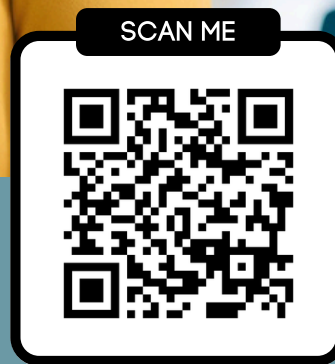


HARLINGEN CISD 2024-2025 BENEFITS GUIDE



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<https://ffbenefits.ffga.com/harlingencisd>

Harlingen CISD Benefits Office
956-430-9553
www.harlingencisd.org

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Employee Benefits Center

A guide to your benefits!

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

<https://ffbenefits.ffga.com/harlingencisd>



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.**

Section 125 Plans

Section 125 Plan Information & Rules

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

Here's How It Works

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you're already eligible – all you must do is enroll.

Is It Right For Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer's Section 125 Plan – that's a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Tax Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

You could save \$70 per month in taxes by paying for your benefits on a pre-tax basis!

**The figures in the sample paycheck above are for illustrative purposes only.*

Dental Insurance

Plan Choices



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		
	Basic	Enhanced
Employee Only	\$22.04	N/A
Employee + Family	\$58.84	N/A

Dental Plan Summary

Policy # 400300 Effective Date: 01/01/2025

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$10/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	Discounted Fee
Dental Rewards®	Included
Waiting Period	Type 3 – 12 months (New Enrollees Only)
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	12 months

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (1 in 6 months) • Fluoride for Children 13 and under (1 in 12 months) • Sealants (age 13 and under) 	<ul style="list-style-type: none"> • Space Maintainers • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

Monthly Rates

Employee Only (EE)	\$22.04
EE + Family	\$58.84

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of HARLINGEN CISD. 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.

Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart 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 15% 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.

Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards

Dental Network Information

To find a provider, visit ameritas.com and select FIND A PROVIDER, then DENTAL. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on November 1.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal. Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan. The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Vision Insurance

Superior | www.superiorvision.com | 800-507-3800

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		
	Low Plan	High Plan
Employee Only	\$5.29	\$7.27
Employee + One	\$10.30	\$13.43
Employee + Family	\$14.26	\$18.15



Vision Care Plan for Harlingen CISD

You may choose from two plans: High plan or Low plan
Benefits through Superior National network



Frequency	High	Low
Exam	12 months	12 months
Frame	12 months	24 months
Contact lens fitting	12 months	12 months
Eyeglass lenses	12 months	12 months
Contact Lenses	12 months	12 months

(based on date of service)

Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.



Exams

Eye exam copay (High / Low):

\$10 / \$15

Contact lens fitting² copay (standard and specialty):

\$25 / \$35

Specialty In-network allowance:

\$50



Frames

In-network allowance (High / Low):

\$150 / \$100



Materials¹

Materials copay (High / Low):

\$25



Contacts⁴

in lieu of glasses

In-network allowance (High / Low):

\$120 / \$100

Premiums

High plan Low plan

Monthly

Employee only:	\$7.27	\$5.29
Employee + 1 dependent:	\$13.43	\$10.30
Employee + family:	\$18.15	\$14.26

Lenses (per pair) (High / Low)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$32
Bifocal	Covered-in-full	Up to \$46
Trifocal	Covered-in-full	Up to \$61
Progressives	See description ³	Up to \$61
Lenticular	Covered-in-full	Up to \$84

Shop with convenience while using your benefits through these in-network online retailers.

Lens Add-Ons ⁵	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid	\$15
Tints - gradient	\$18
Polycarbonate lenses for adults	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (standard / premium / ultra / ultimate)	\$55 / \$110 / \$150 / \$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80 / \$120

Overage Discounts ⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

Non-Covered Services Discounts ⁵	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$42
Eye exam (OD)	Up to \$37
Frame	Up to \$68 high plan / Up to \$48 low plan
Contact lens fitting (standard / specialty) ²	Not covered
Contact lenses ⁵	Up to \$100



LASIK Discounts⁵

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit [superiorvision.com](https://www.superiorvision.com) or contact your benefits coordinator.



Hearing Aid Discounts⁵

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit [superiorvision.com](https://www.superiorvision.com) or contact your benefits coordinator.



Free Mobile App

With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.

TeleHealth



MDLive | www.mdlive/bcbstx.com | 888-680-8646

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!



VIRTUAL VISITS:

Speak with a doctor – anytime, anywhere

Powered by
MDLIVE

Getting sick after hours or on weekends used to mean a lengthy, costly trip to the emergency room or urgent care center. But with your virtual visits benefit, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE, the doctor is in 24/7/365. And you don't have to leave the comfort of your own home.

Virtual visits allow you to consult a doctor for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.

Virtual visits doctors can treat a variety of health conditions, including:

- Allergies
- Asthma
- Nausea
- Cold/flu
- Ear problems
- Pink eye
- Fever (age 12+)
- Rash
- Sinus infections
- 3+

Talk Therapy

Speak with a licensed counselor, therapist or psychiatrist for support, available by appointment. You can choose who you want to work with for issues such as:

- Anxiety
- Relationship problems
- Depression
- And more!
- Trauma and loss

Activate your MDLIVE account or schedule a virtual visit:

- Go to Blue Access for MembersSM or [MDLIVE.com/bcbstx](https://www.mdlive.com/bcbstx).
- Download the MDLIVE app from Apple's App StoreSM or Google PlayTM.
- Call MDLIVE at **(888) 680-8646**.
- Text **BCBSTX** to **635-483**. (MDLIVE's online assistant Sophie will help you activate your account.)

Get connected today! To register, you'll need to provide your BCBSTX member ID number.

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 reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$640 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$640 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$640 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2024 is \$3,200.

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 \$5,000 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is \$2,500.

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.

Limited Purpose FSA



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

A Limited Purpose Flexible Spending Account (LPFSA) works together with a Health Savings Account (HSA) for you to further optimize your tax savings. By establishing an LPFSA, you can save money on taxes by using the account for eligible dental and vision expenses while preserving your HSA funds for other purposes, including simply saving those funds for the future.

Your maximum contribution amount for 2024 is \$3,200.

Limited Purpose FSA Highlights

- Only certain dental and vision expense are eligible such as eye exams, contact lenses and eyeglasses.
- Funds can be accessed by submitting a claim or paying for expenses upfront with a benefits debit card.
- Purchases may need to be verified during the claims process, so be sure to save your receipts.
- If the carryover provision is elected by your employer, balances may be carried over to the following plan year.

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.

	2024	2025
HSA Contribution Limits	<ul style="list-style-type: none">• Self: \$4,150• Family: \$8,300	<ul style="list-style-type: none">• Self Only: \$4,300• Family: \$8,550
Health Insurance Deductible Limits	<ul style="list-style-type: none">• Self Only: \$1,600• Family: \$3,200	<ul style="list-style-type: none">• Self Only: \$1,650• Family: \$3,300

\$1,000 catch-up contributions (age 55 or older)

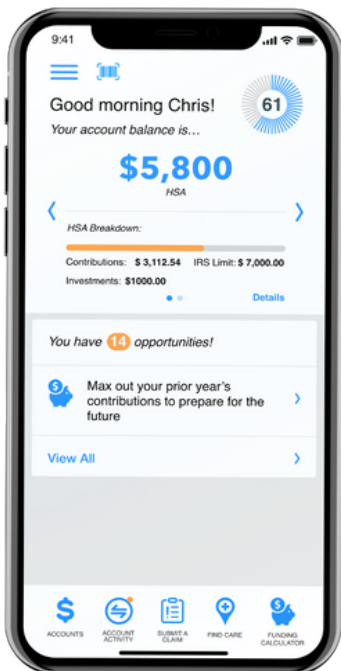
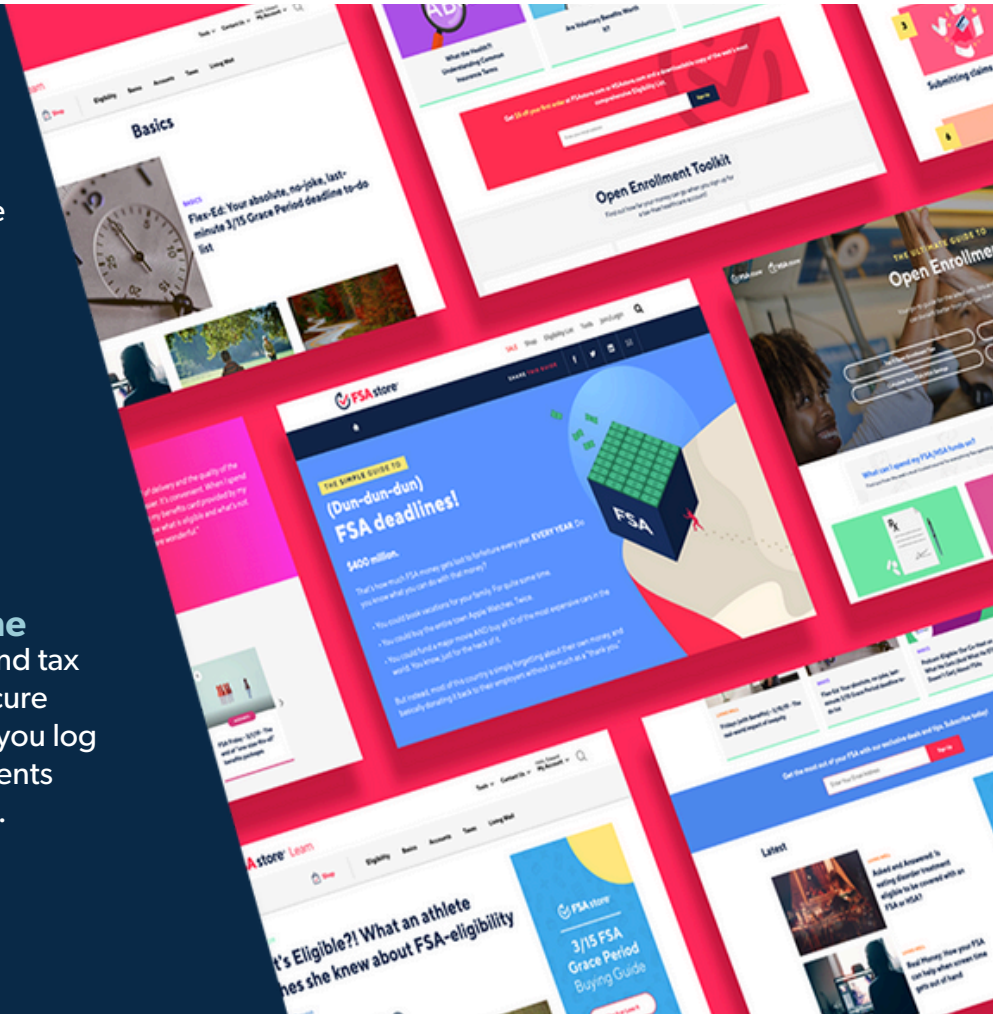
FSA & HSA Resources

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.



Term Life & AD&D

Employer-Paid & Voluntary

VOYA | www.voya.com | 800-238-4840

Employer-Paid Term Life 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.



Group Term Life Insurance

Explore Your Benefits & Costs



Group Name: Harlingen Consolidated Independent School District
Group Number: 666858
Class: All Eligible Employees

You're committed to caring for your loved ones for a lifetime. If the future doesn't go the way you planned, Group Term Life Insurance can help. After a death, it provides a benefit payment that can be used for funeral expenses, co-signed loan debt, future education, or whatever your beneficiaries would like.

This document includes expanded information about Group Term Life Insurance, such as how much it will cost, details about what's covered and what's excluded, and more. As you explore, keep in mind:



No medical questions or tests are required for basic coverage*



Accidental Death & Dismemberment coverage is also included



Keep your coverage even if you leave your employer

It's difficult to think about loss, but important to be prepared for the unexpected. The Group Term Life Insurance available through your employer is a simple way to stay covered in the coming year.

*If you choose coverage beyond the basic amount, you may need to answer questions about current and past health conditions and receive approval from the insurer. Learn more in the "Guaranteed Issue/Evidence of Insurability" section that follows.

ReliaStar Life Insurance Company
a member of the Voya® family of companies


PLAN | INVEST | PROTECT

VOYA
FINANCIAL

Get basic coverage at no cost

Your employer is providing basic Group Term Life Insurance to you at no cost to you. This means that if you pass away during the “term” (your employer’s benefit year), beneficiaries will receive a benefit payment. Your coverage also includes Accidental Death & Dismemberment Insurance, which provides a benefit payment if you pass away or are severely injured in a covered accident.

The coverage being offered to you is:

	Coverage Amount
 For you	\$10,000




Add supplemental coverage based on your needs

In addition to the basic coverage that's being provided at no cost to you, you have the opportunity to elect additional coverage when you enroll.

When you enroll, you’ll have the opportunity to choose up to the following amount(s):



Not sure how much you need? Try the Life Insurance Calculator at go.voya.com/lifecalc to learn more.

	Coverage Amount	Guaranteed Issue Limit
 For you	\$20,000 to \$500,000 in \$10,000 increments	\$150,000 or \$80,000 (for employees who had no supplemental coverage under the Policyholder's prior plan)
 Your spouse*	\$10,000 to \$25,000 in \$5,000 increments. Coverage is limited to 50% of the total amount of Employee Supplemental Life Insurance coverage	\$25,000
 Your child(ren)*	Child up to age 26 Choice of \$2,500, \$5,000, \$10,000	\$10,000

* Children up to age 26. If your spouse or child are eligible for coverage as an employee, they are not eligible for additional coverage as a spouse or child.

Guaranteed-Issue Limit and Evidence of Insurability

The guaranteed-issue limit is the amount that’s available to new hires without providing evidence of insurability (EOI). To get coverage beyond this limit, you’ll need to complete the EOI form for all applicable family members. This form includes questions about current and past health conditions. The insurer may request additional information before approving or denying coverage. When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.

Age reductions

Benefit amount reduces to 65% of original coverage when the employee reaches age 70; 40% at age 75; 25% at age 80, and 15% at age 85 and after. Premium amounts are also reduced accordingly, and automatically adjusted for the new benefit amount(s).

How much does it cost?

The cost of Group Term Life Insurance varies depending on the coverage amount you select. Use table below to calculate monthly premium amounts.

Rates shown are guaranteed through 11/01/2025.

Employee Supplemental Life Insurance Rates					
Employee Age				Monthly rate per \$1,000 of coverage	
Under 25	25-29	30-34	35-	\$0.050	
39	40-44	45-49	50-54	55-	\$0.050
59	60-64	65-69	70 +	The	\$0.060
rates are per individual.				\$0.088	
				\$0.100	
				\$0.150	
				\$0.230	
				\$0.430	
				\$0.660	
				\$1.230	
				\$1.990	

Spouse Supplemental Life Insurance Rates
Monthly rate per \$1,000 of coverage
\$0.132

Children Supplemental Life Insurance Rates
Monthly rate per \$1,000 of coverage
\$0.084



To calculate your total monthly cost:

Employee

Spouse

Child(ren)

1. Enter the amount of coverage you'd like for you, your spouse, and your child(ren).
2. Divide each amount by 1,000.
3. Using the rate tables above, find the appropriate rate per \$1,000 of coverage for each person.
4. Multiply each answer from Step 2 by the appropriate rate.
5. Add your answers from Step 4 together to find your total monthly cost.

What else is included?



Receive a portion of the benefit early

Accelerated Death Benefit

If you are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living. Receipt of the accelerated benefit may be taxable, or may adversely affect your eligibility for Medicaid or other government benefits. You should consult your personal tax advisor to assess the impact of this benefit.



Continue coverage at no cost

Waiver of Premium benefit

If you aren't working because you are totally disabled, Waiver of Premium allows you to keep your Group Term Life Basic and Supplemental coverage for a period of time without paying premiums.



Keep coverage if employment ends

Continue or convert coverage

If your employment ends or you no longer meet your employer's eligibility criteria, you may have the option to continue coverage by paying premiums directly to the insurance company. You may also have the option to convert coverage into an individual Whole Life Insurance policy. Coverage for your spouse or children is also available.

A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. The following non-insurance services are also provided:

Ease the burden during funeral planning

Funeral Planning and Concierge Services

Planning a funeral can be time-consuming and emotionally draining. Funeral Planning and Concierge Services connect employees with professionals who can help with funeral planning for themselves and eligible family members. These services help you navigate all aspects of a funeral, which will help ease the burden on you and your family.

Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX.

Access extra support the next time you travel.

Voya Travel Assistance

Being in an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your dependents four types of services when traveling more than 100 miles from home, including: pre-trip information, emergency personal services, medical assistance services and emergency transportation services. This provides peace of mind, allowing you to relax and enjoy your trip.

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.



Ready to Enroll?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Exclusions and limitations

Supplemental Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.

AD&D Insurance has exclusions that are described in the certificate of insurance or rider.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

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Date Prepared: 08/15/2022

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Texas Life

Permanent Life



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.

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	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	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
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

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".

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)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$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	14.25	16.25	18.25	20.25	22.25	75
21-22				12.50	14.55	16.60	18.65	20.70	22.75	74
23				12.75	14.85	16.95	19.05	21.15	23.25	75
24-25				13.00	15.15	17.30	19.45	21.60	23.75	74
26				13.50	15.75	18.00	20.25	22.50	24.75	75
27-28				13.75	16.05	18.35	20.65	22.95	25.25	74
29				14.00	16.35	18.70	21.05	23.40	25.75	74
30-31				14.25	16.65	19.05	21.45	23.85	26.25	73
32				15.00	17.55	20.10	22.65	25.20	27.75	74
33				15.50	18.15	20.80	23.45	26.10	28.75	74
34				16.25	19.05	21.85	24.65	27.45	30.25	75
35		11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	76
36		11.55	14.65	17.75	20.85	23.95	27.05	30.15	33.25	76
37		12.00	15.25	18.50	21.75	25.00	28.25	31.50	34.75	77
38		12.45	15.85	19.25	22.65	26.05	29.45	32.85	36.25	77
39		13.20	16.85	20.50	24.15	27.80	31.45	35.10	38.75	78
40	10.05	13.95	17.85	21.75	25.65	29.55	33.45	37.35	41.25	79
41	10.75	15.00	19.25	23.50	27.75	32.00	36.25	40.50	44.75	80
42	11.55	16.20	20.85	25.50	30.15	34.80	39.45	44.10	48.75	81
43	12.25	17.25	22.25	27.25	32.25	37.25	42.25	47.25	52.25	82
44	12.95	18.30	23.65	29.00	34.35	39.70	45.05	50.40	55.75	83
45	13.65	19.35	25.05	30.75	36.45	42.15	47.85	53.55	59.25	83
46	14.45	20.55	26.65	32.75	38.85	44.95	51.05	57.15	63.25	84
47	15.15	21.60	28.05	34.50	40.95	47.40	53.85	60.30	66.75	84
48	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	85
49	16.75	24.00	31.25	38.50	45.75	53.00	60.25	67.50	74.75	85
50	17.75	25.50	33.25	41.00						86
51	18.95	27.30	35.65	44.00						87
52	20.25	29.25	38.25	47.25						88
53	21.25	30.75	40.25	49.75						88
54	22.25	32.25	42.25	52.25						88
55	23.35	33.90	44.45	55.00						89
56	24.35	35.40	46.45	57.50						89
57	25.55	37.20	48.85	60.50						89
58	26.65	38.85	51.05	63.25						89
59	27.85	40.65	53.45	66.25						89
60	28.55	41.70	54.85	68.00						90
61										90
62										90
63										90
64										90
65										90
66										90
67										91
68										91
69										91
70										91

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	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	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
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".

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)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				17.25	20.25	23.25	26.25	29.25	32.25	71
21-22				18.00	21.15	24.30	27.45	30.60	33.75	71
23				18.75	22.05	25.35	28.65	31.95	35.25	72
24-25				19.25	22.65	26.05	29.45	32.85	36.25	71
26				19.75	23.25	26.75	30.25	33.75	37.25	72
27-28				20.25	23.85	27.45	31.05	34.65	38.25	71
29				20.50	24.15	27.80	31.45	35.10	38.75	71
30-31				23.00	27.15	31.30	35.45	39.60	43.75	72
32				23.75	28.05	32.35	36.65	40.95	45.25	72
33				24.00	28.35	32.70	37.05	41.40	45.75	72
34				24.25	28.65	33.05	37.45	41.85	46.25	71
35		16.50	21.25	26.00	30.75	35.50	40.25	45.00	49.75	72
36		16.95	21.85	26.75	31.65	36.55	41.45	46.35	51.25	72
37		18.00	23.25	28.50	33.75	39.00	44.25	49.50	54.75	73
38		18.45	23.85	29.25	34.65	40.05	45.45	50.85	56.25	73
39		19.65	25.45	31.25	37.05	42.85	48.65	54.45	60.25	74
40	14.95	21.30	27.65	34.00	40.35	46.70	53.05	59.40	65.75	76
41	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	77
42	16.95	24.30	31.65	39.00	46.35	53.70	61.05	68.40	75.75	78
43	18.35	26.40	34.45	42.50	50.55	58.60	66.65	74.70	82.75	80
44	19.05	27.45	35.85	44.25	52.65	61.05	69.45	77.85	86.25	80
45	20.05	28.95	37.85	46.75	55.65	64.55	73.45	82.35	91.25	81
46	20.85	30.15	39.45	48.75	58.05	67.35	76.65	85.95	95.25	81
47	21.85	31.65	41.45	51.25	61.05	70.85	80.65	90.45	100.25	82
48	22.75	33.00	43.25	53.50	63.75	74.00	84.25	94.50	104.75	82
49	24.05	34.95	45.85	56.75	67.65	78.55	89.45	100.35	111.25	83
50	25.15	36.60	48.05	59.50						83
51	26.25	38.25	50.25	62.25						83
52	27.85	40.65	53.45	66.25						84
53	29.25	42.75	56.25	69.75						85
54	30.55	44.70	58.85	73.00						85
55	31.95	46.80	61.65	76.50						85
56	33.55	49.20	64.85	80.50						85
57	35.15	51.60	68.05	84.50						86
58	36.85	54.15	71.45	88.75						86
59	38.55	56.70	74.85	93.00						86
60	39.55	58.20	76.85	95.50						86
61										86
62										87
63										87
64										87
65										87
66										88
67										88
68										88
69										88
70										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".

Disability Insurance

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

Why Do I Need Disability Insurance?

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. You can choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

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

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?





AF™ Long-Term Disability Income Insurance
Harlingen CISD

Focus on Recovery, Not Expenses

How would you cover your everyday expenses if you experienced an Accidental Injury or Sickness and couldn't work for a period of time? AF™ Long-Term Disability Income Insurance provides a steady benefit to cover everyday expenses while you are unable to work due to a covered Disability.

Plan Highlights



Benefits are Payable Directly to You

You have the freedom to use the funds for your daily expenses such as: groceries, mortgage, daycare, etc.



Customized to Meet Your Individual Needs

You can select a benefit amount and elimination period that best meets your financial needs.



Return-to-Work Benefit

Employees may receive a partial benefit for going back to work part-time while still on Disability.

Choose the Right Plan for You

BENEFITS BEGIN on the day of Disability due to a covered Accidental Injury or Sickness.

Plan I	On the 8th day	Plan IV	On the 61st day
Plan II	On the 15th day	Plan V	On the 91st day
Plan III	On the 31st day	Plan VI	On the 151st day



Accidental Injury means Accidental bodily injuries sustained by you which: are independent of disease or bodily infirmity or any other cause; and takes place while your coverage is in force.



Sickness means a disease or illness (including pregnancy). Disability must begin while your coverage is active.



Hospital - the term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.



Disability or disabled for the first 12 months of Disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.



Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$6.56	\$5.60	\$4.48	\$3.80	\$3.20	\$2.40
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$9.84	\$8.40	\$6.72	\$5.70	\$4.80	\$3.60
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$13.12	\$11.20	\$8.96	\$7.60	\$6.40	\$4.80
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$16.40	\$14.00	\$11.20	\$9.50	\$8.00	\$6.00
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$19.68	\$16.80	\$13.44	\$11.40	\$9.60	\$7.20
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$22.96	\$19.60	\$15.68	\$13.30	\$11.20	\$8.40
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$26.24	\$22.40	\$17.92	\$15.20	\$12.80	\$9.60
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$29.52	\$25.20	\$20.16	\$17.10	\$14.40	\$10.80
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$32.80	\$28.00	\$22.40	\$19.00	\$16.00	\$12.00
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$36.08	\$30.80	\$24.64	\$20.90	\$17.60	\$13.20
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$39.36	\$33.60	\$26.88	\$22.80	\$19.20	\$14.40
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$42.64	\$36.40	\$29.12	\$24.70	\$20.80	\$15.60
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$45.92	\$39.20	\$31.36	\$26.60	\$22.40	\$16.80
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$49.20	\$42.00	\$33.60	\$28.50	\$24.00	\$18.00
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$52.48	\$44.80	\$35.84	\$30.40	\$25.60	\$19.20
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$55.76	\$47.60	\$38.08	\$32.30	\$27.20	\$20.40
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$59.04	\$50.40	\$40.32	\$34.20	\$28.80	\$21.60
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$62.32	\$53.20	\$42.56	\$36.10	\$30.40	\$22.80
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$65.60	\$56.00	\$44.80	\$38.00	\$32.00	\$24.00
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$68.88	\$58.80	\$47.04	\$39.90	\$33.60	\$25.20
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$72.16	\$61.60	\$49.28	\$41.80	\$35.20	\$26.40
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$75.44	\$64.40	\$51.52	\$43.70	\$36.80	\$27.60
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$78.72	\$67.20	\$53.76	\$45.60	\$38.40	\$28.80
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$82.00	\$70.00	\$56.00	\$47.50	\$40.00	\$30.00
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$85.28	\$72.80	\$58.24	\$49.40	\$41.60	\$31.20
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$88.56	\$75.60	\$60.48	\$51.30	\$43.20	\$32.40
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$91.84	\$78.40	\$62.72	\$53.20	\$44.80	\$33.60
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$95.12	\$81.20	\$64.96	\$55.10	\$46.40	\$34.80
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$98.40	\$84.00	\$67.20	\$57.00	\$48.00	\$36.00
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$101.68	\$86.80	\$69.44	\$58.90	\$49.60	\$37.20
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$104.96	\$89.60	\$71.68	\$60.80	\$51.20	\$38.40
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$108.24	\$92.40	\$73.92	\$62.70	\$52.80	\$39.60
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$111.52	\$95.20	\$76.16	\$64.60	\$54.40	\$40.80
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$114.80	\$98.00	\$78.40	\$66.50	\$56.00	\$42.00
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$118.08	\$100.80	\$80.64	\$68.40	\$57.60	\$43.20
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$121.36	\$103.60	\$82.88	\$70.30	\$59.20	\$44.40
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$124.64	\$106.40	\$85.12	\$72.20	\$60.80	\$45.60

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$127.92	\$109.20	\$87.36	\$74.10	\$62.40	\$46.80
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$131.20	\$112.00	\$89.60	\$76.00	\$64.00	\$48.00
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$134.48	\$114.80	\$91.84	\$77.90	\$65.60	\$49.20
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$137.76	\$117.60	\$94.08	\$79.80	\$67.20	\$50.40
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$141.04	\$120.40	\$96.32	\$81.70	\$68.80	\$51.60
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$144.32	\$123.20	\$98.56	\$83.60	\$70.40	\$52.80
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$147.60	\$126.00	\$100.80	\$85.50	\$72.00	\$54.00
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$150.88	\$128.80	\$103.04	\$87.40	\$73.60	\$55.20
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$154.16	\$131.60	\$105.28	\$89.30	\$75.20	\$56.40
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$157.44	\$134.40	\$107.52	\$91.20	\$76.80	\$57.60
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$160.72	\$137.20	\$109.76	\$93.10	\$78.40	\$58.80
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$164.00	\$140.00	\$112.00	\$95.00	\$80.00	\$60.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$167.28	\$142.80	\$114.24	\$96.90	\$81.60	\$61.20
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$170.56	\$145.60	\$116.48	\$98.80	\$83.20	\$62.40
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$173.84	\$148.40	\$118.72	\$100.70	\$84.80	\$63.60
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$177.12	\$151.20	\$120.96	\$102.60	\$86.40	\$64.80
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$180.40	\$154.00	\$123.20	\$104.50	\$88.00	\$66.00
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$183.68	\$156.80	\$125.44	\$106.40	\$89.60	\$67.20
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$186.96	\$159.60	\$127.68	\$108.30	\$91.20	\$68.40
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$190.24	\$162.40	\$129.92	\$110.20	\$92.80	\$69.60
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$193.52	\$165.20	\$132.16	\$112.10	\$94.40	\$70.80
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$196.80	\$168.00	\$134.40	\$114.00	\$96.00	\$72.00
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$200.08	\$170.80	\$136.64	\$115.90	\$97.60	\$73.20
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$203.36	\$173.60	\$138.88	\$117.80	\$99.20	\$74.40
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$206.64	\$176.40	\$141.12	\$119.70	\$100.80	\$75.60
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$209.92	\$179.20	\$143.36	\$121.60	\$102.40	\$76.80
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$213.20	\$182.00	\$145.60	\$123.50	\$104.00	\$78.00
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$216.48	\$184.80	\$147.84	\$125.40	\$105.60	\$79.20
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$219.76	\$187.60	\$150.08	\$127.30	\$107.20	\$80.40
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$223.04	\$190.40	\$152.32	\$129.20	\$108.80	\$81.60
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$226.32	\$193.20	\$154.56	\$131.10	\$110.40	\$82.80
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$229.60	\$196.00	\$156.80	\$133.00	\$112.00	\$84.00
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$232.88	\$198.80	\$159.04	\$134.90	\$113.60	\$85.20
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$236.16	\$201.60	\$161.28	\$136.80	\$115.20	\$86.40
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$239.44	\$204.40	\$163.52	\$138.70	\$116.80	\$87.60
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$242.72	\$207.20	\$165.76	\$140.60	\$118.40	\$88.80
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$246.00	\$210.00	\$168.00	\$142.50	\$120.00	\$90.00

Plan Benefit Highlights

Maximum Benefit Period

Benefits are payable up to the period of time shown in the chart below, based on your age as of the Disability date for when a covered Accidental Injury or Sickness begins.

Age	Maximum Benefit Period
59 or younger	To Age 65
60 through 64	5 Years
65 through 68	To Age 70
69 or older	1 Year

Social Security Filing Assistance

If you are a candidate for social security Disability benefits, we can assist you with the application and appeal process.

When Coverage Begins

Certificates will become effective on the requested effective date following the date we approve the application, provided you are on active employment and premium has been paid.

Physician Expense Benefit

Accidental Injury - \$100.00
Sickness - \$50.00

If you need personal treatment by a physician due to an Accidental Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Accidental Injury Benefit.

Accidental Death Benefit

A lump sum of \$20,000 will be paid to your designated beneficiary if you die as the direct result of an Accidental Injury within 90 days after the Accidental Injury.

Hospital Confinement Benefit

A Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Accidental Injury or Sickness, for up to 60 days. The amount payable is 1 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration. This benefit will begin after you've met your elimination period.

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after Disability payments have been received for 180 consecutive days. We will require proof annually that you remain Disabled during that time.

Donor Benefit

If you are Disabled as a result of being an organ or tissue donor, we will pay your benefit as any other Sickness under the terms of the plan.

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Workers' Compensation law, occupational disease law or any similar act or law.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 60 (Plans I, II, III, & IV), 90 (Plan V), and 150 (Plan VI) calendar days from the date of Disability.

We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your certificate.



Minimum Disability Benefit

The Minimum Disability Benefit is 10% of the Monthly Disability Benefit or \$100.00, whichever is greater.

If You Are Disabled Due to a Covered Disability and Not Working

Your Disability payment will be calculated as follows: For the first 36 months Disability payments are provided, the Disability payment will be the lesser of your Disability Benefit; or 70% of your monthly compensation less any Deductible Sources of Income you receive or are entitled to receive. After 36 months the Disability payment will be the lesser of the Disability benefit (as indicated on your application for coverage, as approved by us) less any Deductible Sources of Income you receive or are entitled to receive; or 70% of your monthly compensation less any Deductible Sources of Income you receive or are entitled to receive. No Disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Return To Work Incentives: Disabled and Working

If you are Disabled and working, you may be eligible to continue to receive a percentage of your Disability payment in addition to your Disability earnings. If your Disability earnings exceed 80% of your monthly compensation, payments will stop and your claim will end.

• Worksite Accommodation

As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Mental Illness Limited Benefit

If you are Disabled due to a mental illness, benefits will be provided for up to 2 years, not to exceed the maximum Disability period.

Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each Disability will be paid. Benefits will not be paid for more than 15 days of Disability in any 12 month period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Accidental Injury or Sickness, it will be covered the same as any other Sickness.

Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit in any 12 month period will be payable for Disability due to a Pre- Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician, for 12 consecutive months for such condition(s).

Benefits will not be excluded for a Disability due to a Pre-Existing Condition which begins after You have been continuously covered under the Policy for 24 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us.

Pre-Existing Condition means a disease, Accidental Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Accidental Injury, Sickness, physical condition, or mental illness.

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

This rider is designed to pay a daily benefit amount for a Hospital Confinement, up to a maximum of 90 days, if you are confined to a Hospital.

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a Pre-Existing Condition as defined in the base policy. Patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Daily Benefit	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00



Spousal Accident Only Disability Benefit Rider

This rider is designed to provide a monthly benefit if your Spouse suffers a Disability due to a non-occupational accident.

Pays a monthly benefit amount to you for your Spouse who is Disabled as a result of a non-occupational accident. Benefits begin on the 31st consecutive day after the Injury and will continue for up to two years.

Monthly Benefit Amount	Annual Salary	Monthly Premium
\$500.00	up to \$10,000.00	\$4.00
\$1,000.00	\$10,001.00 - \$20,000.00	\$8.00
\$1,500.00	\$20,001.00 - \$30,000.00	\$12.00
\$2,000.00	\$30,001.00 and over	\$16.00

COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

In order to receive benefits under this rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the Disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
\$300.00	\$4.50
\$400.00	\$6.00
\$500.00	\$7.50
\$600.00	\$9.00

Survivor Benefit Rider

This rider is designed to provide a benefit to your beneficiary or estate, if you die while receiving Disability Benefits.

Benefits are payable if you have been Disabled and not working for at least 90 days, and die while receiving Disability Benefits. Pays a monthly benefit up to one year or until the maximum Disability period is exhausted, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
\$2,000.00	\$6.80

Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit based on diagnosis of a certain Critical Illness.

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions heart attack, stroke, kidney failure, paralysis, or major organ failure. In the case of heart attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Benefit Amount	Monthly Premium
\$10,000.00	\$9.80
\$15,000.00	\$13.18
\$20,000.00	\$16.56
\$25,000.00	\$19.94

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the policy. In addition to the exclusions listed in the policy, no benefits will be payable under this rider for any Hospital confinement that is caused by or resulting from mental illness or drug or alcohol abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a Hospital.

The term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or as an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Critical Illness Benefit Rider

The Critical Illness Benefit rider will not be payable for any loss caused by or resulting from: a Critical Illness when the date of diagnosis occurs during the waiting period; a Critical Illness diagnosed outside of the United States; or a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness date of diagnosis occurs before you have been continuously covered under this rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advise from a physician, during the 12-month period immediately before the effective date of this rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the date of diagnosis occurs during the Critical Illness waiting period. The waiting period is 30 days from the effective date of this rider.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American

Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. No benefits are payable for your Spouse under this rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from Spousal abuse.

Survivor Benefit Rider

The policy does not cover any loss, fatal or non-fatal, which results from: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or Sickness contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation. No Disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These riders will terminate on the same date as the policy or certificate to which it is attached.

Policy Exclusions

The policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted Injury while sane or insane.
- An act of war, declared or undeclared.
- Accidental Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.

Your coverage may be extended for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.



Your benefits, all in one place.

Manage your American Fidelity benefits and reimbursement accounts through your online account or the AFmobile® app.

Pre-Existing Conditions may apply.

*This brochure highlights important features of the policy.
Please refer to your certificate for complete details.*



American Fidelity Assurance Company
800-662-1113 • americanfidelity.com

Cancer Insurance

Plan Options



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	Basic	Enhanced Plus
Employee	\$15.80	\$31.62
Employee + Family	\$26.86	\$53.80



Group Cancer Insurance

Focus on the fight.

A cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat cancer, more and more people are beating the disease. However, with these advances also comes the continuing rise in the cost of cancer treatment.

Limited Benefit Group Cancer Insurance offers a solution to help you and your family focus on fighting the disease.

Did You Know?

New cancer cases in America are diagnosed at the rate of about 5,255 per day.

American Cancer Society: Cancer Facts and Figures 2022, P4

Plan Benefit Highlights

- **Helps cover expenses**
for cancer treatment, transportation, hospitalization and more.
- **Benefits are paid directly to you**
to be used however you see fit.
- **Portable to take with you**
even if you leave employment.
- **Coverage options are available**
for you, your spouse and your children under age 26.

Benefits designed to help cover costs.

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, **Group Cancer Insurance** may help pay for costs not covered by your primary medical insurance.

Examples:



Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for quick processing.



Travel Expenses

This benefit may help pay for qualified transportation and lodging for the patient and family.

Plan Benefit Highlights

BENEFITS	BASIC	ENHANCED PLUS
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	\$200	\$300
Enhanced Plus: Per day, up to \$15,000 per calendar year		
Medical Imaging Per image up to 2 per calendar year	\$200	\$300
Surgical	\$20 surgical unit/ Max per operation: \$2,000	\$40 surgical unit/ Max per operation: \$4,000
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	\$600
Bone Marrow or Stem Cell Transplant		
Patient Provided Per calendar year	\$500	\$1,500
Donor Provided Per calendar year	\$1,500	\$4,500
Prosthesis and Orthotic and Related Services		
Surgical 1 per site, lifetime max of 2 devices per covered person	\$1,000	\$2,000
Non-surgical 1 per site, lifetime max of 3 devices per covered person	\$100	\$200
Hair Prosthesis Once per life	\$100	\$200
Hospital Confinement Per day		
Day 1-30	\$10	\$30
Day 31+	0	0
U.S. Government/Charity Hospital		
Paid in lieu of most benefits per day	\$20	\$60
Inpatient and outpatient	\$100	\$300
Extended Care Facility Per day, up to the same number of days of paid hospital confinement	\$100	\$300
Home Health Care Per day, up to the same number of days of paid hospital confinement	\$100	\$300
Hospice Care		
Basic: Per day, up to \$18,000 lifetime max	\$100	\$300
Enhanced Plus: Per day, up to \$54,000 lifetime max		
Inpatient Special Nursing Services Per day	\$100	\$300

BENEFITS	BASIC	ENHANCED PLUS
Dread Disease Per day while hospital confined		
Day 1-30	\$100	\$300
Day 31+	\$200	\$600
Donor	\$1,000/donation	
Drugs and Medicine		
Inpatient Per confinement	\$50	\$200
Outpatient \$50 per prescription up to maximum shown per calendar month	\$50	\$100
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	\$75
Ambulance		
Ground Per trip, up to 2 per confinement	\$200	\$200
Air Per trip, up to 2 per confinement	\$2,000	\$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	\$75
Cancer Screening Follow-Up One per calendar year	\$25	\$75
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
Heart Attack or Stroke Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	N/A	\$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 PLUS
Individual	\$15.80	\$31.62
Family	\$26.86	\$53.80

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

Plan Benefit Highlights

Only loss for Cancer Unless otherwise indicated, benefits are payable only for loss resulting from definitive Cancer diagnosis or treatment, including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. The Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy does not cover any other disease, sickness or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically covered under the Dread Disease Benefit; Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

Cancer means a disease that is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or have malignant potential such as leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; aplastic anemia; atypia; non-malignant monoclonal gammopathy; or pre-malignant lesions, benign tumors or polyps.

Such Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. Pathologic interpretation of the histology of skin lesions will be accepted by dermatologists certified by the American Board of Dermatopathology. Diagnosis must be made based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen.

Radiation Therapy, Chemotherapy or Immunotherapy Benefit

We will pay the actual charges up to the benefit listed in the schedule per 12-month period. If Proof of Loss regarding actual charges for treatment is not submitted, we will pay the daily amount shown in your certificate for each day treatment is received, up to the actual charge's maximum per 12-month period. Upon receipt of actual charges Proof of Loss, we will pay the difference, up to the maximum per 12-month period. Actual charges are the amount paid by or on behalf of the Covered Person and accepted by the provider for services provided.

This benefit does not cover other related procedures such as treatment planning, treatment management or consultation, design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies, and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.).

Administrative and Lab Work Benefit Paid if the Covered Person is also receiving the Radiation Therapy, Chemotherapy or Immunotherapy Benefit during the same calendar month.

Hormone Therapy Benefit Drugs and medicines covered under the Drugs and Medicine Benefit or the Radiation Therapy, Chemotherapy or Immunotherapy Benefit are not included. This benefit does not cover associated administrative processes.

Experimental Treatment Benefit Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside the United States or its territories is not provided.

Blood, Plasma and Platelets Benefit Laboratory processes are not included. Colony-stimulating factors are not covered. Benefits for blood, plasma, and platelets are only provided under this benefit.

Medical Imaging Benefit Payable for a Covered Person who has been diagnosed with Cancer who receives either an MRI, CT scan, CAT scan, PET scan, or RAIU (thyroid) test requested by a Physician.

Surgical Benefit Payable when a surgical operation is performed for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the unit dollar amount shown in your certificate schedule. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, surgeries required for administration of Radiation Therapy, Chemotherapy or Immunotherapy are not covered under this benefit.

Anesthesia Benefit Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered.

Second and Third Surgical Opinion Benefit Payable once per diagnosis of Cancer for a second surgical opinion and a third if the second disagrees with the first. Surgical opinions for reconstructive, Skin Cancer or prosthesis surgeries are not covered.

Outpatient Hospital or Ambulatory Surgical Center Benefit Surgical procedures for Skin Cancer are not covered.

Bone Marrow or Stem Cell Transplant Benefit Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Prosthesis and Orthotic Benefit and Related Services Payable for a Prosthetic Device or Orthotic Device and, if surgery required, its surgical implantation. Prosthetic-related supplies such as special bras or ostomy pouches and supplies are not covered. Benefits for a hair prosthesis will only be covered under the Hair Prosthesis Benefit.

Covered benefits under this provision are limited to the most appropriate model of Prosthetic Device or Orthotic Device that adequately meets the medical needs of the covered person as determined by the covered person's treating physician or podiatrist and prosthetist or orthotist, as applicable. The Prosthesis Benefit will include repair and replacement of a Prosthetic Device or Orthotic Device, unless the repair or replacement is necessitated by misuse by the covered person. "Orthotic Device" means a custom-fitted or custom-fabricated medical device that is applied to a part of the human body to correct a deformity, improve function, or relieve symptoms of a disease. "Prosthetic Device" means an artificial device designed to replace, wholly or partly, an arm or leg.

Hospital Confinement Benefit Pays when the Covered Person requires

Hospital confinement for at least 18 continuous hours. We will not pay this benefit for outpatient treatment or a stay of less than 18 hours in an observation unit or emergency room. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

U.S. Government or Charity Hospital Benefit Payable when an itemized list of services is not available and the Covered Person is confined in a charity Hospital or a Hospital owned or operated by the U.S. government as a result of Cancer or Dread Disease or covered under a Diagnostic Related Group where no charges are made to the Covered Person for treatment of Cancer or Dread Disease. This benefit will be paid in lieu of most benefits listed on the schedule.

Extended Care Facility Benefit Pays a daily benefit for Physician authorized confinement that begins within 14 days after Hospital confinement.

Home Health Care Benefit Pays a daily benefit for Physician authorized private nursing care that begins within 14 days of hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services or physical or speech therapy.

Plan Benefit Highlights (cont.)

Hospice Care Benefit Pays a daily benefit when a Physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

Inpatient Special Nursing Services Benefit Pays a daily benefit when receiving Physician authorized special nursing care (other than that regularly furnished by a Hospital) for at least eight consecutive hours during 24 hours.

Dread Disease Benefit Covered Dread Diseases are Addison's Disease; Amyotrophic Lateral Sclerosis; Cystic Fibrosis; Diphtheria; Encephalitis; Grand Mal Epilepsy; Legionnaire's Disease; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Niemann-Pick Disease; Osteomyelitis; Poliomyelitis; Reye's Syndrome; Rheumatic Fever; Rocky Mountain Spotted Fever; Sickle Cell Anemia; Systemic Lupus Erythematosus; Tay-Sachs Disease; Tetanus; Toxic Epidermal; Toxic Shock Syndrome; Tuberculosis; Tularemia; Typhoid Fever; Whipple's Disease.

Donor Benefit Blood donor expenses are not covered.

Drugs and Medicine Benefit Pays a benefit for anti-nausea and pain medication for cancer treatment. It does not include associated administrative processes, drugs, or medicines covered under the Radiation Therapy, Chemotherapy or Immunotherapy Benefit or the Hormone Therapy Benefit.

Transportation and Lodging Benefits Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging for Radiation Therapy, Chemotherapy, or Immunotherapy treatment, Bone Marrow or Stem Cell Transplant, or surgery in a Hospital not available locally and at least 50 miles from the Covered Person's residence. Payable for the Covered Person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only to the Covered Person.

Ambulance Benefit If air and ground ambulance services are required on the same day, we will only pay the higher benefit amount. A Covered Person must be admitted as an inpatient and hospital confined for at least 18 consecutive hours.

Waiver of Premium Premium is waived if you are disabled due to Cancer for longer than 90 continuous days. This benefit does not apply if your spouse or children become disabled. We will require proof annually that you remain Disabled during that time.

Physical or Speech Therapy Benefit Therapy must be provided by a caregiver licensed in physical or speech therapy.

Diagnostic and Prevention Benefit Pays for a generally medically recognized screening test to detect Internal Cancer. This benefit is not payable for any test covered under the Medical Imaging Benefit.

Cancer Screening Follow-Up Benefit Payable for one follow-up invasive screening test when a Covered Person receives abnormal results from a covered screening test. For tests involving an incision or surgery, payable only for tests that result in a negative diagnosis of Cancer.

This product may contain limitations, exclusions, and waiting periods. This product is not intended for people who are eligible for Medicaid coverage. This is a brief description of the coverage. For complete benefits and other provisions, please refer to your certificate. Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile. This policy is considered an employee welfare benefit plan and/or maintained by an association or employer intended to be covered by ERISA, and will be administrated and enforced under ERISA. Group policies issued to governmental entities may be exempt from ERISA guidelines.

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Underwritten and administered by:



American Fidelity Assurance Company
americanfidelity.com

Internal Cancer Diagnosis Benefit Payable if a Physician diagnoses the person.

Heart Attack or Stroke Diagnosis Benefit Payable if a Physician diagnoses the Covered Person as having a Heart Attack or Stroke after the coverage is active for that person. This benefit is payable only for the first occurrence of either the Heart Attack or Stroke.

Limitations and Exclusions

Pre-existing condition means a Specified Disease for which the Covered Person: had treatment; or received advice from a Physician during the 12 months immediately before the Covered Person's Effective Date of coverage.

Pre-existing condition limitation No benefit will be payable for any loss caused by or resulting from a Pre-Existing Condition that occurs before a Covered Person has been continuously covered under the Policy for 12 consecutive months. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. Increases or changes in coverage will be subject to an additional Pre-Existing Condition Limitation.

Hospital intensive care unit benefit limitations No benefits will be payable during the first two years of coverage for confinement caused by any heart condition diagnosed or treated before 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated before the Effective Date).

Exclusions We will not pay benefits resulting from or caused by:

- (a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
 - (b) alcoholism or drug addiction;
 - (c) any act of war, declared or undeclared, or any act related to war;
 - (d) military service for any country at war;
 - (e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or
 - (f) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place).
- Benefits are also not payable for services performed by a Physician who is related to the Covered Person.

Termination of Insurance Your coverage may continue for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force,

the premiums are paid, and you remain eligible for the coverage under the Policy. Your coverage will end when you no longer qualify as an insured, retire, you are not on active employment, your employment terminates or you die. Your dependent's coverage will end if your coverage ends, premiums are not paid, they no longer meet the definition of a dependent or the Policy is modified to exclude dependents. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.

Critical Illness Insurance

Aflac | www.aflac.com | 800-992-3522

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.



Aflac Group Critical Illness

INSURANCE – PLAN INCLUDES BENEFITS
FOR CANCER AND HEALTH SCREENING

We help take care of your
expenses while you take
care of yourself.



Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



Here's why the Aflac Group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

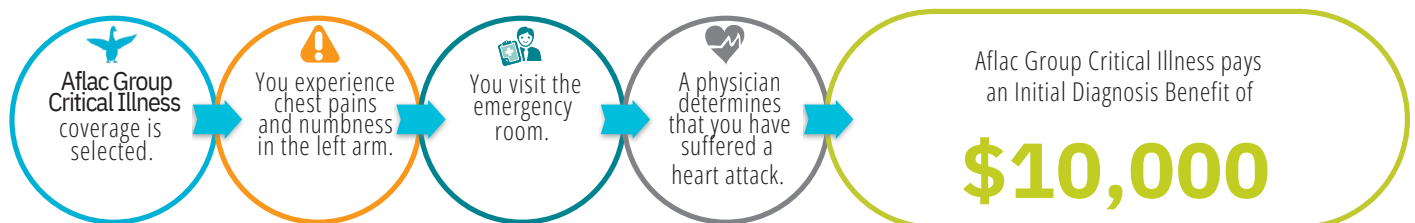
The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
 - Cancer
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant (Stem Cell Transplant)
 - Sudden Cardiac Arrest
 - Coronary Artery Bypass Surgery
 - Non-Invasive Cancer
 - Skin Cancer
 - Coma
 - Severe Burn
 - Paralysis
 - Loss of Speech/Sight/Hearing
- Health Screening Benefit

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How it works



Amount payable based on \$10,000 Initial Diagnosis Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
SEVERE BURN*	100%
PARALYSIS**	100%
COMA**	100%
LOSS OF SPEECH / SIGHT / HEARING**	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnosis is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.

**These benefits are payable for loss due to a covered underlying disease or a covered accident.

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$100 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

This benefit is not paid for dependent children.

OPTIONAL BENEFITS RIDER

BENIGN BRAIN TUMOR ADVANCED	100%
ALZHEIMER'S DISEASE ADVANCED	25%
PARKINSON'S DISEASE	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

PROGRESSIVE DISEASE RIDER:

AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

CHILDHOOD CONDITIONS RIDER

CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
TYPE 1 DIABETES	50%

One Time Benefit Amount
\$3,000

AUTISM SPECTRUM DISORDER (ASD)

Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

SPECIFIED DISEASES RIDER

Percentage of Face Amount

TIER I SPECIFIED DISEASE BENEFIT

Addison’s Disease, Cerebrospinal Meningitis, Diphtheria, Huntington’s Chorea, Legionnaire’s Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis

We will pay the benefit shown if an insured is diagnosed with one of the Tier I Specified Diseases listed, and if the date of diagnosis is while the rider is in force.

For any subsequent Tier I Specified Disease to be covered, the date of diagnosis of the subsequent Tier I Specified Disease must be 180 days or more after the date the insured first qualified for any previously paid Tier I Specified Disease Benefit.

25%

TIER II SPECIFIED DISEASE BENEFIT

Covered Diseases: Human Coronavirus

We will pay the benefit shown if an insured is diagnosed with one of the Tier II Specified Diseases listed, and such diagnosis results in either a period of hospital confinement or hospital intensive care unit confinement as a direct result of the Tier II Specified Disease. Furthermore, the date of diagnosis must be while the rider is in force.

In addition, the insured must be receiving treatment for the Tier II Specified Disease for the minimum number of days shown. Only the highest eligible benefit amount will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of hospital confinement and that confinement is extended or the insured is moved to an intensive care unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided.

For any subsequent Tier II Specified Disease to be covered, the date of diagnosis of the subsequent Tier II Specified Disease must be 180 days or more after the date the insured first qualified for any previously paid Tier II Specified Disease Benefit.

10% if confined to a hospital for 4-9 days
25% if confined to a hospital for 10 or more days
40% if confined to an intensive care unit

LIMITATIONS AND EXCLUSIONS

State references refer to the state of your group and not your resident state.

All limitations and exclusions that apply to the critical illness plan also apply to the rider unless amended by the rider.

Cancer Diagnosis Limitation Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
 - In Alaska: injuring or attempting to injure oneself intentionally
- **Suicide** – committing or attempting to commit suicide, while sane or insane;
 - In Missouri: committing or attempting to commit suicide, while sane
 - In Illinois and Minnesota: this exclusion does not apply
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job:
 - In Arizona: participating in or attempting to commit a felony, or being engaged in an illegal occupation;
 - In Florida: participating or attempting to participate in an illegal activity, or working at an illegal occupation;

- In Illinois and Pennsylvania: Illegal Occupation - committing or attempting to commit a felony or being engaged in an illegal occupation;
 - In Michigan: Illegal Occupation – the commission of or attempt to commit a felony, or being engaged in an illegal occupation;
 - In Nebraska: being engaged in an illegal occupation, or commission of or attempting to commit a felony;
 - In Ohio: committing or attempting to commit a felony, or working at an illegal job
 - **Participation in Aggressive Conflict:**
 - War (declared or undeclared) or military conflicts;
 - In Florida: War does not include acts of terrorism
 - In Oklahoma: War, or act of war, declared or undeclared when serving in the military service or an auxiliary unit thereto
 - Insurrection or riot
 - Civil commotion or civil state of belligerence
 - **Illegal Substance Abuse:**
 - Abuse of legally-obtained prescription medication
 - Illegal use of non-prescription drugs
 - In Arizona: Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician
 - In Michigan, Nevada, and South Dakota: this exclusion does not apply
- Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

TERMS YOU NEED TO KNOW

Bone Marrow Transplant (Stem Cell Transplant) means a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. For a benefit to be payable, a Bone Marrow Transplant (Stem Cell Transplant) must be caused by at least one of the following diseases:

- Aplastic anemia
- Congenital neutropenia
- Severe immunodeficiency syndromes
- Sickle cell anemia
- Thalassemia
- Fanconi anemia
- Leukemia
- Lymphoma
- Multiple myeloma

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

Cancer (internal or invasive) is a disease that meets either of the following definitions:

- A malignant tumor characterized by:
- The uncontrolled growth and spread of malignant cells, and
 - The invasion of distant tissue.

A disease meeting the diagnostic criteria of malignancy, as established by the American Board of Pathology. A pathologist must have examined and provided a report on the histocytologic architecture or pattern of the tumor, tissue, or specimen.

Cancer (internal or invasive) also includes:

- Melanoma that is Clark's Level III or higher or Breslow depth equal to or greater than 0.77mm,
- Myelodysplastic syndrome – RCMD (refractory cytopenia with multilineage dysplasia),
- Myelodysplastic syndrome – RAEB (refractory anemia with excess blasts),
- Myelodysplastic syndrome – RAEB-T (refractory anemia with excess blasts in transformation), or
- Myelodysplastic syndrome – CMML (chronic myelomonocytic leukemia).

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM Staging

Non-Invasive Cancer is a cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

For the purposes of the plan, a Non-Invasive Cancer is:

- Internal Carcinoma in Situ
- Myelodysplastic Syndrome – RA (refractory anemia)
- Myelodysplastic Syndrome – RARS (refractory anemia with ring sideroblasts)

Skin Cancer, as defined in this plan, is not payable under the Non-Invasive Cancer Benefit.

Skin Cancer is a cancer that forms in the tissues of the skin. The following are considered skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM Staging

These conditions are not payable under the Cancer (internal or invasive) Benefit.

Cancer, non-invasive cancer, or skin cancer must be diagnosed in one of two ways:

1. **Pathological Diagnosis** is a diagnosis based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This diagnosis must be made by a certified pathologist and conform to the American Board of Pathology standards.
2. **Clinical Diagnosis** is based only on the study of symptoms. A clinical diagnosis will be accepted only if:
 - A doctor cannot make a pathological diagnosis because it is medically inappropriate or life-threatening,
 - Medical evidence exists to support the diagnosis, and
 - A doctor is treating you for cancer or carcinoma in situ

Complete Remission is defined as having no symptoms and no signs that can be identified to indicate the presence of cancer.

Civil Union: In Washington DC, Civil Union is defined as a relationship similar to marriage that is recognized by law. In Illinois, a Civil Union is defined as a legal relationship between two persons, of either the same or opposite sex, established pursuant to the Illinois Religious Freedom Protection and Civil Union Act.

Severe Burn or Severely Burned means a burn resulting from fire, heat, caustics, electricity, or radiation. The burn must:

- Be a full-thickness or third-degree burn, as determined by a doctor. A Full-Thickness Burn or Third-Degree Burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues). This results in loss of fluid and sometimes shock.

- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.
- Be caused solely by or be solely attributed to a covered accident.

Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Coma does not include a medically-induced coma.

To be payable as an Accident benefit, the coma must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm
- Diabetes
- Encephalitis
- Epilepsy
- Hyperglycemia
- Hypoglycemia
- Meningitis
- Civil Union: In Washington DC, Civil Union is defined as a relationship similar to marriage that is recognized by law. In Illinois, a Civil Union is defined as a legal relationship between two persons, of either the same or opposite sex, established pursuant to the Illinois Religious Freedom Protection and Civil Union Act.

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be payable as an Accident benefit, the paralysis must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis
- Cerebral palsy
- Parkinson's disease,
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence.

Loss of Sight means the total and irreversible loss of all sight in both eyes. To be payable as an Accident benefit, loss of sight must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease
- Optic nerve disease
- Hypoxia

Loss of Speech means the total and permanent loss of the ability to speak. To be payable as an Accident benefit, loss of speech must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease
- Arteriovenous malformation

Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of hearing does not include hearing loss that can be corrected by the use of a hearing aid or device. To be payable as an Accident benefit, loss of hearing must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome
- Autoimmune inner ear disease
- Chicken pox
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

Coronary Artery Bypass Surgery means open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts and where such narrowing or blockage is attributed to coronary artery disease or acute coronary syndrome. This excludes any non-surgical procedure, such as, but not limited to, balloon angioplasty, laser relief, or stents.

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force. In Illinois, critical illness is a sickness or disease that began while the insured's coverage is in force. In South Dakota, critical illness is a disease or

a sickness that manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- Transplant: The date the surgery occurs.
- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Coma: The first day of the period for

which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.

- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Loss of Sight, Speech, or Hearing: The date the loss due to one of the underlying diseases is objectively determined by a doctor to be total and irreversible. Major Organ Transplant: The date the surgery occurs.
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s)

are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).

- Paralysis: The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis is based on clinical and/or laboratory findings as supported by the insured's medical records.
- Severe Burn: The date the burn takes place.
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition)..

Dependent means your spouse or your dependent child. Spouse is your legal wife or husband, (In Delaware, Illinois, Nevada, Oregon, or Washington DC - or a person who is in a legally recognized domestic partnership, civil union, or similar relationship with you), who is listed on your application. Dependent children are your or your spouse's natural children, step-children, legally adopted children, or children placed for adoption, who are younger than age 26 (in Indiana, this includes children subject to legal guardianship). Newborn children are automatically covered from the moment of birth.

There is an exception to the age-26 limit listed above. This limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent (in Arkansas, chiefly dependent) on a parent for support. The employee or the employee's spouse must furnish proof of this incapacity and dependency to the company within 31 days (in Indiana, 120 days) following the dependent child's 26th birthday.

- In South Dakota, this limit will not apply to any child who is incapable of self-sustaining employment and is chiefly dependent upon the insured for support and maintenance.
- In Texas, this limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support and maintenance. Dependent Children may also include grandchildren, who are unmarried, under age 26, and if they are your dependents for federal income tax purposes, or if you must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in this state.
- In New Mexico, coverage may be provided for the children of custodial and non-custodial parents.
- In Illinois, coverage of an unmarried dependent child who is under age 30 and who served in the military will not terminate if he/she is an Illinois resident, served as a member of the active or reserve components of any United States Armed Forces branch, and has received a release or discharge (other than a dishonorable discharge). To be eligible for coverage, the eligible dependent must submit to us a form approved by the Illinois Department of Veterans' Affairs stating the date on which the dependent was released from service.
- In Louisiana, dependent children must be unmarried and may also include grandchildren who are in the legal custody of and residing with a grandparent. Regarding the Age 26 limit exception - we will not require proof of incapacity and dependency more frequently than annually after the two-year period following the child's attainment of the limiting age.

Diagnosis (Diagnosed) refers to the definitive and certain identification of an illness or disease that:

- Is made by a doctor and investigations, as supported by your medical records.
- Is based on clinical or laboratory

Doctor is a person who is:

- Legally qualified to practice medicine, you have full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician,
- Licensed as a doctor by the state where treatment is received, and
- Licensed to treat the type of condition for which a claim is made.
- In Montana, for purposes of treatment,

physical therapist, or advanced practice registered nurse. • In New Mexico, a doctor is also a practitioner of the healing arts.

A doctor does not include you or any of your family members.

• In South Dakota, a doctor who is your family member may treat you if that doctor is the only doctor in the area and acts within the scope of his or her practice.

For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law.

Domestic Partner:

- In Washington DC, Domestic Partner is an unmarried same or opposite sex adult who resides with you and has registered in a state or local domestic partner registry with you.
- In Nevada, Domestic Partner is defined as a person who is party to a valid domestic partnership, has not terminated that domestic partnership, and meets the requisites for a valid domestic partnership. In order to enter into a valid domestic partnership, it is necessary that the two persons register with the state of Nevada when it is established, by having previously furnished proof to the state of Nevada, that both persons have a common residence, neither person is married or a member of another domestic partnership, the two persons are not related by blood in a way that would prevent them from being married to each other in the state of Nevada, both persons are at least 18 years of age, and both persons are competent to consent to the domestic partnership.

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the plan.

Heart Attack (Myocardial Infarction) is the death of a portion of the heart muscle (myocardium) caused by a blockage of one or more coronary arteries due to coronary artery disease or acute coronary syndrome.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac arrest not caused by a heart attack (myocardial infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:
• New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
• Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) means end-stage renal failure caused by end-stage renal disease, which results in the chronic, irreversible failure of both kidneys to function.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (end-stage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Maintenance Drug Therapy is a course of systemic medication given to a patient after a cancer goes into complete remission because of primary treatment. Maintenance Drug Therapy includes ongoing hormonal therapy, immunotherapy, or chemo-prevention therapy. Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

Major Organ Transplant means undergoing surgery as a recipient of a covered transplant of a human heart, lung, liver, kidney, or pancreas. A transplant must be caused by one or more of the following diseases:

- Bronchiectasis
- Cardiomyopathy
- Cirrhosis
- Chronic obstructive pulmonary disease
- Congenital Heart Disease
- Coronary Artery Disease
- Cystic fibrosis
- Hepatitis
- Interstitial lung disease
- Lymphangioleiomyomatosis.
- Polycystic liver disease
- Pulmonary fibrosis
- Pulmonary hypertension
- Sarcoidosis
- Valvular heart disease

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Party to a Civil Union: In Illinois, a person who has established a civil union pursuant to

the Illinois Religious Freedom Protection and Civil Union Act.

Pathologist is a doctor who is licensed:

- To practice medicine, and
- By the American Board of Pathology to practice pathologic anatomy.

A Pathologist also includes an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

Signs and/or symptoms are the evidence of disease or physical disturbance observed by a doctor or other medical professional. The doctor (or other medical professional) must observe these signs while acting within the scope of his license.

Stroke means apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. Stroke must be either:

- Ischemic: Due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain, or vascular embolism, or
- Hemorrhagic: Due to uncontrolled hypertension, malignant hypertension, brain aneurysm, or arteriovenous malformation.

The stroke must be positively diagnosed by a doctor based upon documented neurological deficits and confirmatory neuroimaging studies.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Stroke will be covered only if the Insured submits evidence of the neurological damage by providing:

- Computed Axial Tomography (CAT scan) images, or
- Magnetic Resonance Imaging (MRI).

Sudden Cardiac Arrest is the sudden, unexpected loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system heart malfunction due to coronary artery disease, cardiomyopathy, or hypertension.

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).

Total Disability or Totally Disabled means you are:

- Not working at any job for pay or benefits,
- Under the care of a doctor for the treatment of a covered critical illness, and
- Unable to Work, which means either:
 - During the first 365 days of total disability, you are unable to work at the occupation you were performing when your total disability began; or
 - After the first 365 days of total disability, you are unable to work at any gainful occupation for which you are suited by education, training, or experience.In Ohio, Unable to Work is defined as the inability to perform duties of any gainful occupation for which you are reasonably fitted by training, experience, and accomplishment.

Treatment or Medical Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

Treatment-Free From Cancer refers to the period of time without the consultation, care, or services provided by a doctor. This includes receiving diagnostic measures and taking prescribed drugs and medicines. Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

In Montana, Consultation is not considered treatment or medical treatment.

OPTIONAL BENEFITS RIDER

Date of Diagnosis is defined as follows:

- Advanced Alzheimer's Disease: The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- Advanced Parkinson's Disease: The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- Benign Brain Tumor: The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

Optional Benefit is one of the illnesses defined below and shown in the rider schedule: Advanced Alzheimer's Disease means Alzheimer's Disease that causes the insured to be incapacitated. Alzheimer's Disease is a progressive degenerative disease of the brain that

is diagnosed by a psychiatrist or neurologist as Alzheimer's Disease. To be incapacitated due to Alzheimer's Disease, the insured must:

- Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning, and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Advanced Parkinson's Disease means Parkinson's Disease that causes the insured to be incapacitated. Parkinson's Disease is a brain disorder that is diagnosed by a psychiatrist or neurologist as Parkinson's Disease. To be incapacitated due to Parkinson's Disease, the insured must:

- Exhibit at least two of the following clinical manifestations: - Muscle rigidity - Tremor - Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses), and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Benign Brain Tumor is a mass or growth of abnormal, noncancerous cells in the brain. The tumor is composed of similar cells that do not follow normal cell division and growth patterns and develop into a mass of cells that microscopically do not have the characteristic appearance of a Cancer. Benign Brain Tumor must be caused by Multiple Endocrine Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

- Multiple Endocrine Neoplasia is a genetic disease in which one or more of the endocrine glands are overactive or form a tumor.
- Neurofibromatosis is a genetic disease in which the nerve tissue grows tumors that may be benign and may cause serious damage by compressing nerves and other tissue.
- Von Hippel-Lindau Syndrome is a genetic disease that predisposes a person to have benign or malignant tumors.

Activities of Daily Living (ADLs) are activities used in measuring levels of personal functioning capacity. These activities are normally performed without assistance, allowing personal independence in everyday living. For the purposes of this plan, ADLs include the following:

- Bathing – the ability to wash oneself in a tub, shower, or by sponge bath. This includes the ability to get into and out of the tub or shower with or without the assistance of equipment;
- Dressing – the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
- Toileting – the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;
- Transferring – the ability to move in and out of a bed, chair, or wheelchair with or without the assistance of equipment;
- Mobility – the ability to walk or wheel on a level surface from one room to another with or without the assistance of equipment;
- Eating – the ability to get nourishment into the body by any means once it has been prepared and made available with or without the assistance of equipment; and
- Continence – the ability to voluntarily maintain control of bowel and/or bladder function. In the event of incontinence, the ability to maintain a reasonable level of personal hygiene.

PROGRESSIVE DISEASE RIDER

Date of Diagnosis is defined for each specified critical illness as follows:

- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a Doctor Diagnoses an Insured as having ALS and where such Diagnosis is supported by medical records.

- Sustained Multiple Sclerosis: The date a Doctor Diagnoses an Insured as having Multiple Sclerosis and where such Diagnosis is supported by medical records.
- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease) means a chronic, progressive motor neuron disease occurring when nerve cells in the brain and spinal cord that control voluntary movement degenerate, causing muscle weakness and atrophy, eventually leading to paralysis.

- Sustained Multiple Sclerosis means a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways. Sustained Multiple Sclerosis results in one of the following symptoms for at least 90 consecutive days:
 - Muscular weakness,
 - Speech disturbances, or
 - Loss of coordination,
 - Visual disturbances.

CHILDHOOD CONDITIONS RIDER

Date of Diagnosis is defined as follows:

- Autism Spectrum Disorder: The date a Doctor Diagnoses a Dependent Child as having Autism Spectrum Disorder and where such Diagnosis is supported by medical records.
- Cystic Fibrosis: The date a Doctor Diagnoses a Dependent Child as having Cystic Fibrosis and where such Diagnosis is supported by medical records.
- Cerebral Palsy: The date a Doctor Diagnoses a Dependent Child as having Cerebral Palsy and where such Diagnosis is supported by medical records.
- Cleft Lip or Cleft Palate: The date a Doctor Diagnoses a Dependent Child as having Cleft Lip or Cleft Palate and where such Diagnosis is supported by medical records.
- Down Syndrome: The date a Doctor Diagnoses a Dependent Child as having Down Syndrome and where such Diagnosis is supported by medical records.
- Phenylalanine Hydroxylase Deficiency Disease (PKU): The date a Doctor Diagnoses a Dependent Child as having PKU and where such Diagnosis is supported by medical records.
- Spina Bifida: The date a Doctor Diagnoses a Dependent Child as having Spina Bifida and where such Diagnosis is supported by medical records.
- Type I Diabetes: The date a Doctor Diagnoses a Dependent Child as having Type I Diabetes and where such Diagnosis is supported by medical records.

A Doctor must Diagnose Autism Spectrum Disorder based on DSM-V diagnostic criteria. The Diagnosis must include the DSM-V severity level specifier for both major domains listed above.

A Doctor must Diagnose Type I Diabetes based on one of the following diagnostic tests:

- Glycated hemoglobin (A1C) test
- Random blood sugar test
- Fasting blood sugar test

SPECIFIED DISEASE RIDER

Date of diagnosis is defined for each specified disease as follows:

- Adrenal Hypofunction (Addison's Disease): The date a doctor diagnoses an insured as having Adrenal Hypofunction and where such diagnosis is supported by medical records.
- Cerebrospinal Meningitis: The date a doctor diagnoses an insured as having Cerebrospinal Meningitis and where such diagnosis is supported by medical records.
- Diphtheria: The date a doctor diagnoses an insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.
- Human Coronavirus: The date a doctor diagnoses an insured as having Human Coronavirus based on laboratory findings as supported by viral testing or a blood test.
- Huntington's Chorea: The date a doctor diagnoses an insured as having Huntington's Chorea based on clinical findings as supported by medical records.
- Legionnaire's Disease: The date a doctor diagnoses an insured as having Legionnaire's Disease by finding Legionella bacteria in a clinical specimen taken from the insured.
- Malaria: The date a doctor diagnoses an insured as having Malaria and where such diagnosis is supported by medical records.
- Muscular Dystrophy: The date a doctor diagnoses an insured as having Muscular Dystrophy and where such diagnosis is supported by medical records.
- Myasthenia Gravis: The date a doctor diagnoses an insured as having Myasthenia Gravis and where such diagnosis is supported by medical records.
- Necrotizing Fasciitis: The date a doctor diagnoses an insured as having Necrotizing Fasciitis and where such diagnosis is supported by medical records.
- Osteomyelitis: The date a doctor diagnoses an insured as having Osteomyelitis and where such diagnosis is supported by medical records.
- Poliomyelitis: The date a doctor diagnoses an insured as having

Poliomyelitis and where such diagnosis is supported by medical records.

- Rabies: The date a doctor diagnoses an insured as having Rabies and where such diagnosis is supported by medical records.
- Sickle Cell Anemia: The date a doctor diagnoses an insured as having Sickle Cell Anemia and where such diagnosis is supported by medical records.
- Systemic Lupus: The date a doctor diagnoses an insured as having Systemic Lupus and where such diagnosis is supported by medical records.
- Systemic Sclerosis (Scleroderma): The date a doctor diagnoses an insured as having Systemic Sclerosis and where such diagnosis is supported by medical records.
- Tetanus: The date a doctor diagnoses an insured as having Tetanus by finding Clostridium tetani bacteria in a clinical specimen taken from the insured.
- Tuberculosis: The date a doctor diagnoses an insured as having Tuberculosis by finding Mycobacterium tuberculosis bacteria in a clinical specimen taken from the insured.

The term Hospital Intensive Care Unit specifically excludes any type of facility not meeting the definition of Hospital Intensive Care Unit as defined in the plan, including but not limited to private monitored rooms, surgical recovery rooms, observation units, and the following step-down units:

- A progressive care unit,
- A sub-acute intensive care unit, or

- An intermediate care unit.

The term Hospital specifically excludes any facility not meeting the definition of Hospital as defined in the plan, including but not limited to:

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A rehabilitation facility,
- A facility for the treatment of alcoholism or drug addiction, or
- An assisted living facility.

Human Coronavirus does not include the following Human Coronaviruses: 229E, NL63, OC43, and HKU1.

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

RATES TABLE FOR:HARLINGEN ISD-GP-36317/GROUP CRITICAL ILLNESS 21000-PLAN-239710

DEDUCTION FREQUENCY: Monthly (12pp / yr)

Employee - Non-Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.24	\$7.55	\$9.86	\$12.17	\$14.48	\$16.80	\$19.11	\$21.42	\$23.73	\$26.04
30-39	\$6.52	\$10.11	\$13.70	\$17.28	\$20.87	\$24.46	\$28.05	\$31.64	\$35.23	\$38.82
40-49	\$9.66	\$16.39	\$23.12	\$29.85	\$36.58	\$43.31	\$50.05	\$56.78	\$63.51	\$70.24
50-59	\$15.79	\$28.65	\$41.51	\$54.37	\$67.23	\$80.09	\$92.95	\$105.82	\$118.68	\$131.54
60+	\$27.31	\$51.70	\$76.08	\$100.47	\$124.85	\$149.23	\$173.62	\$198.00	\$222.39	\$246.77

Employee - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.07	\$9.20	\$12.34	\$15.47	\$18.61	\$21.74	\$24.88	\$28.01	\$31.15	\$34.28
30-39	\$8.37	\$13.81	\$19.25	\$24.69	\$30.14	\$35.58	\$41.02	\$46.46	\$51.90	\$57.34
40-49	\$13.35	\$23.78	\$34.20	\$44.63	\$55.05	\$65.47	\$75.90	\$86.32	\$96.75	\$107.17
50-59	\$23.52	\$44.11	\$64.70	\$85.29	\$105.87	\$126.46	\$147.05	\$167.64	\$188.23	\$208.82
60+	\$40.82	\$78.72	\$116.61	\$154.50	\$192.40	\$230.29	\$268.18	\$306.08	\$343.97	\$381.86

Spouse - Non-Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.96	\$7.00	\$9.03	\$11.06	\$13.10	\$15.13	\$17.16	\$19.19	\$21.23	\$23.26
30-39	\$6.24	\$9.55	\$12.86	\$16.17	\$19.48	\$22.79	\$26.11	\$29.42	\$32.73	\$36.04
40-49	\$9.38	\$15.84	\$22.29	\$28.74	\$35.19	\$41.65	\$48.10	\$54.55	\$61.01	\$67.46
50-59	\$15.51	\$28.10	\$40.68	\$53.26	\$65.84	\$78.43	\$91.01	\$103.59	\$116.17	\$128.76
60+	\$27.04	\$51.14	\$75.25	\$99.36	\$123.46	\$147.57	\$171.67	\$195.78	\$219.89	\$243.99

Spouse - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.79	\$8.64	\$11.50	\$14.36	\$17.22	\$20.07	\$22.93	\$25.79	\$28.64	\$31.50
30-39	\$8.09	\$13.26	\$18.42	\$23.58	\$28.75	\$33.91	\$39.07	\$44.24	\$49.40	\$54.56

40-49	\$13.08	\$23.22	\$33.37	\$43.51	\$53.66	\$63.81	\$73.95	\$84.10	\$94.24	\$104.39
50-59	\$23.24	\$43.55	\$63.86	\$84.17	\$104.49	\$124.80	\$145.11	\$165.42	\$185.73	\$206.04
60+	\$40.55	\$78.16	\$115.78	\$153.39	\$191.01	\$228.62	\$266.24	\$303.85	\$341.47	\$379.08

Accident Insurance

Voya | www.voya.com | 888-238-4840

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

Explore Your Benefits & Costs



Group Name: Harlingen Consolidated
Independent School District
Group Number: 666858

Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When an injury happens, Accident Insurance can help. This document includes expanded cost and benefit information for Accident Insurance. As you explore, keep in mind:



No medical questions or tests are required for Accident coverage.



Simplified claims process has limited paperwork and can be submitted/tracked online.



Benefit payments go directly to you. Use them how you'd like!

Accident Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments don't *go out* to pay for medical bills or treatments you may need, instead they *come in* —directly to you— to be used however you'd like. Choose this supplemental health insurance product for added protection if one of the following covered conditions comes your way.

Accident Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

ReliaStar Life Insurance Company
a member of the Voya® family of companies

PLAN | INVEST | PROTECT

VOYA
FINANCIAL

How much does it cost?

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates			
Low Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$4.87	\$9.74	\$10.47	\$15.34






Monthly Rates			
High Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$9.88	\$19.76	\$21.24	\$31.12

Your spouse will be covered for the same Accident benefits as you.

If you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are legal guardian can be covered up to age 26. Your children will be covered for the same benefit amounts as you. One premium amount covers all of your eligible children.

What's covered?

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. To be eligible, the accident must happen outside of work. Some of the most common treatments and conditions we pay benefits for include:

 ER treatment	 X-rays	 Physical therapy
 Stitches	 Follow-up doctor treatment(s)	

Sample payment amounts

If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like:

Accident-related treatment	Low	High
Emergency room treatment	\$200	\$250
X-ray	\$60	\$90
Physical or occupational therapy (up to six per accident)	\$40	\$60
Stitches (for lacerations, up to 2")	\$50	\$90
Follow-up doctor treatment	\$75	\$100
Hospital admission	\$1,125	\$1,750
Hospital confinement (per day, up to 365 days)	\$250	\$275

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

Additional non-insurance service(s)

Access **extra support** next time you travel

Voya Travel Assistance

When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.

Schedule of Benefits

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document.

- Your coverage includes a Sport Accident Benefit. This means that if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the accident hospital care, accident care or common injuries sections below will be increased by 25%; to a maximum additional benefit of \$1,000.

Event	Low	High
Accident hospital care		
Surgery open abdominal, thoracic	\$1,000	\$1,500
Surgery exploratory or without repair	\$140	\$200
Blood, plasma, platelets	\$500	\$625
Hospital admission	\$1,125	\$1,750
Hospital confinement per day, up to 365 days	\$250	\$275
Critical care unit confinement per day, up to 15 days	\$400	\$450
Rehabilitation facility confinement per day, up to 90 days	\$150	\$200
Coma duration of 14 or more days		
Transportation per trip, up to three per accident	\$14,500	\$18,500
Lodging per day, up to 30 days	\$650	\$800
Family care per child per day, up to 45 days	\$150	\$200
	\$20	\$30
Initial doctor visit		
Urgent care facility treatment		
Emergency room treatment	\$75	\$100
Ground ambulance	\$200	\$250
Air ambulance	\$200	\$250
Follow-up doctor treatment	\$300	\$400
Chiropractic treatment up to six per accident	\$1,250	\$2,000
Medical equipment	\$75	\$100
Physical or occupational therapy up to six per accident	\$40	\$60
Speech therapy up to 6 per accident	\$125	\$275
	\$40	\$60
Prosthetic device (one)		
Prosthetic device (two or more)	\$40	\$60
Major diagnostic exam	\$625	\$1,250
Outpatient surgery (one per accident)	\$1,000	\$2,000
X-ray	\$200	\$300
	\$200	\$250
	\$60	\$90

Event	Low	High
Common injuries		
Burns second degree, at least 36% of the body	\$1,125	\$1,500
Burns third degree, at least nine but less than 35 square inches of the body	\$6,000	\$8,500
Burns third degree, 35 or more square inches of the body	\$12,500	\$20,000
Skin grafts	50% of the burn benefit	50% of the burn benefit
Emergency dental work: crown	\$300	\$400
Extraction	\$75	\$125
Eye injury removal of foreign object	\$80	\$110
Eye injury surgery	\$275	\$400
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$175	\$250
Torn knee cartilage surgical repair	\$650	\$900
Laceration1 treated no sutures	\$25	\$50
Laceration1 sutures up to 2"	\$50	\$90
Laceration1 sutures 2" – 6"	\$200	\$350
Laceration1 sutures over 6"	\$400	\$750
Ruptured disk surgical repair	\$650	\$900
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$350	\$600
Tendon/ligament/rotator cuff one, surgical repair	\$675	\$925
Tendon/ligament/rotator cuff two or more, surgical repair	\$1,000	\$1,400
Concussion		
Paralysis - paraplegia	\$175	\$275
Paralysis - quadriplegia	\$13,500	\$18,000
	\$20,000	\$27,000

Event	Low	High
Dislocations	Non-surgical/ surgical repair²	Non-surgical/ surgical repair²
Hip joint	\$3,200/\$6,400	\$4,000/\$8,000
Knee	\$2,000/\$4,000	\$2,500/\$5,000
Ankle or foot bone(s) other than toes	\$1,200/\$2,400	\$1,700/\$3,400
Shoulder	\$1,500/\$3,000	\$2,000/\$4,000
Elbow	\$900/\$1,800	\$1,250/\$2,500
Wrist	\$900/\$1,800	\$1,250/\$2,500
Finger/toe	\$250/\$500	\$300/\$600
Hand bone(s) other than fingers	\$900/\$1,800	\$1,250/\$2,500
Lower jaw	\$900/\$1,800	\$1,250/\$2,500
Collarbone	\$900/\$1,800	\$1,250/\$2,500
Partial dislocations	25% of the non-surgical repair amount	25% of the non-surgical repair amount

Fractures	Non-surgical/ surgical repair³	Non-surgical/ surgical repair³
Hip	\$2,500/\$5,000	\$5,000/10,000
Leg	\$1,800/\$3,600	\$2,700/\$5,400
Ankle	\$1,500/\$3,000	\$2,250/\$4,500
Kneecap	\$1,500/\$3,000	\$2,250/\$4,500
Foot excluding toes, heel	\$1,500/\$3,000	\$2,250/\$4,500
Upper arm	\$1,750/\$3,500	\$2,400/\$4,800
Forearm, hand, wrist except fingers	\$1,500/\$3,000	\$2,250/\$4,500
Finger, toe	\$200/\$400	\$300/\$600
Vertebral body	\$2,800/\$5,600	\$4,000/\$8,000
Vertebral processes	\$1,200/\$2,400	\$1,750/\$3,500
Pelvis except coccyx	\$2,750/\$5,500	\$3,500/\$7,000
Coccyx	\$300/\$600	\$450/\$900
Bones of face except nose	\$1,000/\$2,000	\$1,300/\$2,600
Nose	\$500/\$1,000	\$650/\$1,300
Upper jaw	\$1,250/\$2,500	\$1,600/\$3,200
Lower jaw	\$1,200/\$2,400	\$1,750/\$3,500
Collarbone	\$1,200/\$2,400	\$1,750/\$3,500
Rib or ribs	\$350/\$700	\$450/\$900
Skull – simple except bones of face	\$1,250/\$2,500	\$1,500/\$3,000
Skull – depressed except bones of face	\$2,500/\$5,000	\$4,000/\$8,000
Sternum	\$300/\$600	\$400/\$800
Shoulder blade	\$1,500/\$3,000	\$2,250/\$4,500
Chip fractures	25% of the closed reduction amount	25% of the closed reduction amount

Laceration benefits are a total of all lacerations per accident.

² Non-surgical repair of a completely separated joint may be referred to in your policy documentation as a “closed reduction.” Surgical repair of a completely separated joint may be referred to in your policy documentation as an “open reduction.”

³ Non-surgical repair of a fracture may be referred to in your policy documentation as a “closed reduction.” Surgical repair of a fracture may be referred to in your policy documentation as an “open reduction.”

Accidental Death & Dismemberment

Your coverage also includes Accidental Death & Dismemberment benefits. This means that if you are severely injured or pass away due to an accident, additional benefits may apply. See the chart below for more details. A “common carrier” is commercial transportation that operates on a regular schedule, between predetermined points or cities (such as a bus or airline route).

	Option 1	Option 2
Accidental Death Benefits		
Common carrier accident		
Employee	\$100,000	\$200,000
Spouse	\$50,000	\$100,000
Children	\$25,000	\$50,000
Other accident		
Employee	\$50,000	\$100,000
Spouse	\$20,000	\$40,000
Children	\$10,000	\$20,000
Accidental Dismemberment Benefits		
Loss of both hand or both feet or sight in both eyes	\$28,000	\$40,000
Loss of one hand or one foot AND the sight of one eye	\$22,000	\$30,000
Loss of one hand AND one foot	\$22,000	\$30,000
Loss of one hand OR one foot	\$12,500	\$15,000
Loss of two or more fingers or toes	\$1,800	\$2,500
Loss of one finger or one toe	\$1,250	\$1,500

Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children’s Accident Insurance and AD&D are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person’s blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.

- ☐ War or any act of war, whether declared or undeclared, other than acts of terrorism.
- ☐ Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- ☐ Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- ☐ Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- ☐ Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- ☐ Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- ☐ Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- ☐ Any sickness or declining process caused by a sickness.

*Definition and limitations/exclusions may vary by state.

   **Ready to Enroll?**

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

☐ Voya Employee Benefits Customer Service at (877) 236-7564

or go to <https://presents.voya.com/EBRC/HarlingenCISD>

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-16; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR-16, Children's Accident Rider Form #RL-ACC3-CHR-16, Wellness Benefit Rider Form #RL-ACC3-WELL-16, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR-16, Catastrophic Accident Rider Form #RL-ACC3-CAR-16, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16, Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16, Waiver of Premium Rider form #RL-ACC3-WOP-16, Continuation of Insurance Rider form #RL-ACC3-CNT-16. Form numbers, provisions and availability may vary by state and employer's plan.

1222304

ACC2 Only

Date Prepared: 08/15/2022

212309-08152020

Identity Theft Protection

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.



Your identity is your most valuable asset.

Is yours protected?

iLOCK360



39 seconds is how often cyber-attacks to occur

25% of kids are projected to be affected by identity theft before turning 18

17% increase in data breaches 2018 to 2019

Identity theft is the fastest growing crime. With iLock360, you can rest easier knowing you have experienced professionals in your corner restoring your identity.

How iLOCK360 helps



Defend

Your personal information is monitored 24/7/365



Protect

Alerts inform you of potential threats for immediate action



Restore

iLOCK360 does the work to restore your identity

Take advantage of special **EDUCATOR PRICING** during open enrollment!

Monthly payroll deduction

Coverage plan	Basic	Plus	Premium
Employee	District-Paid	\$8	\$15
Employee + Spouse		\$15	\$22
Employee + Children		\$13	\$20
Employee + Family		\$20	\$27

*Plans with children include coverage for up to 10 Children under the age of 18.

Protect your identity **TODAY!**

Learn more about the protections that iLOCK360 offers:

Plan features	Service description	Basic	Plus	Premium
Identity theft resolution services				
Full-Service Identity Theft Restoration & Lost Wallet Protection 	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: <ul style="list-style-type: none"> • Lost wages or income • Attorney and legal fees • Expenses incurred for refinancing 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				

Medical Transport

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.





DID YOU KNOW?
25 MILLION PEOPLE
 are sent to the emergency room through ground or air ambulance every year*.

Insurance companies may not cover all air and ground ambulance expenses which can result in in-network out-of-pocket costs.**

Ground ambulance out-of-network transportation costs may be even higher than in-network.



EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage¹

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Contact Your Representative, to learn more:

Medical Air Services Association, Inc. is doing business as MASA MTS with its principal place of business at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. The information provided in this product information sheet is for informational purposes only. The benefits listed, and the descriptions thereof do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums and benefits vary depending on the benefits selected. Please refer to the applicable member service agreement for a complete list of benefits, premiums, and full terms, conditions, and restrictions. MASA MTS utilizes third-party transportation service-providers for all transportation services. MASA Global, MASA MTS and MASA TRS are registered service marks of MASA Holdings, Inc., a Delaware corporation.

~If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

COVERAGE TERRITORIES:

1. United States and Canada Only – Emergency Air Ambulance Coverage, Emergency Ground Ambulance Coverage, and Hospital to Hospital Ambulance Coverage benefits shall only be provided in the United States and Canada.

SOURCES:

*ACEP NOW 2014

** Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2022 and Pharmacy Benefit Manager Standards. May 5, 2021.



1250 S. Pine Island Rd., Suite 500,
Plantation, FL 33324

800-643-9023 | www.masamts.com



DID YOU KNOW?
25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year*.

Insurance companies may not cover all air and ground ambulance expenses which can result in in-network out-of-pocket costs.**

Ground ambulance out-of-network transportation costs may be even higher than in-network.



PLATINUM MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage³

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage³

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage³

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage¹

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Patient Return Transportation Coverage¹

MASA MTS provides services and covers the out-of-pocket expenses associated with coordinating a Member's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Member's home.

PLATINUM MEMBERSHIP BENEFITS

Companion Transportation Coverage²

MASA MTS provides services associated with the coordination of transportation for the Member's spouse, other family member, or companion to accompany the Member's emergency transport by a medically equipped, rotary (i.e., helicopter) or fixed-wing aircraft, giving due priority to the medical personnel and/or equipment and the welfare and safety of the patient.

Hospital Visitor Transportation Coverage²

MASA MTS provides services and covers air transportation expenses associated with coordinating a round-trip, regularly scheduled, commercial airfare for Member's spouse, other family Member or companion to join the Member in the event of in-patient hospitalization more than one hundred (100) statute miles from Member's home.

Minor Return Transportation Coverage²

MASA MTS provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of Member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, or Mortal Remains Transportation coverages. MASA MTS also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

Vehicle & RV Return Coverage²

MASA MTS provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) a safe operational car, truck, van, motorcycle, travel trailer, or motor home to the Member's home. This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages. MASA MTS pays the cost of fuel, oil and driver.

Pet Return Transportation Coverage²

MASA MTS provides services and covers out-of-pocket expenses for the return transportation to a Member's home for up to two (2) pet(s) belonging to the Member that includes either a dog, cat or other small animal(s). This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages.

Organ Retrieval & Organ Recipient Transportation Coverage⁴

MASA MTS provides services and covers air transportation expenses associated with coordinating transportation for an organ when the Member requires an organ transplant. MASA MTS will also provide service and cover transportation costs of Member and Member's spouse, other family Member or a companion should the Member need to travel to the location where the procedure will occur. If medically necessary, the organ will be transported by a medically equipped fixed-wing aircraft; otherwise, the organ is delivered by a commercial airline to the suitable airport nearest the location of the operation.

Mortal Remains Transportation Coverage¹

MASA MTS covers the air transportation expense for a Member's mortal remains in the event of their death when it occurs more than one hundred (100) statute miles from home. Remains are transported by a regularly scheduled commercial airline to the commercial airport nearest a Member's home.

Contact Your Representative, to learn more.



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~If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

COVERAGE TERRITORIES:

1. United States and Canada Only – Emergency Air Ambulance Coverage, Emergency Ground Ambulance Coverage, and Hospital to Hospital Ambulance Coverage benefits shall only be provided in the United States and Canada.

SOURCES:

*ACEP NOW 2014

** Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2022 and Pharmacy Benefit Manager Standards. May 5, 2021.



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800-643-9023 | www.masamts.com

Hospital Indemnity Insurance

Aetna | www.aetna.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!





Less stress

Aetna Hospital Indemnity Plan

Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, you can give yourself an extra financial cushion.

What is the Hospital Indemnity Plan?

The insurance plan pays benefits when you have a planned, unexpected or emergency hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump-sum benefit or a daily benefit for a covered hospital stay. You can use the benefits to help pay for any of the following medical or personal expenses.

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But the out-of-pocket costs you might have at a stay in the hospital.

The Aetna Hospital Indemnity Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

The Aetna Hospital Indemnity Plan is underwritten by Aetna Life Insurance Company (Aetna).

How can you use the cash benefits?

It's completely up to you. You can use the money any way you want, like:

- Deductibles or copays
- Mortgage or rent
- Car or other transportation
- Child care or day care
- Utilities
- Food
- Personal expenses

Easy to use

Online tools make it easy to manage your plan. File a claim by the 90th day of your hospital stay. Benefits get paid directly to you by check or direct deposit.

Because it happens

More than 35 million Americans were hospitalized in 2016¹. The average hospital stay in the U.S. costs **\$10,7002**.



Ready...or not

Carter* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay. Good thing he had the Aetna Hospital Indemnity Plan. He filed his claim and the benefits were deposited right into his bank account. That money helped make up for the time he missed while recovering, and paid some of his deductible. Now, he can focus more on his health.

A Simplified Claims Experience^M

Register on the **My Aetna Supplemental** app or on the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, and sign up for direct deposit. Filing a claim is easy! Click "Report New Claim", answer a few quick questions, and upload or take a picture of your medical bill. You can also print and mail a paper claim form to Aetna Voluntary Plans.



¹American Hospital Association. Fast facts on U.S. hospitals, 2018. February 2018. Available at: aha.org/research/rc/stat-studies/fastfacts.shtml. Accessed April 25, 2018.

²Michaels M. The 35 most expensive reasons you might have to visit a hospital in the US — and how much it costs if you do. Business Insider. March 1, 2018. Available at: businessinsider.com/most-expensive-health-conditions-hospitalcosts-2018-2. Accessed April 25, 2018.

*This is a fictional example of how the plan could work.

THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan. This insurance plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This material is for information only. Insurance plans contain exclusions and limitations. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. For more information about Aetna plans, refer to

Aetna.com.

Policy forms issued in Missouri and Oklahoma include: GR-96172 01, AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.

BENEFIT SUMMARY

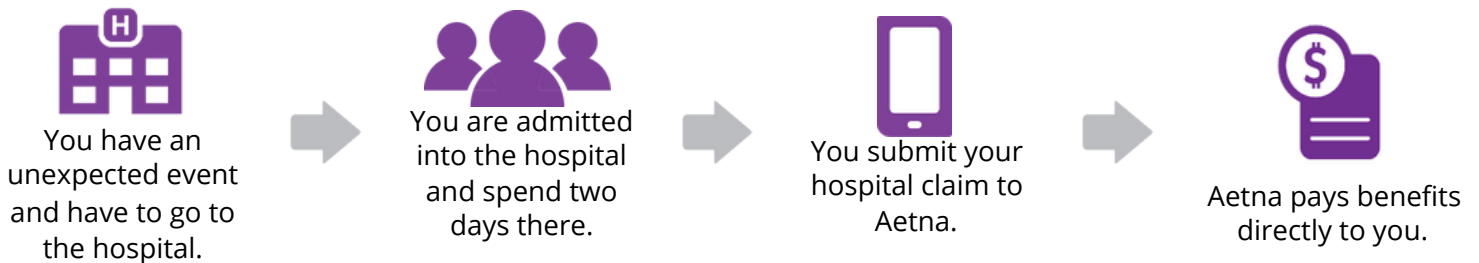
Harlingen Consolidated Independent School District

802946

Aetna Hospital Indemnity

Insurance plans are underwritten by Aetna Life Insurance Company.

Here's how the plan works:



Unless otherwise indicated, all benefits and limitations are per covered person.

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan with other fixed indemnity benefits. THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE PLANS ARE A SUPPLEMENT TO HEALTH INSURANCE AND ARE NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. These plans provide limited benefits. They pay fixed dollar benefits for covered services without regard to the health care provider's actual charges. These benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

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.

This policy, alone, does not meet Massachusetts Minimum Creditable Coverage standards.

Inpatient Stays

Covered Benefit	Low	High
<p>Hospital stay - Admission</p> <p>Provides a lump sum benefit for the initial day of your stay in a hospital.</p> <p><i>Maximum 2 stays per plan year; separated by 30 days in a row</i></p>	\$1,000	\$1,500
<p>Hospital stay - Daily</p> <p>Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p>Hospital stay - (ICU) Daily</p> <p>Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$200	\$300
<p>Newborn routine care</p> <p>Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.</p>	\$100	\$200
<p>Observation unit</p> <p>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.</p> <p><i>Maximum 1 day per plan year</i></p>	\$100	\$200
<p>Substance abuse stay - Daily</p> <p>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.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p>Mental disorder stay - Daily</p> <p>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.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p>Rehabilitation unit stay - Daily</p> <p>Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury.</p> <p><i>Maximum 30 days per plan year</i></p>	\$50	\$75
<p>Important Note: All daily inpatient stay benefits begin on day two and count toward the plan year maximum .</p>		

Waiver of premium

If you are in a hospital for more than 30 days in a row, we will waive the premium beginning on the first premium due date that occurs after the 30th day of your stay, through the next 6 months of coverage. During your stay, you must remain employed with the policyholder.

Portability

If your employment ends, and as a result your coverage under the policy ends, you can choose to continue your coverage by enabling the portability provision in your coverage. Such coverage will be available to you and any of your covered dependents.

Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits will not be paid for any stay or other service for an illness or accidental injury related to the following:

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving;
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
3. Act of war, riot, war;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Assault, felony, illegal occupation, or other criminal act;
6. Care provided by a spouse, parent, child, sibling or any other household member;
7. Cosmetic services and plastic surgery, with certain exceptions;
8. Custodial Care;
9. Hospice services, except as specifically provided in the Benefits under your plan section of the certificate;
10. Self-harm, suicide, except when resulting from a diagnosed disorder;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Care or services received outside the United States or its territories;
13. Education, training or retraining services or testing;
14. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant;
15. Exams except as specifically provided in the Benefits under your plan section of the certificate;
16. Dental and orthodontic care and treatment;
17. Family planning services;
18. Any care, prescription drugs, and medicines related to infertility;
19. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins;
20. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
21. Vision-related care

Questions and Answers

Do I have to be actively at work to enroll in coverage?

Yes, you must be actively at work in order to enroll and for coverage to take effect. You are actively at work if you are working, or are available to work, and meet the criteria set by your employer to be eligible to enroll.

Can I enroll in the Aetna Hospital Indemnity plan even though I have a Health Savings Account (HSA)?

Yes, you can still enroll in the Aetna Hospital Indemnity plan if you have a Health Savings Account.

What is considered a hospital stay?

A stay is a period during which you are admitted as an inpatient; and are confined in a: hospital, non-hospital residential facility, rehabilitation facility; and are charged for room, board and general nursing services. A stay does not include time in the hospital because of custodial or personal needs that do not require medical skills or training. A stay specifically excludes time in the hospital for observation or in the emergency room unless this leads to a stay.

If I lose my employment, can I take the Hospital Indemnity Plan with me?

Yes, you are able to continue coverage under the provision. You will need to pay premiums directly to Aetna.

How do I file a claim?

Go to myaetnasupplemental.com and either "Log In" or "Register", depending on if you've set up your account. Click the "Create a new claim" button and answer a few quick questions. You can even save your claim to finish later. You can also print/mail in form(s) to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079, or you can ask us to mail you a printed form.

What should I do in case of an emergency?

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

What if I don't understand something I've read here, or have more questions?

Please call us. We want you to understand these benefits before you decide to enroll. You may reach one of our Customer Service representatives **Monday through Friday, 8 a.m. to 6 p.m.**, by calling **1-800-607-3366**. We're here to answer questions before and after you enroll.

Important information about your benefits

IN ORDER FOR THE HOSPITAL INDEMNITY BENEFITS TO BE PAYABLE, THE INITIAL DAY OF YOUR STAY AND OTHER SERVICES MUST BE ON OR AFTER YOUR EFFECTIVE DATE OF COVERAGE.

Complaints and appeals

Please tell us if you are not satisfied with a response you received from us or with how we do business. Call Member Services to file a verbal complaint or to ask for the address to mail a written complaint. You can also e-mail Member Services through the secure member website. If you're not satisfied after talking to a Member Services representative, you can ask us to send your issue to the appropriate department.

If you don't agree with a denied claim, you can file an appeal. To file an appeal, follow the directions in the letter or explanation of benefits statement that explains that your claim was denied. The letter also tells you what we need from you and how soon we will respond.

We protect your privacy

We consider personal information to be private. Our policies protect your personal information from unlawful use. By "personal information," we mean information that can identify you as a person, as well as your financial and health information. Personal information does not include what is available to the public. For example, anyone can access information about what the plan covers. It also does not include reports that do not identify you.

When necessary for your care or treatment, the operation of our health plans or other related activities, we use personal information within our company, share it with our affiliates and may disclose it to: your doctors, dentists, pharmacies, hospitals and other caregivers, other insurers, vendors, government departments and third-party administrators (TPAs).

We obtain information from many different sources —particularly you, your employer or benefits plan sponsor if applicable, other insurers, health maintenance organizations or TPAs, and health care providers.

These parties are required to keep your information private as required by law. Some of the ways in which we may use your information include: Paying claims, making decisions about what the plan covers, coordination of payments with other insurers, quality assessment, activities to improve our plans and audits.

We consider these activities key for the operation of our plans. When allowed by law, we use and disclose your personal information in the ways explained above without your permission. Our privacy notice includes a complete explanation of the ways we use and disclose your information. It also explains when we need your permission to use or disclose your information.

We are required to give you access to your information. If you think there is something wrong or missing in your personal information, you can ask that it be changed. We must complete your request within a reasonable amount of time. If we don't agree with the change, you can file an appeal.

If you'd like a copy of our privacy notice, call **1-800-607-3366** or visit us at **www.aetna.com**.

If you require language assistance, please call Member Services at 1-800-607-3366 and an Aetna representative will connect you with an interpreter. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you're calling.

Si usted necesita asistencia lingüística, por favor llame al Servicios al Miembro a 1-800-607-3366, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.

ATTENTION MASSACHUSETTS RESIDENTS: As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at **1-877-MA-ENROLL (1-877-623-6765)** or visit the Connector website (www.mahealthconnector.org). THIS POLICY, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling **1-617-521-7794** or visiting its website at www.mass.gov/doi.

Financial Sanctions Exclusions Clause

If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit

<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Plans are underwritten by Aetna Life Insurance Company (Aetna).

This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to

www.aetna.com.

Hospital Indemnity Policy forms issued in Idaho, Oklahoma and Missouri include: AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.



Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-772-9682.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512
1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Availability of Language Assistance Services

TTY: 711 For language assistance in your language call 1-888-772-9682 at no cost. (English)

Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم 1-888-772-9682 (Arabic)

Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

日本語で援助をご希望の方は1-888-772-9682 (フリーダイヤル) までお電話ください。(Japanese)

본인의언어로통역서비스를받고싶으시면비용부담없이1-888-772-9682번으로전화해주십시오. (Korean)

برای راهنمایی به زبان شما با شماره 1-888-772-9682 هیچ هزینه ای تماس بگیرد -1. (Persian)

Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

Чтобыполучитьпомощьс переводомнавашязык, позвонитепобесплатнономеру 1-888-772-9682. (Russian)

Đểđược hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)



RATE SHEET

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



Hospital Indemnity Plan

You may enroll in one option only.

<u>Low</u>		<u>Cost</u>		<u>High</u>		<u>Cost</u>	
Yourself only		\$13.80		Yourself only		\$20.87	
Yourself & spouse		\$30.70		Yourself & spouse		\$46.36	
Yourself plus child(ren)		\$23.55		Yourself plus child(ren)		\$35.64	
Yourself and family		\$38.96		Yourself and family		\$58.92	

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

Plans are underwritten by Aetna Life Insurance Company (Aetna). Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Supplemental health plans provide limited benefits. The benefit payments are not intended to cover the full cost of medical care. Providers are independent contractors and are not agents of Aetna. This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Financial Sanctions Exclusions Clause: If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit

<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Policy forms issued in Oklahoma and Idaho include: AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.



Life & AD&D Insurance



Voya | www.voya.com | 888-238-4840

Life is precious. We take steps to insure our cars and homes but tend to fall short when it comes to insuring ourselves. A life insurance policy, combined with accidental death and dismemberment coverage, or AD&D, gives you comprehensive coverage so that you have peace of mind knowing your loved ones will be taken care of in the event of your death.

Life & AD&D Highlights

- Offers protection in the event you should die due to either natural causes or an accident.
- Benefits will be paid to the beneficiaries declared on your application.
- Covers a specific term for a predetermined benefit amount.
- Coverage would cease should employment end. However, you may be able to convert your plan to an individual policy within a certain number of days within you leaving employment.



Empowering the shift from surviving to thriving

In the United States, 7 in 10 Americans report high levels of financial stress. We're here to change that.

If you've ever felt like you're living paycheck to paycheck or like your dollar can go farther, we have just the tools to make a difference. And it's all available at no cost to you.



Meet FinPath

FinPath is a financial education program paid for by your employer to help you take control of your finances and reduce your financial stress. With FinPath, focusing on your financial goals and getting answers to your questions is easy.

Here's what you get:



Unlimited 1:1 Coaching

Personalized, confidential coaching sessions tailored to your financial needs



Financial Health Tools

Over 30+ tools to help you budget, reduce debt, plan for emergencies, and more!



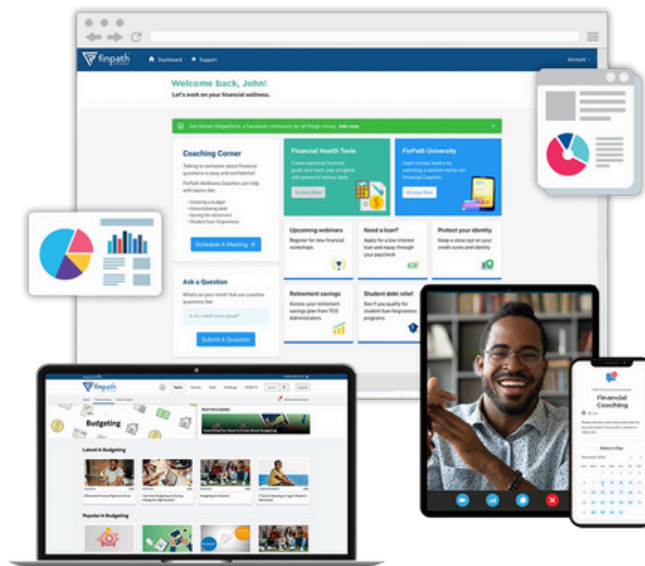
FinPath University

Participate in live and self-paced courses accessible anytime, anywhere



FinPath Perks

Get rewarded by building better financial habits through monthly gift card raffles, including a \$1,000 giveaway



Activate your free account in 3 easy steps!

1. Head to finpathwellness.com/register
2. Enter your work email address
3. Check your email for your unique activation link

Have Questions? Get Answers.

833-777-6545



finpathwellness.com/support



COBRA

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:
Superior Vision, Ameritas Dental



Voluntary Retirement Plans



OMNI & TSACG | www.tsacg.com | 850-362-6840

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, your 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	
2023	2024
\$22,500	\$23,000

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.

MEANINGFUL NOTICE / PLAN SUMMARY INFORMATION

403(b) PLAN AND 457(b) DEFERRED COMPENSATION PLAN

The 403(b) and 457(b) Plans are valuable retirement savings options. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) and 457(b) Plans offered.

Plan administration services for the 403(b) and 457(b) plans are provided by U.S. OMNI & TSACG Compliance Services. Visit the U.S. OMNI & TSACG Compliance Services' website (https://www.tsacg.com) for information about enrollment in the plan, investment product providers available, distributions, exchanges or transfers, 403(b) and/or 457(b) loans, and rollovers.

ELIGIBILITY

Most employees are eligible to participate in the 403(b) and 457(b) plans immediately upon employment; however, private contractors, appointed/elected trustees and/or school board members are not eligible to participate in the 403(b) plan. Please verify if your employer allows student workers to participate in the 403(b) plan. Eligible employees may make voluntary elective deferrals to both the 403(b) and 457(b) plans. Participants are fully vested in their contributions and earnings at all times.

EMPLOYEE CONTRIBUTIONS

Traditional 403(b) and 457(b)

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) and/or 457(b) account(s) up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Contributions to the participant's 403(b) or 457(b) accounts are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

Roth 403(b) & 457(b) Contributions

Contributions made to a Roth account are after-tax deductions from your paycheck and are subject to limit coordination with traditional accounts. Income taxes are not reduced by contributions you make to your account. All qualified distributions from Roth accounts are tax-free. Any earnings on your deposits are not taxed as long as they remain in your account for five years from the date that your first Roth contribution was made. Roth 403(b) and Roth 457(b) distributions may be taken if you are 59½ (subject to plan document provisions) or at separation from service.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. U.S. OMNI & TSACG Compliance Services monitors 403(b) plan contributions and notifies the employer in the event of an excess contribution.

THE BASIC CONTRIBUTION LIMIT FOR 2024 IS \$23,000.

Additional provisions allowed:

AGE-BASED ADDITIONAL AMOUNT

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to \$7,500 to the 403(b) and/or 457(b) accounts.

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Please note: The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For cPolenavseenineontceer; Tah MeAtoCt aclaalcunlautaolr aism aovuaniltaobfleapt ahrttticipsip:/a/wntw'swc.otsnatcrgib.cuotimon.smustnotexceedtheMaximum convenience, a MAC calculator is available at https://www.tsacg.com.



INVESTMENT PROVIDER INFORMATION

A current list of authorized 403(b) and 457(b) Investment Providers and current employer forms are available on the employer's specific Web page at <https://www.tsacg.com>.

PLAN DISTRIBUTION TRANSACTIONS

Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing. Prior to taking a loan, participants should consult a tax advisor.

PLAN-TO-PLAN TRANSFERS

A plan-to-plan transfer is defined as the movement of a 403(b) and/or 457(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.

ROLLOVERS

Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

DISTRIBUTIONS

Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations unless they have attained age 59½ or separated from service. Generally, a distribution cannot be made from a 457(b) account until you have reach age 59½ or have a severance from employment. In most cases, any withdrawals made from a 403(b) or 457(b) account are taxable in full as ordinary income.

EXCHANGES

Within each plan, participants may exchange account accumulations from one investment provider to another investment provider that is authorized under the same plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange. Exchanges can only be made from one 457(b) plan to another 457(b) plan, or from one 403(b) plan to another 403(b) plan.

403(b) and 457(b) PLAN LOANS

Participants may be eligible to borrow their 403(b) and/or 457(b) plan accumulations depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider.

HARDSHIP WITHDRAWALS

Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. To be eligible for a hardship withdrawal according to IRS Safe Harbor regulations, you must certify and may be asked to provide evidence that the distribution is being taken for specific reasons. These eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at <https://www.tsacg.com>.

UNFORESEEN FINANCIAL EMERGENCY WITHDRAWAL

You may be able to take a withdrawal from your 457(b) account in the event of an unforeseen financial emergency. An unforeseeable emergency is defined as a severe financial hardship of the participant or beneficiary. The eligibility requirements to receive a Unforeseen Financial Emergency Withdrawal are provided on the Unforeseen Financial Emergency Withdrawal Disclosure form at <https://www.tsacg.com>.

EMPLOYEE INFORMATION STATEMENT

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) and 457(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

PLAN ADMINISTRATOR CONTACT INFORMATION

Transactions

P.O. Box 4037 | Fort Walton Beach, FL 32549
Toll-free: 1-888-796-3786 | <https://www.tsacg.com>

For overnight deliveries

73 Eglin Parkway NE, Suite 202 | Fort Walton Beach, FL 32548
Toll-free: 1-888-796-3786 | <https://www.tsacg.com>

HELPFUL WEBSITES

These sites are provided for access to additional information concerning your retirement options.

U.S. OMNI & TSACG Compliance Services

<https://www.tsacg.com>

Obtain employer specific forms, the most up-to-date list of authorized investment providers, benefit information, and more.

A.M. Best Company

<https://web.ambest.com>

A good source of information on company ratings, products, and news.

Administration on Aging

<https://acl.gov>

Pertinent information on retirement, Medicare, and other concerns for retirees.

Choose to Save

American Savings Education Council

<https://www.asec.org>

Valuable information about financial security.

Employee Benefit Research Institute

<https://www.ebri.org>

Provides information on employee benefit programs.

Employee Benefits Security Administration

<https://www.dol.gov/agencies/ebsa>

Information on pensions, COBRA, Plan Sponsors, Compliance, Fraud and more.

Internal Revenue Service

<https://www.irs.gov>

Your #1 Source for tax information including changes to the tax code.

Morningstar

<https://www.morningstar.com>

Follow information on stocks, funds, and factors affecting the stock market.

Social Security Administration

<https://www.ssa.gov>

Find answers to all your questions concerning Social Security.

Standard and Poors Company

<https://www.spglobal.com>

A good source of information on company ratings, fund information, indices, and more.

U.S. OMNI & TSACG Compliance Services does not offer investment advice, sell or market any investment/insurance products.

Contact Information

Harlingen CISD Benefits Office
407 N. 77 Sunshine Strip Harlingen Tx 78550
956-430-9500
www.harlingencisd.org

FFGA
Nick Sullenger | Account Manager
956-998-8117

Product	Carrier	Website	Phone
Medical	Blue Cross Blue Shield	www.bcbstx.com	800-531-4456
Dental	Ameritas	www.ameritas.com	800-487-5553
Vision	Superior	www.superiorvision.com	800-507-3800
Employee Assistance	Compsych	www.guidanceresources.com	844-213-8968
Telehealth	Blue Cross Blue Shield	www.mdlive/bcbstx.com	888-680-8646
Flexible Spending Accounts	FSA / HSA Department	www.ffga.com	866-853-3539
Term Life and AD&D	Voya	www.voya.com	888-238-4840
Permanent Life Insurance	Texas Life	www.texaslife.com	800-283-9233
Disability	American Fidelity	www.americanfidelity.com	800-654-8489
Cancer Insurance	American Fidelity	www.americanfidelity.com	800-654-8489
Critical Illness	Aflac	www.aflac.com	800-992-3522
Accident Insurance	Voya	www.voya.com	888-238-4840
Identity Theft Protection	Ilock360	www.ilock360.com	855-287-8888

Contact Information

Harlingen CISD Benefits Office
407 N. 77 Sunshine Strip Harlingen Tx 78550
956-430-9500
www.harlingencisd.org

FFGA
Nick Sullenger | Account Manager
956-998-8117

Product	Carrier	Website	Phone
Medical Transport	Masa	www.masamts.com	954-334-8261
Hospital Indemnity	Aetna	www.aetna.com	800-607-3366
Fin Path	Omnia	www.finpathwellness.com	833-777-6545
COBRA Vision and Dental	FFGA	www.ffga.com	866-853-3539