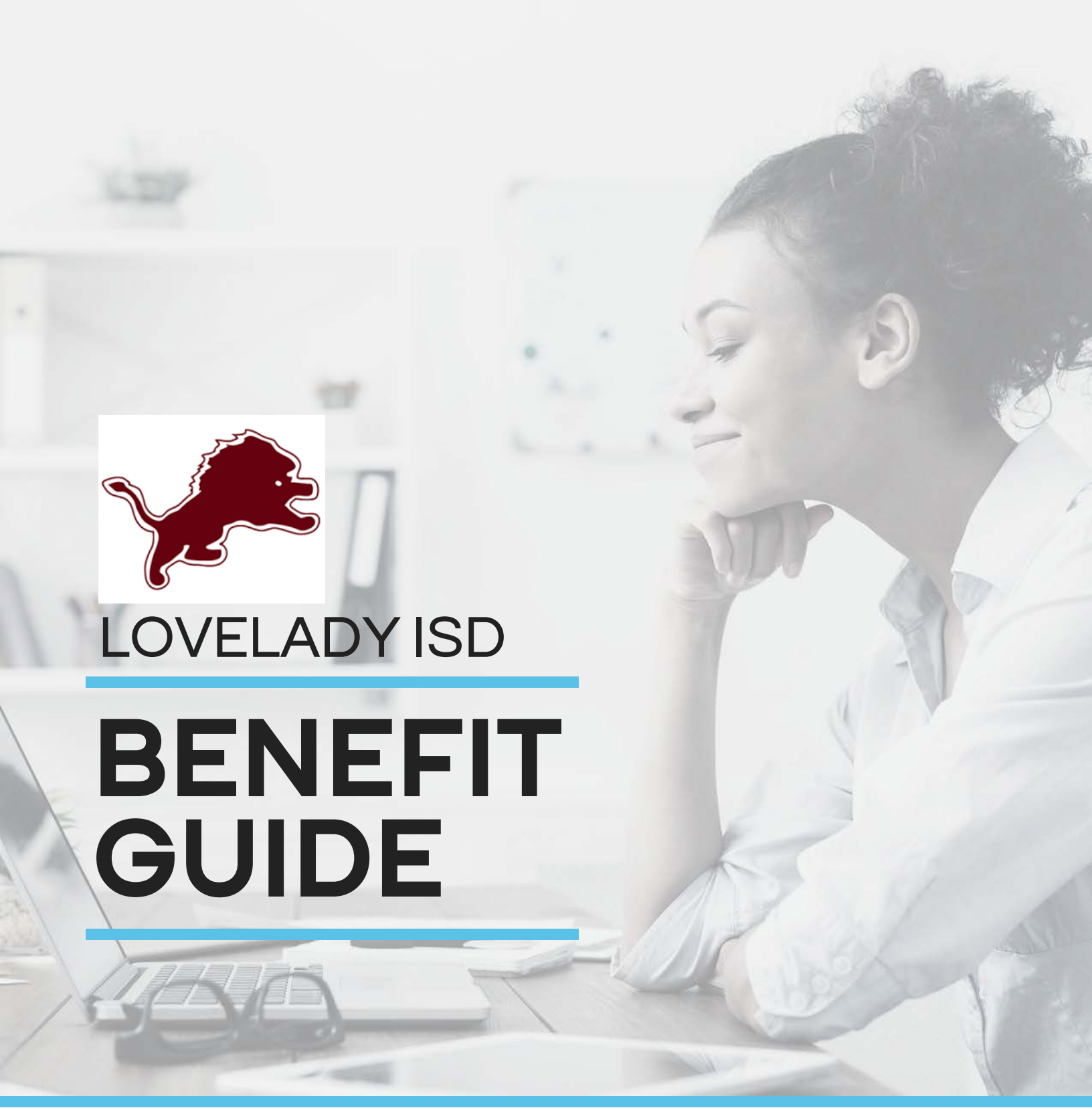

LOVELADY ISD

BENEFIT GUIDE

WWW.MYBENEFITSHUB.COM/LOVELADYISD

PLAN YEAR: 2024-2025

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THE ADVANCED FINANCIAL GROUP

2024 ENROLLMENT | LOVELADY ISD

WHEN IS OPEN ENROLLMENT?

07/18/2024—08/16/2024

WHERE CAN I FIND COMPLETE DETAILS OF ALL THE INSURANCE PLANS OFFERED?

WWW.MYBENEFITSHUB.COM/LOVELADYISD

WHERE DO I GO TO ENROLL?

CLICK THE LOGIN BUTTON TO BEGIN ENROLLMENT

ENROLLMENT ASSISTANCE SCHEDULE

Aug 6th- 1pm-3pm

*Representatives from The Advanced Financial Group will be on site to answer questions & assist employeees with enrollment support.

THE ADVANCED FINANCIAL GROUP

(936) 634-3378

Monday - Friday,

8AM - 5PM / CST

BENEFITS AT A GLANCE - WHAT IS CHANGING?

Hospital Indemnity and Critical Illness are now with Chubb!

Critical Illnness

- Critical Illness plan has significant rate reductions.
- Spouse coverage is now 100% of employee election.
- Dependent children are now covered for free with employee election.
- Now offering $10k, $20k, & $30K lump sum values.
- $75 wellness benefit for each covered person, payable one per year.

Hospital Indemnity

- Lower Rates!
- NEW- 3 admission benefits per year.
- NEW- $500 newborn nursery benefit.
- NEW- $500 observation unit benefit.
- $1500 & $3000 hospital admission options.
- Increases in daily confinement and ICU benefits.
- $100 wellness benefit for each covered person, payable one per year.

Your Accident plan is now with Guardian

- Lower rates!
- Enhanced benefits.
- NEW- Child Organized Sport Rider- 25% increase to child benefits.
- $100 wellness benefit for each covered person, payable one per year.

FSA and HSA Changes for 2024

- FSA $3200 Individual max contribution. The rollover max at the end of 24/25 plan year is $640.
- Employees with a FSA rollover balance who do not actively enroll in 2024/25 will incur the annual card fee.
- HSA $4150 Individual & $8300 Family max contribution.

TRS ACTIVECARE RESOURCES

For more information about plan changes and plan design visit bcbstx.com/trsactivecare .

TRS-ActiveCare Primary

- Lowest premium of all three plans
- Copays for doctor visits before you meet your deductible
- Statewide network
- Primary Care Provider referrals required to see specialists
- Not compatible with a Health Savings Account
- No out-of-network coverage

TRS-ActiveCare Primary+

- Lower deductible than the HD and Primary plans
- Copays for many services and drugs
- Higher premium
- Statewide network
- Primary Care Provider referrals required to see specialists
- Not compatible with a Health Savings Account
- No out-of-network coverage

TRS-ActiveCare HD

- Compatible with a Health Savings Account
- Nationwide network with out-of-network coverage
- No requirement for Primary Care Providers or referrals
- Must meet your deductible before plan pays for non-preventive care

FREQUENTLY ASKED QUESTIONS

What happens to my benefits if I don't login?

All 2024/25 benefits except your Flexible Spending Account will default to what's currently enrolled.

What if i started my enrollment and want to go back and make a change?

You must complete your original enrollment and walk through each benefit screen to get back to the "**Enrollment Page**". Once you begin the walkthrough again, you can work through the elections until you get to the benefit you'd like to change.

What rates are changing this year?

Hospital Indemnity/Critical Illness and Accident are lower under the new carriers and the TRS Medical rates are slightly higher to cover the increase of claim costs. Age banded plans like Voluntary Life may possibly show a rate increase if you reached a new age band with a birthdate this past year.

When are my benefits effective?

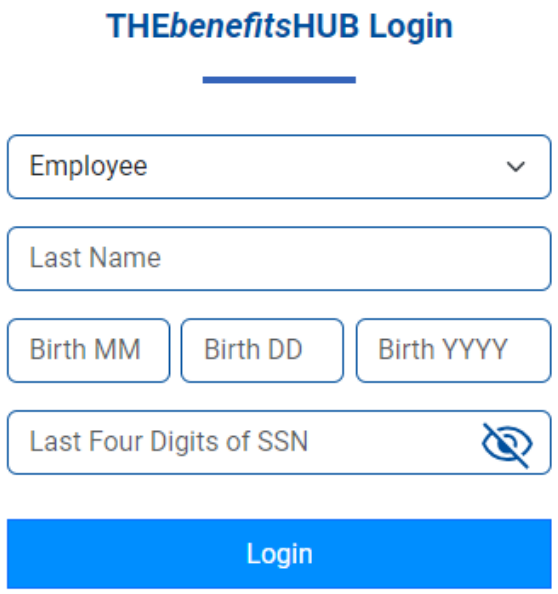
All benefits are effective September 1st. The carrier may not have your information in their system until the 2nd week of September. If Urgent Care is needed, reach out to the TRS Personal Health Guide at 866.355.5999 if you are having problems accessing care. For issues with ancillary benefits contact your HR office or The Advanced Financial Group at 936.634.3378.

When is the last day to make changes to my enrollment?

August 16th, unless you have a life event during the plan year such as death, divorce, marriage or childbirth.

LOGIN TIPS

Go to: www.mybenefitshub.com/loveladyisd
Click the login button at top right to begin enrollment.
Follow 2 factor authentication instructions.



TIPS BEFORE YOU BEGIN ENROLLMENT

For Existing Employees

1. All employees are required to complete their open enrollment. If you do not log in, you will not know until you get your first check if rates have increased.
2. Update your mailing address, phone and email preferences. In addition, be sure to advise HR of these changes so your records can be updated.
3. Confirm your eligible dependents. Have your dependent's SSNs ready, if you are adding them to coverage this plan year.
4. To change PCP, call TRS-ActiveCare Customer Service (866-355-5999)
5. Update your beneficiaries on all policies.
6. Make your annual FSA Contribution.

For New Employees

1. You are required to log in THE*benefits*HUB and enroll or decline medical coverage for yourself and/or eligible dependents within 31 days of employment.
2. You will need your dependent's SSN to complete enrollment.
3. Have your PCP number ready. To find PCP Number, click here https://prd-trs.sapphirecareselect.com/?ci=trs-active-blueessentials-hd&network
4. Know who your beneficiaries are and their information to finalize enrollment.
5. If you are married to a current employee, you are not allowed to duplicate coverage.

mybenefitsaide

Powered by MGM Benefits Group

Everyone can relate to the stress that comes with a trip to the doctor. And during open enrollment. And trying to find our insurance cards, or remembering our family's allergies... it can be a lot to handle!

That's why we created **MyBenefitsAide** – your solution to all things insurance and employee benefits.

MyBenefitsAide is an all-in-one app that you now have access to as a part of your benefits, giving you an extra hand when you need it. It doesn't matter if it's during open enrollment, in the waiting room at the doctor's office, or when you're just looking to kill a couple of minutes! It's always a great time to call in backup in the form of **MyBenefitsAide:**

When you're at the doctor...

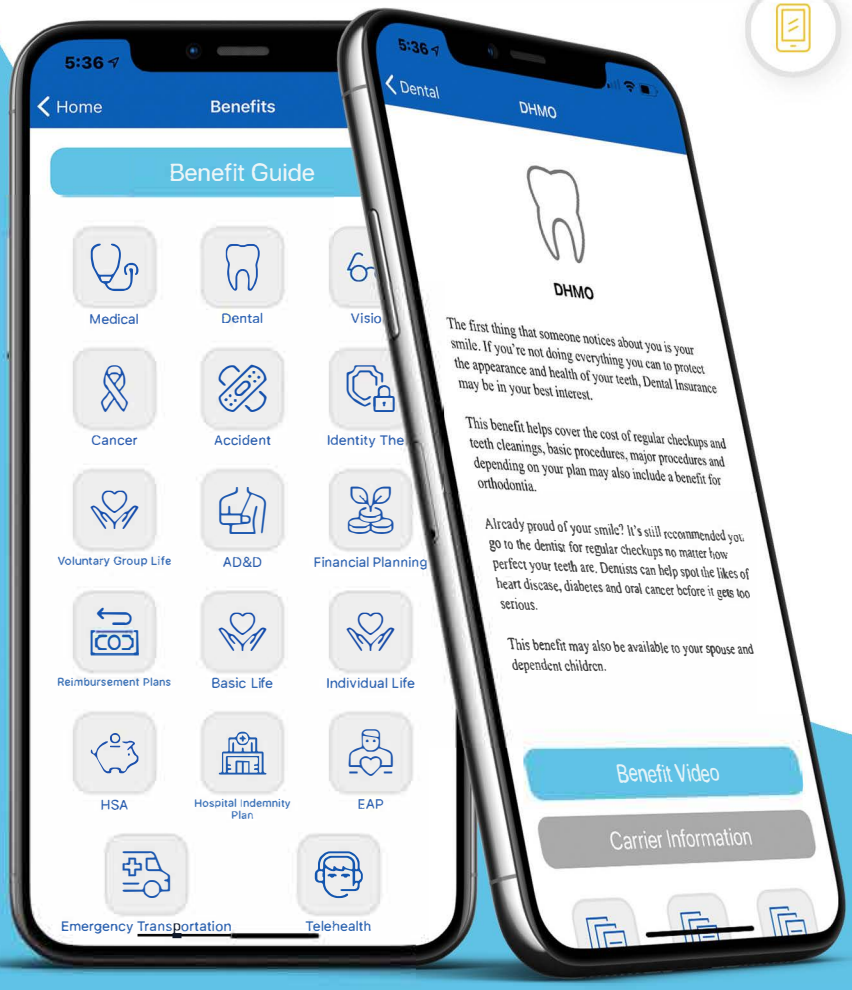
It's easy to get stressed at the doctor's office. Having to pull up your blood type, your family's allergies, or your insurance card at a moment's notice is nerve-racking!

MyBenefitsAide packs features that keep all that information, and more, in one app. This way, you don't have to worry about the stress affecting your blood pressure!

When you have a question...

Have you ever had a question about your benefits or insurance policy but you're not sure who to reach out to?

MyBenefitsAide keeps all your important contact information in one place! Reach out to your broker, plan administrator, carrier, and more! It's like a Contact List inside your app.



When you've got some free time...

Let's face it: Employees don't spend enough time learning about their benefits offering. There's a reason why so many people enroll in the same benefits year after year without thinking twice – it's stressful learning about these benefits!

MyBenefitsAide makes learning about your offering fast and easy with animated videos that you can watch in five minutes or less.

Employees typically spend just 33 minutes on their enrollment[1]. **The thing is, life happens year-round, not just during open enrollment.**

Download from your device's app store and get started today!

Your group number:

TAFG21

Available on the App Store

GET IT ON Google Play

MGM BENEFITS GROUP

Pine trees aren't the only things covering Region 6, TRS-ActiveCare has the largest network of doctors in Texas.

TRS-ActiveCare **Plan Highlights** 2024-25

TRS ACTIVECARE
TEACHER RETIREMENT SYSTEM OF TEXAS

Learn the Terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

765387.0424

The district contributes $400 to all plans. "Your Premium" will be the total premium minus the Employer Contribution.

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 – Aug. 31, 2025

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

How to Calculate Your Monthly Premium

Total Monthly Premium
− Your Employer Contribution

= **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- $0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

**Available for all plans. See the benefits guide for more details.*

Primary Plans & Mental Health

- Both Primary and Primary+ offer $0 virtual mental health visits with any in-network provider.

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	• Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	$452	-	-	$530	-	-	$465	-	-
Employee and Spouse	$1,221	-	-	$1,378	-	-	$1,256	-	-
Employee and Children	$769	-	-	$901	-	-	$791	-	-
Employee and Family	$1,537	-	-	$1,749	-	-	$1,581	-	-

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	$2,500/$5,000	$1,200/$2,400	$3,200/$6,400	$6,400/$12,800
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	$8,050/$16,100	$6,900/$13,800	$8,050/$16,100	$20,250/$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	$30 copay	$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	$70 copay	$70 copay	You pay 30% after deductible	You pay 50% after deductible

Immediate Care				
Urgent Care	$50 copay	$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD™	$0 per medical consultation	$0 per medical consultation	$30 per medical consultation	
TRS Virtual Health-Teladoc®	$12 per medical consultation	$12 per medical consultation	$42 per medical consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	$15/$45 copay; $0 copay for certain generics	$15/$45 copay	You pay 20% after deductible; $0 coinsurance for certain generics
Preferred	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	$0 if SaveOnSP eligible; You pay 30% after deductible	$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61-90 day supply	$25 copay for 31-day supply; $75 for 61-90 day supply	You pay 25% after deductible

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2
• Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
$1,013	-	-
$2,402	-	-
$1,507	-	-
$2,841	-	-

In-Network	Out-of-Network
$1,000/$3,000	$2,000/$6,000
You pay 20% after deductible	You pay 40% after deductible
$7,900/$15,800	$23,700/$47,400
Nationwide Network	
No	

$30 copay	You pay 40% after deductible
$70 copay	You pay 40% after deductible

$50 copay	You pay 40% after deductible
You pay a $250 copay plus 20% after deductible	
$0 per medical consultation	
$12 per medical consultation	

$200 brand deductible
$20/$45 copay
You pay 25% after deductible ($40 min/$80 max)/ You pay 25% after deductible ($105 min/$210 max)
You pay 50% after deductible ($100 min/$200 max)/ You pay 50% after deductible ($215 min/$430 max)
$0 if SaveOnSP eligible; You pay 30% after deductible ($200 min/$900 max)/ No 90-day supply of specialty medications
$25 copay for 31-day supply; $75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER: Call a Personal Health Guide 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Indpendent Lab: You pay $0	Office/Indpendent Lab: You pay $0	You pay 30% after deductible	You pay 50% after deductible	Office/Indpendent Lab: You pay $0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + $100 copay per procedure	You pay 40% after deductible + $100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible ($150 facility copay per incident)	You pay 40% after deductible ($150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible ($500 facility per day maximum)	You pay 20% after deductible ($150 facility copay per day)	You pay 40% after deductible ($500 facility copay per incident)
Freestanding Emergency Room	You pay $500 copay + 30% after deductible	You pay $500 copay + 20% after deductible	You pay $500 copay + 30% after deductible	You pay $500 copay + 50% after deductible	You pay $500 copay + 20% after deductible	You pay $500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible ($150 facility copay per day)	Not Covered
	Professional Services: You pay $5,000 copay + 30% after deductible	Professional Services: You pay $5,000 copay + 20% after deductible			Professional Services: You pay $5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay $70 copay	You pay $70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay $70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	$30 PCP copay $70 specialist copay	$30 PCP copay $70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	$30 PCP copay $70 specialist copay	You pay 40% after deductible

***Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999** with questions.*

www.trs.texas.gov

Revised 04/30/24

Guardian®

Watch our video
How accident insurance can get you back on your feet.

Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

What does it cover?

Accident Insurance pays you lump sum of benefits after you suffer an accident. This could be more than 40 different circumstances, including: emergency treatment, ambulance, burns, dislocations, fractures, hospital confinement, and surgery.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.

Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **$2,500**

Average Major Medical deductible: **$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **$1,700**

Amanda's Guardian Accident policy pays her a benefit of **$1,700,** which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

The Advanced Financial Group Block
ALL ELIGIBLE EMPLOYEES
2023-158779 (07/25)

Kit created 05/06/2024
Group number: 00052550

Guardian®

Your accident coverage

	ACCIDENT
COVERAGE - DETAILS	
Your Monthly premium	$11.95
You and Spouse	$18.45
You and Child(ren)	$22.80
You, Spouse and Child(ren)	$29.30
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee $40,000 Spouse $20,000 Child $10,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: $10,000 & Airbags: $15,000
Reasonable Accommodation to Home or Vehicle	$2,500
WELLNESS BENEFIT - Per Year Limit	$100
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Air Ambulance	$750
Ambulance	$200
Blood/Plasma/Platelets	$300
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: $0/$1,000 18 sq inches To 35 sq inches: $500/$2,000 Over 35 sq inches: $1,500/$6,000
Burns - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	$50/visit, up to 6 visits
Coma	$10,000

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

Guardian®

Your accident coverage

FEATURES (Cont.)	
Concussion Baseline Study	$25
Concussions	$300
Diagnostic Exam (Major)	$200
Dislocations	Schedule up to $8,000
Doctor Follow-Up Visits	$100, up to 6 treatments
Emergency Dental Work	$200/Crown, $50/Extraction
Emergency Room Treatment	$225
Epidural Anesthesia Pain Management	$100, 2 times per accident
Eye Injury	$200
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	$20/day, up to 30 days
Fractures	Schedule up to $8,000
Hospital Admission	$1,250
Hospital Confinement	$250/day - up to 1 year
Hospital ICU Admission	$2,500
Hospital ICU Confinement	$500/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	$125
Joint Replacement (Hip/Knee/Shoulder)	$2,500/$1,250/$1,250
Knee Cartilage	$500
Laceration	Schedule up to $300
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	$200/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to $300
Outpatient Therapies	$35/day, up to 10 days
Prosthetic Device/Artificial Limb	1: $500 2 or more: $1,000
Rehabilitation Unit Confinement	$100/day, up to 15 days
Ruptured Disc With Surgical Repair	$500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to $2,000 Hernia: $400
Surgery (Exploratory or Arthroscopic)	$400
Tendon/Ligament/Rotator Cuff	1: $500 2 or more: $1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	$0.50 per mile, limited to $400/round trip, up to 3 times per accident
X - Ray	$200

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passanger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

Group Cancer Insurance

Limited Benefit Policy

APL AMERICAN PUBLIC LIFE

How would cancer impact you and your family?

If you or a family member are diagnosed with cancer, APL's Cancer Insurance may help cover the costs associated with the detection and treatment of cancer and help you be more financially prepared.

How it works

1 **CHOOSE** the benefit options that best protect you and your family.

2 **RECEIVE** treatment for a covered benefit.

3 **FILE** your claim online or mail it in.

Key features

- Radiation Therapy, Chemotherapy, Immunotherapy
- Experimental Treatments
- Surgical and Anesthesia Benefits
- Prescriptions, Transportation Benefits and more
- Plus, multiple plan options to cover you, your spouse or your child(ren) with convenient payroll deduction

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

Summary of Benefits for The Advanced Financial Group Block

	Plan 1 Insured Benefit
Spouse Coverage	Available
Dependent Child(ren) Coverage	Available
Pre-Existing Condition Period/Pre-Existing Condition Exclusion Period	12 months/12 months
Cancer Plan Benefits	Level 3
Radiation Therapy, Chemotherapy, Immunotherapy Maximum per 12-month period	$15,000
Hormone Therapy Maximum of 12 treatments per calendar year	$50 per treatment
Experimental Treatment	paid in same manner and under the same maximums as any other benefit
Mastectomy	
Confinement	$50 per day of hospital confinement
Surgery	$25 per surgery
Prosthesis surgical or non-surgical; 1 device per site, per lifetime	$25
Ovarian/Cervical Cancer Screening 1 test per calendar year	$10
Prosthesis and Orthotic Device surgical or non-surgical	$25

	Plan 1 Insured Benefit
Optional Benefit Riders	
Cancer Screening Benefit Rider	**Level 1**
Diagnostic Testing 1 test per calendar year	$50 per test
Follow-Up Diagnostic Testing 1 test per calendar year	$100 per test
Medical Imaging	$500 per test; 1 test(s) per calendar year
Surgical Benefit Rider	**Level 1**
Surgical Operation	$30 unit dollar amount; Max $3,000 per operation
Anesthesia	25% of amount paid for covered surgery
Bone Marrow Transplant Maximum per lifetime	$6,000
Stem Cell Transplant Maximum per lifetime	$600
Prosthesis Surgical implantation Non-surgical (not hair piece) 1 device per site, per lifetime	 $1,000 per device $100 per device
Miscellaneous Benefit Rider	**Level 4**
Cancer Treatment Center Evaluation or Consultation - 1 per lifetime	$750
Evaluation or Consultation Travel and Lodging - 1 per lifetime	$350
Second / Third Surgical Opinion Per diagnosis of cancer	$300 / $300
Drugs and Medicine	$150 per inpatient confinement; $50 per outpatient prescription, maximum $150 per month
Hair Piece (Wig) - 1 per lifetime	$150
Transportation and Lodging Transportation - maximum 12 trips per calendar year for all modes of transportation combined Lodging - up to a maximum of 100 days per calendar year	actual coach fare or $0.75 per mile for travel by bus, plane or train; $0.75 per mile for travel by car; $100 per day for lodging
Family Member Transportation and Lodging Transportation - maximum 12 trips per calendar year for all modes of transportation combined Lodging - up to a maximum of 100 days per calendar year	actual coach fare or $0.75 per mile for travel by bus, plane or train; $0.75 per mile for travel by car; $100 per day for lodging
Blood, Plasma and Platelets	$300 per day
Ambulance Maximum of 2 trips per hospital confinement for all modes of transportation combined	Ground: $200 per trip Air: $2,000 per trip
Inpatient Special Nursing Services	$150 per day of hospital confinement
Outpatient Special Nursing Services	$150 per day
Medical Equipment Maximum of 1 benefit per calendar year	$150
Physical, Occupational, Speech, Audio Therapy and Psychotherapy	$25 per visit; maximum of $1,000 per calendar year
Waiver of Premium	Included
Internal Cancer First Occurrence Benefit Rider	**Level 2**
Lump Sum Benefit Maximum 1 per lifetime	Insured or Spouse: $5,000 Eligible Dependent Child(ren): $7,500

	Plan 1 Insured Benefit
Heart Attack/Stroke First Occurrence Benefit Rider	**Level 1**
Lump Sum Benefit Maximum 1 per lifetime	Insured or Spouse: $2,500 Eligible Dependent Child(ren): $3,750
Hospital Intensive Care Unit Benefit Rider	
Intensive Care Unit Maximum of 45 days per confinement for any combination of intensive care unit or step down unit	$600 per day
Step Down Unit Maximum of 45 days per confinement for any combination of intensive care unit or step down unit	$300 per day
Increase in Coverage	Only available at annual renewal. Must be approved by APL and premium rates will be based upon the insured's attained age. Subject to the Time Limit on Certain Defenses and Pre-Existing Condition provisions, as defined in the policy.
Additional Rider(s)	
Portability Amendment Rider	Included

Premiums

Plan 1 - Monthly Premium*				
Age	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
18+	$21.24	$38.10	$26.24	$39.94

*Total premium includes the Plan selected and any applicable rider premium. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

Critical Illness

Heart attacks and strokes happen every day and often unexpectedly. They don't give you time to prepare and can take a serious toll on both your physical and financial well-being. Chubb Critical Illness pays cash benefits directly to you that you can use to help with your bills, your mortgage, your rent, your childcare—you name it—so you can focus on recovery.

Every 40 seconds

someone has a heart attack.[1]

1 in 3

Americans don't have enough money readily available to cover an unexpected $400 expense.[2]

Available Coverage Choices

Employee	$10,000, $20,000, or $30,000 face amounts
Spouse	$10,000, $20,000, or $30,000 face amounts
Child coverage	Included in the employee rate

No benefits will be paid for a date of diagnosis that occurs prior to the coverage effective date. There is no pre-existing conditions limitation. All amounts are Guaranteed Issue — no medical questions are required for coverage to be issued.

Benefits

	Plan 1
Covered Conditions	**Payable Benefit as a Percentage of Face Amount**
ALS	100%
Alzheimer's disease	100%
Aneurysm	100%
Benign brain tumor	100%
Coma	100%
Coronary artery obstruction	25%
End stage renal failure	100%
Heart attack	100%
Loss of sight, speech, or hearing	100%
Major organ failure	100%
Multiple sclerosis	100%
Paralysis or dismemberment	100%
Parkinson's disease	100%

[1] Centers for Disease Control and Prevention, Jan. 2023 [2] The Federal Reserve, June 2022

	Plan 1
Covered Conditions	**Payable Benefit as a Percentage of Face Amount**
Severe burns	100%
Stroke	100%
Sudden cardiac arrest	100%
Transient ischemic attacks	10%
Occupational Package Pays 100% of the face amount; benefits payable for HIV or Hepatitis B, C, or D, MRSA, Rabies, Tetanus, or Tuberculosis contracted on the job.	Included
Childhood Conditions Pays 100% of the dependent child face amount; Provides benefits for childhood conditions (Autism Spectrum Disorder; Cerebral Palsy; Congenital Birth Defects; Heart, Lung, Cleft Lip, Palate, etc; Cystic Fibrosis; Down Syndrome; Gaucher Disease; Muscular Dystrophy; and Type 1 Diabetes).	Included
Miscellaneous Diseases Rider + COVID-19 The Miscellaneous Disease Rider is payable once per covered condition. Covered conditions include: Addison's disease; cerebrospinal meningitis; COVID-19; diphtheria; Huntington's chorea; Legionnaire's disease; malaria; myasthenia gravis; meningitis; necrotizing fasciitis; osteomyelitis; polio; rabies; scleroderma; systematic lupus; tetanus; tuberculosis. COVID-19 means a disease resulting in a positive COVID-19 diagnostic screening and 5 consecutive days of hospital confinement.	50%
Recurrence Benefit	
Benefits are payable for a subsequent diagnosis of Aneurysm – Cerebral or Aortic, Benign Brain Tumor, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Severe Burns, Stroke, or Sudden Cardiac Arrest	100%
Advocacy Package	
Best Doctors Physician Referrals Ask the Expert Hotline provides 24 hour advice from experts about a particular medical condition. In-Depth Medical Review offers a full review of diagnosis and treatment plan.	Yes
Health Champion Resources Provides Claims Navigation, Medical Travel Assistance and Financial Advice to insureds following a critical illness diagnosis.	Yes
Diabetes Benefit	
Diabetes diagnosis benefit Pays a benefit once for covered person's diabetes diagnosis.	$500
Additional Benefits	
Wellness benefit – payable once per insured per year.	$75

Exclusions and Limitations*

No benefits will be paid for losses that are caused by, contributed, or occur as a result of a Covered Person's: 1) injuring oneself intentionally or committing or attempting to commit suicide; 2) committing or attempting to commit a felony or engaging in an illegal occupation or activity.

A Physician cannot be You or a member of Your Immediate Family, Your business or professional partner, or any person who has a financial affiliation or business with you.

Rates

Riders are included in all the rates listed below:
Best Doctors, Health Champion Resources, Diabetes Benefit, Wellness Benefit

Face Amount: Employee $10,000 Spouse $10,000 Children $5,000	**Plan 1** Employee	Employee + Spouse	Employee + Children	Family
Attained Age	**Monthly Premiums**			
<25	$2.20	$4.40	$2.20	$4.40
25–29	$2.20	$4.40	$2.20	$4.40
30–34	$3.70	$7.40	$3.70	$7.40
35–39	$4.00	$8.00	$4.00	$8.00
40–44	$6.30	$12.60	$6.30	$12.60
45–49	$8.60	$17.20	$8.60	$17.20
50–54	$13.90	$27.80	$13.90	$27.80
55–59	$19.70	$39.40	$19.70	$39.40
60–64	$26.30	$52.60	$26.30	$52.60
65-69	$35.50	$71.00	$35.50	$71.00
70+	$45.90	$91.80	$45.90	$91.80

Face Amount: Employee $20,000 Spouse $20,000 Children $10,000	**Plan 1** Employee	Employee + Spouse	Employee + Children	Family
Attained Age	**Monthly Premiums**			
<25	$4.40	$8.80	$4.40	$8.80
25–29	$4.40	$8.80	$4.40	$8.80
30–34	$7.40	$14.80	$7.40	$14.80
35–39	$8.00	$16.00	$8.00	$16.00
40–44	$12.60	$25.20	$12.60	$25.20
45–49	$17.20	$34.40	$17.20	$34.40
50–54	$27.80	$55.60	$27.80	$55.60
55–59	$39.40	$78.80	$39.40	$78.80
60–64	$52.60	$105.20	$52.60	$105.20
65-69	$71.00	$142.00	$71.00	$142.00
70+	$91.80	$183.60	$91.80	$183.60

Rates

Riders are included in all the rates listed below:
Best Doctors, Health Champion Resources, Diabetes Benefit, Wellness Benefit

Face Amount: Employee $30,000 Spouse $30,000 Children $15,000	**Plan 1**			
	Employee	Employee + Spouse	Employee + Children	Family
Attained Age	**Monthly Premiums**			
<25	$6.60	$13.20	$6.60	$13.20
25–29	$6.60	$13.20	$6.60	$13.20
30–34	$11.10	$22.20	$11.10	$22.20
35–39	$12.00	$24.00	$12.00	$24.00
40–44	$18.90	$37.80	$18.90	$37.80
45–49	$25.80	$51.60	$25.80	$51.60
50–54	$41.70	$83.40	$41.70	$83.40
55–59	$59.10	$118.20	$59.10	$118.20
60–64	$78.90	$157.80	$78.90	$157.80
65-69	$106.50	$213.00	$106.50	$213.00
70+	$137.70	$275.40	$137.70	$275.40

*Please refer to your Certificate of Insurance for a complete listing of available benefits, limitations and exclusions.
Underwritten by ACE Property & Casualty Company, a Chubb company.
This information is a brief description of the important benefits and features of the insurance plan. It is not an insurance contract. This policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to http://www.HealthCare.gov.

Guardian®

Your dental coverage

Option 1 or 2: PPO plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	**Option 1: PPO**		**Option 2: PPO**	
	Tier 1	Tier 2	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Your Monthly premium	**$23.28**		**$34.32**	
You and Spouse	$53.86		$79.38	
You and Child(ren)	$48.56		$78.56	
You, Spouse and Child(ren)	$75.08		$119.32	
Calendar year deductible	*Tier 1*	*Tier 2*	*Tier 1*	*Tier 2*
Individual	$50	$50	$50	$50
Family limit	3 per family (applies to all levels)		3 per family (applies to all levels)	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	*Tier 1*	*Tier 2*	*Tier 1*	*Tier 2*
Preventive Care	100%	100%	100%	100%
Basic Care	70%	70%	80%	80%
Major Care	40%	40%	50%	50%
Orthodontia	Not Covered (applies to all levels)		50%	50%
Annual Maximum Benefit	$500 (applies to all levels)		$1250 (applies to all levels)	
Maximum Rollover	Yes (applies to all levels)		Yes (applies to all levels)	
Rollover Threshold	$200		$600	
Rollover Amount	$100		$300	
Rollover Account Limit	$500		$1250	
Lifetime Orthodontia Maximum	Not Applicable (applies to all levels)		$1500 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)		26 (applies to all levels)	

Guardian®

Your dental coverage

A Sample of Services Covered by Your Plan:

		Option 1: PPO *Plan pays (on average)*		Option 2: PPO *Plan pays (on average)*	
		Tier 1	Tier 2	Tier 1	Tier 2
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	2 in 12 Months (applies to all levels)		2 in 12 Months (applies to all levels)	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 19 (applies to all levels)		Under Age 19 (applies to all levels)	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Fillings‡	70%	70%	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	70%	70%	80%	80%
	Simple Extractions	70%	70%	80%	80%
Major Care	Anesthesia*	40%	40%	50%	50%
	Bridges and Dentures	40%	40%	50%	50%
	Dental Implants	40%	40%	50%	50%
	Inlays, Onlays, Veneers**	40%	40%	50%	50%
	Perio Surgery	40%	40%	50%	50%
	Periodontal Maintenance	40%	40%	50%	50%
	Frequency:	2 in 12 Months (applies to all levels)		2 in 12 Months (applies to all levels)	
	Root Canal	40%	40%	50%	50%
	Scaling & Root Planing (per quadrant)	40%	40%	50%	50%
	Single Crowns	40%	40%	50%	50%
	Surgical Extractions	40%	40%	50%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:	(applies to all levels)		Child(ren) (applies to all levels)	

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.Guardianlife.com to confirm your Dentist's tiered participation.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filing material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Guardian®

Early Smiles™

Helping kids get an early start with their dental care

From the time that first tooth comes in, dental care can critically impact a child's overall health and well-being. In fact, it's recommended that kids go in for their first oral health checkup when their baby teeth first begin to emerge or by the time of their first birthday.[1] That's why Guardian includes the Early Smiles benefit to help you save on dental care for your children while taking care of their health. This benefit provides 100% in-network coverage for kids 12 years or younger. Now that's a reason to smile.

How does Early Smiles work?

- All Preventive, Basic and Major dental services are covered at 100% for children ages 12 and under if the child sees an in-network dentist. If an out-of-network dentist is seen, the standard dental plan benefits will apply.
- If orthodontic coverage is included on your plan, the orthodontic services will be covered at the orthodontic coinsurance amount.
- No deductible will apply — benefits can be used right away.
- No waiting periods.
- Access to a large network of providers, including pediatric specialists.

Did you know?

The most common chronic childhood disease is tooth decay. It can occur as early as six months of age and goes beyond pain and infection. It can affect speech and communication, eating, nutrition, sleeping, learning, playing and quality of life, even into adulthood.[2] That's why Guardian is committed to helping our youngest members take care of their smiles.

Early Smiles

100% in-network coverage for kids 12 years of age and younger.

Find an in-network dentist

Guardian has one of the largest dental networks in the nation so it's easy to find a network dentist near you! Simply visit guardianlife.com or download the Guardian Providers app.

Learn more about your Guardian dental plan from your employer.

The Guardian Life Insurance Company of America

guardianlife.com

New York, NY

2022-137374 (Exp. 05/24)

[1] 2021 American Academy of Pediatric Dentistry, https://www.aapd.org/resources/parent/faq/.
[2] AAPD Pediatric Oral Health Research & Policy Center, Treating Tooth Decay, 2020, https://www.aapd.org/globalassets/media/policy-center/treatingtoothdecay.pdf. Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Dental Policy Form No. DG7-P. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America® ©Copyright 2022 The Guardian Life Insurance Company of America.

Guardian + byte

Guardian members can straighten and brighten their teeth from home!

Look and feel better about your smile today!

Guardian dental members can save with exclusive discounts on byte® doctor-directed, custom clear orthodontic aligners and BrightByte Pro teeth whitening kits!

Invisible aligners with a lifetime guarantee

Fast results: Exclusive HyperByte® using High Frequency Vibration (HFV) reduces discomfort and speeds up results of treatment.

Doctor directed: Licensed dental professionals will customize personalized treatment, and provide remote monitoring.

Lifetime guarantee: If your teeth ever move, shift, turn, rotate, byte will help get it fixed at no cost. For life.

BrightByte Pro LED teeth whitening kits

Safe and easy: Cutting-edge cold light technology removes deep stains, safely and efficiently.

Results in days: By using just 10 minutes a day, you can see whiter teeth in as few as three days. Perfect for regular whitening maintenance or as prep for a special event.

Learn more about byte and how Guardian members can save on innovative treatments from home at http://go.byte.com/ins/guardian

Learn more here!

The Guardian Life Insurance Company of America

guardianlife.com

New York, NY

2021-126334 (09/23

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Guardian®

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
$500 Maximum claims reimbursement	**$200** Claims amount that determines rollover eligibility	**$100** Additional dollars added to a plan's annual maximum for future years	**$500** The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

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2020-105050 (07/22)

Guardian®

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Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
$1,250 Maximum claims reimbursement	**$600** Claims amount that determines rollover eligibility	**$300** Additional dollars added to a plan's annual maximum for future years	**$1,250** The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

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2020-105050 (07/22)

Educator Income Protection Plan

Disabilities may occur more often than you think. If you can't earn a paycheck due to disability, your savings might not be enough to cover household expenses plus healthcare and recovery costs that can continue for months.

The Educator Income Protection Plan from Chubb is coverage that pays you cash benefits if you cannot work. The plan gives you the flexibility to choose the right level of coverage to suit your needs and provides a robust set of benefits to help you through a difficult time.

Benefits and Features Summary

Eligibility	Employees actively at work for at least 15 hours per week
Monthly Benefit Amount	$200 to $8,000 available in $100 increments up to a maximum of 66 2/3% of the employee's monthly earnings
Guaranteed Minimum Benefit	The greater of 10% of the employee's monthly earnings or $100
Elimination Period – Injury/Sickness	You can elect one of the following elimination periods under this plan: **7/7*** | **14/14*** | **30/30*** | **60/60** *1st day hospital included
Duration of Benefits	Social Security Normal Retirement Age/5 Year ADEA
Pre-Existing Condition Waiver*	4 weeks
Annual Increases	Pre-existing condition limitation applies for increases greater than $300 after 12 months of coverage
Employee Assistance Program	Includes up to 6 face-to-face counseling visits
Travel Assistance Services	Provides assistance to you and your dependents who travel 100 miles from their home

* Benefits are subject to a 3/12 pre-existing condition limitation (see below for additional information)

Definitions and Provisions

Actively at Work

You must be at work with your employer on your regularly scheduled workday. On that day, you must be performing all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), actively at work shall mean you are able to report for work with your employer, performing all of the regular duties of your occupation in the usual way for your usual number of hours as if school was in session.

Enrollment - Current Employees

Coverage is available to you without answering any medical questions or providing evidence of insurability. You may enroll on or before the enrollment deadline. After the initial enrollment period, you can apply only during an annual enrollment period. **New Hires:** Coverage is available to you without answering any medical questions or providing evidence of insurability. You may apply for coverage within 60 days after your eligibility date. If you do not apply within 60 days after your eligibility date, you can apply only during an annual enrollment period. Benefits may be subject to the pre-existing condition limitation.

Elimination Period

The elimination period is the length of time you must be continuously disabled before you can receive benefits. If you elect an elimination period of 30 days or less, if you are confined to a hospital due to a disability, the elimination period will be waived, and benefits will be payable from the first day of hospitalization.

Continuity of Coverage

If you were insured under your district's prior plan and not receiving benefits the day before this policy is effective, there will not be a loss in coverage and you will get credit for your prior carrier's coverage.

Pre-Existing Condition Waiver

Benefits under this provision are payable for no more than 4 weeks of benefit from the date of disability. After 4 weeks, benefits are subject to a 3/12 pre-existing condition limitation. This applies to new hires and/or newly eligible employees only.

Benefit Duration

For Disabilities Due to Injury

Age at Disability	Maximum Period of Payment
Less than age 62	To Social Security Normal Retirement Age
62	60 months
63	48 months
64	42 months
65	36 months
66	30 months
67	24 months
68	18 months
69 or above	12 months

For Disabilities Due to Sickness

Age at Disability	Maximum Period of Payment
Less than age 65	5 years
Age 65 through 68	To age 70, but not less than 1 year
Age 69 and over	1 year

Additional Plan Benefits

Employee Assistance Program

Employee assistance services are included as a part of this disability insurance program. You have access to services both prior to a disability and after you are receiving benefits. Services include assistance with child/elder care, substance abuse, family relationships and more. In addition, insured and their immediate family members receive confidential services to assist them with the unique emotional, financial, and legal issues that may result from a disability. Our employee assistance program is provided through ComPsych®, a leading provider of employee assistance and work/life services.

Travel Assistance Services

Available 24/7, this program provides assistance to you and your dependents who travel 100 miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services.

Survivor Benefit[2]

In the event of your death, your beneficiary will receive a lump sum death benefit equal to three months of your gross disability payment.

Child/Family Member Care Expense Benefit[1]

If you are disabled and participating in a vocational rehabilitation plan, you will be eligible for an additional expense benefit payment of $350 per child/family member not to exceed $1,000 per month.

Education Expense Benefit[1]

In addition to your monthly disability payment, you will receive a monthly education expense benefit in the amount of $200 for each eligible student.

Exclusions and Limitations[‡]

Pre-existing Condition Limitation – You have a pre-existing condition if you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage and the disability begins in the first 12 months after your effective date of coverage. Late entrants and participants increasing coverage will be subject to a 3/12 pre-existing condition limitation.

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from: 1) occupational sickness or injury; 2) commission or attempt to commit a felony; 3) intentionally self-inflicted harm; 4) active participation in a riot, insurrection or terrorist activity; 5) war; 6) incarceration; 7) loss of professional or occupational license, or certification.

Maximum Period of Payment for all disabilities due to mental illness is 12 months for each disability. Maximum Period of Payment for all disabilities due to alcoholism or drug abuse is 12 months for each disability.

[1] 90 day waiting period
[2] 180 day waiting period

Rates

Duration of Benefit	Social Security Normal Retirement Age/5 Year ADEA			
Elimination Period	7/7*	14/14*	30/30*	60/60
Rate Per $100 of Monthly Benefit				
Age	**Quote Rate**			
<29	$2.96	$2.45	$1.43	$0.63
30-34	$2.96	$2.45	$1.55	$0.73
35-39	$2.96	$2.45	$1.59	$0.84
40-44	$2.96	$2.45	$1.75	$1.03
45-49	$3.40	$2.82	$2.11	$1.40
50-54	$4.11	$3.39	$2.63	$1.86
55-59	$4.64	$3.84	$3.37	$2.37
60+	$5.28	$4.44	$3.56	$2.60

*If you are confined to a hospital due to a disability, the elimination period will be waived, and benefits will be payable from the first day of hospitalization.

‡ Please refer to your Certificate of Insurance at www.mybenefitshub.com/loveladyisd for a complete listing of available benefits, limitations and exclusions. Underwritten by ACE Property & Casualty Company, a Chubb company.

CWB-DI-LVISD-0623

EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to $5,000 for ground ambulance and as high as $70,000 for air ambulance. The financial burdens for medical transportation costs are very real.

HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.

MASA Medical Transport Solutions™

Any Ground. Any Air. Anywhere.™

OUR BENEFITS

Benefit	Emergent Plus $14/Month
Emergent Ground Transportation	U.S./Canada
Emergent Air Transportation	U.S./Canada
Non-Emergent Air Transportation	U.S./Canada
Repatriation	U.S./Canada

A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

EVERY FAMILY DESERVES A MASA MEMBERSHIP

The Ultimate Peace of Mind for Employees and Their Families

The Harrison's Story

- Jim and his family were at a local festival when his daughter, Sara, suddenly began experiencing horrible abdominal and back pain, after a fall from earlier in the day.
- His wife, Heather, called 911 and Sara was transported to a local hospital, when it was decided that she needed to be flown to another hospital.
- Upon arrival, Sara underwent multiple procedures and her condition was stabilized.
- After further testing, it was discovered that Sara needed additional specialized treatment at another hospital requiring transport on a non-emergent basis.

Based on a true story. Names were changed to protect identities in compliance with HIPAA.

MASA Medical™ Transport Solutions

And then, the Bills came!

	As a MASA Member	If a Non-MASA Member	
	Sara would pay*	If In-Network**	If Out-of-Network**
911 Ground Ambulance Cost: $1,800	$0	$300	$1,600
Emergent Air Ambulance Cost: $45,000	$0	$4,000	$30,000
Non-Emergent Air Transport† Cost: $20,000	$0	$20,000	$20,000
Total Out-of-Pocket Cost	$0	$24,300	$51,600

*Benefit is dependent on Membership Enrolled.
**Out-of-pocket dollars vary dependent on provider, distance, health plan design, current status of deductible and out-of pocket max. These figures are an example of the costs one may incur.
†More and more health plans are not covering interfacility transports on a non-emergent basis.

Any Ground. Any Air. Anywhere.™

No matter how comprehensive your local in-network coverage may be, you still have significant exposure to out-of-network emergency transportation. Moreover, when you and your family travel outside your area, there is an 80% chance of being picked up by an out-of-network provider.

A MASA Membership prepares you for the unexpected. ONLY MASA MTS provides you with:

- **Coverage ANYWHERE** in all 50 states and Canada whether at home or away
- Coverage for BOTH emergent ground ambulance and air ambulance transport **REGARDLESS of the provider**
- **Non-emergent transport services**, which are frequently covered inadequately by your insurance, if at all

For more information, please contact your local MASA MTS representative or visit www.masamts.com

FLYER_COMP_B2B

Flexible Spending Account (FSA)

Two types of FSAs

For a health FSA, start by choosing an annual election amount. This amount will be available on day one of your plan year for eligible medical expenses.

Then, payroll deductions will be made throughout the plan year to fund your account.

A dependent care FSA works differently than a health FSA. Money is only available as it is contributed and can only be used for dependent care expenses.

Both are pre-tax benefits your employer offers through a cafeteria plan. Choose one or both —whichever is right for you.

What's a cafeteria plan?

A cafeteria plan enables you to save money on group insurance, healthcare expenses, and dependent care expenses. Your contributions are deducted from your paycheck by your employer before taxes are with withheld. These deductions lower your taxable income which can save you up to 35% on income taxes!

Partial List of Eligible Expenses:

- Medical/Dental/Vision Copays and deductibles
- Prescription Drugs
- Physical Therapy
- Chiropractor
- First-Aid Supplies
- Lab Fees
- Psychiatrist/Psychologist
- Vaccinations
- Dental Work/Orthodontia
- Eye Exams
- Laser Eye Surgery
- Eyeglasses, Contact Lenses, Lens Solution
- Prescribed OTC Medications

Enrollment Considerations

After the enrollment period ends, you may increase, decrease, or stop your contribution only when you experience a qualifying "change of status" (e.g. marriage, divorce, employment change, dependent change).

Be conservative in the total amount you elect to avoid forfeiting money at the end of the plan year.

How to Spend

Spending is easy

Our convenient NBS Benefits Card allows you to avoid out-of-pocket expenses, cumbersome claim forms and reimbursement delays. Or you may also utilize the "pay a provider" option on our web portal.

Account access is easy

Get account information from our easy-to-use online portal and mobile app. See your account balance, contributions and account history in real time.

What if I don't use it all?

Because an FSA is a planning tool with great tax benefits, you must use the account balance in its entirety before the end of the plan year or it will be forfeited. This is known as the "use-it-or-lose-it" rule.

Your employer may offer a grace period or a $640 rollover to help if you miss the mark a little bit (2024/2025). *Just make sure to plan carefully when you enroll.*

Healthcare Expense Account

Sample Expenses

Medical Expenses

- Acupuncture
- Addiction programs
- Adoption (medical expenses for baby birth)
- Alternative healer fees
- Ambulance
- Body scans
- Brest pumps
- Care for mentally handicapped
- Chiropractor
- Copayments
- Crutches
- Diabetes (insulin, glucose monitor)
- Eye patches
- Fertility treatment
- First aid (i.e. bandages, gauze)
- Hearing aids & batteries
- Hypnosis (for treatment of illness)
- Incontinence products (i.e. Depends, Serene)
- Joint support bandages and hosiery
- Lab fees
- Monitoring device (blood pressure, cholesterol)
- Physical exams
- Pregnancy tests
- Prescription drugs
- Psychiatrist/psychologist (for mental illness)
- Physical therapy
- Speech therapy
- Vaccinations
- Vaporizers or humidifiers
- Weight loss program fees (if prescribed by physician
- Wheelchair

Dental Expenses

- Artificial teeth
- Copayments
- Deductible
- Dental work
- Dentures
- Orthodontia expenses
- Preventative care at dentist office
- Bridges, crown, etc.

Vision Expenses

- Braille - books & magazines
- Contact lenses
- Contact lens solutions
- Eye exams
- Eye glasses
- Laser surgery
- Office fees
- Guide dog and upkeep/other animal aid

Items that generally do not qualify for reimbursement

- Personal hygiene (deodorant, soap, body powder, sanitary products
- Addiction products
- Allergy relief (oral meds, nasal spray)
- Antacids and heart burn relief
- Anti-itch and hydrocortisone creams
- Athlete's foot treatment
- Arthritis pain relieving creams
- Cold medicines (i.e. syrups, drops, tablets)
- Cosmetic surgery
- Cosmetics (i.e. makeup, lipstick, cotton swabs, cotton balls, baby oil
- Counseling (i.e. marriage/family
- Dental care - routine (i.e. toothpaste, toothbrushes, dental floss, anti-bacterial mouthwashes, fluoride rinses, teeth whitening/bleaching)
- Exercise equipment
- Fever & pain reducers (i.e. Aspirin, Tylenol)
- Haircare (i.e. hair color, shampoo, conditioner, brushes, hair loss products)
- Health club or fitness program fees
- Homeopathic supplement or herbs
- Household or domestic help
- Laser hair removal
- Laxatives
- Massage therapy
- Motion sickness medication
- Nutritional and dietary supplements (i.e. bars, milkshakes, power drinks, Pedialyte)
- Skin care (i.e. sun block, moisturizing lotion, lip balm)
- Sleep aids (i.e. oral meds, snoring strips)
- Smoking cessation relief (i.e. patches, gum)
- Stomach & digestive relief (i.e. Pepto-Bismol, Imodium)
- Tooth and mouth pain relief (Orajel, Anbesol)
- Vitamins
- Wart removal medicine
- Weight reduction aids (i.e. Slimfast, appetite suppressant)

nbs national benefit services

These expenses may be eligible if they are prescribed by a physician (if medically necessary for a specific condition).

Best Practices

Using your NBS Benefits Card

The NBS Benefits Card makes using your FSA easy by allowing you to pay your provider directly with funds from your FSA eliminating cashflow hardships. But even these transactions require substantation. Follow these tips to save time and simplify your experience.

Understanding Claim Substantiation

The rules that govern Flexible Spending Accounts require that all claims be reviewed and adjudicated to ensure they are being used for eligible medical expenses under section 125 of the Internal Revenue Code. NBS uses Merchant Category Codes (MCCs), Inventory Information Approval Systems, and sophisticated matching systems to auto-substantiate 80% of all debit card transactions.

For transactions that cannot be auto-substantiated, you will be asked to submit documentation to support your expense. Documentation may include an itemized receipt and/or a doctor's note of medical necessity. Use the NBS mobile app to take a picture of your receipt and upload it to the portal where it will be reviewed and eligible expenses will be approved. You will be notified if the expense requires any further documentation or if the expense is ineligible. In the case of ineligible expenses, you will be asked to refund your account or offset the expense with other eligible expenses.

1. Use your debit card at your provider.
2. Save your receipt.
3. Upload the receipt to NBS using the NBS Mobile App or my.nbsbenefits.com.
4. NBS will take care of the rest!

Before you leave, ask for a detailed receipt.

Receipt must include:

- The service or product
- The date of the service (Billing/ Statement Date insufficient)
- The amount of the charge

Over-the-counter medications will require a doctor's note of medical necessity.

HSA Basics

What is an HSA?

- A Health Savings Account (HSA) is a unique, tax-advantaged account that is used with a high deductible health plan (HDHP) and can be used to pay for current or future qualified healthcare expenses.
- Funds roll over and accumulate year over year if not spent, with the ability to earn tax-free interest on the account.
- Employees also have the potential to build more savings through investing. They can choose from a variety of HSA self-directed investment options.
- Additional retirement savings are available after age 65; funds can be withdrawn for any purpose without penalty. However, distributions would be taxable if not used to pay for IRS-qualified medical expenses.

Who is eligible to open an HSA?

- Must be enrolled in a qualified HDHP.
- Must have a valid Social Security Number (SSN) and a primary residence in the U.S.
- Must not be covered by any other health plan that is not an HDHP.
- Must not be enrolled in Medicare, including Medicare Part A or Medicare Part B.
- Must not be covered by TriCare.
- Cannot have accessed Veterans Administration (VA) medical benefits in the past 90 days (in order to contribute to an HSA).
- Cannot be claimed as a dependent on another person's tax return.
- Cannot be covered by a Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA). Alternative plan designs, such as Limited-Purpose FSA or HRA, might be permitted.

What are IRS-qualified medical expenses?

- HSA funds can be used to pay for a wide range of IRS-qualified medical expenses, including many that aren't typically covered by health insurance plans. This includes deductibles, co-insurance, prescriptions, dental and vision care, and more. HSA funds may even be used for eligible expenses for the employee's spouse or tax dependents. For a complete list of IRS-qualified medical expenses, visit irs.gov or hsabank.com/qme.

This material has been prepared for informational purposes only and is not intended as tax or legal advice. HSA Bank does not provide tax or legal advice. If tax or legal advice is needed, please consult with a qualified professional.

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HSA, HRA, Healthcare FSA and Dependent Care Eligibility List

The following is a summary of common expenses claimed against Health Savings Accounts (HSAs), Health Reimbursement Arrangements (HRAs), Healthcare Flexible Spending Accounts (HC-FSAs) and Dependent Care Flexible Spending Accounts (DC-FSAs). Due to frequent updates to the regulations governing these accounts and arrangements, this list does not guarantee reimbursement and is to be utilized as a guide for the submission of claims. For more information on IRS-qualified medical expenses, please review IRS Publication 502.

If you have an HRA, your employer's plan may only reimburse a subset of expenses. Please refer to your plan document for confirmation of reimbursable expenses under your plan.

If you are currently participating in a high-deductible health plan (HDHP) and are contributing to an HSA, you may also participate in a Limited Purpose HRA or Health FSA. Expenses are limited to dental and vision expenses identified with an * in the list below.

Common IRS-qualified medical expenses

Acupuncture
Ambulance
Artificial limbs
Artificial teeth*
Birth control treatment
Blood sugar test kits for diabetics
Breast pumps and lactation supplies
Chiropractor
Contact lenses and solutions*
Crutches
Dental treatments
(including X-rays, cleanings, fillings, sealants, braces and tooth removals*)
Doctor's office visits and co-pays
Drug addiction treatment
Drug prescriptions
Eyeglasses (Rx and reading)*
Fluoride treatments*
Flu shots
Guide dogs
Hearing aids and batteries
Infertility treatment
Inpatient alcoholism treatment
Insulin
Laboratory fees
Laser eye surgery*
Medical alert bracelet
Medical records charges
Menstrual care products
Midwife
Occlusal guards to prevent teeth grinding
Orthodontics*
Orthotic Inserts (custom or off the shelf)
Over-the-counter medicines and drugs (see examples below)
Physical therapy
Special education services for learning disabilities (recommended by a doctor)
Speech therapy
Stop-smoking programs (including nicotine gum or patches, if prescribed)
Surgery, excluding cosmetic surgery
Vaccines
Vasectomy
Vision exam*
Walker, cane
Wheelchair

Common over-the-counter (OTC) medicines

Examples include, but are not limited to:

Acid controllers
Acne medicine
Aids for indigestion
Allergy and sinus medicine
Anti-diarrheal medicine
Baby rash ointment
Cold and flu medicine
Eye drops*
Feminine antifungal or anti-itch products
Hemorrhoid treatment
Laxatives or stool softeners
Lice treatments
Motion sickness medicines
Nasal sprays or drops
Ointments for cuts, burns or rashes
Pain relievers, such as aspirin or ibuprofen
Sleep aids
Stomach remedies

Services that may be eligible with a Letter of Medical Necessity completed

This list is not all-inclusive:

Weight-loss program
- only if it is a treatment for a specific disease diagnosed by a physician (e.g., obesity, hypertension, heart disease)

Compression hosiery/socks, antiembolism socks or hose

Massage treatment for specific ailment or diagnosis

CPR classes for adult or child

Improvements or special equipment added to a home or other capital expenditures for a physically handicapped person

Ineligible expenses

Listed below are some services and expenses that are not eligible for reimbursement. This list is not all-inclusive:

Aromatherapy
Baby bottles and cups
Baby oil
Baby wipes
Breast enhancement
Cosmetics and skin care
Cotton swabs
Dental floss
Deodorants
Hair re-growth supplies and/or services
Health club membership dues
Humidifier
Lotion
Low-calorie foods
Mouthwash
Petroleum jelly
Shampoo and conditioner
Spa salts

Eligible dependent care expenses

Au pair services
Babysitting services
Before- and after-school programs
Custodial or eldercare expenses, in-home or daycare center (not medical care)
Nursery school
Pre-kindergarten
Summer day camp (not educational in nature)

Ineligible dependent care expenses

Clothing
Food/meals
Kindergarten and higher education/tuition expenses
Overnight camp

This list is not comprehensive. It is provided to you with the understanding that HSA Bank is not engaged in rendering tax advice. The information provided is not intended to be used to avoid federal tax penalties. For more detailed information, please refer to IRS Publication 502 titled, "Medical and Dental Expenses," Catalog Number 15002Q. Publications can be ordered directly from the IRS by calling 1-800-TAXFORM. If tax advice is required, you should seek the services of a professional.

Visit **hsabank.com** or call the number on the back of your debit card for more information.

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Plan Administrative Services and Benefit Services are administered by Webster Servicing LLC.
Expense_Eligibility_120623

HSA Frequently Asked Questions

What is a Health Savings Account (HSA)?

An HSA is a tax favored account used in conjunction with an HSA-compatible health plan. The funds in the account are used to pay for IRS-qualified medical expenses such as services applied to the deductible, dental, vision, and more.

Who can get an HSA?

Any eligible individual that:

- Is covered by an HSA-compatible health plan
- Is not covered by other health insurance (except certain types of limited coverage)
- Is not enrolled in Medicare
- Is not claimed as a dependent on someone else's tax return
  - Children cannot establish an HSA
  - Eligible spouses can establish their own HSA

How much can I contribute annually to an HSA?

Visit hsabank.com/irs-guidelines to view the annual HSA contribution limits.

Catch-Up Contributions

Accountholders who meet the qualifications noted below are eligible to make an HSA catch-up contribution of $1,000.

- Health Savings accountholder
- Age 55 or older (regardless of when in the year an accountholder turns 55)
- Not enrolled in Medicare (if an accountholder enrolls in Medicare mid-year, catch-up contributions should be prorated)

Spouses who are 55 or older and covered under the accountholder's medical insurance can also make a catch-up contribution into a separate HSA in their own name.

Can any high-deductible health insurance policy qualify for an HSA?

It can be a health maintenance organization (HMO), preferred provider option (PPO), or indemnity plan as long as it meets the IRS requirements. Your insurance company will determine if the policy is an HSA-compatible health plan.

Who can make contributions?

Contributions can come from employers, the accountholder, or third parties. The combined contribution amount is subject to the IRS contribution limits.

HSA Frequently Asked Questions

Are there income restrictions?

There are no income restrictions for opening or contributing to an HSA.

What are the advantages of an HSA?

HSA funds roll over year-to-year; there are tax benefits on contributions, earnings and distributions; and long-term investment opportunities are available.

Is an HSA compatible with an HRA/FSA?

Yes, this is permitted if the combination is:

- "Limited purpose" flexible spending accounts (FSAs) and health reimbursement arrangements (HRAs) that restrict reimbursements to certain permitted benefits such as vision, dental, or preventive care benefits.
- "Post-deductible" FSA or HRAs that only provide reimbursement after the minimum annual deductible has been satisfied under the HDHP.

If I set up an HSA through my employer, what happens if I switch jobs?

The funds are portable and go with you.

Can I withdraw the money for non-medical expenses?

Yes, though the withdrawal may be subject to income tax and penalties. After the age of 65, you can use the funds for non-qualified expenses without penalty, though the funds may be subject to income tax.

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own your health®

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HSA_FAQ_051921

Hospital Cash

It's not easy to pay hospital bills, especially if you have a high-deductible medical plan. Chubb Hospital Cash pays money directly to you if you are hospitalized so you can focus on your recovery. And since the cash goes directly to you, there are no restrictions on how you use your money.

$30,000
average three-day hospitalization cost.[1]

5.4 days
average hospital stay.[2]

Choose from 1 of 2 plans

	Plan 1	Plan 2
Hospitalization Benefits	**Payable Benefit**	**Payable Benefit**
Hospital Admission Benefit This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	• $1,500 • Maximum benefit per calendar year: 3	• $3,000 • Maximum benefit per calendar year: 3
Hospital Confinement Benefit This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	• $150 per day • Maximum days per calendar year: 30	• $150 per day • Maximum days per calendar year: 30
Hospital Confinement ICU Benefit This benefit is for confinement in a hospital intensive care unit.	• $300 per day • Maximum days per calendar year: 30	• $300 per day • Maximum days per calendar year: 30
Newborn Nursery Benefit This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease, or injury.	• $500 per day • Maximum days per confinement - normal delivery: 2 • Maximum days per confinement - Caesarean section: 2	• $500 per day • Maximum days per confinement - normal delivery: 2 • Maximum days per confinement - Caesarean section: 2
Observation Unit Benefit This benefit is for treatment in a hospital observation unit for a period of less than 20 hours.	• $500 • Maximum benefit per calendar year: 2	• $500 • Maximum benefit per calendar year: 2
Diagnostic Benefits	**Payable Benefit**	**Payable Benefit**
Wellness Benefit	• $100 • Maximum benefit per calendar year: 1	• $100 • Maximum benefit per calendar year: 1

[1] www.healthcare.gov; accessed Jan. 2023
[2] data.oecd.org; accessed Jan. 2023

Exclusions and Limitations*

We will not pay for any Covered Accident or Covered Sickness that is caused by, or occurs as a result of 1) committing or attempting to commit suicide or intentionally injuring oneself; 2) war or serving in any of the armed forces or units auxiliary; 3) participating in an illegal occupation or attempting to commit or actually committing a felony; 4) sky diving, hang gliding, parachuting, bungee jumping, parasailing, or scuba diving; 5) being intoxicated or being under the influence or any narcotic or other prescription drug unless taken in accordance with Physician's instructions 6) alcoholism; 7) cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness or is related to or results from a congenital disease or anomaly of a covered Dependent Child; 8) services related to sterilization, reversal of a vasectomy or tubal ligation, in vitro fertilization, and diagnostic treatment of infertility or other related problems.

A Physician cannot be You or a member of Your Immediate Family, Your business or professional partner, or any person who has a financial affiliation or business interest with You.

Rates

	Plan 1	Plan 2
Monthly Premiums		
Employee	$16.90	$31.72
Employee + Spouse	$35.00	$70.72
Employee + Children	$31.78	$58.76
Family	$52.14	$97.76

*Please refer to your Certificate of Insurance for a complete listing of available benefits, limitations and exclusions. Underwritten by ACE Property & Casualty Company, a Chubb company. This information is a brief description of the important benefits and features of the insurance plan. It is not an insurance contract. This is a supplement to health insurance and is not a substitute for Major Medical or other minimal essential coverage. Hospital indemnity coverage provides a benefit for covered loss; neither the product name nor benefits payable are intended to provide reimbursement for medical expenses incurred by a covered person or to result in any payment in excess of loss.

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees[1] that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:

- YOU OWN IT
- YOU CAN TAKE IT WITH YOU WHEN YOU CHANGE JOBS OR RETIRE
- YOU PAY FOR IT THROUGH CONVENIENT PAYROLL DEDUCTIONS
- YOU CAN COVER YOUR SPOUSE, CHILDREN AND GRANDCHILDREN, TOO[2]
- YOU CAN GET A LIVING BENEFIT IF YOU BECOME TERMINALLY ILL[3]
- IT'S AFFORDABLE

3 QUICK QUESTIONS

You can qualify by answering just 3 questions – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

1. Been actively at work on a full time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

1. After the guarantee period, premiums may go down, stay the same or go up.
2. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
3. Conditions apply.

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

19M016-C 1092 (exp0321)

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

TEXASLIFE INSURANCE COMPANY **CASE OVERVIEW**

Overview for LOVELADY ISD

April 1, 2022

EMPLOYEE AND SPOUSE EXPRESS ISSUE

Lifetime Maximum Amounts for Issue Ages Shown[1][2]			
Proposed Insured	Ages	Minimum	**Express**[2] Maximum
Employee	17 to 34	$25,000	$150,000
	35 to 39	15,000	150,000
	40 to 49	10,000	150,000
	50 to 65	10,000	75,000
	66 to 70[5]	10,000	10,000
Spouse	17 to 34	25,000	50,000
	35 to 39	15,000	50,000
	40 to 49	10,000	50,000
	50 to 60	10,000	25,000
	61 to 70[5]	N/A	N/A
Child Policy	15 days - 26[4]	25,000	25,000
Grandchild(ren)	15 days - 18[4]	25,000	25,000

1. One policy and one risk classification available per insured at each enrollment.
2. At the insured's current issue age, Maximum shown is the cumulative maximum available, inclusive of all in-force plus currently applied for face amounts.
3. Minimum Employee participation for Express Issue is the greater of five lives or 10% of eligible Employees.
4. The Dependent's signature is required for 19 and older in some states. Coverage is not available on children in Washington or on grandchildren in Washington or Maryland. In Maryland, child must reside with the applicant to be eligible for coverage.
5. In the state of Washington, no coverage available for employees & spouses over age of 65.

RIDERS

Proposed Insured	Accidental Death (Ages 17-59)	Disability Waiver Prem (Ages 17-59)
Employee	No	No
Spouse	No	No
Child(ren)	No	No
Grandchild(ren)	No	No

IMPLEMENTATION AND ENROLLMENT TARGET DATES

Enrollment Start Date: July 1, 2022 End of Enrollment Date: August 31, 2022

First Deduction Date: September 20, 2022 Policy Issue Date: October 1, 2022

Payroll Frequency: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☒ Monthly ☐ Other

Form: 18M065 PureLifePlus2018-C4AAB5ND9DM R06/21

TEXASLIFE INSURANCE COMPANY

MONTHLY PREMIUMS

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
Issue	$10,000	$15,000	$25,000	$40,000	$50,000	$75,000	$100,000	$125,000	$150,000	
15D-1			9.25							81
2-4			9.50							80
5-8			9.75							79
9-10			10.00							79
11-16			10.25							77
17-20			10.25	15.05	18.25	26.25	34.25	42.25	50.25	75
21-22			10.50	15.45	18.75	27.00	35.25	43.50	51.75	74
23			10.75	15.85	19.25	27.75	36.25	44.75	53.25	75
24-25			11.00	16.25	19.75	28.50	37.25	46.00	54.75	74
26			11.50	17.05	20.75	30.00	39.25	48.50	57.75	75
27-28			11.75	17.45	21.25	30.75	40.25	49.75	59.25	74
29			12.00	17.85	21.75	31.50	41.25	51.00	60.75	74
30-31			12.25	18.25	22.25	32.25	42.25	52.25	62.25	73
32			13.00	19.45	23.75	34.50	45.25	56.00	66.75	74
33			13.50	20.25	24.75	36.00	47.25	58.50	69.75	74
34			14.25	21.45	26.25	38.25	50.25	62.25	74.25	75
35		10.05	15.25	23.05	28.25	41.25	54.25	67.25	80.25	76
36		10.35	15.75	23.85	29.25	42.75	56.25	69.75	83.25	76
37		10.80	16.50	25.05	30.75	45.00	59.25	73.50	87.75	77
38		11.25	17.25	26.25	32.25	47.25	62.25	77.25	92.25	77
39		12.00	18.50	28.25	34.75	51.00	67.25	83.50	99.75	78
40	9.25	12.75	19.75	30.25	37.25	54.75	72.25	89.75	107.25	79
41	9.95	13.80	21.50	33.05	40.75	60.00	79.25	98.50	117.75	80
42	10.75	15.00	23.50	36.25	44.75	66.00	87.25	108.50	129.75	81
43	11.45	16.05	25.25	39.05	48.25	71.25	94.25	117.25	140.25	82
44	12.15	17.10	27.00	41.85	51.75	76.50	101.25	126.00	150.75	83
45	12.85	18.15	28.75	44.65	55.25	81.75	108.25	134.75	161.25	83
46	13.65	19.35	30.75	47.85	59.25	87.75	116.25	144.75	173.25	84
47	14.35	20.40	32.50	50.65	62.75	93.00	123.25	153.50	183.75	84
48	15.05	21.45	34.25	53.45	66.25	98.25	130.25	162.25	194.25	85
49	15.95	22.80	36.50	57.05	70.75	105.00	139.25	173.50	207.75	85
50	16.95	24.30	39.00	61.05	75.75	112.50				86
51	18.15	26.10	42.00	65.85	81.75	121.50				87
52	19.45	28.05	45.25	71.05	88.25	131.25				88
53	20.45	29.55	47.75	75.05	93.25	138.75				88
54	21.45	31.05	50.25	79.05	98.25	146.25				88
55	22.55	32.70	53.00	83.45	103.75	154.50				89
56	23.55	34.20	55.50	87.45	108.75	162.00				89
57	24.75	36.00	58.50	92.25	114.75	171.00				89
58	25.85	37.65	61.25	96.65	120.25	179.25				89
59	27.05	39.45	64.25	101.45	126.25	188.25				89
60	28.55	41.70	68.00	107.45	133.75	199.50				90
61	29.85	43.65	71.25	112.65	140.25	209.25				90
62	31.45	46.05	75.25	119.05	148.25	221.25				90
63	33.05	48.45	79.25	125.45	156.25	233.25				90
64	34.75	51.00	83.50	132.25	164.75	246.00				90
65	36.65	53.85	88.25	139.85	174.25	260.25				90
66	38.75									90
67	41.05									91
68	43.55									91
69	46.05									91
70	48.65									91

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

NON TOBACCO

MONTHLY PREMIUMS

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
Issue	$10,000	$15,000	$25,000	$40,000	$50,000	$75,000	$100,000	$125,000	$150,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20			15.25	23.05	28.25	41.25	54.25	67.25	80.25	71
21-22			16.00	24.25	29.75	43.50	57.25	71.00	84.75	71
23			16.75	25.45	31.25	45.75	60.25	74.75	89.25	72
24-25			17.25	26.25	32.25	47.25	62.25	77.25	92.25	71
26			17.75	27.05	33.25	48.75	64.25	79.75	95.25	72
27-28			18.25	27.85	34.25	50.25	66.25	82.25	98.25	71
29			18.50	28.25	34.75	51.00	67.25	83.50	99.75	71
30-31			21.00	32.25	39.75	58.50	77.25	96.00	114.75	72
32			21.75	33.45	41.25	60.75	80.25	99.75	119.25	72
33			22.00	33.85	41.75	61.50	81.25	101.00	120.75	72
34			22.25	34.25	42.25	62.25	82.25	102.25	122.25	71
35		15.30	24.00	37.05	45.75	67.50	89.25	111.00	132.75	72
36		15.75	24.75	38.25	47.25	69.75	92.25	114.75	137.25	72
37		16.80	26.50	41.05	50.75	75.00	99.25	123.50	147.75	73
38		17.25	27.25	42.25	52.25	77.25	102.25	127.25	152.25	73
39		18.45	29.25	45.45	56.25	83.25	110.25	137.25	164.25	74
40	14.15	20.10	32.00	49.85	61.75	91.50	121.25	151.00	180.75	76
41	15.05	21.45	34.25	53.45	66.25	98.25	130.25	162.25	194.25	77
42	16.15	23.10	37.00	57.85	71.75	106.50	141.25	176.00	210.75	78
43	17.55	25.20	40.50	63.45	78.75	117.00	155.25	193.50	231.75	80
44	18.25	26.25	42.25	66.25	82.25	122.25	162.25	202.25	242.25	80
45	19.25	27.75	44.75	70.25	87.25	129.75	172.25	214.75	257.25	81
46	20.05	28.95	46.75	73.45	91.25	135.75	180.25	224.75	269.25	81
47	21.05	30.45	49.25	77.45	96.25	143.25	190.25	237.25	284.25	82
48	21.95	31.80	51.50	81.05	100.75	150.00	199.25	248.50	297.75	82
49	23.25	33.75	54.75	86.25	107.25	159.75	212.25	264.75	317.25	83
50	24.35	35.40	57.50	90.65	112.75	168.00				83
51	25.45	37.05	60.25	95.05	118.25	176.25				83
52	27.05	39.45	64.25	101.45	126.25	188.25				84
53	28.45	41.55	67.75	107.05	133.25	198.75				85
54	29.75	43.50	71.00	112.25	139.75	208.50				85
55	31.15	45.60	74.50	117.85	146.75	219.00				85
56	32.75	48.00	78.50	124.25	154.75	231.00				85
57	34.35	50.40	82.50	130.65	162.75	243.00				86
58	36.05	52.95	86.75	137.45	171.25	255.75				86
59	37.75	55.50	91.00	144.25	179.75	268.50				86
60	39.55	58.20	95.50	151.45	188.75	282.00				86
61	41.85	61.65	101.25	160.65	200.25	299.25				86
62	44.05	64.95	106.75	169.45	211.25	315.75				87
63	46.25	68.25	112.25	178.25	222.25	332.25				87
64	48.45	71.55	117.75	187.05	233.25	348.75				87
65	50.85	75.15	123.75	196.65	245.25	366.75				87
66	53.45									88
67	56.25									88
68	59.15									88
69	62.25									88
70	65.55									89

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Tobacco

OVERVIEW

CONVENIENT CARE ANYWHERE™

1.800MD™

America's Most Reliable Telemedicine Network™

QUALITY CARE WHEN YOU NEED IT MOST

Looking for care that fits your schedule? 1.800MD offers reliable, quality health care at your fingertips with a remarkable reputation.

1.800MD is a fast, convenient alternative to waiting days for an appointment or spending hours sitting in the doctor's office, urgent care or ER. Whether it is 2 a.m. from your toddler's room or 7 p.m. from your business trip destination, our telehealth solutions save you time and money while providing peace of mind.

WHY CHOOSE 1.800MD?

SAVES MONEY

Visits to the emergency room or urgent care are costly prices to pay when many visits can be handled by calling 1.800MD. As a low-cost alternative 1.800MD physicians treat many common conditions via phone or video consultations, reducing un-necessary doctor's visits and saving you money.

CONVENIENCE AND QUALITY CARE

With more than a decade of experience, 1.800MD provides individuals, families, employers and groups with best of class medical care 24/7/365. Available any time day or night, our board-certified physicians are equipped to diagnose, recommend treatment and prescribe medications while in the comfort of your home, office or business trip destination.

SUPPORT

Independently owned, 1.800MD focuses on customer satisfaction. Our member service representatives are available any time to assist you or answer any questions you may have.

CUTTING EDGE TECHNOLOGY

1.800MD's website and mobile app are extensions of our customer service commitment. They provide consumers with access to fast, convenient access to health care. Individual secure member portals contain information and tools to help make informed health care decisions.

HOW DOES IT WORK?

1. ACTIVATE ACCOUNT

Activate your account online at www.1800md.com or by calling 1.800.530.8666. Once activated, you will need to setup your member profile and complete your electronic health record.

2. REQUEST A CONSULT

Login to your account online or call member services at 1.800.530.8666 to request a consult anytime 24/7.

3. RECEIVE CARE

Receive diagnosis and treatment, giving you quality care and peace of mind where ever you are.

Call 1.800.530.8666 or visit www.1800MD.com to secure convenient care anywhere.

1.800.530.8666

www.1800MD.com

Eyetopia 180/300H (Gold)
TAFG Block Summary of Benefits

Eyetopia Benefits		
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.		
BENEFIT ONE [2] (choose either one of the following 2 options every 12 months):	**Allowance**	**Co-pay**[1]
1. Refractive Exam. One routine vision exam.	N/A	$5.00
2. Coverage toward medical eye exam co-pay or other services or materials. [2]	$65.00	None
BENEFIT TWO (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. [3]		
1. **Prescription Lenses** [3,4] Single Vision, Bi-focal or Tri-focal lenses	**Allowance** Covered	**Co-pay**[1] None
• Progressive (no line multifocal) lenses that retail for up to $219.	Covered	None
• Progressive (no line multifocal) lenses that retail for more than $219.	$200.00	None
• Lens Materials: polycarbonate, Trivex®, 1.60 or 1.67 index plastic.	Covered	None
• Basic Coating (ultraviolet protection and scratch resistant coating)	Covered	None
• Mid-Level Anti-Reflective Coatings that retail up to $99.	Covered	None
• Premium Anti-Reflective Coatings that retail for $100 or more.	$60.00	None
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.	N/A	$50.00
• Tint (Solid and Gradient)	N/A	$12.00
• Photochromic or polarized lens upgrade	N/A	$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia.[5]	$400.00	None
♦ **Non-Prescription** Gaming/Computer (Anti-Fatigue) lenses (limited materials).	Covered	None
♦ **Frame**: The member may select any frame on display and is responsible for any amount exceeding the allowance.	$180.00	None
2. **Contact Lens Option** in lieu of spectacles. Allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses.[6]	$300.00	None
♦ Medically necessary contact lenses - $300.00 evaluation allowance and $400.00 contact lens allowance.[7]	$700.00	None
3. **Refractive Surgery Option**[8] in lieu of spectacles or contact lenses. A $500.00 per eye allowance with contracted surgeons or a $150.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	$500/eye $150/eye	None
4. **Hearing Aid Option.** [9] If you do not use any of the other Materials options you can elect to apply your benefit toward hearing aids. Current year is a maximum benefit of $750.00 toward one or both hearing aids. If not used in year 1, the benefit increases to $1,600.00 in year 2. If not used in Year 2 or Year 1, the benefit increases to $2,550.00 for Year 3.	See full summary	None

[1] The co-pay must be paid to the Participating Provider at the time of service.
[2] When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.
[3] If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.
[4] Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.
[5] The Shaw Lens coverage includes a premium anti-reflective coating and an upgraded lens material.
[6] If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.
[7] Total maximum benefit allowance is $700.00. The Participating Provider must pre-authorize medical necessity.
[8] Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.
[9] To access your hearing aid benefit, you must call Your Hearing Network at 888-284-8133 for an initial consult. You have access to five levels of hearing aid technology: Standard, Value, Mid-Level, Advanced and Premium. Your out-of-pocket costs will vary based on your choice of hearing aid and your total available allowance.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia plan. In-Network coverage is available through Participating Providers. Out of network services are not covered.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

Emp - $20
E+1 - $37
E+Ch - $44
Fam - $52

For more information, please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org

Eyetopia Benefits

Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.

BENEFIT ONE [2] (choose either one of the following 2 options every 12 months):	**Allowance**	**Co-pay**[1]
1. Refractive Exam. One routine Vision Exam.	N/A	$10.00
2. Coverage towards a medical eye exam copay or other services or materials. [2]	$45.00	None

BENEFIT TWO (choose only 1 of the following Vision Correction Options): Eyetopia provides you with 3 options for correcting your vision every 12 months.[3]

1. Prescription Lenses [4] CR-39 plastic single vision, bifocal, trifocal lenses.	**Allowance** N/A	**Co-pay**[1] $20.00
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for up to $199.	N/A	$20.00
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for more than $199.	$200.00	$20.00
• Polycarbonate material upgrade	N/A	$25.00
• Polycarbonate material upgrade for child dependents (under age 26)	Covered	None
• Basic Coating (Ultraviolet Protection & Scratch Resistant Coating)	Covered	None
• Mid-Level Anti-Reflective Coatings that retail up to $99.	Covered	None
• Premium Anti-Reflective Coatings that retail for $100 or more copay not to exceed:	N/A	$130.00
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.	N/A	$105.00
• Tint (Solid or Gradient)	N/A	$12.00
• Photochromatic or Polarized Lenses	N/A	$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia.[5]	$400.00	None
♦ **Non-Prescription** Gaming/Computer (Anti-Fatigue) lenses (limited materials).	Covered	None
♦ **Frame:** The member may select any frame on display and is responsible for any amount exceeding the allowance.	$120	None
2. Contact Lens Option: In lieu of spectacles. Allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses.[6]	$145.00	$20.00
♦ Medically necessary contact lenses - $145.00 evaluation allowance and $400.00 contact lens allowance.[7]	$545.00	None
3. Refractive Surgery Option. [8] In lieu of spectacles or contact lenses. A $350.00 per eye allowance with contracted surgeons or a $75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	$350/eye $75/eye	None

[1] The co-pay must be paid to the Participating Provider at the time of service.

[2] When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

[3] If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

[4] Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

[5] The Shaw Lens coverage includes a premium anti-reflective coating and an upgraded lens material.

[6] If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

[7] Total maximum benefit allowance is $545.00. The Participating Provider must pre-authorize medical necessity.

[8] Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia.

In-Network coverage is available through Participating Providers. Out of network services are not covered.

Emp - $10
E+1 - $17
E+Ch - $20
Fam - $24

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

Find us on Facebook.com/eyetopiavision

For more information please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org

Educator Group Term Life Insurance

Life insurance is an important part of your employee benefits package. Chubb Term Life and Accidental Death and Dismemberment (AD&D) insurance provides the protection your family needs if something were to happen to you. Your family can receive cash benefits paid directly to them that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

Benefit Summary

Voluntary Term Life and AD&D Insurance is made available for purchase by you and your family. Employees must be actively at work for at least 15 hours per week.

Life Insurance/AD&D

For You

Life/AD&D: Up to 5x your salary to a maximum of $500,000 in $10,000 increments

For Your Spouse

Life/AD&D: Up to $500,000 in increments of $5,000

For Your Dependent Children

Life/AD&D: Live birth to 6 months – $5,000; 6 months to age 26 – the lesser of 100% of your amount or $10,000 in increments of $5,000

Reduction Schedule

None

Guaranteed Issue

Employee: $250,000

Spouse: $50,000

Child: $10,000

Newly eligible employees and dependents: You and your eligible dependents may elect coverage up to the guaranteed issue amounts without answering health questions. Elections over the guaranteed issue amounts will require medical underwriting.

Current employees: At subsequent annual enrollments if you or your eligible dependents are currently enrolled in the plan, you may increase your coverage up to the guaranteed issue amounts without answering health questions. All amounts over the guaranteed issue will require medical underwriting.

**Please note that if you or your dependents did not elect coverage when first eligible, then you are considered a late entrant. Late entrants will be medically underwritten and will have to answer health questions for any amount of coverage elected.*

Additional Plan Benefits

Accelerated Death Benefit for Terminal Illness	50% of Death Benefit up to $500,000
AD&D Covered Losses and Benefits	The AD&D plan provides additional protection for you and your dependents in the event of an accidental bodily injury resulting in death or dismemberment. In addition to standard dismemberment coverage, the following benefit provisions are included: • **Child Care Expense Benefit** – 5% of AD&D Benefit up to $3,000 per year for 4 consecutive years; maximum lifetime benefit: $12,000 • **Child Education Expense Benefit** – 6% of AD&D Benefit up to $6,000 per year for a maximum of 4 payments across 6 years; maximum lifetime benefit: $24,000 • **Coma Benefit** – 1% of AD&D Benefit per month for up to 100 months • **Common Carrier Benefit** • **Exposure and Disappearance Benefit** • **Repatriation Expense Benefit** – up to $5,000 • **Seatbelt Benefit** – 10% of AD&D benefit up to $25,000 • **Air Bag Benefit** – 5% of AD&D benefit up to $5,000

Definitions and Provisions

Portability	You can elect portable coverage, at group rates, if you terminate employment, reduce hours or retire from the employer.
Conversion	When your group coverage ends, you may convert your coverage to an individual life policy without providing evidence of insurability.

Monthly Costs for Voluntary Term Life/AD&D Insurance

You have the option to purchase Supplemental Term life Insurance. Listed below are the monthly rates.

Age Band	Employee Monthly Life/AD&D Rate per $10,000	Spouse Monthly Life/AD&D Rate per $5,000
<25	$0.80	$0.40
25-29	$0.80	$0.40
30-34	$0.90	$0.45
35-39	$1.00	$0.50
40-44	$1.50	$0.75
45-49	$2.00	$1.00
50-54	$3.30	$1.65
55-59	$5.40	$2.70
60-64	$8.20	$4.10
65-69	$13.60	$6.80
70-74	$21.49	$10.75
75-79	$21.49	$10.75
80+	$21.49	$10.75

Child Life/AD&D monthly rate is $0.91 for $5,000 and $1.82 for $10,000. One premium covers all children.

Term Life Exclusions*

No benefits will be paid for losses that are caused by, contributed to, or result from: 1) suicide, while sane or insane, occurring within 24 months after a Covered Person's initial effective date of coverage; and 2) suicide, while sane or insane, occurring within two years after the date any increases in or additional coverage applied for becomes effective for a Covered Person.

AD&D Exclusions*

No benefits will be paid for any loss caused or contributed to by: 1) attempted suicide; 2) intentionally self-inflicted harm; 3) war; 4) active participation in a riot, insurrection, or terrorist activity; 5) committing or attempting to commit a felony; 6) voluntary intake or use by any means of any drug, unless taken in accordance with instructions; 7) any poison, gas or fumes, unless a direct result of an occupational accident; 8) being intoxicated; 9) participation in an illegal occupation/activity.

*Please refer to your Certificate of Insurance at https://www.mybenefitshub.com/loveladyisd for a complete listing of available benefits, limitations and exclusions. Underwritten by ACE Property & Casualty Company, a Chubb company.

CWB-VL-LLISD-24

Continuation of Coverage for RETIREMENT or TERMINATION

HOW DO I CONTINUE INSURANCE COVERAGE AFTER RETIREMENT OR TERMINATION?

Upon retirement of termination of employment, you may be eligible to continue some of your insurance coverages through COBRA, Portability and/or Conversion. Here is a brief definition of each:

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that allows eligible employees to continue health insurance coverage for a period of time after termination of employment. COBRA allows former employees, retirees, spouses, and dependent children to retain the same health insurance coverage at group rates that otherwise would be lost with the job.

While these individuals will likely pay more for health insurance coverage through COBRA than they would have as an employee, COBRA coverage is typically less expensive than an individual health insurance plan would be. You should receive information about your COBRA rights within 14 days of your end of employment. You have up to 60 days to elect or decline COBRA coverage.

The following chart shows the maximum period for which continuation coverage must be offered for the specific qualifying event reasons:

Qualifying Event	Qualified Beneficiaries	Maximum Period of Coverage Continuation
Termination (except gross misconduct) or reduction in hours of employment	Employee, Spouse, Dependent Child	18 months
Divorce or legal separation	Spouse, Dependent Child	36 months
Death of employee	Spouse, Dependent Child	36 months
Loss of dependent child status under the plan	Spouse, Dependent Child	36 months
Employee enrollment in Medicare	Spouse, Dependent Child	36 months

PORTABILITY

Portability allows eligible insured employees to “port” or continue the group insurance coverage that was in force when employment ends. Depending on the policy, ported coverage may continue at the same rates or your premiums may change to a ported class. With portability, you continue to have group policy at the same level of coverage that was in force prior to your employment termination. Some restrictions or limitations may apply, please refer to your policy.

Please note that you must complete an application for Portability within 30 days of your employment end date.

CONVERSION

Conversion transitions your group coverage into an individual policy. You can keep the same level of coverage as you had in force prior to employment ending or you may choose to reduce your level of coverage. Depending on the product, the conversion coverage may be a different form of insurance, especially with life insurance. Conversion premiums are typically higher than your group coverage, but conversion gives you ownership of the policy. Some restrictions or limitations may apply, please refer to your policy.

Please note that you must complete an application for Conversion within 30 days of your employment end date.

COBRA ELIGIBLE BENEFITS:

Medical - (TRS Medical)

Continue medical coverage under the group policy for up to 18 months or longer. After termination with your employer, you will receive a COBRA enrollment packet in the mail 2-3 weeks after the termination date. You have 60 days to enroll in this option.

For eligibility questions with TRS-ActiveCare Medical plans, bSwift by calling 833.682.8972.
For eligibility questions with Scott and White Medical plans, contact Conexis at 877.722.2667.

Dental - (GUARDIAN)

Continue dental coverage under the group policy for up to 18 months or longer. After termination with your employer, you will receive a COBRA enrollment packet in the mail 2-3 weeks after the termination date. You have 60 days to enroll in this option.
For more information, please contact The Advanced Financial Group at 936.634.3378.

Vision -- (EYETOPIA)

Continue vision coverage under the group policy for up to 18 months or longer. After termination with your employer, you will receive a COBRA enrollment packet in the mail 2-3 weeks after the termination date. You have 60 days to enroll in this option.
For more information, please contact The Advanced Financial Group at 936.634.3378.

BENEFITPLANSOFFERINGPORTABILITYAND/ORCONVERSION:

Basic Life Insurance - (CHUBB)

Basic or Employer paid life insurance is available for conversion only. A conversion application and initial premium payment must be submitted to the insurance carrier within 30 days of your employment end date. Conversion forms are located on the districts benefit website. For more information, please contact CHUBB at 1.888.499.0425 or call The Advanced Financial Group at 936.634.3378.

Voluntary GroupTerm Life Insurance (CHUBB)

Voluntary Employee, Spouse and Dependent Life insurance are eligible for conversion or portability. A conversion or portability application and initial premium payment must be submitted to the insurance carrier within 30 days of your employment end date. Some restrictions may apply, please refer to your policy. Conversion and Portability information is mailed to each employee at termination directly from Chubb. For more information, please contact CHUBB at 1.888.499.0425 or contact The Advanced Financial Group at 936.634.3378.

Accident– (GUARDIAN)

The accident coverage for you and your covered dependents are eligible for portability when you leave active employment. An application and initial premium payment must be submitted to the insurance carrier within 30 days of your employment end date. Some restrictions may apply, please refer to your policy. Portability information and forms are located on the districts benefit website. For more information, please contact Guardian at 877.320.0484 or call The Advanced Financial Group at 936.634.3378.

Critical Illness/ Hospital Indemnity Insurance -- (CHUBB)

Your Critical Illness and Hospital Indemnity coverage is eligible for portability when you leave active employment. A portability application and initial premium payment must be submitted to the insurance carrier within 30 days of your employment end date. Some restrictions may apply, please refer to your policy.Portability information is mailed to each employee at termination directly from Chubb. For more information, please contact CHUBB at 1.888.499.0425 or contact The Advanced Financial Group at 936.634.3378.

Cancer Insurance -- (APL)

The cancer coverage for you and your covered dependents are eligible for portability when you leave active employment if the policy has been in place for more than 12 months. APL sends notification to the employee with the portability application upon your termination of employment. Initial premium payment must be submitted to the insurance carrier within 30 days of your employment end date. Some restrictions may apply, please refer to your policy. For more information, please contact APL at 1.800.256.8606.

Individual/Permanent Life Insurance -- (TEXAS LIFE)

Since this coverage is an individual policy, you can simply contact the insurance carrier and set up direct premium payment. Please contact Texas Life at 1.800.283.9233 or go online to https://www.texaslife.com/PolicyOwner.html .

Identity Theft Protection – (NORTON LIFELOCK)

Identity Theft coverage may be continued through a direct billing basis. A portability flyer is included on the districts benefit site. For detailed information, please contact Norton LifeLock at 1.800.607.9174.

OTHER BENEFIT PLANS AND CONTINUATION OF COVERAGE:

Health Savings Account – (HSA BANK or NBS)

Funds with your Health Savings Account will continue to be available after separation from your employer. Please contact HSA BANK at 1.800.357.6246 or National Benefit Services (NBS) at 1.800.274.0503 for details about future HSA deposit options.

Emergency Medical Transportation -- (MASA)

Eligible for continuation through direct billing basis by moving to the MASA Platinum Membership. For detailed information, please contact MASA Medical Transport Services at 1.954.334.8261.

CONTACT US FOR MORE INFORMATION

The Advanced Financial Group
936-634-3378
info@tafgonline.com

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