HAYS CISD 2026-2027

BENEFITS GUIDE

SCAN ME

https://ffbenefits.ffga.com/hayscisd

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Table of Contents

This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.

Employee Benefits Center

A guide to your benefits!

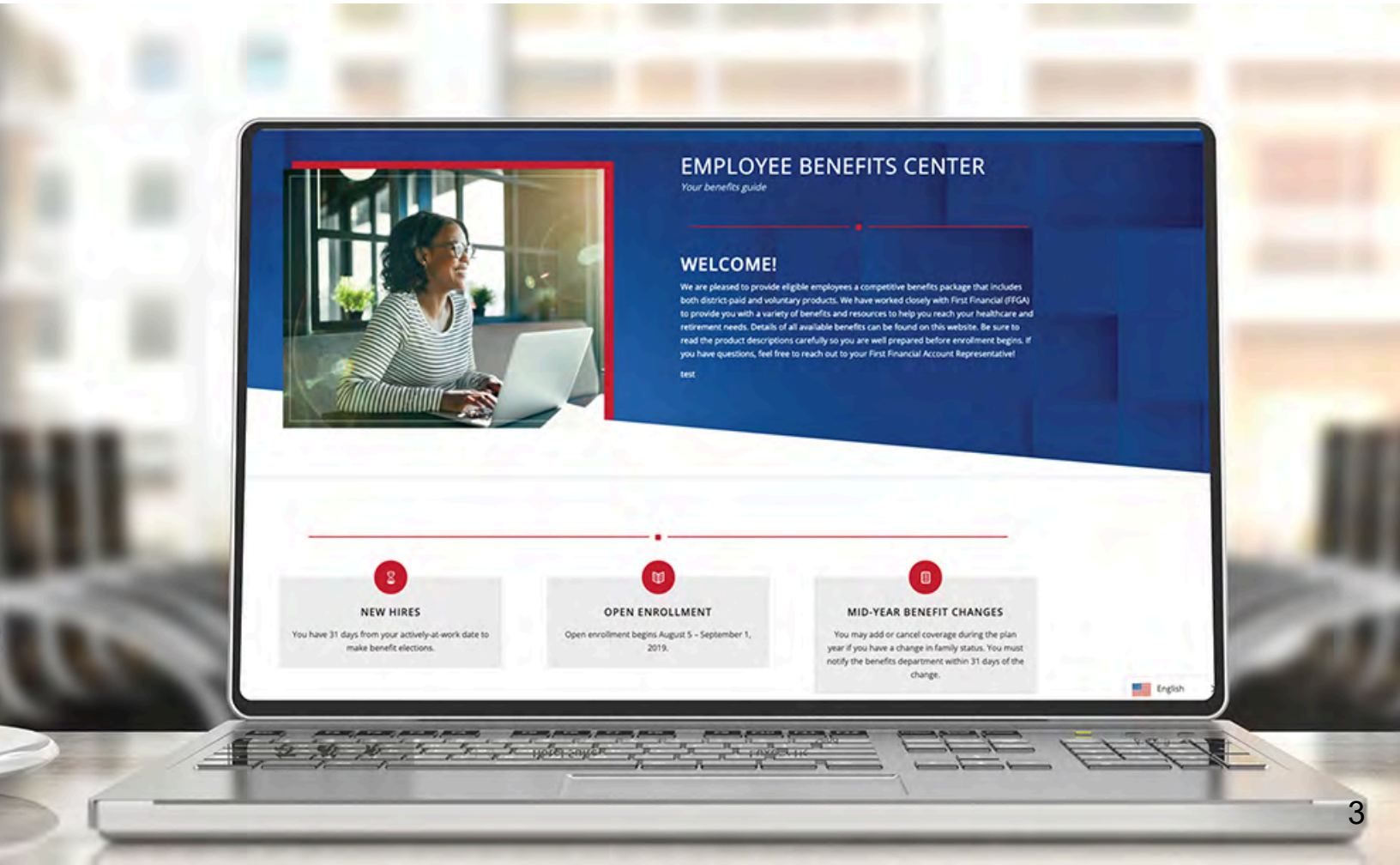
Hays CISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.

SCAN ME!

Scan the QR code to learn more about the plans that are available this year!

https://ffbenefits.ffga.com/hayscisd



How to Enroll
Benefits Enrollment

New Hires
Please schedule your new hire benefit appointment with your FFGA Account Representative using this link: https://hayscisd.timetap.com.

Exisiting Employees

On-Site Enrollment
When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Click the link for the schedule:

Online Enrollment
To begin online enrollment, visit https://ffga.benselect.com/Enroll/login.aspx.

Enroll Now

Username & Password
- Username
  - The Username is either your social security number or your Employee ID.
- Password
  - Instructions to access your initial password will be provided to you prior to open enrollment.
  - Upon initial login, the password will be required to be changed.
  - Remember your password as you will use this to sign your enrollment confirmation form and to login in the future.

If you have trouble logging in or forgotten your password, please use the Forgot Password? link to reset your password. If your account has been locked out due to too many failed attempts, please contact the FFGA Help Desk at 855-523-8422.

View Current Benefits
After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

View/Add Dependents
Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their legal name, social security numbers and birth dates.

Begin Elections
Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

Existing Employees

When it's time to enroll in your benefits, your FFGA Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

Mid-year Benefit Changes

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

Qualifying Life Events Include:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual and student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

Declining Coverage

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

2026-27 UBC Rate Sheet

UNIVERSAL BENEFITS CONSORTIUM

Hays CISD

Wellness Benefits at No Extra Cost

- **Free Preventative Care**
- **Free Recuro 24/7 Virtual Acute & Behavioral Visits**
- **Free Generic Drugs Available**

Additional Services

Patient Choice Program

- **Free or Low Cost Major Imaging and Outpatient Surgeries**
- **Concierge Healthcare Navigation**

Rx Benefits through LucyRx

- **Helping you find the lowest possible cost**
- **LucyRx: 877-860-8846**

Plan Summary

	Ascension Seton/EHN	Cigna HD	Cigna Standard	Cigna Enhanced
	• Lowest Copay Premium • Copays for Doctor visits before you meet deductible • Ascension Seton/EHN Network Coverage • No PCP referrals • Free Generic Drugs	• Low Premiums • Nationwide Network • No PCP referrals • Free Generic Drugs after deductible • Compatible with a Health Savings Account (HSA)	• Low Premiums • Copays for doctor visits • Nationwide Network • No PCP referrals • Free Generic Drugs	• Low Deductibles and Out-of-Pocket Maximums • Copays for doctor visits • Nationwide Network • No PCP referrals • Free Generic Drugs
Monthly Premiums				
Employee Only	$100	$85	$120	$190
Employee & Spouse	$1,015	$995	$1,035	$1,205
Employee & Child(ren)	$475	$465	$485	$635
Employee & Family	$1,395	$1,365	$1,425	$1,650
Plan Features				
Type of Coverage	Ascension Seton/EHN Network Only	In / Out of Network	Cigna OAP Network Only	Cigna OAP Network Only
Individual / Family Deductible	$2,500 / $5,000	$3,400/$6,800 / $9,000/$18,000	$2,750 / $5,500	$2,000 / $4,000
Coinsurance	20% after Deductible	20% after Deductible / 40% after Deductible	30% after Deductible	20% after Deductible
Individual / Family Maximum Out-of-Pocket	$9,000 / $18,000	$8,300/$16,600 / $20,500/$41,000	$9,000 / $18,000	$7,500 / $15,000
Doctor Visits				
Primary Care	$15 Copay	20% after Deductible / 40% after Deductible	$30 Copay	$30 Copay
Specialist	$35 Copay	20% after Deductible / 40% after Deductible	$70 Copay	$70 Copay
Recuro 24/7 Virtual Acute & Behavioral	$0	$0	$0	$0
Immediate Care				
Urgent Care	$50 Copay	20% after Deductible / 40% after Deductible	$50 Copay	$50 Copay
ER - Emergency Care	$300 Copay	20% after Deductible / 20% after Deductible	30% after Deductible	$500 Copay
Recuro 24/7 Virtual Acute & Behavioral	$0	$0	$0	$0
Prescription Drugs				
Drug Deductible	$300 Per Person (Brand / Specialty Only)	Integrated with Medical	$300 Per Person (Brand / Specialty Only)	$300 Per Person (Brand / Specialty Only)
Generics (30 Day Supply/90 Day Supply)	$0 Retail and Mail Order	Plan pays 100% after Deductible	$0 Retail and Mail Order	$0 Retail and Mail Order
Preferred Brand	30% Retail / $300 Mail Order	30% Retail / $300 Mail Order after Deductible	30% Retail / $300 Mail Order	30% Retail / $300 Mail Order
Non-Preferred Brand	30% Retail / $300 Mail Order	30% Retail / $300 Mail Order after Deductible	30% Retail / $300 Mail Order	30% Retail / $300 Mail Order
Specialty	30% to a maximum of $1,500	30% after Deductible to a Max of $1,500	30% to a maximum of $1,500	30% to a maximum of $1,500
International Mail Order	Plan pays 100%	Plan pays 100% after $1,700 Deductible	Plan pays 100%	Plan pays 100%

Hays Choice Medical Premiums

Ascension/ Seton EHN			
	Total Monthly Premium	Hays CISD contribution	Employee Pays per Month
Employee Only	$545	$445	$100
Employee + Spouse	$1,460	$445	$1,015
Employee + Children	$920	$445	$475
Employee + Family	$1,840	$445	$1,395

Cigna HD			
	Total Monthly Premium	Hays CISD contribution	Employee Pays per Month
Employee Only	$530	$445	$85
Employee + Spouse	$1,440	$445	$995
Employee + Children	$910	$445	$465
Employee + Family	$1,810	$445	$1,365

CIgna Standard			
	Total Monthly Premium	Hays CISD contribution	Employee Pays per Month
Employee Only	$565	$445	$120
Employee + Spouse	$1,480	$445	$1,035
Employee + Children	$930	$445	$485
Employee + Family	$1,870	$445	$1,425

Cigna Enhanced			
	TRS Monthly Premium	Hays CISD contribution	Employee Pays per Month
Employee Only	$635	$445	$190
Employee + Spouse	$1,650	$445	$1,205
Employee + Children	$1,080	$445	$635
Employee + Family	$2,095	$445	$1,650

For more information, please refer to the UBC homepage or scan QR code.
ubc-benefits.com/hays-cisd-benefits/

SCAN ME

NEW

Dental Insurance

Plan Choices

LEARN MORE

Ameritas| www.ameritas.com | 800-487-5553

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family's dental needs. A range of procedures may be covered, such as:

- Comprehensive Exams
- Cleanings
- X-Rays
- Fillings
- Tooth Extractions
- General Anesthesia
- Crown
- Root Canals

Dental Monthly Premiums			
	High	Mid	Low
Employee Only	$48.44	$43.72	$13.68
Employee + Spouse	$94.60	$85.52	$26.92
Employee + Children	$102.60	$94.16	$34.84
Employee + Family	$146.72	$134.24	$48.08

Hays Consolidated ISD

Dental Highlight Sheet

Ameritas

High Dental Plan Summary **Effective Date: 9/1/2026**

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	$50/Calendar Year Type 2 & 3
	Waived Type 1
	$150/family
Maximum *(per person)*	$1,500 per calendar year
Allowance	U&C
Waiting Period	None
Annual Open Enrollment	Included

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (1 in 6 months)	• Periapical X-rays	• Onlays
• Bitewing X-rays (1 in 6 months)	• Fillings for Cavities	• Crowns (1 in 8 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 5 years)	• Restorative Composites (anterior and posterior teeth)	• Denture Repair
• Cleaning (1 in 6 months)	• Crown Repair	• Implants
• Fluoride for Children 13 and under (1 in 12 months)	• Endodontics (nonsurgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)
• Sealants (age 13 and under)	• Endodontics (surgical)	
• Space Maintainers	• Periodontics (nonsurgical)	
	• Periodontics (surgical)	
	• Simple Extractions	
	• Complex Extractions	
	• Anesthesia	

Monthly Rates

Employee Only (EE)	$48.44
EE + Spouse	$94.60
EE + Children	$102.60
EE + Spouse & Children	$146.72

Ameritas Information

We're Here to Help: This plan was designed specifically for the associates of Hays Consolidated ISD. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.
To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Hays Consolidated ISD

Dental Highlight Sheet

Ameritas

Middle Dental Plan Summary **Effective Date: 9/1/2026**

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	$50/Calendar Year Type 2 & 3
	Waived Type 1
	$150/family
Maximum *(per person)*	$1,500 per calendar year
Allowance	Discounted Fee
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum *(per person)*	$1,500
Waiting Period	None
Takeover Benefit	Initial Insureds & New Enrollees

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (1 in 6 months)	• Periapical X-rays	• Onlays
• Bitewing X-rays (1 in 6 months)	• Fillings for Cavities	• Crowns (1 in 8 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 5 years)	• Restorative Composites (anterior and posterior teeth)	• Denture Repair
• Cleaning (1 in 6 months)	• Crown Repair	• Implants
• Fluoride for Children 13 and under (1 in 12 months)	• Endodontics (nonsurgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)
• Sealants (age 13 and under)	• Endodontics (surgical)	
• Space Maintainers	• Periodontics (nonsurgical)	
	• Periodontics (surgical)	
	• Simple Extractions	
	• Complex Extractions	
	• Anesthesia	

Monthly Rates

Employee Only (EE)	$43.72
EE + Spouse	$85.52
EE + Children	$94.16
EE + Spouse & Children	$134.24

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Hays Consolidated ISD

Dental Highlight Sheet

Ameritas

Low Dental Plan Summary **Effective Date: 9/1/2026**

Plan Benefit	
Type 1	100%
Type 2	50%
Type 3	25%
Deductible	$75/Calendar Year Type 2 & 3
	Waived Type 1
	No Family Maximum
Maximum *(per person)*	$500 per calendar year
Allowance	Discounted Fee
Waiting Period	None
Annual Open Enrollment	Included

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (1 in 6 months)	• Full Mouth/Panoramic X-rays (1 in 5 years)	• Onlays
• Bitewing X-rays (1 in 12 months)	• Periapical X-rays	• Crowns (1 in 10 years per tooth)
• Cleaning (1 in 6 months)	• Sealants (age 13 and under)	• Crown Repair
• Fluoride for Children 13 and under (1 in 12 months)	• Space Maintainers	• Endodontics (nonsurgical)
	• Fillings for Cavities	• Endodontics (surgical)
	• Restorative Composites (anterior and posterior teeth)	• Periodontics (nonsurgical)
		• Periodontics (surgical)
		• Denture Repair
		• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)
		• Simple Extractions
		• Complex Extractions
		• Anesthesia

Monthly Rates

Employee Only (EE)	$13.68
EE + Spouse	$26.92
EE + Children	$34.84
EE + Spouse & Children	$48.08

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To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Vision Insurance

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Ameritas| www.ameritas.com | 800-587-5553

Proper vision care is essential to your overall well-being. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family's needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

- Eye Exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction

Vision Monthly Premium		
	High	Low
Employee Only	$10.40	$7.84
Employee + Spouse	$20.80	$15.68
Employee + Child(ren)	$22.24	$16.76
Employee + Family	$35.56	$26.76

Hays CISD

Eye Care Highlight Sheet

Ameritas

Low Vision Plan Summary **Effective Date: 9/1/2025**

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	$10 Exam $20 Eye Glass Lenses or Frames*	$10 Exam $20 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to $45
Retinal Screening	$39	NA
Lenses (per pair)		
Single Vision	Covered in full	Up to $30
Bifocal	Covered in full	Up to $50
Trifocal	Covered in full	Up to $65
Lenticular	Covered in full	Up to $100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to $60	No benefit
Elective	Up to $150	Up to $105
Medically Necessary	Covered in full	Up to $210
Frame Allowance	$150**	Up to $70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

**Deductible applies to a complete pair of glasses or to frames, whichever is selected.*
***The Costco and Walmart allowance will be the wholesale equivalent.*

Lens Options (member cost) *

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children $33 adults	No benefit
Solid Plastic Dye	$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	$17	No benefit
Photochromatic Lenses (Glass & Plastic)	$31-$82	No benefit
Scratch Resistant Coating	$17-$33	No benefit
Anti-Reflective Coating	$43-$85	No benefit
Ultraviolet Coating	$16	No benefit

**Lens Option member costs vary by prescription, option chosen and retail locations.*

Diabetic Eyecare Plus Program*

Eye Exam	Covered in Full after $20 Copay	NA
Special Ophthalmological Services	Covered in full	NA

**Available to cover people who have been diagnosed with type 1 or 2 diabetes and specific ophthalmological conditions.*

Monthly Rates

Employee Only (EE)	$7.84
EE + Spouse	$15.68
EE + Children	$16.76
EE + Spouse & Children	$26.76

Hays CISD

Eye Care Highlight Sheet

Ameritas

High Vision Plan Summary **Effective Date: 9/1/2025**

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	$10 Exam	$10 Exam
	$20 Eye Glass Lenses or Frames*	$20 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to $45
Retinal Screening	$39	NA
Lenses (per pair)		
Single Vision	Covered in full	Up to $30
Bifocal	Covered in full	Up to $50
Trifocal	Covered in full	Up to $65
Lenticular	Covered in full	Up to $100
Progressive	Covered in full	NA
Contacts		
Fit & Follow Up Exams	Member cost up to $60	No benefit
Elective	Up to $170	Up to $145
Medically Necessary	Covered in full	Up to $210
Frame Allowance	$170**	Up to $70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

Deductible applies to a complete pair of glasses or to frames, whichever is selected. **The Costco and Walmart allowance will be the wholesale equivalent.* ***This plan Includes 2 pairs of glasses; or one pair of glasses and one contact allowance; or 2 contact allowances in same year***

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Covered in full	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full	No benefit
Solid Plastic Dye	$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	$17	No benefit
Photochromatic Lenses (Glass & Plastic)	Covered in full	No benefit
Scratch Resistant Coating	$17-$33	No benefit
Anti-Reflective Coating	$43-$85	No benefit
Ultraviolet Coating	$16	No benefit

**Lens Option member costs vary by prescription, option chosen and retail locations.*

Diabetic Eyecare Plus Program*

Eye Exam	Covered in Full after $20 Copay	NA
Special Ophthalmological Services	Covered in full	NA

**Available to covered people who have been diagnosed with type 1 or 2 diabetes and specific ophthalmological conditions.*

Monthly Rates

Employee Only (EE)	$10.40
EE + Spouse	$20.80
EE + Children	$22.24
EE + Spouse & Children	$35.56

LEARN MORE

Flexible Spending Accounts

First Financial Administrators, Inc. | www.ffga.com
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2026 is $3,400.

Medical FSA Highlights

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include the date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient's name.

Dependent Care FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like childcare, babysitters, and adult day care.

You may allocate up to $7,500 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is $3,750.

Dependent Care FSA Highlights

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

LEARN MORE

Health Savings Account

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

Health Savings Account Highlights

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

Who Can Participate in an HSA?

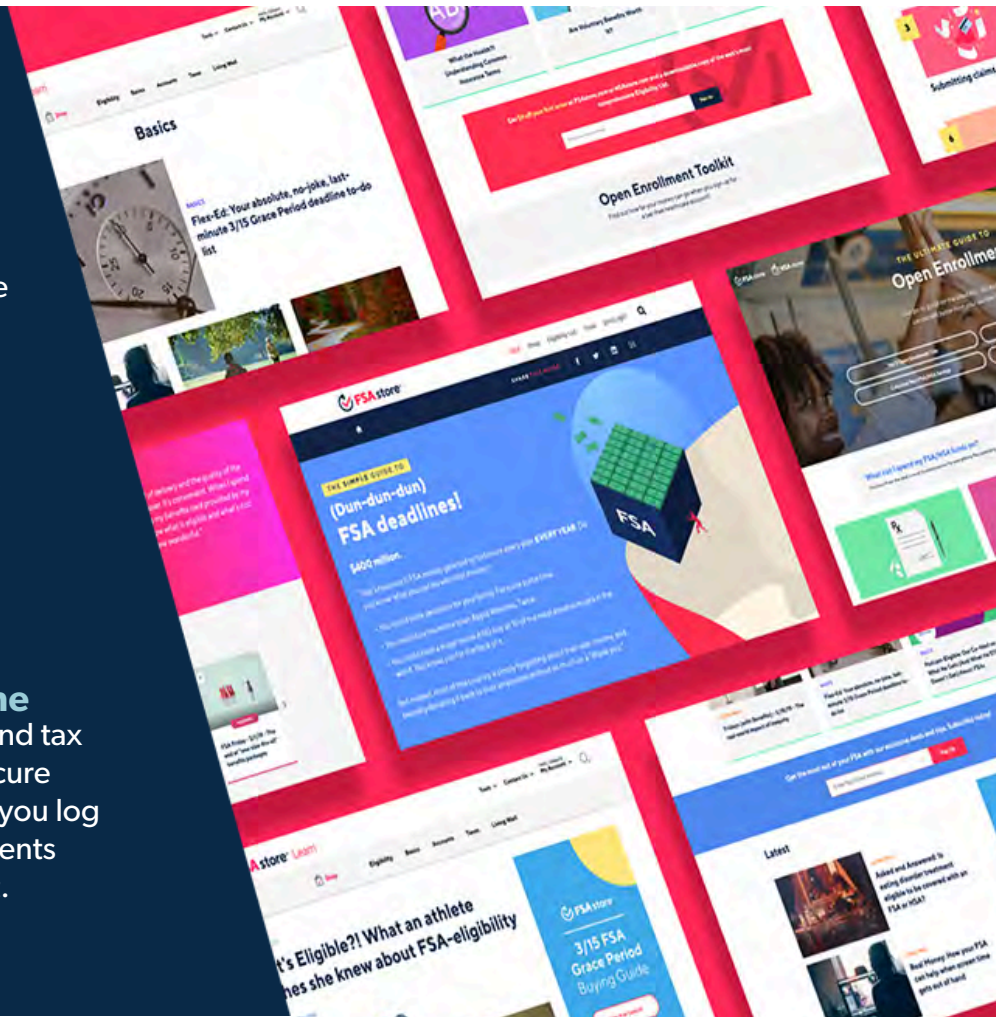
- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general purpose FSA or HRA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person's tax return.

	2026
HSA Contribution Limits	• Self Only: $4,400 • Family: $8,750
Health Insurance Deductible Limits	• Self Only: $1,700 • Family: $3,400
$1,000 catch-up contributions (age 55 or older)	

FSA & HSA Resources

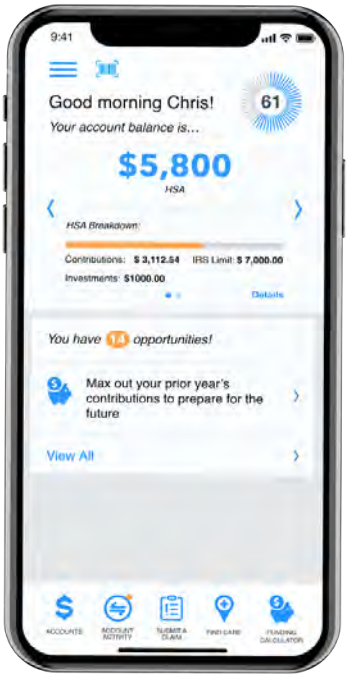
Benefits Card

The FFGA Benefits Card is available to all employees that participate in a Flexible Spending Account or Health Savings Account. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.



View Your Account Details Online

Sign up to view your account balance, find tax forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account.



FF Mobile Account App

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App Store or Google Play Store.

FSA/HSA Store

FFGA has partnered with the FSA Store and HSA Store to bring you easy-to-use online stores to better understand and manage your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the stores at http://www.ffga.com/individuals/#stores for more details and special deals.

FSA store®
Everything Flex Spending.

HSA store®
Health Saving, Simplified.

Term Life & AD&D

Employer-Paid & Voluntary

LEARN MORE

UNUM | www.unum.com | 866-679-3054

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a $10,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.

Texas Life

Permanent Life

LEARN MORE

Texas Life | www.texaslife.com | 800-283-9233

Texas Life Insurance - Permanent, Portable Life Insurance

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

Texas Life - Permanent Life Highlights

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.

Rates can be viewed on the EBC by clicking the "Learn More" button at the top.

MONTHLY NON-TOBACCO PREMIUMS
EMPLOYEE & SPOUSE *with Accidental Death & Chronic Illness Riders*

TEXASLIFE INSURANCE COMPANY

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	$25,000	$50,000	
15D-1	9.25	16.25	81
2-4	9.50	16.75	80
5-8	9.75	17.25	79
9-10	10.00	17.75	79
11-16	10.25	18.25	77
17-20	12.25	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	75

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".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

Indicates Spouse Coverage Available

23M014-C-M FFGA-NT 1012 (exp0325)

MONTHLY TOBACCO PREMIUMS
EMPLOYEE & SPOUSE *with Accidental Death & Chronic Illness Riders*

TEXASLIFE INSURANCE COMPANY

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages) $10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									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".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	$25,000	$50,000	
17-20	17.25	32.25	71
21-22	18.00	33.75	71
23	18.75	35.25	72
24-25	19.25	36.25	71
26	19.75	37.25	72

Indicates Spouse Coverage Available

Long Term Care Insurance

The Standard | www.standard.com | 800-521-3535

To fully equip yourself for the future, consider adding a long term care plan to your insurance portfolio. Most health insurance plans will not cover long term care services such as skilled in-home care, nursing home facilities, assisted living centers or adult day care. If you had a long term care insurance plan in place, you would have peace of mind knowing that these costs are covered.

A long term care insurance plan is there for you whenever you need it as long as the premiums are paid and the policy is still in force. And while we usually think of senior citizens being the ones who need a long term care plan, the truth is that any person at any age can claim benefits when it's necessary.

A long term care plan allows your loved ones to be there for you as a family member, not a caretaker. Plus, it helps preserve your assets so you can continue building your nest egg. Benefits are paid through payroll deduction, and the plan may be converted to an individual policy if you leave your employer.

Sit down with your FFGA Account Manager to discuss your group long-term care plan and choose the coverage the works best for you and your family.

Executive Summary

When we think of product innovation, the mind often goes to engineering or technology - a folding laptop or self-driving car, perhaps. But what if we are talking about innovating life insurance?

The old life insurance policies our parents kept in a dusty bottom drawer have undergone a major transformation. While policies are still meant to provide for a beneficiary when the policyholder dies, the industry has adapted to accommodate a longer-living society. In fact, the life expectancy of Americans has increased by nearly 30 years since 1900.[1]

With a longer life comes an increased possibility of things that go with being alive, namely injuries—falls and breaks—as well as a variety of potential illnesses. For older people, some of these conditions may last months or even years.

When this happens, long-term care services may become necessary not just for medical and rehabilitation purposes, but also to complete simple daily tasks like bathing, dressing and eating.

7 in 10 adults turning 65 will need some form of long-term care services in their lifetime.

-HHS.gov

A common response is, “That won’t be me!” But the fact is, about 7 in 10 adults turning 65 will need some form of long-term care services in their lifetime, according to the U.S. Department of Health and Human Services.[3]

Depending on the type of care received, the cost for these services often runs in the thousands of dollars per month. Combine these costs with other out-of-pocket medical expenses and daily living costs and it becomes clear that long-term care can be financially devastating without the proper preparation.

Thanks to an innovation in life insurance, coverage can now help to pay for the costs associated with long-term care. With combination life insurance, preparing to pay for long-term care becomes a little easier.

Most Common Long-Term Care Claims[2]

Dementia/Alzheimer’s Disease

Stroke

Arthritis/Bone & Joint Issues

Circulatory Problems

Cancer

What Are Long-Term Care Services?

Long-term care services are designed to meet the health or personal care needs of a person either for a short time or an extended time. For some, the purpose is to help maintain independence. For those with more serious conditions, the purpose is to live safely when they can no longer perform certain tasks on their own.[4]

These tasks are referred to as Activities of Daily Living (ADLs). They include:

- **Transferring** – the ability to change locations independently
- **Eating** – the ability to feed oneself (not including food preparation)
- **Dressing** – the ability to put clothes on and take them off
- **Bathing** – the ability to wash oneself
- **Continence** – the ability to control one's bladder and bowel functions
- **Toileting** – the ability to get to and from the toilet and perform related personal hygiene

It is important to note that needing help and qualifying for long-term care are not the same thing. To qualify under most insurance providers, a person must need hands-on assistance with at least two ADLs, as certified by a health care professional.

Long-term care services can be performed in a variety of places:


Private Home


Adult Day Care


Assisted Living Facility


Nursing Home

Who Needs Long-Term Care Services?

Though about 70% of Americans will need long-term care services in their lifetime,[3] there is no way to know who they will be.

According to the National Institute on Aging, there are some risk factors that increase the odds of requiring long-term care services.[4]

- **Being older** – the need generally increases as people age
- **Being a woman** – females are more likely to require long-term care services than men, primarily because they tend to live longer
- **Being single** – unmarried individuals are more likely than married people to receive care from a paid provider
- **Having poor diet and exercise habits** – unhealthy lifestyle habits can increase a person's risk
- **Through hereditary traits** – family history of certain conditions can affect risk

How Much Do Long-Term Care Services Cost?

The cost of long-term care services depends on the level of care needed and the type of care provided. This can vary from a home-health aide visiting a person's home a few hours a day to a room in a private nursing home and every possible situation in between. The cost generally corresponds with the level of care provided.

Average Cost of Long-Term Care (per month) [5,6]:

Private Home
$4,576

Adult Day Care
$1,473

Assisted Living Facility
$4,300

Nursing Home
$6,844+

Unsurprisingly, the more intensive the care provided, the more expensive the services.

According to the American Association of Retired Persons (AARP), 90% of older adults opt for in-home care so they can "age in place."[7] In other words, people generally prefer to receive care in the comfort of their own home if their condition allows. In fact, SeniorLiving.org reports that many seniors enjoy a better quality of life with in-home care and have up to 50% fewer doctor visits annually.[8]

However, costs can quickly mount even with the most affordable care, with medication copays, physical therapy, home modifications and equipment, and daily living expenses like utilities and food all contributing to the cost of care.

At the end of the day, obtaining long-term care can cost tens of thousands of dollars each year, leading to considerable stress and possibly even bankruptcy.

Nearly 4 in 10 Americans are worried about affording long-term care services if they become unable to take care of themselves.[9]

-LIMRA

By being financially prepared now, you may be able to prevent crippling financial hardship later. The reality is that those who have not allotted any money to pay for long-term care may have unintentionally allotted all of their money to pay for long-term care.[9]

Long-Term Care Coverage Comparison

Though most Americans will need long-term care services in their lifetime, Life Insurance Marketing and Research Association (LIMRA) estimates that less than 10% of Americans own long-term care coverage.[9]

There are two types of insurance coverage to pay for long-term care:

1. **Long-term care insurance**: A person purchases a policy. Should they need long-term care services and qualify for coverage benefits, they may submit a claim and receive a benefit specifically to pay for services received. If they never need or qualify for long-term care coverage benefits, the policy terminates when they stop paying or pass away. This type of coverage is also referred to as "pure" long-term care insurance.

2. **Combination life insurance**: A person purchases a policy with an accelerated death benefit option. Should they need long-term care services and qualify for coverage benefits, they may submit a claim and receive some or all of their policy's death benefit amount, which can be used to pay for long-term care services or any other related costs.

   If they never need long-term care, their beneficiaries can still receive the death benefit when the covered person passes away. Also, the policy can build a cash value that the owner may access should they experience a financial emergency.

Life Events	Long-Term Care Insurance	Combination Life Insurance
Insured becomes chronically ill	They file a claim, and if they qualify for coverage benefits, they begin to receive a monthly payment to help pay for the cost of care.	They file a claim, and if they qualify for coverage benefits, they begin to receive a monthly payment as an acceleration of their death benefit that may be used to help pay for the cost of care.
Insured dies	The policy terminates and all funds are lost.	Beneficiaries may receive a lump-sum cash payment that may be used to help pay funeral and final expenses.
Insured has an urgent need for funds	They must dig into savings. Long-term care insurance generally does not build cash value and the benefit cannot be accessed for cash.	They may be able to withdraw funds from the policy's cash balance or borrow against it to help cover those costs.
Other Features	▪ May have strict underwriting restrictions ▪ Generally more expensive, especially if enrolled as an individual policy ▪ Potentially subject to rate increases ▪ Possible spending limited to approved costs	▪ Generally easier to qualify for; may require a short questionnaire ▪ Potentially more affordable, especially if enrolled as a group policy ▪ Rates are typically fixed ▪ Spending not limited

Disability Insurance

LEARN MORE

UNUM | www.unum.com | 866-679-3054

Why do I need disability insurance?

Have you ever wondered what would happen to your income if you were accidentally injured, became ill, or became pregnant? That's why you need disability coverage. It replaces a portion of your income for the time you are unable to work for those reasons. You can choose the benefit amount, which is the amount of your income to be replaced, and the "waiting period" after which you begin receiving payments.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave does he/she have?
- Do you have savings?
- How many other sources of income can you rely on, such as spousal or child support orders?
- How much time do you have left before retirement?
- Can you apply for Social Security Disability or Disability Retirement benefits?
- What are your other sources of income?

You can purchase coverage that will pay you a fixed monthly benefit in dollars in increments of $100 between $200 and $15,000 that cannot exceed 66 2/3% of your gross monthly income (your income before taxes).

HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Costs Effective as of September 1, 2023

*Costs below are based on a **Monthly** payroll deduction*

*(Employer billing mode is based on **12 Payments** per year)*

Product: Educator Select Income Protection Plan			**PlanA**				
			SS ADEA **Duration of Benefits**				
			Elimination Period (Days)				
		Injury (Days)	14*	30*	60	90	180
		Sickness (Days)	14*	30*	60	90	180
Annual Earnings	**Monthly Earnings**	**Maximum Monthly Benefit**					
3600	300	**200**	$5.40	$3.46	$2.98	$1.60	$1.10
5400	450	**300**	$8.10	$5.19	$4.47	$2.40	$1.65
7200	600	**400**	$10.80	$6.92	$5.96	$3.20	$2.20
9000	750	**500**	$13.50	$8.65	$7.45	$4.00	$2.75
1080 0	900	**600**	$16.20	$10.38	$8.94	$4.80	$3.30
1260 0	1050	**700**	$18.90	$12.11	$10 .43	$5.60	$3.85
1440 0	1200	**800**	$21.60	$13.84	$11 .92	$6.40	$4.40
1620 0	1350	**900**	$24.30	$15.57	$13 .41	$7.20	$4.95
1800 0	1500	**1000**	$27.00	$17.30	$14 .90	$8.00	$5.50
1980 0	1650	**1100**	$29.70	$19.03	$16 .39	$8.80	$6.05
2160 0	1800	**1200**	$32.40	$20.76	$17 .88	$9.60	$6.60
2340 0	1950	**1300**	$35.10	$22.49	$19 .37	$10 .40	$7.15
2520 0	2100	**1400**	$37.80	$24.22	$20 .86	$11 .20	$7.70
2700 0	2250	**1500**	$40.50	$25.95	$22 .35	$12 .00	$8.25
2880 0	2400	**1600**	$43.20	$27.68	$23 .84	$12 .80	$8.80
3060 0	2550	**1700**	$45.90	$29.41	$25 .33	$13 .60	$9.35
3240 0	2700	**1800**	$48.60	$31.14	$26 .82	$14 .40	$9.90
3420 0	2850	**1900**	$51.30	$32.87	$28 .31	$15 .20	$10.45
3600 0	3000	**2000**	$54.00	$34.60	$29 .80	$16 .00	$11.00
3780 0	3150	**2100**	$56.70	$36.33	$31 .29	$16 .80	$11.55
3960 0	3300	**2200**	$59.40	$38.06	$32 .78	$17 .60	$12.10
4140 0	3450	**2300**	$62.10	$39.79	$34 .27	$18 .40	$12.65
4320 0	3600	**2400**	$64.80	$41.52	$35 .76	$19 .20	$13.20
4500 0	3750	**2500**	$67.50	$43.25	$37 .25	$20 .00	$13.75
4680 0	3900	**2600**	$70.20	$44.98	$38 .74	$20 .80	$14.30
4860 0	4050	**2700**	$72.90	$46.71	$40 .23	$21 .60	$14.85
5040 0	4200	**2800**	$75.60	$48.44	$41 .72	$22 .40	$15.40
5220 0	4350	**2900**	$78.30	$50.17	$43 .21	$23 .20	$15.95
5400 0	4500	**3000**	$81.00	$51.90	$44 .70	$24 .00	$16.50
5580 0	4650	**3100**	$83.70	$53.63	$46 .19	$24 .80	$17.05
5760 0	4800	**3200**	$86.40	$55.36	$47 .68	$25 .60	$17.60
5940 0	4950	**3300**	$89.10	$57.09	$49 .17	$26 .40	$18.15
6120 0	5100	**3400**	$91.80	$58.82	$50 .66	$27 .20	$18.70
6300 0	5250	**3500**	$94.50	$60.55	$52 .15	$28 .00	$19.25
6480 0	5400	**3600**	$97.20	$62.28	$53 .64	$28 .80	$19.80
6660 0	5550	**3700**	$99.90	$64.01	$55 .13	$29 .60	$20.35
6840 0	5700	**3800**	$102.60	$65.74	$56 .62	$30 .40	$20.90
7020 0	5850	**3900**	$105.30	$67.47	$58 .11	$31 .20	$21.45
7200 0	6000	**4000**	$108.00	$69.20	$59 .60	$32 .00	$22.00
7380 0	6150	**4100**	$110.70	$70.93	$61 .09	$32 .80	$22.55
7560 0	6300	**4200**	$113.40	$72.66	$62 .58	$33 .60	$23.10
7740 0	6450	**4300**	$116.10	$74.39	$64 .07	$34 .40	$23.65
7920 0	6600	**4400**	$118.80	$76.12	$65 .56	$35 .20	$24.20
8100 0	6750	**4500**	$121.50	$77.85	$67 .05	$36 .00	$24.75
8280 0	6900	**4600**	$124.20	$79.58	$68 .54	$36 .80	$25.30
8460 0	7050	**4700**	$126.90	$81.31	$70 .03	$37 .60	$25.85
8640 0	7200	**4800**	$129.60	$83.04	$71 .52	$38 .40	$26.40
8820 0	7350	**4900**	$132.30	$84.77	$73 .01	$39 .20	$26.95
9000 0	7500	**5000**	$135.00	$86.50	$74 .50	$40 .00	$27.50
9180 0	7650	**5100**	$137.70	$88.23	$75 .99	$40 .80	$28.05
9360 0	7800	**5200**	$140.40	$89.96	$77 .48	$41 .60	$28.60

REF #: 6113003

If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.

Find your Annual/Monthly Earnings above to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit

HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Costs Effective as of September 1, 2023

*Costs below are based on a **Monthly** payroll deduction*

*(Employer billing mode is basedon**12 Payments**peryear)*

Product: Educator Select Income Protection Plan			**Plan A** SS ADEA **Duration of Benefits**				
			Elimination Period (Days)				
		Injury (Days)	14*	30*	60	90	180
		Sickness (Days)	14*	30*	60	90	180
Annual Earnings	**Monthly Earnings**	**Maximum Monthly Benefit**					
9540 0	7950	**5300**	$143.10	$91.69	$78.97	$42.40	$29.15
9720 0	8100	**5400**	$145.80	$93.42	$80.46	$43.20	$29.70
9900 0	8250	**5500**	$148.50	$95.15	$81.95	$44.00	$30.25
1008 00	8400	**5600**	$151.20	$96.88	$83.44	$44.80	$30.80
1026 00	8550	**5700**	$153.90	$98.61	$84.93	$45.60	$31.35
1044 00	8700	**5800**	$156.60	$100.34	$86.42	$46.40	$31.90
1062 00	8850	**5900**	$159.30	$102.07	$87.91	$47.20	$32.45
1080 00	9000	**6000**	$162.00	$103.80	$89.40	$48.00	$33.00
1098 00	9150	**6100**	$164.70	$105.53	$90.89	$48.80	$33.55
1116 00	9300	**6200**	$167.40	$107.26	$92.38	$49.60	$34.10
1134 00	9450	**6300**	$170.10	$108.99	$93.87	$50.40	$34.65
1152 00	9600	**6400**	$172.80	$110.72	$95.36	$51.20	$35.20
1170 00	9750	**6500**	$175.50	$112.45	$96.85	$52.00	$35.75
1188 00	9900	**6600**	$178.20	$114.18	$98.34	$52.80	$36.30
1206 00	1005 0	**6700**	$180.90	$115.91	$99.83	$53.60	$36.85
1224 00	1020 0	**6800**	$183.60	$117.64	$101.32	$54.40	$37.40
1242 00	1035 0	**6900**	$186.30	$119.37	$102.81	$55.20	$37.95
1260 00	1050 0	**7000**	$189.00	$121.10	$104.30	$56.00	$38.50
1278 00	1065 0	**7100**	$191.70	$122.83	$105.79	$56.80	$39.05
1296 00	1080 0	**7200**	$194.40	$124.56	$107.28	$57.60	$39.60
1314 00	1095 0	**7300**	$197.10	$126.29	$108.77	$58.40	$40.15
1332 00	1110 0	**7400**	$199.80	$128.02	$110.26	$59.20	$40.70
1350 00	1125 0	**7500**	$202.50	$129.75	$111.75	$60.00	$41.25
1368 00	1140 0	**7600**	$205.20	$131.48	$113.24	$60.80	$41.80
1386 00	1155 0	**7700**	$207.90	$133.21	$114.73	$61.60	$42.35
1404 00	1170 0	**7800**	$210.60	$134.94	$116.22	$62.40	$42.90
1422 00	1185 0	**7900**	$213.30	$136.67	$117.71	$63.20	$43.45
1440 00	1200 0	**8000**	$216.00	$138.40	$119.20	$64.00	$44.00

REF #: 6113003

**** If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.***

Find your Annual/Monthly Earnings above to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit

Cancer Insurance

Plan Options

LEARN MORE

American Fidelity | www.americanfidelity.com | 800-654-8489

Thousands of Americans are diagnosed with cancer each day. No doubt, the news is devastating, both personally and financially. It's impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a cancer insurance plan.

It is likely that your major medical coverage will not cover all the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.

Cancer Insurance		
Monthly Premium	**Enhanced**	**Basic**
Employee	$24.26	$15.80
Employee + Family	$41.26	$26.86

Plan Benefit Highlights

BENEFITS	BASIC	ENHANCED
Radiation Therapy/Chemotherapy/ Immunotherapy Actual charges per 12 month period	$10,000	$15,000
Administrative/Lab Work Per calendar month	$50	$75
Hormone Therapy Per treatment per calendar month up to a max of 12 per calendar year	$50	$50
Experimental Treatment	Paid in the same manner and under the same maximums as any other treatment	
Blood, Plasma, and Platelets **Basic:** Per day, up to $10,000 per calendar year **Enhanced:** Per day, up to $15,000 per calendar year	$200	$300
Medical Imaging Per image up to 2 per calendar year	$200	$300
Surgical	$20 surgical unit/Max per operation: $2,000	$30 surgical unit/ Max per operation: $3,000
Anesthesia	25% of the amount paid for covered surgery	
Second and Third Surgical Opinion Per diagnosis	$300	$300
Outpatient Hospital or Ambulatory Surgical Center Per day of surgery	$200	$400
Bone Marrow or Stem Cell Transplant **Patient Provided** Per calendar year **Donor Provided** Per calendar year	$500 $1,500	$1,000 $3,000
Prosthesis and Orthotic and Related Services	$1,000	$1,500
Surgical 1 per site, lifetime max of 2 devices per covered person	$100	$150
Non-surgical 1 per site, lifetime max of 3 devices per covered person	$100	$150
Hair Prosthesis Once per life		
Hospital Confinement Per day **Day 1-30** **Day 31+**	$100 $200	$200 $400
U.S. Government/Charity Hospital Paid in lieu of most benefits per day Inpatient and outpatient	$100	$200
Extended Care Facility Per day, up to the same number of days of paid hospital confinement	$100	$200
Home Health Care Per day, up to the same number of days of paid hospital confinement	$100	$200
Hospice Care **Basic:** Per day, up to $18,000 lifetime max **Enhanced:** Per day, up to $36,000 lifetime max	$100	$200
Inpatient Special Nursing Services Per day	$100	$200

BENEFITS	BASIC	ENHANCED
Dread Disease Per day while hospital confined **Day 1-30** **Day 31+**	$100 $200	$200 $400
Donor	$1,000/donation	
Drugs and Medicine **Inpatient** Per confinement **Outpatient** $50 per prescription up to maximum shown per calendar month	$50 $50	$100 $50
Attending Physician While hospital confined, per day	$50	$50
Transportation & Lodging (Patient & Family Member) **Transportation** $1,500 max per round trip, max 12 trips per calendar year	Coach fare or $.50/ mile by car	Coach fare or $.50/ mile by car
Lodging Per day, up to 90 days per calendar year	$50	$50
Ambulance **Ground** Per trip, up to 2 per confinement **Air** Per trip, up to 2 per confinement	$200 $2,000	$200 $2,000
Physical or Speech Therapy Per visit, up to 4 per calendar month, lifetime max of $1,000.	$50	$50
Diagnostic and Prevention One per calendar year	$25	$50
Cancer Screening Follow-Up One per calendar year	$25	$50
Waiver of Premium Employee only	After 90 days of continuous disability	
Internal Cancer Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	$2,500	$5,000
Hospital Intensive Care Unit Per day, up to 30 days per confinement; benefits reduced 50% at age 70	$600	
Ambulance	$100	

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to the following pages for more complete descriptions and limits to this plan.

MONTHLY PREMIUMS	BASIC	ENHANCED
Individual	$15.80	$24.26
Family	$26.86	$41.26

The premium and benefit amounts vary depending upon the plan selected.

Critical Illness Insurance

LEARN MORE

Aetna| www.myaetnasupplemental.com | 800-607-3366

Prepare For the Unexpected

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.

Rates can be viewed on the EBC by clicking the "Learn More" button at the top.

BENEFIT SUMMARY

Hays Consolidated ISD
803090
Aetna Critical Illness Plan

THIS IS NOT A MEDICARE SUPPLEMENT (MEDIGAP) PLAN. If you are or will become eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available at www.medicare.gov.

Insurance plans are underwritten by Aetna Life Insurance Company.

The benefits in the table below will be paid when you are diagnosed with a covered Critical Illness. Unless otherwise indicated, all benefits and limitations are per covered person.

Face Amounts

Covered Benefit	Amount
Employee face amount	$10,000 $20,000 $30,000
Spouse face amount	100% of EE face amount
Spouse benefit amount	100% of EE benefit amount
Child(ren) face amount	100% of EE face amount
Child(ren) benefit amount	100% of EE benefit amount

Critical Illness Benefits – Autoimmune

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Addison's disease (adrenal hypofunction) Pays a benefit when you are diagnosed with Addison's disease (adrenal hypofunction) by a physician. This does not include adrenal insufficiency resulting from prolonged corticosteroid treatment.	25%
Lupus Pays a benefit when you are diagnosed with Lupus by a physician.	25%
Multiple sclerosis Pays a benefit when you are diagnosed with Multiple sclerosis by a physician.	25%
Myasthenia Gravis Pays a benefit when you are diagnosed with Myasthenia gravis by a physician.	25%

Critical Illness Benefits – Childhood Condition

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Cerebral palsy Pays a benefit when you are diagnosed with Cerebral palsy by a physician. Diagnosis must be made before the insured child reaches the age of 5. Other similar conditions that can be outgrown, are not included in this definition.	100%
Cleft lip or cleft palate Pays a benefit when you are diagnosed with a Cleft Lip or Cleft Palate after live birth by a physician.	100%
Congenital heart defect Pays a benefit when you are diagnosed with Congenital heart defect by a physician.	100%
Cystic fibrosis Pays a benefit when you are diagnosed with Cystic fibrosis by a physician. The diagnosis must be confirmed with sweat chloride concentrations greater than 60 mmol/L.	100%
Down syndrome Pays a benefit when you are diagnosed with Down Syndrome, the first date after live birth and based on the physician's study of the 21st chromosome revealing trisomy 21, translocation, or mosaicism.	100%
Sickle cell anemia Pays a benefit when you are diagnosed with Sickle cell anemia by a physician.	100%
Spina bifida Pays a benefit when you are diagnosed with Spina bifida by a specialist physician and must be associated with neurologic symptoms including motor impairment. Spina bifida does not include spina bifida occulta.	100%

Critical Illness Benefits - Chronic Condition

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Primary sclerosing cholangitis (PSC) Pays a benefit when you are diagnosed with Primary sclerosing cholangitis (PSC), also known as "Walter Payton's disease" by a physician.	25%
Systemic sclerosis (scleroderma) Pays a benefit when you are diagnosed with Systemic sclerosis (scleroderma) by a physician.	25%

Critical Illness Benefits - Infectious Disease

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Cholera Pays a benefit when you are diagnosed with Cholera by a physician.	25%
Coronavirus "Pays a benefit when you are diagnosed with Coronavirus. Coronaviruses (CoV) are a large family of viruses that cause illness in people such as: • CoV or SARS-CoV-1 is the coronavirus that causes severe acute respiratory syndrome (SARS). • SARS-CoV-2 is the coronavirus that causes COVID-19. • MERS-CoV is the coronavirus that causes Middle East Respiratory Syndrome (MERS). MIS-C and MIS-A are associated with the COVID-19 coronavirus strain. You must have a stay in a hospital, rehabilitation unit, or skilled nursing facility for at least 5 consecutive days."	100%
Creutzfeldt-Jakob disease Pays a benefit when you are diagnosed with Creutzfeldt-Jakob disease (CJD). You must have a stay in a hospital, rehabilitation unit, or skilled nursing facility for at least 5 consecutive days.	25%
Diphtheria Pays a benefit when you are diagnosed with Diphtheria by a physician.	25%
Ebola Pays a benefit when you are diagnosed with Ebola. You must have a stay in a hospital, rehabilitation unit, or skilled nursing facility for at least 5 consecutive days.	25%
Encephalitis Pays a benefit when you are diagnosed with Encephalitis by a physician. Encephalitis does not include encephalitis resulting from any human immuno-deficiency virus (HIV) infection or other ancillary infections resulting from the HIV infection.	25%
Hepatitis - occupational Pays a benefit when you are diagnosed with Occupational hepatitis B, C, or D resulting from accidental exposure by contaminated body fluids.	25%
Human immunodeficiency virus (HIV) - occupational Pays a benefit when you are diagnosed with Occupational Human immunodeficiency virus (HIV). HIV means the presence of HIV or antibodies to the HIV virus which is caused by an accidental needle stick or sharp injury or by mucous membrane exposure to blood or bloodstained bodily fluid.	25%
Legionnaire's disease Pays a benefit when you are diagnosed with Legionnaire's disease by a physician.	25%
Lyme disease Pays a benefit when you are diagnosed with Lyme Disease by a physician.	25%
Malaria Pays a benefit when you are diagnosed with Malaria by a physician.	25%
Meningitis - Bacterial , Viral , Fungal , Parasitic , Amebic Pays a benefit when you are diagnosed with Bacterial meningitis by a physician.	25%

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Methicillin-resistant staphylococcus aureus (MRSA) Pays a benefit when you are diagnosed with Methicillin-resistant staphylococcus aureus (MRSA) by a physician.	25%
Necrotizing fasciitis Pays a benefit when you are diagnosed with Necrotizing fasciitis, commonly known as flesh-eating disease or flesh-eating bacteria syndrome, and requiring a surgical procedure to be performed by a physician.	25%
Osteomyelitis Pays a benefit when you are diagnosed with Osteomyelitis by a physician.	25%
Pneumonia - Bacterial , Viral Pays a benefit if you are diagnosed with bacterial or viral pneumonia. You must have a stay in a hospital, rehabilitation unit, or skilled nursing facility for at least 5 consecutive days.	25%
Poliomyelitis Pays a benefit when you are diagnosed with Poliomyelitis resulting from poliovirus type 1, 2, or 3 that is characterized by fever, paralysis and atrophy of skeletal muscles by a physician.	25%
Rabies Pays a benefit when you are diagnosed with Rabies by a physician.	25%
Rocky mountain spotted fever (RMSF) Pays a benefit when you are diagnosed with Rocky mountain spotted fever (RMSF) by a physician.	25%
Septic shock including severe sepsis Pays a benefit if you are diagnosed with septic shock and sepsis. You must have a stay in a hospital, rehabilitation unit, or skilled nursing facility for at least 5 consecutive days	25%
Tetanus Pays a benefit when you are diagnosed with Tetanus by a physician.	25%
Tuberculosis (TB) Pays a benefit when you are diagnosed with Tuberculosis (TB) by a physician.	25%
Tularemia Pays a benefit when diagnosed with Tularemia (sometimes called rabbit fever) by a physician.	25%
Typhoid Fever Pays a benefit when you are diagnosed with Typhoid fever by a physician.	25%
Variant influenza virus (swine flu in humans) Pays a benefit when you are diagnosed with Varient influenza virus by a physician.	25%
Maximum infectious disease diagnosis per plan year	*1*

Note: the following infectious disease benefits require a hospital stay of at least five days: Coronavirus, Creutzfeldt-Jakob disease, Ebola, Septic shock and severe sepsis, Tularemia, Variant influenza virus (swine flu in humans).

Critical Illness Benefits – Neurological (Brain)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Amyotrophic lateral sclerosis (ALS) Pays a benefit when you are diagnosed with Advanced amyotrophic lateral sclerosis (ALS), also known as "Lou Gehrig's disease" by a physician. ALS does not include other motor neuron diseases. This disease is characterized by the progressive degeneration of motor neurons, shown by permanent neurological defect with persisting clinical signs and symptoms such as the inability to perform 3 or more activities of daily living, and or the need for either a feeding tube or non-invasive ventilation.	25%
Alzheimer's disease Pays a benefit when you are diagnosed with Alzheimer's disease, diagnosis of the disease by a psychiatrist or neurologist. You must have the inability to independently perform 3 or more of the activities of daily living.	100%
Benign brain tumor including spinal cord tumor Pays a benefit when you are diagnosed with a Benign brain tumor by a physician.	100%
Coma (non-induced) Pays a benefit when you are diagnosed with Coma, characterized by the absence of eye opening, verbal response and motor response, and the individual requires intubation for respiratory assistance (a medically induced coma is not covered). The Coma must last for a period of 14 or more consecutive days.	100%
Huntington's disease Pays a benefit when you are diagnosed with Huntington's Disease by a physician.	25%
Parkinson's disease Pays a benefit when you are diagnosed with Parkinson's disease by a psychiatrist or neurologist.	25%
Persistent vegetative state (PVS) Pays a benefit when diagnosed with Persistent vegetative state (PVS) by a physician.	100%
Stroke Pays a benefit when you are diagnosed with a Stroke resulting in paralysis or other measurable objective neurological defect persisting for more than 24 hours.	100%
Transient ischemic attack (TIA) Pays a benefit when you are diagnosed with Transient ischemic attack (TIA) by a physician. TIA does not include a stroke.	25%
Maximum per lifetime	*1*

Critical Illness Benefits – Other

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
End-stage renal or kidney failure Pays a benefit when you are diagnosed with End stage renal or kidney failure, and the insured person has to undergo regular hemodialysis or peritoneal dialysis at least weekly or your physician determines that complete replacement of the entire organ is necessary, and you are placed on a national transplant list, such as UNOS (United Network for Organ Sharing).	100%
Loss of hearing Pays a benefit when you are diagnosed with Loss of hearing in both ears that cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing has to continue for a period of 90 consecutive days.	100%
Loss of sight (blindness) Pays a benefit when you are diagnosed with Loss of sight (blindness) that is total and irrecoverable loss of sight in both eyes. Loss of sight (blindness), has to continue for a period of 90 consecutive days.	100%
Loss of speech Pays a benefit when you are diagnosed with Loss of speech that cannot be corrected to any functional degree by any procedure, aid or device. Loss of speech has to continue for a period of 90 consecutive days.	100%
Major organ failure Pays a benefit when you are diagnosed with a Major organ failure of the heart, liver, lung(s), or pancreas resulting in the insured person being placed on the UNOS (United Network for Organ Sharing) list for a transplant.	100%
Muscular Dystrophy Pays a benefit when you are diagnosed with Muscular dystrophy by a physician.	25%
Paralysis Pays a benefit when you are diagnosed with any of the types of paralysis below, and your physician confirms the paralysis continued for a period of 60 consecutive days.	
Quadriplegia	100%
Triplegia	75%
Paraplegia	50%
Hemiplegia	50%
Diplegia	50%
Monoplegia	25%
Third-degree burns Pays a benefit when you are diagnosed with a Third degree burn that covers more than 10% of total body surface (also called full-thickness burn).	100%

Critical Illness Benefits – Vascular (Heart)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Coronary artery condition requiring bypass surgery Pays a benefit when you are diagnosed with a Coronary artery condition in which the patient is placed on a cardiac pulmonary bypass machine and a bypass graft is performed.	100%
Heart attack (myocardial infarction) Pays a benefit when you are diagnosed with a Heart attack (Myocardial Infarction) resulting from a blockage of one or more coronary arteries.	100%
Sudden cardiac arrest Pays a benefit when you are diagnosed with Sudden cardiac arrest by a physician. Sudden cardiac arrest does not include heart attack. The sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by, or contributed to by, a heart attack.	25%
Maximum per lifetime	*1*

Critical Illness Benefit Features

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Subsequent critical illness diagnosis	100%
Subsequent diagnosis of a different covered Critical Illness is payable at the original amount if it occurs after the previous date of diagnosis for which a benefit was paid, provided it has been at least the number of days specified below since the previous date.	
*Minimum days between diagnosis of different condition;** *No benefit payable if the subsequent diagnosis occurs within a timeframe that is less than the number of days specified*	*30 days*
Recurrence critical illness diagnosis If an insured person has been initially diagnosed with and received a benefit under this plan for a critical illness and then is diagnosed with the same critical illness again at the number of days specified in the minimum below or later, we will pay the stated percentage of the benefit as shown in the Schedule of Benefits for the recurring critical illness diagnosed.	100%
Minimum days between diagnosis of same condition; *No benefit payable if the recurrence occurs within a timeframe that is less than the number of days specified*	*180 days*

** The separation period is waived if the subsequent diagnosis is in a different benefit category. Benefit category is defined as either cancer or non-cancer benefits.*

Cancer Benefits

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Cancer (invasive) Pays a benefit when you are diagnosed with Cancer (invasive) that is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells.	100%
Carcinoma in situ (non-invasive) Pays a benefit when you are diagnosed with Carcinoma in situ that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue. Skin cancer will not be considered carcinoma in situ for purposes of this Certificate.	25%
Skin cancer Pays a benefit when you are diagnosed with Skin Cancer (melanoma of Clark's Level I or II Breslow less than .75mm); basal cell carcinoma; or squamous cell carcinoma of the skin. Skin cancer benefit provides coverage for invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic.	$1,000
Maximum per lifetime	*1*
Recurrence cancer (invasive) diagnosis If an insured person has been initially diagnosed with and received a benefit for cancer (invasive) under this plan and is then diagnosed with any kind of cancer (invasive) again at the number of days specified in the minimum below or later, we will pay the stated percentage of the Cancer Benefit for Cancer (invasive) as shown on the Schedule of Benefits for the cancer (invasive) diagnosed.	100%
*Minimum days between diagnosis of cancer (invasive);*** *No benefit payable if the recurrence occurs within a time frame less than the number of days specified*	*180 days*
Recurrence carcinoma in situ diagnosis If an insured person has been initially diagnosed with and received a benefit for carcinoma in situ (non-invasive) under this plan and is then diagnosed with any kind of carcinoma in situ (non-invasive) again at the number of days specified in the minimum below or later, we will pay the stated percentage of the carcinoma in situ (non-invasive) as shown on the Schedule of Benefits for the carcinoma in situ (non-invasive) diagnosed.	100%
*Minimum days between diagnosis of carcinoma in situ;*** *No benefit payable if the recurrence occurs within a time frame less than the number of days specified*	*180 days*

** For those members who were diagnosed with cancer prior to their effective date of coverage under the Aetna plan and then receive another cancer diagnosis (the first time) while covered under the Aetna plan, we will treat their diagnosis as an 'initial' diagnosis under the Aetna plan.*

*** In addition to the separation period, the insured person must be treatment free during the separation period. Treatment does not include maintenance drug therapy or routine follow-up visits to a physician to confirm the initial cancer or carcinoma in situ has not returned.*

Health Screening Rider

Covered Benefit	Benefit Amount
Health screening*	$50
Maximum per plan year	*1*

***Covered Health Screenings**

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Breast MRI
- Breast ultrasound
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Infectious disease testing
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is covered as an eligible health screening benefit

Hays Consolidated ISD **803090**

RATE SHEET

Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken.

Critical Illness Plan*

Youmayenrollinoneoptiononly.

Non – Tobacco Rates

Employee Face Amount: $10,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	$3.10	$5.83	$5.08	$8.65
30-39	$5.20	$10.45	$7.37	$12.75
40-49	$9.64	$17.78	$11.81	$21.98
50-59	$16.89	$33.86	$19.06	$36.55
60-69	$27.35	$56.17	$28.85	$58.86
70+	$27.35	$56.17	$28.85	$58.86

Employee Face Amount: $20,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	$5.01	$10.01	$8.91	$14.85
30-39	$9.51	$19.02	$13.42	$23.86
40-49	$18.30	$36.63	$22.20	$41.47
50-59	$32.66	$65.47	$36.57	$70.30
60-69	$54.71	$109.70	$57.95	$114.54
70+	$54.71	$109.70	$57.95	$114.54

Employee Face Amount: $30,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	$7.50	$14.55	$15.75	$22.50
30-39	$13.83	$27.75	$19.46	$34.64
40-49	$26.96	$53.35	$32.60	$58.10
50-59	$48.44	$94.75	$54.07	$104.06
60-69	$81.42	$163.24	$86.95	$170.22
70+	$81.42	$163.24	$86.95	$170.22

Tobacco Rates

Employee Face Amount: $10,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	$3.59	$7.25	$5.65	$9.64
30-39	$7.65	$15.25	$9.75	$17.27
40-49	$16.98	$29.58	$18.25	$34.25
50-59	$30.82	$61.25	$32.99	$64.54
60-69	$46.10	$106.84	$47.70	$109.53
70+	$46.10	$106.84	$47.70	$109.53

Employee Face Amount: $20,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	$7.35	$12.85	$10.45	$17.39
30-39	$14.35	$27.95	$17.95	$32.24
40-49	$30.78	$59.15	$34.68	$62.35
50-59	$60.52	$121.35	$64.42	$126.28
60-69	$92.30	$211.04	$95.50	$215.88
70+	$92.30	$211.04	$95.50	$215.88

Employee Face Amount: $30,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	$9.10	$17.75	$14.65	$24.78
30-39	$20.08	$42.35	$26.75	$48.50
40-49	$45.69	$88.75	$51.32	$93.50
50-59	$90.21	$181.05	$95.85	$188.03
60-69	$138.50	$315.25	$143.30	$322.23
70+	$138.50	$315.25	$143.30	$322.23

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*Rates are based on your (the subscriber's) current age.

Hospital Indemnity Insurance

LEARN MORE

Aetna | www.myaetnasupplemental.com | 800-607-3366

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!

Hospital Indemnity Monthly Premium		
Monthly Premium	**High**	**Low**
Employee	$ 28.71	$21.98
Employee + Spouse	$ 62.24	$46.85
Employee + Children	$ 47.19	$38.75
Employee + Family	$ 78.15	$68.67

Inpatient Stays

Covered Benefit	Low	High
Hospital stay - Admission Provides a lump sum benefit for the initial day of your stay in a hospital. *Maximum 2 stays per plan year; separated by 30 days in a row*	$1,500	$2,000
Hospital stay - Daily Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital. *Maximum 60 days per plan year*	$200	$200
Hospital stay - (ICU) Daily Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital. *Maximum 60 days per plan year*	$400	$400
Observation unit Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury. *Maximum 1 day per plan year*	$100	$200
Substance abuse stay - Daily Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse. *Maximum 60 days per plan year*	$100	$200
Mental disorder stay - Daily Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders. *Maximum 60 days per plan year*	$100	$200
Rehabilitation unit stay - Daily Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury. *Maximum 60 days per plan year*	$50	$200

Important Note:

All daily inpatient stay benefits begin on day two and count toward the plan year maximum. The inpatient hospital admission and daily stay benefits will be payable for a newborn's routine delivery and post-natal care.

Accident Insurance

LEARN MORE

The Standard | www.standard.com | 800-628-8600

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit

Accident Insurance		
Monthly Premium	**Enhanced**	**Premier**
Employee	$5.28	$8.13
Employee + Spouse	$8.40	$12.74
Employee + Children	$9.98	$15.38
Employee + Family	$15.67	$24.11

Identity Theft Protection

LEARN MORE

ILock360 | www.ilock360.com | 855-287-8888

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

It takes years to establish a good reputation with credit lenders and employers. Make sure it remains yours by taking advantage of the identity theft insurance offered through your employer.

Identity Theft		
Monthly Premium	**Plus**	**Premium**
Employee	$8	$15
Employee + Spouse	$15	$22
Employee + Children	$13	$20
Employee + Family	$20	$27

Learn more about the protections that iLOCK360 offers:

Plan features	Service description	Plus	Premium
Identity theft resolution services			
Full-Service Identity Theft Restoration & Lost Wallet Protection MOST VALUABLE SERVICE. Dependable help that's just a phone call away!	If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will work with you and on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with. Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.	✔ ✔	✔ ✔
$1M Identity Theft Insurance	If you incur expenses associated with your identity theft recovery, you will be covered up to $1M reimbursement ($0 deductible). Covered costs include: • Lost wages or income • Attorney and legal fees • Expenses incurred for refiling of loans, grants and other lines of credit • Costs of childcare and/or elderly care incurred as a result of identity restoration	✔	✔
Comprehensive identity monitoring			
CyberAlert™ monitors: • one Social Security Number • two Phone Numbers • two Email Addresses • five Credit/Debit Cards • two Medical ID Numbers • five Bank Accounts • one Drivers License Number • one Passport	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	✔ ✔	✔ ✔
Change of Address Monitoring	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected through the USPS National Change of Address (NCOA) Registry.	✔	✔
Court/Criminal Records Monitoring	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.	✔	✔
Sex Offender Alerts	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area. As well as notifying you if someone registers as a sex offender in your name.	✔	✔
Payday Loan Monitoring	Often times, these types of loans don't show up on your credit report until they have gone through collections which will be damaging to your credit report. High-interest, easy-to-obtain payday loans can negatively impact your credit score. We alert you if a non-credit loan been opened using your identity at a payday or quick cash loan provider.	✔	✔
Social Security Number Trace	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.	✔ ✔	✔ ✔
Credit monitoring services			
Daily Monitoring of Experian Credit Bureau	Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.	✔	✔
Daily Monitoring of Three Credit Bureaus	Provides higher-level credit protection with monitoring from all three credit bureaus: Experian, Equifax & TransUnion. Receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.		✔
VantageScoreTracker	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.		✔

✔ adults ✔ Children to age 18 ✔ adults ✔ Children to age 18

Medical Transport

LEARN MORE

MASA | www.masamts.com | 954-334-8261

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs.

Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill.

With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.

Medical Transport Monthly Premium		
	Emergent Premier	**Platinum**
Employee Only	$17.00	$39.00
Employee + Family	$17.00	$39.00

MASA® Emergent Premier

Strengthen your emergency medical transportation protection

Membership includes:

Emergency Ground Ambulance Transport Protection[2]
If you ever need an emergency ground ambulance, MASA will pay for your eligible out-of-pocket expenses.

Emergency Air Ambulance Transport Protection[2]
If a first responder or doctor says air transport is medically necessary during your serious emergency, MASA will pay for your eligible out-of-pocket flight expenses.

Hospital to Hospital Ground Ambulance Transport Protection[2]
If your doctor orders a ground ambulance to move you to another hospital for specialized care, MASA will pay for your eligible out-of-pocket expenses.

Hospital to Hospital Air Ambulance Transport Protection[2]
If your doctor orders an air ambulance to transfer you to a different hospital with the necessary level of care, MASA will pay for your eligible out-of-pocket expenses.

Emergency Water Ambulance Transport Protection[3]
If you experience a serious medical emergency, MASA will reimburse your eligible out-of-pocket costs up to $2,500 when you're transported by a watercraft staffed with emergency personnel who provide care and stabilization during transport.

About MASA

Founded in 1974, Medical Access & Service Advantage (MASA®) is the leading Emergency Transportation protection built to enhance healthcare plans by protecting against out-of-pocket costs associated with emergency medical transport. Today, as a global organization with 14 international locations and services in all 50 states and Canada, MASA serves more than 2 million members with emergency and non-emergency transportation cost-reimbursement services and so much more.

1: United States | 2: United States and Canada | 3: United States, Canada, Mexico, and the Caribbean | 4: Worldwide: to include any region with the exclusion of Antarctica and not prohibited by U.S. law or U.S. travel advisories. Contingent upon ten (10) day notice of travel

masaAccess

Treat and No Transport[1]

If emergency first responders treat you during an emergency but determine you don't need to be transported, MASA will reimburse up to $500 for eligible out-of-pocket expenses. *(Limited to two reimbursements per consecutive 12-month period beginning from plan effective date.)*

Repatriation to Hospital Near Home Transport[3]

After a hospital stay more than 100 miles away from home, MASA will help arrange and pay for air or ground transportation so you can return home to recover.

Minor Return Transport Protection[3]

If a child under 18 is left without a guardian due to your ambulance transport, MASA will reimburse eligible expenses to safely return them to family or a responsible caregiver.

Pet Return Transport Protection[3]

If your pet is left behind after an ambulance transport, MASA will reimburse eligible expenses to bring them home safely.

Sick While Away From Home Expense Protection[4]

If you get sick or contract a qualifying communicable disease more than 100 miles from home, MASA will reimburse eligible expenses like lodging, meals, medical visits for proof of illness, testing, and airline re-booking.

Post-Admission Continued Care Transport Protection[1]

MASA will reimburse up to $500 in eligible expenses for non-emergency ground transport or ride-shares between medical facilities, rehab, long-term care, hospice, or back home for continued care.

MASA® Platinum

Strengthen your emergency medical transportation protection

Membership includes:

Emergency Ground Ambulance Transport Protection[2]
If you ever need an emergency ground ambulance, MASA will pay for your eligible out-of-pocket expenses.

Emergency Air Ambulance Transport Protection[2]
If a first responder or doctor says air transport is medically necessary during your serious emergency, MASA will pay for your eligible out-of-pocket flight expenses.

Hospital to Hospital Ground Ambulance Transport Protection[2]
If your doctor orders a ground ambulance to move you to another hospital for specialized care, MASA will pay for your eligible out-of-pocket expenses.

Hospital to Hospital Air Ambulance Transport Protection[2]
If your doctor orders an air ambulance to transfer you to a different hospital with the necessary level of care, MASA will pay for your eligible out-of-pocket expenses.

Emergency Water Ambulance Transport Protection[3]
If you experience a serious medical emergency, MASA will reimburse your eligible out-of-pocket costs up to $2,500 when you're transported by a watercraft staffed with emergency personnel who provide care and stabilization during transport.

About MASA

Founded in 1974, Medical Access & Service Advantage (MASA®) is the leading Emergency Transportation protection built to enhance healthcare plans by protecting against out-of-pocket costs associated with emergency medical transport. Today, as a global organization with 14 international locations and services in all 50 states and Canada, MASA serves more than 2 million members with emergency and non-emergency transportation cost-reimbursement services and so much more.

1: United States | 2: United States and Canada | 3: United States, Canada, Mexico, and the Caribbean | 4: Worldwide: to include any region with the exclusion of Antarctica and not prohibited by U.S. law or U.S. travel advisories. Contingent upon ten (10) day notice of travel

masaAccess

Treat and No Transport[1]

If emergency first responders treat you during an emergency but determine you don't need to be transported, MASA will reimburse up to $500 for eligible out-of-pocket expenses. *(Limited to two reimbursements per consecutive 12-month period beginning from plan effective date.)*

Repatriation to Hospital Near Home Transport[4]

After a hospital stay more than 100 miles away from home, MASA will help arrange and pay for air or ground transportation so you can return home to recover.

Patient Return Transport[4]

After being discharged from the hospital following an emergency more than 100 miles from home, MASA will arrange and pay for your commercial flight back home.

Companion Emergency Transport Protection[3]

MASA will reimburse eligible out-of-pocket expenses related to having a companion ride with you during emergency transport.

Hospital Visitor Air Transport[3]

If you're hospitalized more than 100 miles away from home, MASA will arrange and pay for round-trip air transportation for someone you choose to be with you.

Minor Return Transport Protection[3]

If a child under 18 is left without a guardian due to your ambulance transport, MASA will reimburse eligible expenses to safely return them to family or a responsible caregiver.

Pet Return Transport Protection[3]

If your pet is left behind after an ambulance transport, MASA will reimburse eligible expenses to bring them home safely.

Vehicle & RV Return[3]

If your vehicle or RV is left unattended after an ambulance transport, MASA will help arrange and pay to get it back to your home or rental location.

Organ Retrieval Transport[1]

MASA will reimburse eligible out-of-pocket expenses to transport an organ needed for your transplant.

Organ Recipient Transport[1]

If you need an organ transplant, MASA will help arrange and pay for your flight to the airport closest to where the surgery will take place.

Mortal Remains Return Transport[4]

In the unfortunate event a member passes away more than 100 miles from home, MASA will help support and reimburse eligible expenses to bring their remains home.

TeleHealth

LEARN MORE

Recuro Health | www.customerservice@recurohealth.com | 855-673-2878

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

Board Certified physicians will diagnose your illness, recommend treatment, and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They can treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!

If you choose to decline the Hays Choice Medical Plan, you may still elect telemedicine coverage for yourself and your eligible dependents.
If you enroll in any of the Hays Choice Medical Plan options, telemedicine benefits are included for you and your eligible dependents. A separate election for telemedicine coverage is not required.

Telemedicine Monthly Premium	
Employee	$10.00
Employee + Family	$10.00

RECURO HEALTH

Easy, Convenient, Affordable

24/7/365 Access to U.S. Board Certified, State Licensed Doctors

- Primary Care
- Pediatrics
- Urgent Care

Phone Call	Online Portal	Mobile App

Healthcare that makes sense

Type of Visit	Average Cost
Primary Care	$100
Urgent Care	$150
Emergency Room	$1400
RECURO HEALTH	**$0-40**

2013 Medical Expenditure Panel Survey / MEPS

Common Conditions Treated

- Acid Reflux
- Allergies
- Asthma
- Nausea
- Bronchitis
- Cold & Flu
- Infections
- Bladder Infection
- Rashes
- Sinus Conditions
- Sore Throat
- Thyroid Conditions
- UTIs
- And More...

Call 1.855.6RECURO

Visit www.recurohealth.com

Disclaimer: Recuro services are for non-emergency conditions only. Recuro does not replace the primary care physician, services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV) and does not guarantee that a prescription will be written. For updated full disclosures, please visit www.recurohealth.com

Legal Plan

LEARN MORE

ARAG | www.araglegalcenter.com | 800-247-4184

Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.

Legal Insurance Monthly Premiums		
	Ultimate Advisor	**Ultimate Advisor Plus**
Employee Only	$15.50	$21.43
Employee + Family	$15.50	$21.43

Hays Consolidated Independent School District

Legal Insurance from ARAG

ARAG Legal Insurance

Be protected when *legal happens.*

How Legal Happens in Your Life

Did you know that **3 out of 4** individuals have faced legal troubles in the past three years?[1] Most people believe legal troubles are rare, once-in-a-lifetime events, but they're **far more common** than you think. A legal insurance plan from ARAG® covers a **wide range of legal needs** like the examples below to help you address life's legal situations.

Protecting Your Growing Family

- Create a pre-marital agreement before your wedding.
- Your child gets expelled from school.

Managing Your Home, Protecting Your Assets

- Your neighbor's ugly fence is on the property line.
- Your landlord won't fix the heater.

A Place to Turn During Life's Challenges

- You get caught speeding.
- Your dog bites a neighbor.

Protection As a Consumer

- The mechanic botches your car repair.
- Your dream vacation gets canceled with no refund.

Financial Challenges

- Your ID was stolen on vacation.
- You can't get out of debt.

Plus 100+ more ways to use your plan!

How Does ARAG Legal Insurance Protect?

When the unexpected happens, having legal insurance can provide you with **protection** and **peace of mind**.

Work with a network attorney and attorney fees are **paid in full** for most covered matters.

Save thousands of dollars, on average, for legal matters by avoiding costly legal fees.

Use DIY Docs® to create, edit and store **state-specific legal documents**, like wills or powers of attorney.

We help connect you with attorneys – many who average 20+ years of experience.

Address your covered legal situations with a network attorney who is **only a phone call away**.

Your network attorney can help **throughout your legal matter**, including preparing and reviewing legal documents, offering legal advice and representing you in court.

[1]ARAG Stress Research Study, general consumers and members with known legal issues, October 2022.

Using Your Legal Plan Is Easy

When you face a legal issue, getting help from ARAG is as simple as using your medical plan.

To get started, you can go online, use the ARAG Legal app or call Customer Care.

Answer a few questions to confirm your coverage and receive information on network attorneys who can help with your legal matter.

Then, meet with a network attorney virtually, over the phone or in person.

What Does It Cost?

ARAG legal insurance provides **affordable** coverage with **more than 100+** ways to use your plan for both simple and complex legal issues, benefiting you and your family.

UltimateAdvisor®
$15.50 monthly

UltimateAdvisor Plus™, which offers you even more legal protection and additional services.

$21.43 monthly

To compare plans and **find the best option** for you, scan the QR code.

Want More Information?

Scan the QR Code and learn more about your legal insurance plan, like a list of all coverages, plan cost savings calculator or network attorneys in your area.

Or, visit **ARAGlegal.com/myinfo** and enter Access Code: **19058his**

Or, call ARAG at **(800) 247-4184**

Voluntary Retirement Plans

LEARN MORE

TCG| www.tcgservices.com | 800-943-9179

403(b) Retirement Plan

Research shows that Americans are living well past retirement years. Are you saving enough to be able to enjoy those years? A 403(b) plan can help you get there.

It's an IRS-approved retirement plan that allows you to set aside money on a pre-tax basis for your retirement. Contributions are conveniently made through payroll deduction, so money is moved from your paycheck into the account automatically. Plus, you employer may even match your contributions based on how much you put into the plan. Now is the time to take full advantage of this opportunity to maximize your retirement savings!

457(b) Retirement Plan

The 457(b) plan is an employer-sponsored voluntary retirement savings plan that allows you to save money for retirement on a tax-deferred or ROTH basis. One significant way the 457(b) differs from the 403(b) is that distributions are never subject to the 10 percent tax for early withdrawal.

Contribution Limits
2026
$24,500
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional $7,500.

All investing involves risk. Past performance is not a guarantee of future returns.

Employee Assistance Program

LEARN MORE

AllOneHealth| https://portal.allonehealth.com/ | 866-327-2400

Username/Password-hcisd

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in a day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues.

An employee assistance program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.

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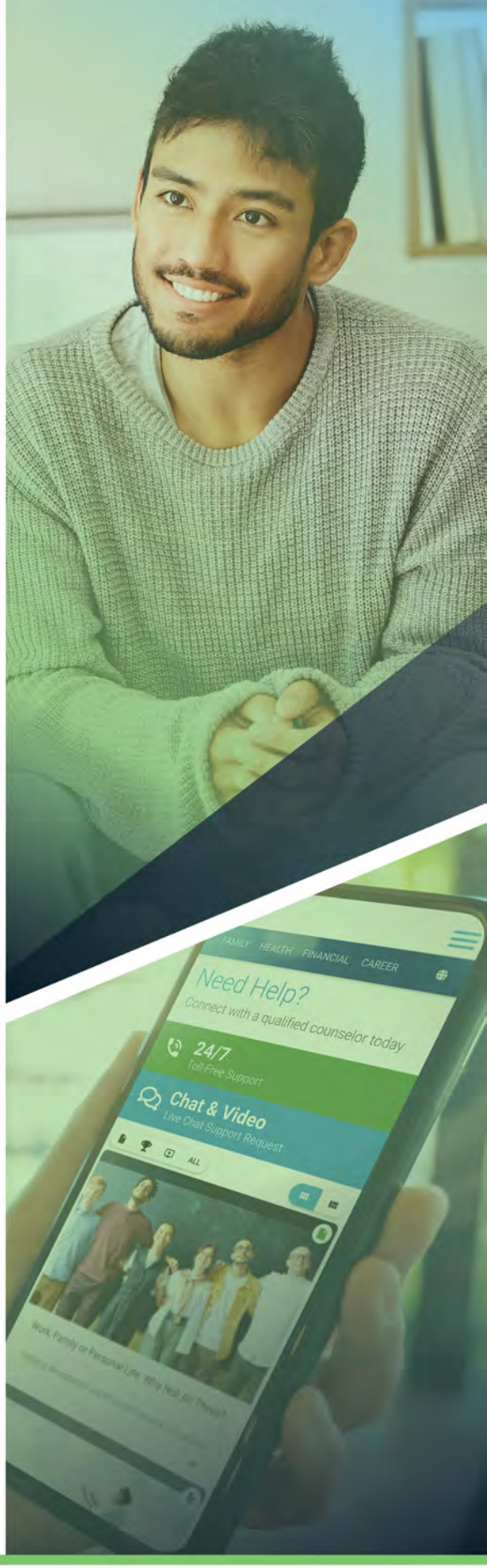
Life comes with challenges.

Your Assistance Program is here to help.

Your Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

- **Mental Health Sessions**
  Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.
- **Life Coaching**
  Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and achieve greater balance.
- **Financial Consultation**
  Build financial wellness related to budgeting, buying a home, paying off debt, resolving general tax questions, preventing identity theft, and saving for retirement or tuition.
- **Legal Referrals**
  Receive referrals for personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.
- **Work-Life Resources and Referrals**
  Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.
- **Personal Assistant**
  Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.
- **Medical Advocacy**
  Get help navigating insurance, obtaining doctor referrals, securing medical equipment, and planning for transitional care and discharge.
- **Member Portal**
  Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.



Specific offerings may vary depending on your organization's assistance program plan design.

Contact AllOne Health
Call: 1-888-993-7650
Visit: allonehealth.com/deeroaks

ALLONE® HEALTH

COBRA

LEARN MORE

First Financial Administrators, Inc. | www.ffga.com | 800-523-8422, option 4

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group health coverage such as medical, dental, vision insurance and flexible spending accounts for a limited period of time.

COBRA Highlights

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Either you or your family member are responsible for notifying your employer of a divorce, legal separation or child losing dependent status within 60 days of the event. In the case of termination, death or reduction in hours, your employer will be responsible for letting the provider know that you have the right to continue coverage under COBRA.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

First Financial Administrators, Inc. provides COBRA administration services for the following plans: Dental, Vision, and FSA

Medicare & Age 65

FFMS | https://www.ffga.com/medicare-solutions | 800-523-8422

Questions to Consider Before Retiring

- Do I ***plan*** to Retire?
- Am I ***eligible*** to Enroll?
- ***When*** can I enroll?
- Do I really ***want*** to enroll?
- ***Should*** I enroll now or wait?
- What happens if I ***don't*** enroll when I'm eligible?

Whether or not you intend to retire yet, these questions and more may occur as you approach age 65.

Planning for your future is important, and you don't have to do it alone.

Let the experts at First Financial assist you through this process.

medicaresolutions@ffga.com

Pet Insurance

LEARN MORE

NationWide | https://benefits.petinsurance.com/region4esc | 877-738-7874

Pets are like family and it's important to protect their health, too. A pet insurance policy can help you save on vet bills, medical needs, medication and a variety of procedures. Choose the plan that works best for you and your furry friend.

WHY CHOOSE A PET INSURANCE PLAN?

- It could help protect you from significant out-of-pocket expenses if your pet needed emergency care, surgery or other costly treatment.
- Many pet insurance plans offer comprehensive coverage that includes accidents, illnesses, chronic conditions and sometimes even preventative care and wellness visits, depending on the policy.
- With pet insurance, you might be more inclined to seek medical care for your pet sooner, leading to better health outcomes.

Every pet insurance policy isn't the same, so be sure to check your plan brochure for details. This is a discount program for employees. It is for your information only. If you choose to enroll, it will not be taken as a payroll deduction.

If you have questions about the pet insurance plan available to you, please contact your FFGA account representative.

Contact Information

Product	Carrier	Website	Phone
Medical	Allegience	AskAllegiance.com	855-999-6808
Dental	Ameritas	www.ameritas.com	800-587-5553
Vision	Ameritas	www.ameritas.com	800-587-5553
FSA/Dependent Care	First Financial	www.ffga.com	866-853-3539
Health Savings Account	First Financial	www.ffga.com	866-853-3539
Term Life & AD&D Disability	UNUM	www.unum.com	866-679-3054
Long Term Care	The Standard	www.standard.com	800-521-3535
Permanent Life	Texas Life Insurance	www.texaslife.com	800-283-9233
Cancer	American Fidelity	www.americanfidelity.com	800-654-8489
Critical Illness	Aetna	www.myaetnasupplemental.com	800-607-3366
Accident	The Standard	www.standard.com	800-628-8600
Identify Theft	ILock360	www.ilock360.com	855-287-8888
Legal Plan	ARAG	www.araglegalcenter.com	800-247-4184
Medical Transport	MASA	www.masamts.com	954-334-8261
Retirement	TCG	www.tcgservices.com	800-943-9179
Employee Assistance	AllOne Health	https://portal.allonehealth.com/	800-854-1446
Hospital Indemnity	Aetna	www.myaetnasupplemental.com	800-607-3366
Telehealth	Recuro	customerservice@recurohealth.com	855-673-2878