based on the Benefit Amount of
\$10,000 Plan 1, \$20,000 Plan 2 chosen by your employer.

†Covered spouse receives 50% of your benefit amount. †Covered child receives 50% of your benefit amount.

| CRITICAL ILLNESS BENEFITS† | Benefit* | PLAN 1 | PLAN 2 | Recur** |
|--|---------------|----------|----------|--------------------|
| Heart Attack | 100% | \$10,000 | \$20,000 | 100% |
| Stroke | 100% | \$10,000 | \$20,000 | 100% |
| Major Organ Failure | 100% | \$10,000 | \$20,000 | 100% |
| Coronary Artery Disease/Coronary Artery Bypass Graft | 25% | \$2,500 | \$5,000 | 25% |
| Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND) | 25% | \$2,500 | \$5,000 | 25% |
| Crohn's Disease | 25% | \$2,500 | \$5,000 | 0% |
| Bone Marrow or Stem Cell Donation Surgery | 100% | \$10,000 | \$20,000 | 100% |
| Bone Marrow or Stem Cell Transplant | 100% | \$10,000 | \$20,000 | 100% |
| Invasive Cancer | 100% | \$10,000 | \$20,000 | 100% |
| Carcinoma In Situ | 25% | \$2,500 | \$5,000 | 25% |
| Waiver of Premium (employee only) | Included | Yes | Yes | None |
| SUPPLEMENTAL CRITICAL ILLNESS BENEFITS† | Benefit* | PLAN 1 | PLAN 2 | |
| Advanced Alzheimer's Disease | 100% | \$10,000 | \$20,000 | |
| Advanced Parkinson's Disease | 100% | \$10,000 | \$20,000 | |
| Benign Brain Tumor | 100% | \$10,000 | \$20,000 | |
| Coma | 100% | \$10,000 | \$20,000 | |
| Loss of Hearing | 100% | \$10,000 | \$20,000 | |
| Loss of Sight | 100% | \$10,000 | \$20,000 | |
| Loss of Speech | 100% | \$10,000 | \$20,000 | |
| Paralysis | 100% | \$10,000 | \$20,000 | |
| CHILDHOOD BENEFITS | Benefit* | PLAN 1 | PLAN 2 | |
| Childhood Benefits | 100% | \$5,000 | \$10,000 | Child benefit amt. |
| ADDITIONAL RIDER BENEFITS | Benefit* | PLAN 1 | PLAN 2 | |
| Fixed Health Screening Services | Yearly | \$50 | \$50 | |
| Skin Cancer† | Calendar Year | \$250 | \$250 | |
| Specified Condition and Infectious Disease† | 25% | \$2,500 | \$5,000 | |

*Benefit (some benefits pay a percentage of the benefit amount chosen or pay yearly, per treatment, a number of days or miles traveled.)

**Recurrence Benefit (pays a percentage of the benefit amount when a second diagnosis occurs for which a critical illness benefit was already paid.)

| | PLAN 1 | | | | PLAN 2 | | | | |
|--------------------------------|--------------------|----------|----------|----------|--------------------|----------|----------|----------|----------|
| | EE | EE+SP | EE+CH | F | EE | EE+SP | EE+CH | F | |
| AgeBandedTobacco | Non-Tobacco | | | | Non-Tobacco | | | | |
| Monthly | 18-24 | \$4.05 | \$6.52 | \$4.05 | \$6.52 | \$7.19 | \$11.24 | \$7.19 | \$11.24 |
| PREMIUMS for | 25-29 | \$5.04 | \$8.03 | \$5.04 | \$8.03 | \$9.13 | \$14.17 | \$9.13 | \$14.17 |
| Tobacco and Non-Tobacco | 30-34 | \$6.53 | \$10.30 | \$6.53 | \$10.30 | \$12.07 | \$18.60 | \$12.07 | \$18.60 |
| Smoker Status | 35-39 | \$8.57 | \$13.41 | \$8.57 | \$13.41 | \$16.01 | \$24.58 | \$16.01 | \$24.58 |
| EE = Employee | 40-44 | \$11.12 | \$17.31 | \$11.12 | \$17.31 | \$21.00 | \$32.12 | \$21.00 | \$32.12 |
| EE+SP = Employee + Spouse | 45-49 | \$14.95 | \$23.15 | \$14.95 | \$23.15 | \$28.47 | \$43.42 | \$28.47 | \$43.42 |
| EE+CH = Employee + Child(ren) | 50-54 | \$19.21 | \$29.67 | \$19.21 | \$29.67 | \$36.72 | \$55.93 | \$36.72 | \$55.93 |
| F = Family | 55-59 | \$23.59 | \$36.39 | \$23.59 | \$36.39 | \$45.19 | \$68.78 | \$45.19 | \$68.78 |
| | 60-64 | \$30.51 | \$46.98 | \$30.51 | \$46.98 | \$58.57 | \$89.08 | \$58.57 | \$89.08 |
| | 65-69 | \$41.59 | \$63.91 | \$41.59 | \$63.91 | \$80.13 | \$121.72 | \$80.13 | \$121.72 |
| | 70-74 | \$55.69 | \$85.41 | \$55.69 | \$85.41 | \$107.61 | \$163.30 | \$107.61 | \$163.30 |
| | 75-79 | \$68.27 | \$104.47 | \$68.27 | \$104.47 | \$132.42 | \$200.70 | \$132.42 | \$200.70 |
| | 80+ | \$87.96 | \$134.09 | \$87.96 | \$134.09 | \$171.61 | \$259.57 | \$171.61 | \$259.57 |
| | Tobacco | | | | Tobacco | | | | |
| | 18-24 | \$4.38 | \$7.02 | \$4.38 | \$7.02 | \$7.86 | \$12.24 | \$7.86 | \$12.24 |
| | 25-29 | \$5.27 | \$8.37 | \$5.27 | \$8.37 | \$9.59 | \$14.86 | \$9.59 | \$14.86 |
| | 30-34 | \$6.97 | \$10.96 | \$6.97 | \$10.96 | \$12.94 | \$19.91 | \$12.94 | \$19.91 |
| | 35-39 | \$10.05 | \$15.63 | \$10.05 | \$15.63 | \$18.98 | \$29.02 | \$18.98 | \$29.02 |
| | 40-44 | \$13.63 | \$21.07 | \$13.63 | \$21.07 | \$26.01 | \$39.64 | \$26.01 | \$39.64 |
| | 45-49 | \$19.41 | \$29.83 | \$19.41 | \$29.83 | \$37.38 | \$56.79 | \$37.38 | \$56.79 |
| | 50-54 | \$26.57 | \$40.70 | \$26.57 | \$40.70 | \$51.43 | \$77.99 | \$51.43 | \$77.99 |
| | 55-59 | \$34.52 | \$52.79 | \$34.52 | \$52.79 | \$67.05 | \$101.58 | \$67.05 | \$101.58 |
| | 60-64 | \$46.59 | \$71.10 | \$46.59 | \$71.10 | \$90.73 | \$137.32 | \$90.73 | \$137.32 |
| | 65-69 | \$67.21 | \$102.35 | \$67.21 | \$102.35 | \$131.38 | \$198.59 | \$131.38 | \$198.59 |
| | 70-74 | \$91.80 | \$139.58 | \$91.80 | \$139.58 | \$179.84 | \$271.65 | \$179.84 | \$271.65 |
| | 75-79 | \$108.69 | \$165.10 | \$108.69 | \$165.10 | \$213.26 | \$321.95 | \$213.26 | \$321.95 |
| | 80+ | \$149.29 | \$226.09 | \$149.29 | \$226.09 | \$294.27 | \$443.56 | \$294.27 | \$443.56 |

For Home Office Use Only

Proposal P1664641424

Quote CIMP1703080812

CL0

For use in enrollments situated in: UT. This rate insert is part of the approved brochure for Rate Insert UT 8 and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than August 08, 2027, 3 years from the date the rate insert was produced.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2022 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

Benefits - Benefits paid upon diagnosis of one of the following conditions and once per covered person. When all benefits have been used, the coverage terminates. Covered Spouse and Children receive 50% of your benefit amount (subject to maximums listed on pages 3 and 4).

CRITICAL ILLNESS BENEFITS

Heart Attack[†] - the death of a portion of the heart muscle due to inadequate blood supply. Does not include established (old) myocardial infarction or cardiac arrest

Stroke[†] - death of a portion of the brain producing neurological sequelae, including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Does not include transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency or reversible ischemic neurological deficits

End Stage Renal Failure[†] - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Does not include renal failure caused by traumatic events, including surgical trauma

Major Organ Failure[†] - diagnosis of failure of heart, lungs, liver, pancreas, or kidneys, with placement on National Transplant List or actual surgical transplant. Lungs and kidneys are considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Does not include bone marrow or stem cell transplant or donation surgery, and does not pay for mechanical or non-human organs

Coronary Artery Disease/Coronary Artery Bypass Graft[†] - surgery to correct narrowing or blockage of one or more coronary arteries or valves due to damage or disease with a bypass graft. Does not include coronary angioplasty, coronary angiography or any other intra-catheter technique procedures

Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND)[†] - a temporary or reversible ischemic event where measurable and functional neurological impairment is confined to an arterial area of the brain, there is no evidence of cerebral tissue damage, and reversible functional neurological impairments are confirmed

Bone Marrow or Stem Cell Transplant[†] - surgical transplant of bone marrow and stem cells to a covered person (must come from a human donor). Does not include autologous transplant

Invasive Cancer[†] - malignant tumor with uncontrolled growth, including leukemia and lymphoma. Does not include carcinoma in situ or skin cancer (other than invasive malignant melanoma or metastasized skin malignancies)

Carcinoma In Situ[†] - non-invasive cancer, including melanoma that has not invaded the dermis. Does not include other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors, or polyps

Waiver of Premium (employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness

SUPPLEMENTAL CRITICAL ILLNESS BENEFITS

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least two activities of daily living (ADLs) without adult assistance. ADLs are bathing, dressing, toileting, bladder and bowel continence, transferring and eating

Advanced Parkinson's Disease - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least two activities of daily living (ADLs) without adult assistance. ADLs are bathing, dressing, toileting, bladder and bowel continence, transferring and eating

Benign Brain Tumor - a non-malignant tumor limited to brain, meninges, cranial nerves or pituitary gland. Does not include tumors of the skull or ear canal, cysts, acoustic neuroma, pituitary adenomas less than 10mm, or germinomas

Coma - unconscious and not responsive to external stimulation or responsive to internal needs for at least 7 consecutive days. Does not include medically-induced coma, coma resulting from alcohol or drug use, or diagnosis of brain death

Loss of Hearing - total and permanent loss of hearing in both ears (cannot be corrected by hearing aid or device)

Loss of Sight - total and permanent loss of vision in both eyes

Loss of Speech - total and permanent loss of speech or verbal communication (without a medical device)

Paralysis - permanent loss of muscle function in two or more limbs due to disease or injury. Does not include loss of muscle function limited to fingers or toes

CHILDHOOD BENEFITS[†]

10 childhood diseases or defects for dependent children are covered. Cerebral Palsy; Cleft Lip or Cleft Palate; Congenital Heart Disease (coarctation of the aorta, hypoplastic left heart syndrome, patent ductus arteriosus, tetralogy of

Fallot, or transposition of the great arteries); Cystic Fibrosis; Type 1 Diabetes; Down Syndrome; Muscular Dystrophy; Spina Bifida; Structural Congenital Defect (anal atresia, anencephaly, biliary atresia, club foot, diaphragmatic hernia,

Hirschsprung's disease, gastroschisis, omphalocele, pyloric stenosis, and spinal muscular atrophy)

[†]Benefits are included under the Recurrence of Benefits option.

OPTIONAL/ADDITIONAL RIDER BENEFITS

All rider benefits listed are paid (subject to the maximums listed on page 3) Specified Condition and Infectious Disease Rider pay a percentage of the maximum benefit amount upon diagnosis and are only once per covered person.

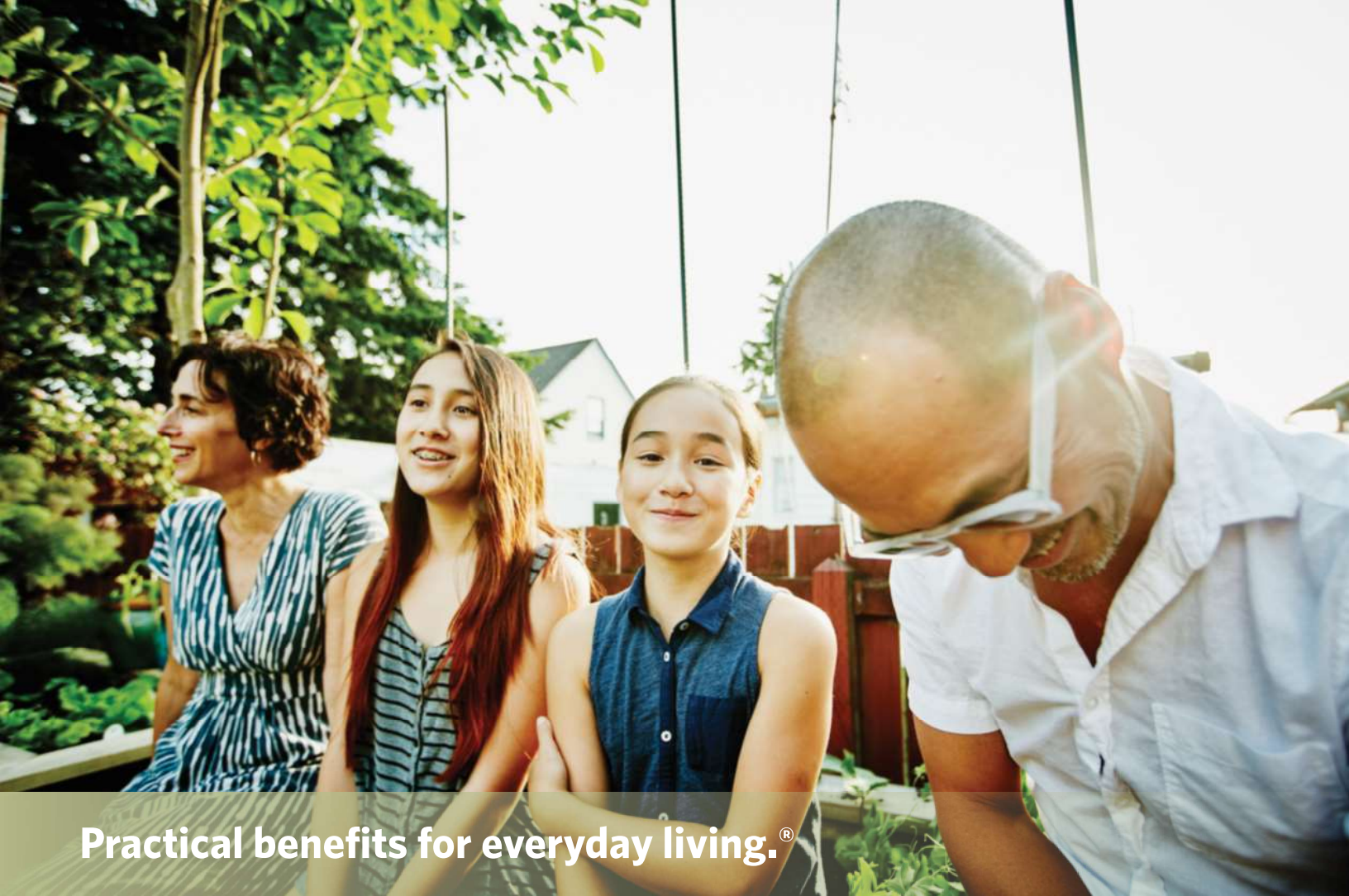
Fixed Health Screening Services Rider - coverage for one eligible service performed each year for each covered person. 47 covered services include: Biopsy for cancer and skin cancer; Blood Chemistry Panel; Blood Tests for Triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), or PSA (prostate cancer); Chest X-ray; Clinical Testicular Exam; CBC (blood count); Colonoscopy; Dental Exam; Doppler Screening (cancer, carotids or peripheral vascular disease); Echocardiogram; EKG (Electrocardiogram); EEG (Electroencephalogram); Endoscopy; Eye Exam; Fasting Blood or Plasma Glucose test; Flexible Sigmoidoscopy; Hearing Test; Hemoglobin A1C; Hemocult Stool Analysis; HPV (Human Papillomavirus) vaccination; Immunization; Inpatient Visit for routine newborn care; Lipid Panel (total cholesterol count); Mammography (breast ultrasound); Mental Health Assessments, including

Patient Health Questionnaire-9 (PHQ-9), Beck Depression Inventory (BDI-II), and Hamilton Depression Rating Scale (HAM-D); Office Visits for Preventative Care; Oral Cancer Screening; Pap Smear, including ThinPrep Pap Test; Sampling of blood or tissue for genetic testing for cancer risk; Serum Protein Electrophoresis (test for myeloma); Sexually Transmitted Infections (STI) test; Skin Cancer Screening; Skin Exam; Stress Test (bike or treadmill); Testing for Donation of Bone Marrow (includes HLA - Human Leukocyte Antigen); Thermography; Two-Hour Post-Load Plasma Glucose Test; Ultrasound Screening of abdominal aorta for aortic aneurysms; Ultrasound Screening for cancer detection; Any exam or screening for cancer detection other than those listed

Skin Cancer Rider - basal cell carcinoma and

squamous cell carcinoma. Does not include malignant melanoma and pre-cancerous conditions such as leukoplakia, actinic keratosis, carcinoma, hyperplasia, polycythemia, nonmalignant melanoma, moles, or similar diseases or lesions

Specified Condition and Infectious Disease Rider - diagnosis of one of the following specified conditions or infectious diseases: Acute Respiratory Distress Syndrome (ARDS); Adrenal insufficiency (Addison's Disease); Lou Gehrig's Disease (ALS); Bacterial meningitis; Cerebral palsy; Cystic fibrosis; Diphtheria; Encephalitis; Huntington's chorea; Legionnaires' disease (confirmation by culture or sputum); Malaria; Multiple sclerosis; Muscular dystrophy; Myasthenia gravis; Necrotizing fasciitis; Osteomyelitis; Poliomyelitis; Rabies; Scleroderma; Sickle cell anemia; Systemic lupus; Tetanus; Tuberculosis



Practical benefits for everyday living.®



When you choose

ALLSTATE BENEFITS,

we can help give you and your family financial peace of mind.

Are you in good hands?®



We're the name you know and trust, protecting America's families for over 50 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily - and get benefits deposited directly into your bank account (authorization required).

CERTIFICATE SPECIFICATIONS

Eligibility

Your employer and Allstate Benefits decide who is eligible for your group during the enrollment period (such as length of service, hours worked each week, eligibility waiting period, if applicable, and evidence of insurability). Issue ages are 18 and over.

Dependent Eligibility/Termination

Family members eligible for coverage are your spouse and dependent children. Spouse and child coverage ends when your coverage ends, when you request to terminate dependent coverage, when your spouse or children exhaust all benefits under the coverage, or upon your death. Spouse coverage also ends upon valid decree of divorce. Child coverage also ends when the child reaches age 26, unless the child is disabled and dependent on you for support.

When Coverage Ends

Coverage under the policy ends on the earliest of the following: the date the group policy is terminated; the group policy grace period ends after nonpayment of required premiums; you are no longer actively working for the group policyholder; you or your class are no longer eligible; you submit a written request to terminate the certificate; your death; a false claim is filed; when all benefits have been paid under the policy and riders.

Continuing Your Coverage

You, your spouse, and your child(ren) may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Conditions and Limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness after your effective date will be payable. Benefits are subject to all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the certificate and be diagnosed by a physician while coverage is in effect.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date if, after the first diagnosis, the covered person is free of any symptoms and treatment.

Recurrence of Benefits for a Subsequent Critical Illness

Benefit amounts for a recurrence of a critical illness will be paid if diagnosed with a subsequent critical illness for which a benefit was previously paid if the date of diagnosis, loss, or treatment is separated by 6 months after the previous date of diagnosis, loss, or treatment.

Exclusions for: Critical Illness Certificate; Fixed Health Screening Services Rider; Skin Cancer Rider; Specified Condition and Infectious Disease Rider

Benefits are not paid for: intentionally self-inflicted injury; substance abuse, including alcohol, alcoholism, legally obtained prescription medication and illegal use of non-prescribed drugs or narcotics; voluntarily taking or using of any drug, medication, narcotic, or controlled substance, unless administered by a physician or taken according to over-the-counter package directions.

We will not pay benefits for conditions diagnosed prior to the effective date of coverage or outside of the United States, its territories, or Canada, unless confirmed by a physician in the United States, its territories, or Canada.

This brochure is for use in enrollments situated in UT. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than August 15, 2027. Group Critical Illness benefits are provided under policy form GCIC5, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Fixed Health Screening Services Rider GCIC5FHSR; Skin Cancer Rider GCIC5SCR; Specified Condition and Infectious Disease Rider GCIC5SCIDR.

The coverage provided is limited benefit supplemental critical illness insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.
©2024 Allstate Insurance Company. www.allstate.com or allstatebenefits.com



Hospital Indemnity Insurance

Protection for hospital stays when a sickness or injury occurs

THINK ABOUT THIS



Americans pay nearly 60% more for hospital stays than patients in Europe and Canada¹



\$11,700
The average cost of a 24-hour hospital stay in the U.S.²



Two-thirds of Americans received an unexpected medical bill following a hospital stay in 2020³

A sickness or injury could land you in the hospital. Your medical insurance may only cover some of it, leaving you to pay for deductibles and coinsurance fees. Hospital Indemnity Insurance can help ease your financial burden so you can focus on recovery.

Here's How It Works

- Select the coverage that's right for you and your family
- If you or a family member requires a hospital stay, you file a claim
- A cash benefit is direct deposited or a check is mailed and can be used however you wish*

Protecting Your Finances

You've worked hard for your savings – don't let a hospital bill wipe them out.

- Protect your checking and savings
- Don't dip into your 401(k)



Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation*
- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

¹<https://www.healthsystemtracker.org/brief/what-drives-health-spending-in-the-u-s-compared-to-other-countries/>. ²<https://www.debt.org/medical/hospital-surgery-costs/>. ³<https://newsroom.heart.org/news/poll-surprise-medical-bills-pose-significant-financial-burden>. *Please refer to the Exclusions and Limitations section of this brochure.



Meet Tommy

CHOOSE

Tommy's mom signed up for Allstate Benefits Hospital Indemnity Insurance during her employer's Open Enrollment.

USE

A few months later, Tommy complained of pain in his abdomen. He has a fever and is vomiting. Here's his story:



Ambulance

Tommy's parents call an ambulance to take him to the hospital emergency room



Tests

After running some tests, the doctors determine that Tommy has appendicitis



Hospital Stay

An appendectomy is recommended and Tommy is admitted for an overnight stay



Surgery

Tommy has surgery the next day and spends another night in the hospital



Recovery

Tommy is released to recover and follow-up visits with his doctor are scheduled

CLAIM

Tommy's mom files a claim with her Allstate Benefits Hospital Indemnity coverage through the convenient web portal, **MyBenefits***. She receives cash benefits for:

*MyBenefits Claim Filing Portal

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Access: mybenefits.allstate.com

Here are some of the ways Tommy's mom can use the cash benefits



Finances

Can help protect savings, retirement plans and 401(k)s from being depleted



Travel

Can help pay for expenses while receiving treatment in another city



Home

Can help pay the mortgage, continue rental payments, or afford home repairs for after care



Expenses

Can help pay for her family's living expenses such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary. For a listing of benefits and benefit amounts, see page[s] 3 [and 4].

Hospital Indemnity (GIM2)

Group Hospital Indemnity Insurance from Allstate Benefits

Offered to the Employees of: Rate Insert UT 2

BENEFIT AMOUNTS

| HOSPITALIZATION BENEFITS | PLAN 1 | PLAN 2 | | |
|--|-------------------|-------------------|------|------|
| First Day Hospital Confinement Benefit Limit to Number of Occurrences | \$1,000 1/Year | \$2,000 1/Year | | |
| First Day Hospital Confinement Benefit - Newborn Child | None | None | None | None |
| Daily Hospital Confinement Benefit Maximum Number of Days | \$100 10 | \$200 10 | | |
| Daily Hospital Confinement Benefit - Newborn Child | None | None | None | None |
| Hospital Intensive Care Benefit (daily) Maximum Number of Days | \$100 10 | \$200 10 | | |

PLAN 1 PREMIUMS

| MODE | EE | EE + SP | EE + CH | F |
|---------|---------|---------|---------|---------|
| Monthly | \$16.56 | \$32.84 | \$21.91 | \$38.38 |

PLAN 2 PREMIUMS

| MODE | EE | EE + SP | EE + CH | F |
|---------|---------|---------|---------|---------|
| Monthly | \$33.11 | \$65.68 | \$43.82 | \$76.77 |

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family
Issue Ages: 18 and over if Actively at Work

For Home Office Use Only Proposal P1708544631, Quote HIMP1708879119, CL0

For use in enrollments situated in: UT. This rate insert is part of the approved brochure for Rate Insert UT 2 and is not to be used on its own.
This material is valid as long as information remains current, but in no event later than July 12, 2027, 3 years from the date the rate insert was produced.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2022 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

Benefits - Benefit paid for the following conditions (subject to limits listed on page 3)

HOSPITALIZATION BENEFIT(S)

How We Pay the Daily Hospital

Confinement Benefit - the Daily Hospital Confinement Benefit pays for each day after the first day of a continuous confinement in a hospital for one day less than the maximum number of days (see pg. 3)

If the First Day Hospital Confinement

benefit is payable - the Daily Hospital Confinement Benefit pays for each day after the first day of a continuous confinement in a hospital for one day less than the maximum number of days (see pg. 3)

If the First Day Hospital Confinement

benefit is not payable - the Daily Hospital Confinement Benefit pays for each day of a continuous confinement in a hospital for the maximum number of days (see pg. 3)



Practical benefits for everyday living.®



When you choose

ALLSTATE BENEFITS,

we can help give you and your family financial peace of mind.

Are you in good hands?®



We're the name you know and trust, protecting America's families for over 50 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily - and get benefits deposited directly into your bank account (authorization required).

CERTIFICATE SPECIFICATIONS

Conditions and Limits - We pay benefits as stated for service and treatment received by the covered person while coverage is in force, for sickness or injury. Hospital room and board charges must be incurred for benefits to be payable. **Treatment must be received in the United States or its territories.**

Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination of Coverage - Coverage may include you, your spouse or domestic partner, and children. Coverage for children ends upon your death or when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of domestic partnership or your death.

When Coverage Ends - Coverage under the policy ends on the earliest of: the date the policy is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment or a member in an association, labor union or other entity, except as provided under the "Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence" provision; the date you are no longer in an eligible class; the date your class is no longer eligible; upon discovery of fraud or material misrepresentation when filing for a claim.

Portability - You may be eligible to continue your coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Pre-Existing Condition Limitation - We do not pay benefits due to a pre-existing condition if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which: medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective; or symptoms existed within the 12 months prior to the effective date or the date an increase in benefits would be effective. This limitation applies if the insured person is pregnant prior to the effective date.

This brochure is for use in enrollments situated in UT. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than August 15, 2027. Group Hospital Indemnity benefits are provided under policy form GVSP2, or state variations thereof.

The coverage provided is limited benefit hospital indemnity insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.
©2024 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

*Thank you for allowing us to help you with
George Washington Academy's group benefit
insurance needs.*

*Your trust means more than we could say.
We enjoy working with you and look forward to
assisting you in the future.*



Chanel Mason Struhs

Licensed Health, Life and Medicare Insurance Broker

Email: chanel@southernutahinsurance.com

Office & Text: (435) 673-7912



Gerene Mason

Owner/ Licensed Health, Life and Medicare Insurance Broker

Email: gerene@southernutahinsurance.com

Office & Text: (435) 673-7912

