



Healthplan Services Brokerage
4110 George Road
Tampa,FL 33634-7411

Benefit proposal requested for:
Torah Day School Of Dalla
Dallas, TX 75252

Sales Office:

Humana INC
Ste 1000
4030 W Boy Scout Blvd
Tampa,FL 33607-5713
813-286-8829 / 800-568-3333
813-207-0995 Fax

Sales Agent:

Healthplan Services Brokerage
800-545-6441
800-214-3966 Fax

Underwriting Messages

- 1) Based on information received, quoted as Single Site.
- 2) Working location zip codes are required but missing for some or all employees, therefore the group's main location zip code has been used.
- 3) Coverage is only available to those employees living and working in the United States.

Sales Messages

Group benefits that go beyond traditional employee benefits

At Humana, our dental, vision, life and disability plans provide well-rounded employee benefits that offer savings, flexibility, financial protection, and overall well-being:

- Dental plans with innovative plan designs, a national provider network and an award-winning service experience
- Vision plans with built-in savings a choice of providers close to home including independent, retail, and online options
- Life plans that help protect employees' financial well-being
- Short- and Long-term Disability plans that provide paycheck protection for employees

Get our bundled Employee Assistance Program (EAP) at no additional cost when you simply choose at least one Humana disability plan with two other Humana lines of coverage. *

Note: EAP is not available in the state of WA

* Humana lines of coverage include: Short-term disability, long-term disability, dental, vision and life plans.



Dental Summary

Proposal for: **Torah Day School Of Dalla**

Quote #: **544413401-004**

Agent/agency: Healthplan Services Brokerage

State/county: TX - Collin
 SIC: 8211 - Elementary & Secondary Schools
 Location type: Single Site

Effective: **8/1/2025**

Prepared: 7/28/2025

View detailed proposals for options included in premium.

Ref #	Dental plan	Coins % (in)	Coins % (out)	Perio & end	Deductible single	Annual maximum	Ortho	Association	Employee (55)	Employee/ spouse (0)	Employee/ child (0)	Family (0)	Total monthly premium (55)	Savings from highest cost plan	Locations
	Traditional Preferred														
1	TX Trad+ U&C +	100/80/50	100/80/50	See Pln Summary	\$50/\$50	9999999		N/A	\$44.66	\$89.33	\$113.89	\$158.56	\$2,456.30		ALL
2	TX Trad+ U&C +	100/80/50	100/80/50	See Pln Summary	\$50/\$50	5000		N/A	\$39.92	\$79.84	\$101.80	\$141.72	\$2,195.60	11%	ALL
3	TX Trad+ U&C +	100/80/50	100/80/50	See Pln Summary	\$50/\$50	3000		N/A	\$39.11	\$78.22	\$99.73	\$138.83	\$2,151.05	12%	ALL
4	TX Trad+ U&C +	100/80/50	100/80/50	See Pln Summary	\$50/\$50	2000		N/A	\$36.59	\$73.18	\$93.30	\$129.90	\$2,012.45	18%	ALL
5	TX Trad+ U&C +	100/80/50	100/80/50	See Pln Summary	\$50/\$50	1500		N/A	\$34.31	\$68.62	\$87.49	\$121.79	\$1,887.05	23%	ALL
6	TX Trad+ U&C +	100/80/50	100/80/50	See Pln Summary	\$50/\$50	1000		N/A	\$30.37	\$60.74	\$77.44	\$107.81	\$1,670.35	32%	ALL



Vision Summary

Proposal for: **Torah Day School Of Dalla**

Quote #: **544413401-004**

Agent/agency: **Healthplan Services Brokerage**

State/county: TX - Collin
SIC: 8211 - Elementary & Secondary Schools
Location type: Single Site

Effective: **8/1/2025**

Prepared: 7/28/2025

View detailed proposal for available options.

Ref #	Vision plan	Exam Copay (in)	Materials Copay (in)	Retail Frame Allowance (in)	Contact Lens Allowance (in)	Association	Employee (55)	Employee/ spouse (0)	Employee/ child (0)	Family (0)	Total monthly premium (55)	Savings from highest cost plan	Locations
	Humana Vision												
1	TX Humana Vision 200	\$0	\$0	\$200	\$200	N/A	\$9.69	\$19.37	\$18.41	\$28.93	\$532.95		ALL
2	TX Humana Vision 160	\$10	\$10	\$160	\$160	N/A	\$7.06	\$14.12	\$13.41	\$21.07	\$388.30	27%	ALL
3	TX Humana Vision 150	\$10	\$10	\$150	\$150	N/A	\$5.95	\$11.90	\$11.31	\$17.77	\$327.25	39%	ALL
4	TX Humana Vision 130	\$10	\$15	\$130	\$130	N/A	\$4.61	\$9.23	\$8.76	\$13.77	\$253.55	52%	ALL
5	TX Humana Vision 100	\$10	\$25	\$100	\$100	N/A	\$3.63	\$7.27	\$6.90	\$10.85	\$199.65	63%	ALL

Dental Proposal

Proposal for: Torah Day School Of Dalla
 State/county: TX - Collin
 SIC: 8211 - Elementary & Secondary Schools
 Location type: Single Site

Quote #: 544413401-004
Reference #: 1
Effective: 8/1/2025

Agent/agency: Healthplan Services Brokerage

Prepared: 7/28/2025

Dental Plan: TX Trad+ U&C +

Funding type: Employer Sponsored unless Voluntary Funded Option is selected
Coinsurance % (in): 100/80/50
Coinsurance % (out): 100/80/50
Perio & endo: See Pln Summary
Deductible single (in/out): 50/50
Annual maximum: \$9,999,999
Association: N/A
Open Enrollment: Yes

Count	Coverage type	Rate	Total
55	Employee	\$44.66	\$2,456.30
0	Employee/spouse	\$89.33	
0	Employee/child	\$113.89	
0	Family	\$158.56	
55	Total monthly premium:		\$2,456.30

Options included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total

Options not included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total
Voluntary	\$4.47	\$8.93	\$11.39	\$15.85	\$245.85
Implants 5+	\$2.68	\$5.36	\$6.84	\$9.51	\$147.40
Composite Filling	\$1.57	\$3.12	\$3.99	\$5.55	\$86.35
Endodontics IN Basic	\$1.57	\$3.12	\$3.99	\$5.55	\$86.35
Periodontics IN Basic	\$1.57	\$3.12	\$3.99	\$5.55	\$86.35
Waive Prev Annual Max	\$0.90	\$1.78	\$2.28	\$3.17	\$49.50



Dental Proposal

Proposal for: Torah Day School Of Dalla
 State/county: TX - Collin
 SIC: 8211 - Elementary & Secondary Schools
 Location type: Single Site

Quote #: 544413401-004
Reference #: 2
Effective: 8/1/2025

Agent/agency: Healthplan Services Brokerage

Prepared: 7/28/2025

Dental Plan: TX Trad+ U&C +	
Funding type:	Employer Sponsored unless Voluntary Funded Option is selected
Coinsurance % (in):	100/80/50
Coinsurance % (out):	100/80/50
Perio & endo:	See Pln Summary
Deductible single (in/out):	50/50
Annual maximum:	\$5,000
Association:	N/A
Open Enrollment:	Yes

Count	Coverage type	Rate	Total
55	Employee	\$39.92	\$2,195.60
0	Employee/spouse	\$79.84	
0	Employee/child	\$101.80	
0	Family	\$141.72	
55	Total monthly premium:		\$2,195.60

Options included in monthly total					
	Employee	Employee/ spouse	Employee/ child	Family	Total

Options not included in monthly total					
	Employee	Employee/ spouse	Employee/ child	Family	Total
Voluntary	\$3.99	\$7.99	\$10.18	\$14.18	\$219.45
Implants 5+	\$2.40	\$4.79	\$6.11	\$8.51	\$132.00
Composite Filling	\$1.40	\$2.80	\$3.56	\$4.96	\$77.00
Endodontics IN Basic	\$1.40	\$2.80	\$3.56	\$4.96	\$77.00
Periodontics IN Basic	\$1.40	\$2.80	\$3.56	\$4.96	\$77.00
Waive Prev Annual Max	\$0.80	\$1.60	\$2.04	\$2.84	\$44.00

Dental Proposal

Proposal for: Torah Day School Of Dalla
 State/county: TX - Collin
 SIC: 8211 - Elementary & Secondary Schools
 Location type: Single Site

Quote #: 544413401-004
Reference #: 3
Effective: 8/1/2025

Agent/agency: Healthplan Services Brokerage

Prepared: 7/28/2025

Dental Plan: TX Trad+ U&C +

Funding type: Employer Sponsored unless Voluntary Funded Option is selected
Coinsurance % (in): 100/80/50
Coinsurance % (out): 100/80/50
Perio & endo: See Pln Summary
Deductible single (in/out): 50/50
Annual maximum: \$3,000
Association: N/A
Open Enrollment: Yes

Count	Coverage type	Rate	Total
55	Employee	\$39.11	\$2,151.05
0	Employee/spouse	\$78.22	
0	Employee/child	\$99.73	
0	Family	\$138.83	
55	Total monthly premium:		\$2,151.05

Options included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total

Options not included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total
Voluntary	\$3.91	\$7.82	\$9.97	\$13.89	\$215.05
Implants 5+	\$2.34	\$4.69	\$5.98	\$8.33	\$128.70
Composite Filling	\$1.37	\$2.73	\$3.49	\$4.86	\$75.35
Endodontics IN Basic	\$1.37	\$2.73	\$3.49	\$4.86	\$75.35
Periodontics IN Basic	\$1.37	\$2.73	\$3.49	\$4.86	\$75.35
Waive Prev Annual Max	\$0.78	\$1.56	\$1.99	\$2.78	\$42.90

Dental Proposal

Proposal for: Torah Day School Of Dalla
 State/county: TX - Collin
 SIC: 8211 - Elementary & Secondary Schools
 Location type: Single Site

Quote #: 544413401-004
Reference #: 4
Effective: 8/1/2025

Agent/agency: Healthplan Services Brokerage
Prepared: 7/28/2025

Dental Plan: TX Trad+ U&C +

Funding type: Employer Sponsored unless Voluntary Funded Option is selected
Coinsurance % (in): 100/80/50
Coinsurance % (out): 100/80/50
Perio & endo: See Pln Summary
Deductible single (in/out): 50/50
Annual maximum: \$2,000
Association: N/A
Open Enrollment: Yes

Count	Coverage type	Rate	Total
55	Employee	\$36.59	\$2,012.45
0	Employee/spouse	\$73.18	
0	Employee/child	\$93.30	
0	Family	\$129.90	
55	Total monthly premium:		\$2,012.45

Options included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total

Options not included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total
Voluntary	\$3.66	\$7.32	\$9.34	\$12.98	\$201.30
Implants 5+	\$2.20	\$4.39	\$5.60	\$7.79	\$121.00
Composite Filling	\$1.28	\$2.56	\$3.27	\$4.54	\$70.40
Endodontics IN Basic	\$1.28	\$2.56	\$3.27	\$4.54	\$70.40
Periodontics IN Basic	\$1.28	\$2.56	\$3.27	\$4.54	\$70.40
Waive Prev Annual Max	\$0.73	\$1.46	\$1.87	\$2.59	\$40.15



Dental Proposal

Proposal for: Torah Day School Of Dalla
 State/county: TX - Collin
 SIC: 8211 - Elementary & Secondary Schools
 Location type: Single Site

Quote #: 544413401-004
Reference #: 5
Effective: 8/1/2025

Agent/agency: Healthplan Services Brokerage

Prepared: 7/28/2025

Dental Plan: TX Trad+ U&C +

Funding type: Employer Sponsored unless Voluntary Funded Option is selected
Coinsurance % (in): 100/80/50
Coinsurance % (out): 100/80/50
Perio & endo: See Pln Summary
Deductible single (in/out): 50/50
Annual maximum: \$1,500
Association: N/A
Open Enrollment: Yes

Count	Coverage type	Rate	Total
55	Employee	\$34.31	\$1,887.05
0	Employee/spouse	\$68.62	
0	Employee/child	\$87.49	
0	Family	\$121.79	
55	Total monthly premium:		\$1,887.05

Options included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total

Options not included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total
Voluntary	\$3.43	\$6.86	\$8.74	\$12.18	\$188.65
Implants 5+	\$2.06	\$4.11	\$5.25	\$7.31	\$113.30
Composite Filling	\$1.20	\$2.40	\$3.06	\$4.27	\$66.00
Endodontics IN Basic	\$1.20	\$2.40	\$3.06	\$4.27	\$66.00
Periodontics IN Basic	\$1.20	\$2.40	\$3.06	\$4.27	\$66.00
Waive Prev Annual Max	\$0.68	\$1.37	\$1.75	\$2.44	\$37.40

Dental Proposal

Proposal for: Torah Day School Of Dalla
 State/county: TX - Collin
 SIC: 8211 - Elementary & Secondary Schools
 Location type: Single Site

Quote #: 544413401-004
Reference #: 6
Effective: 8/1/2025

Agent/agency: Healthplan Services Brokerage

Prepared: 7/28/2025

Dental Plan: TX Trad+ U&C +

Funding type: Employer Sponsored unless Voluntary Funded Option is selected
Coinsurance % (in): 100/80/50
Coinsurance % (out): 100/80/50
Perio & endo: See Pln Summary
Deductible single (in/out): 50/50
Annual maximum: \$1,000
Association: N/A
Open Enrollment: Yes

Count	Coverage type	Rate	Total
55	Employee	\$30.37	\$1,670.35
0	Employee/spouse	\$60.74	
0	Employee/child	\$77.44	
0	Family	\$107.81	
55	Total monthly premium:		\$1,670.35

Options included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total

Options not included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total
Voluntary	\$3.04	\$6.07	\$7.75	\$10.78	\$167.20
Implants 5+	\$1.82	\$3.64	\$4.65	\$6.47	\$100.10
Composite Filling	\$1.06	\$2.12	\$2.71	\$3.78	\$58.30
Endodontics IN Basic	\$1.06	\$2.12	\$2.71	\$3.78	\$58.30
Periodontics IN Basic	\$1.06	\$2.12	\$2.71	\$3.78	\$58.30
Waive Prev Annual Max	\$0.61	\$1.21	\$1.55	\$2.16	\$33.55



Vision Proposal

Proposal for: Torah Day School Of Dalla
 State/county: TX - Collin
 SIC: 8211 - Elementary & Secondary Schools
 Location type: Single Site

Quote #: 544413401-004
Reference #: 1
Effective: 8/1/2025

Agent/agency: Healthplan Services Brokerage

Prepared: 7/28/2025

Vision Plan: TX Humana Vision 200

Funding type : Employer Sponsored unless Voluntary Funded Option is selected
Exam Copay (in) : \$0
Materials Copay (in) : \$0
Retail Frame Allowance (in) : \$200
Contact Lens Allowance (in) : \$200
Association : N/A
Open Enrollment : Yes

Count	Coverage type	Rate	Total
55	Employee	\$9.69	\$532.95
0	Employee/spouse	\$19.37	
0	Employee/child	\$18.41	
0	Family	\$28.93	
55	Total monthly premium:		\$532.95

Options included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total

Options not included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total
Voluntary Participation	\$2.42	\$4.85	\$4.60	\$7.23	\$133.10
12-Month Frame Benefit	\$1.55	\$3.10	\$2.94	\$4.62	\$85.25
Retinal Imaging	\$0.60	\$1.20	\$1.10	\$1.75	\$33.00
Child Polycarbonate to Age 19			\$1.50	\$1.50	\$0.00



Vision Proposal

Proposal for: Torah Day School Of Dalla
 State/county: TX - Collin
 SIC: 8211 - Elementary & Secondary Schools
 Location type: Single Site

Quote #: 544413401-004
Reference #: 2
Effective: 8/1/2025

Agent/agency: Healthplan Services Brokerage

Prepared: 7/28/2025

Vision Plan: TX Humana Vision 160

Funding type : Employer Sponsored unless Voluntary Funded Option is selected
Exam Copay (in) : \$10
Materials Copay (in) : \$10
Retail Frame Allowance (in) : \$160
Contact Lens Allowance (in) : \$160
Association : N/A
Open Enrollment : Yes

Count	Coverage type	Rate	Total
55	Employee	\$7.06	\$388.30
0	Employee/spouse	\$14.12	
0	Employee/child	\$13.41	
0	Family	\$21.07	
55	Total monthly premium:		\$388.30

Options included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total

Options not included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total
Voluntary Participation	\$1.76	\$3.52	\$3.35	\$5.27	\$96.80
12-Month Frame Benefit	\$1.13	\$2.25	\$2.15	\$3.38	\$62.15
Retinal Imaging	\$0.60	\$1.20	\$1.10	\$1.75	\$33.00
Child Polycarbonate to Age 19			\$1.50	\$1.50	\$0.00



Vision Proposal

Proposal for: Torah Day School Of Dalla
 State/county: TX - Collin
 SIC: 8211 - Elementary & Secondary Schools
 Location type: Single Site

Quote #: 544413401-004
Reference #: 3
Effective: 8/1/2025

Agent/agency: Healthplan Services Brokerage

Prepared: 7/28/2025

Vision Plan: TX Humana Vision 150

Funding type : Employer Sponsored unless Voluntary Funded Option is selected
Exam Copay (in) : \$10
Materials Copay (in) : \$10
Retail Frame Allowance (in) : \$150
Contact Lens Allowance (in) : \$150
Association : N/A
Open Enrollment : Yes

Count	Coverage type	Rate	Total
55	Employee	\$5.95	\$327.25
0	Employee/spouse	\$11.90	
0	Employee/child	\$11.31	
0	Family	\$17.77	
55	Total monthly premium:		\$327.25

Options included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total

Options not included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total
Voluntary Participation	\$1.49	\$2.98	\$2.82	\$4.44	\$81.95
12-Month Frame Benefit	\$0.95	\$1.91	\$1.81	\$2.84	\$52.25
Retinal Imaging	\$0.60	\$1.20	\$1.10	\$1.75	\$33.00
Child Polycarbonate to Age 19			\$1.50	\$1.50	\$0.00



Vision Proposal

Proposal for: Torah Day School Of Dalla
 State/county: TX - Collin
 SIC: 8211 - Elementary & Secondary Schools
 Location type: Single Site

Quote #: 544413401-004
Reference #: 4
Effective: 8/1/2025

Agent/agency: Healthplan Services Brokerage

Prepared: 7/28/2025

Vision Plan: TX Humana Vision 130

Funding type : Employer Sponsored unless Voluntary Funded Option is selected
Exam Copay (in) : \$10
Materials Copay (in) : \$15
Retail Frame Allowance (in) : \$130
Contact Lens Allowance (in) : \$130
Association : N/A
Open Enrollment : Yes

Count	Coverage type	Rate	Total
55	Employee	\$4.61	\$253.55
0	Employee/spouse	\$9.23	
0	Employee/child	\$8.76	
0	Family	\$13.77	
55	Total monthly premium:		\$253.55

Options included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total

Options not included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total
Voluntary Participation	\$1.16	\$2.30	\$2.20	\$3.45	\$63.80
12-Month Frame Benefit	\$0.74	\$1.47	\$1.41	\$2.21	\$40.70
Retinal Imaging	\$0.60	\$1.20	\$1.10	\$1.75	\$33.00
Child Polycarbonate to Age 19			\$1.50	\$1.50	\$0.00



Vision Proposal

Proposal for: Torah Day School Of Dalla
 State/county: TX - Collin
 SIC: 8211 - Elementary & Secondary Schools
 Location type: Single Site

Quote #: 544413401-004
Reference #: 5
Effective: 8/1/2025

Agent/agency: Healthplan Services Brokerage

Prepared: 7/28/2025

Vision Plan: TX Humana Vision 100

Funding type : Employer Sponsored unless Voluntary Funded Option is selected
Exam Copay (in) : \$10
Materials Copay (in) : \$25
Retail Frame Allowance (in) : \$100
Contact Lens Allowance (in) : \$100
Association : N/A
Open Enrollment : Yes

Count	Coverage type	Rate	Total
55	Employee	\$3.63	\$199.65
0	Employee/spouse	\$7.27	
0	Employee/child	\$6.90	
0	Family	\$10.85	
55	Total monthly premium:		\$199.65

Options included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total

Options not included in monthly total

	Employee	Employee/ spouse	Employee/ child	Family	Total
Voluntary Participation	\$0.91	\$1.81	\$1.73	\$2.71	\$50.05
Retinal Imaging	\$0.60	\$1.20	\$1.10	\$1.75	\$33.00
12-Month Frame Benefit	\$0.58	\$1.16	\$1.11	\$1.73	\$31.90
Child Polycarbonate to Age 19			\$1.50	\$1.50	\$0.00

Fully Insured

Proposal for: TORAH DAY SCHOOL OF DALLA

Effective Date: 8/1/2025

Reference Number: 544413401004

Long Term Disability Insurance

Eligibility	
Employee eligibility	All active full-time employees, excluding temporary, leased, seasonal, and contracted employees
Minimum hours requirement	Minimum of 30 hours per week
Class description	FULL TIME EMPLOYEES

Benefit Plan and Features	
Coverage Basis	24 Hour
Benefit Percentage	60%
Maximum Monthly Benefit	\$6000
Guarantee Issue Benefit	\$6000
Minimum Monthly Benefit	Flat \$50
Definition of Earnings	Base Salary Only
Elimination Period	90 days
Type of Disability	Residual Disability
Definition of Disability/Loss of Duties	Standard Definition
Own Occupation Period	2 Year Own Occupation
Earnings Test	80% 60%
Integration Method	Direct Family
Other income benefit offsets	Standard Offsets (Dollar for Dollar)
Maximum Duration of Benefits	ADEA 1 With SSNRA
Pre-Existing Condition Exclusion	6 12
Continuity of Coverage	Not Applicable
Mental Illness Limitation/Substance Abuse Limitation	Combined: 24 Months Lifetime
Special condition limitation	Not Included

Fully Insured

Proposal for: TORAH DAY SCHOOL OF DALLA

Effective Date: 8/1/2025

Reference Number: 544413401004

Waiver of Long-Term Disability Premium	Included
Return to Work Provisions	
Recurrent Disability	1/2 of the Elimination Period during EP, and within 6 Months after EP
Return to Work Incentive Period	12 Months
Rehabilitation Bonus	
Mandatory Rehabilitation	Included
Workplace Modification Benefit	Up to the Max Monthly Benefit
Optional Benefits	
Survivor Income Benefit	3x Net
Cost of Living Adjustment	Not Included
Activities of Daily Living	Not Included
Business Protection Benefit	Not Included
Extended Earnings Protection (EEP)	Not Included
Medical Premium Expense Benefit	Not Included -
Pension Contribution Benefit	Not Included
Claims Services	
FICA Match Services	Included, Without Reimbursement
W-2 Services	Included
Continuation Services	
Non-FMLA	Not Included
Layoff	Not Included
Severance, Sabbatical, Strike, Lockout, or Work Stoppage, Other	Not Included

Fully Insured

Proposal for: TORAH DAY SCHOOL OF DALLA

Effective Date: 8/1/2025

Reference Number: 544413401004

Premium Contributions

Contribution Type	Voluntary
Employee Contribution Percentage	100%
Participation Requirement	Greater of 25% or 4 Enrolled Lives
Enrollment Type	Open Enrollment

Financial Summary

Eligible Lives	55
Enrolled Lives	55
Rate Guarantee	24 Months

Age	Lives	Volume	Monthly rate per \$100 of covered payroll	Monthly premium
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<25	3	\$6,694.42	\$0.09	\$6.02
25-29	4	\$18,690.00	\$0.10	\$18.69
30-34	9	\$41,839.99	\$0.17	\$71.13
35-39	9	\$44,630.83	\$0.33	\$147.28
40-44	7	\$41,820.42	\$0.48	\$200.74
45-49	6	\$21,978.75	\$0.67	\$147.26
50-54	7	\$50,648.67	\$0.93	\$471.03
55-59	4	\$28,250.00	\$1.01	\$285.33
60-64	1	\$4,881.67	\$0.91	\$44.42
65+	5	\$18,182.92	\$0.77	\$140.01

Total	55	\$277,617.67		\$1,531.91
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Fully Insured

Proposal for: TORAH DAY SCHOOL OF DALLA

Effective Date: 8/1/2025

Reference Number: 544413401004

Short Term Disability Insurance

Eligibility	
Employee eligibility	All active full-time employees, excluding temporary, leased, seasonal, and contracted employees
Minimum hours requirement	Minimum of 30 hours per week
Class description	FULL TIME EMPLOYEES
Benefit Plan and Features	
Coverage basis	Non-Occupational
Benefit type	Percentage of Income
Benefit percentage	60%
Maximum weekly benefit	\$1500
Minimum weekly benefit	Flat \$25
Definition of earnings	Base Salary Only
Accident benefit commencement	8 Calendar Day(s)
Sickness benefit commencement	8 Calendar Day(s)
Maximum duration of benefit	13 Week(s)
First day hospital	Not Included
Type of disability	Residual Disability
Definition of disability	Own Job
Earnings test	80%
Pre-existing condition limitation	6 12
Pre-existing condition limitation type	Exclusionary
Continuity of coverage	Standard No Loss No Gain
Integration method	Direct Family
Other income benefit offset	Dollar for Dollar Offsets

Fully Insured

Proposal for: TORAH DAY SCHOOL OF DALLA

Effective Date: 8/1/2025

Reference Number: 544413401004

Waiver of Short-Term Disability Premium	Not Included
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Return to work provisions

Recurrent Disability	15 Days of Returning to Work (Less than 26 week duration)
Rehabilitation Employment Benefit	Included

Claims Services

FICA Match Services	Not Included
W-2 Services	Included

Premium contributions

Contribution Type	Voluntary
Employee Contribution Percentage	100%
Participation Requirement	Greater of 25% or 4 Enrolled Lives
Enrollment Type	Traditional EOI (Following Initial OE)

Financial summary

Eligible Lives	55
Enrolled Lives	55
Rate Guarantee	24 Months

Fully Insured

Effect) 8/1/2025

Proposal for: TORAH DAY SCHOOL OF DALLA

Reference Number: 544413401004

Age	Lives	Volume	Monthly rate per \$10 of covered benefit	Monthly premium
<25	3	\$926.92	\$0.47	\$43.57
25-29	4	\$2,587.85	\$0.54	\$139.74
30-34	9	\$5,793.23	\$0.60	\$347.59
35-39	9	\$6,179.65	\$0.47	\$290.44
40-44	7	\$5,790.52	\$0.40	\$231.62
45-49	6	\$3,043.21	\$0.44	\$133.90
50-54	7	\$7,128.28	\$0.52	\$370.67
55-59	4	\$4,026.92	\$0.62	\$249.67
60-64	1	\$675.92	\$0.75	\$50.69
65+	5	\$2,517.63	\$0.80	\$201.41
Total	55	\$38,670.13		\$2,059.30

Proposal Assumptions and Qualifications for Disability

General

This quote assumes the following conditions:

- The effective date is no later than 8/1/2025
- Rates are based on SIC code 8211
- Texas state of situs.
- This quote is considered invalid if the group has been in business for fewer than 2 years.
- Proposed plan of benefits is subject to ERISA regulations.
- Coverage is written on a fully insured, non-participating, non-dividend funding arrangement.
- Claims incurred prior to the effective date will be the responsibility of the prior carrier.
- This is a Disability Income Protection policy. It does not provide basic hospital, basic medical or major medical insurance. .
- If there are any union negotiated provisions, those provisions are not a part of this quote unless specifically stated in this proposal. In addition, this proposal is not subject to any collective bargaining agreement.
- This quote is an estimate based on information provided to Humana by you. It is not a contract or an offer of coverage.
- Final rates and whether coverage will be issued and in what amount are subject to underwriting review, health status of the applicant (where applicable), and the actual composition of the group. Underwriting reserves the right to re-evaluate rates if final enrollment changes from quoted enrollment. Under no circumstances should the employer cancel its current group insurance coverage before receiving approval of coverage from underwriting.
- Humana requires any producer transacting the sale of insurance products on Humana's behalf to be contracted with Humana and appointed as Humana's agent in accordance with applicable law. The provision of this quoting information to the producer does not constitute an authorization of the named producer to solicit or otherwise transact the sale of insurance products on behalf of Humana, its affiliates, or subsidiaries. The information presented in this quote is intended for a producer's informational purposes only and shall not be distributed further.

Employee Eligibility

Quote assumes eligible employees are U.S. citizens or U.S. residents working in U.S. locations who have met the employee eligibility requirements. Requests for coverage of "international" employees must be approved in advance.

Family Members (Applicable to groups with 25 or less Eligible Lives): Family members cannot comprise more than 50% of the insured employee's population. Family members include father, mother, spouse, siblings, and/or children.

Plan Design

- Standard filed contract language applies unless approved in advance.
- This quote is intended to highlight certain plan design aspects of the proposed lines of coverage and does not constitute the contract. Any discrepancies between this proposal and the contract will be resolved by the wording in the contract. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. This program may vary and may not be available to residents of all states.
- Loss of license does not, in and of itself, constitute disability under the terms of the contract.
- Quote assumes the employer participates in Worker's Compensation, Social Security, and statutory disability or medical leave plans where mandated for all eligible employees unless otherwise specified in proposal.
- A pre-existing condition exclusion may apply. A pre-existing condition is defined as any injury or sickness the employee received medical care for before the effective date. See policy for complete details.

- Provided there is a pre-existing condition limitation on the coverage, a new limitation will apply on the date of any increase in coverage.
- With this rate structure the employer may be electing to partially support employer-paid coverages with the rate for the employee-paid coverages. This means that premiums paid for one coverage may cover the cost of another coverage under the Plan. When rates are quoted that accounts for partial support between the employee-paid and employer-paid coverages, it is done with the understanding that the employer and employee coverages are part of a single ERISA plan sponsored by the employer and that the employer has determined that the rate structure is consistent with information provided to employees and with its ERISA obligations. If this understanding is not accurate, please contact us.
- Assumes the employer pays the cost of coverage on a pre-tax basis.
- Assumes the employee pays the cost of coverage on a post-tax basis.

Proposed Rate

- Proposed rate(s) are valid for 90 days or the coverage effective date, whichever occurs first.
- Proposed rate(s) are guaranteed for two year(s).
- At any time during the rate guarantee period, Humana reserves the right to revise the in force rate(s) for one or more of the following reasons:
 - More than a 10% change in the number of eligible employees, enrolled employees or covered volume;
 - Completed acquisition, merger or divestiture;
 - Changes in state or federal insurance regulations or mandated benefits;
 - Changes in the sold plan design or employee eligibility from that proposed;
 - Material misstatement or misrepresentation of the information provided during the Request for Proposal (RFP) process, including but not limited to bid specifications, claims experience or inforce benefits.
- Long Term Disability Commissions.
 - Flat 15.00% Commission applies.
- Short Term Disability Commissions.
 - Flat 15.00% Commission applies.

Sold Case Requirements

- A census is required at time of sale to verify current enrollees and insurance amounts.
- A copy of the prior carrier's booklet should be included in the sold case submission materials. Failure to provide this information at time of sale may result in delays in claim adjudication.

Other Assumptions

- If an employee is not actively at work on the day coverage would normally become effective, coverage for that employee will not go into effect until the day the employee returns to active full-time employment for the policyholder, subject to any takeover-provision as outlined in this proposal.
- Employees disabled prior to the coverage effective date are assumed to be the responsibility of the prior carrier.

Contingent eligibility

Texas Situs:

If an employee in any class is required to participate in the company's medical plan in order to be eligible to participate in the [Life and AD&D, LTD and/or STD plans], please be advised that Section 1131.202 of the Texas Insurance Code requires the following regarding eligibility for group life and disability insurance policies issued to employers: "All employees of the employer, or all of any class or classes of employees determined by conditions relating to their employment, are eligible for insurance under the policy."

Accordingly, please confirm that the prospective policyholder wishes to maintain any eligibility provisions conditioned on participation in the company's medical plan.

If the company does require that any classes' eligibility for the [Life and AD&D, LTD and/or STD plan(s) is(are)] conditioned on an employee's participation in the company's medical plan, we will honor the company's requirement to the extent permitted in our filed and approved policies. Specific language may vary from your plan or the prior carrier's policy language.

Disability plans insured by Humana Insurance Company, Humana Insurance Company of Kentucky or Humana Insurance Company of New York.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance plans. Our insurance plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

Life Proposal

Proposal for:	Torah Day School Of Dalla	Quote #:	544413401-004	Agent/agency:	Healthplan Services Brokerage
State/county:	TX - Collin	Reference #:	1		
SIC:	8211 - Elementary & Secondary Schools	Effective:	8/1/2025		
Location type:	Single Site	Issuing Carrier:	Humana Insurance Company	Prepared:	7/28/2025

Basic Employee Life/AD&D Plan

Employer contribution	100%
Minimum participation level	100%
Salary Multiplier or Flat Benefit	\$15,000
Guarantee issue	\$200,000
Waiver of premium	Waiver to age 65
Accelerated death benefit	50% to a maximum of \$250,000
Age reduction	Age Schedule 2
	65 - 69 35%
	70+ 50%

AD&D	Included
AD&D riders	Seat belt/airbag/helmet
	Paralysis
	Repatriation benefit
	Common carrier
	Education benefit
	Child care
	Coma

Rate guarantee	2 years
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Class	Number of active employees	Volume	Life rates per \$1000	AD&D rates per \$1000	Monthly premium
ALL EMPLOYEES	55	\$794,400.00	\$0.13	\$0.01	\$111.21

At time of sale, rate guarantee is required to be the same between classes.

Life Proposal

Proposal for:	Torah Day School Of Dalla	Quote #:	544413401-004	Agent/agency:	Healthplan Services Brokerage
State/county:	TX - Collin	Reference #:	2		
SIC:	8211 - Elementary & Secondary Schools	Effective:	8/1/2025		
Location type:	Single Site	Issuing Carrier:	Humana Insurance Company	Prepared:	7/28/2025

Basic Employee Life/AD&D Plan

Employer contribution	100%
Minimum participation level	100%
Salary Multiplier or Flat Benefit	\$25,000
Guarantee issue	\$200,000
Waiver of premium	Waiver to age 65
Accelerated death benefit	50% to a maximum of \$250,000
Age reduction	Age Schedule 2
	65 - 69 35%
	70+ 50%

AD&D	Included
AD&D riders	Seat belt/airbag/helmet
	Paralysis
	Repatriation benefit
	Common carrier
	Education benefit
	Child care
	Coma

Rate guarantee	2 years
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Class	Number of active employees	Volume	Life rates per \$1000	AD&D rates per \$1000	Monthly premium
ALL EMPLOYEES	55	\$1,323,900.00	\$0.12	\$0.01	\$172.11

At time of sale, rate guarantee is required to be the same between classes.



Group Name: Torah Day School Of Dalla
Quote Number: 544413401-004

General Information

This Quote is for illustration only. The proposed rates are for an effective date no later than 8/1/2025. Final rates and whether coverage will be issued and in what amount are subject to underwriting review, health status of the applicant (where applicable), and the actual composition of the group. Underwriting reserves the right to re-evaluate rates if final enrollment changes from quoted enrollment. Under no circumstances should the employer cancel its current group insurance coverage before receiving approval of coverage from underwriting.

- If additional employee or COBRA/continuation applications are submitted or if terminations are requested during the first 60 days of coverage, and the request is to include or exclude these applicants on the original effective date of the group, re-rating is required so that the initial rates are based on the initial enrollment.
- For the insuring or offering entity, please see applicable sales or marketing literature.
- The latest effective date for a quote processed before the 12th of the month is two months from the first of current month. For a quote processed on or after the 12th, the effective date can be three months from the first of the current month.
- Please note that Humana will not accept any business if the Writing Agent or Agent of Record are not appropriately contracted, licensed and appointed. Both must be contracted, licensed and appointed in the state(s) indicated by the abbreviation in the products illustrated in this rate quote.
- If group consists of more than one location, quote assumes they are all in the same County.
- Every policy marketed, issued or delivered to a California resident, regardless of where the policy is issued, must provide equal coverage to domestic partners as provided to spouses.
- Packaged savings may be available based on the number of lines sold. To receive packaged savings, all eligible benefits must remain in-force. Discounts will be withdrawn when medical or dental coverage terminate. Discounts may be adjusted based on the number of benefits in-force. Program is subject to change at any time. Contact your local sales office for program details.
- It is the Employers responsibility to determine employee eligibility. Eligibility of employees will be validated at time of sold case.

Dental Product Information

- Dental rates have been increased for all plans excluding dental HMO plans (if available), assuming we are not replacing prior group dental coverage.
- Not all dental options can be sold together. If you want information on dual option dental plans, contact your Sales Office.
- Implant and composite filling benefits, if available, may vary with case-size requirements.
- The breakout prices of options are approximate. To obtain the most accurate total monthly dental premiums, select all desired options when generating the final quote.

Vision Product Information

- Unless otherwise mandated, vision rates are guaranteed for two years. If the vision product is added to another line of coverage on a date other than the groups renewal, the rates will be good up to their second renewal.
- For groups with less than 5 employees electing vision coverage, a Humana medical or dental product must be purchased.
- The breakout prices of options are approximate. To obtain the most accurate total monthly vision premiums, select all desired options when generating the final quote.
- Not all vision options can be sold together. If you want information on dual option vision plans, contact your Sales Office.

Life Product Information

- Life participation guidelines are based on the number of eligible employees.
- Evidence of insurability is required for life amounts over guarantee issue.
- Evidence of insurability is required for all subscribers age 70 or older and dependents age 65 or older for Voluntary Life, the guarantee issue amounts are not applicable. Basic Life GI applies to all ages if they are a timely applicant.
- Retirees are not eligible for 2-99 life coverage.



Group Name: Torah Day School Of Dalla
Quote Number: 544413401-004

Please submit the following to enroll the group: (continued)

Please submit the following to enroll the group:

- Enroll or update a group via Launch My Group.
- Completed Employee Enrollment Forms for all eligible employees. Note: alternate employee enrollment forms are available if lines of coverage sold are not in conjunction with medical.
- Evidence of Insurability for groups under 10 lives (Some exceptions may apply, please refer to the Employer Group Application for specifics).
- Evidence of Insurability is required for life amounts over guarantee issue.
- Final rates may be contingent on the completion and evaluations of a Risk Assessment Form. Please contact your sales representative for details.
- One month's premium including administrative fee (if applicable). Unless you request otherwise, we will perform a one-time electronic check conversion of the first month's premium payment from the account for the amount designated on the binder check. Not applicable in all states. Please contact your sales office with any questions.
- Billing statement from prior carrier for the period up to the requested effective date.
- Copy of the original proposal.
- Copy of employer's most recent quarterly detailed state wage and tax report (if applicable).

Please contact your local sales office to submit new cases.



Census Page - (Displayed below is the census that was used to produce the rates.)

Proposal for: **Torah Day School Of Dalla**

Quote #: **544413401-004**

Agent/agency: **Healthplan Services Brokerage**

State/county: TX - Collin
SIC: 8211 - Elementary & Secondary Schools
Location type: Single Site

Effective: **8/1/2025**

Prepared: **7/28/2025**

Comments

Male / Female Employee Ratio: **8 (15%) / 47 (85%)**

Employee		Spouse		Children's information			Coverage Type			Status	
Age	M/F	Age	M/F	#	Age	M/F	Student	Dent	Vis		Basi
41	F							EE	EE	EE	Active
53	M							EE	EE	EE	Active
47	F							EE	EE	EE	Active
66	F							EE	EE	EE	Active
38	F							EE	EE	EE	Active
67	F							EE	EE	EE	Active
26	F							EE	EE	EE	Active
19	F							EE	EE	EE	Active
61	F							EE	EE	EE	Active
74	F							EE	EE	EE	Active
35	F							EE	EE	EE	Active
53	F							EE	EE	EE	Active
53	F							EE	EE	EE	Active
39	F							EE	EE	EE	Active
47	F							EE	EE	EE	Active
53	F							EE	EE	EE	Active
34	F							EE	EE	EE	Active
37	F							EE	EE	EE	Active
19	F							EE	EE	EE	Active
38	F							EE	EE	EE	Active
34	M							EE	EE	EE	Active
55	F							EE	EE	EE	Active
71	F							EE	EE	EE	Active
32	F							EE	EE	EE	Active
30	F							EE	EE	EE	Active
26	F							EE	EE	EE	Active
34	F							EE	EE	EE	Active
40	F							EE	EE	EE	Active
41	F							EE	EE	EE	Active
50	F							EE	EE	EE	Active
47	F							EE	EE	EE	Active

EE = Employee, EC = Employee/child, ES = Employee/spouse, FAM = Family, WV = Waived

Number of children - includes all children, only children 21 and over are listed separately.



Census Page - (Displayed below is the census that was used to produce the rates.)

Proposal for: Torah Day School Of Dalla

Quote #: 544413401-004

Agent/agency: Healthplan Services Brokerage

State/county: TX - Collin
SIC: 8211 - Elementary & Secondary Schools

Effective: 8/1/2025

Location type: Single Site

Prepared: 7/28/2025

Employee		Spouse		Children's information			Coverage Type			Status	
Age	M/F	Age	M/F	#	Age	M/F	Student	Dent	Vis		Basi
33	M							EE	EE	EE	Active
19	F							EE	EE	EE	Active
55	M							EE	EE	EE	Active
54	F							EE	EE	EE	Active
58	F							EE	EE	EE	Active
28	F							EE	EE	EE	Active
41	F							EE	EE	EE	Active
40	F							EE	EE	EE	Active
38	F							EE	EE	EE	Active
49	F							EE	EE	EE	Active
28	F							EE	EE	EE	Active
50	F							EE	EE	EE	Active
39	M							EE	EE	EE	Active
44	M							EE	EE	EE	Active
65	F							EE	EE	EE	Active
56	F							EE	EE	EE	Active
35	F							EE	EE	EE	Active
34	F							EE	EE	EE	Active
34	F							EE	EE	EE	Active
46	F							EE	EE	EE	Active
49	F							EE	EE	EE	Active
38	F							EE	EE	EE	Active
43	M							EE	EE	EE	Active
31	M							EE	EE	EE	Active

EE = Employee, EC = Employee/child, ES = Employee/spouse, FAM = Family, WV = Waived

Number of children - includes all children, only children 21 and over are listed separately.