

# HAYS CISD 2024-2025 BENEFITS GUIDE



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

# Employee Benefits Center

## A guide to your benefits!

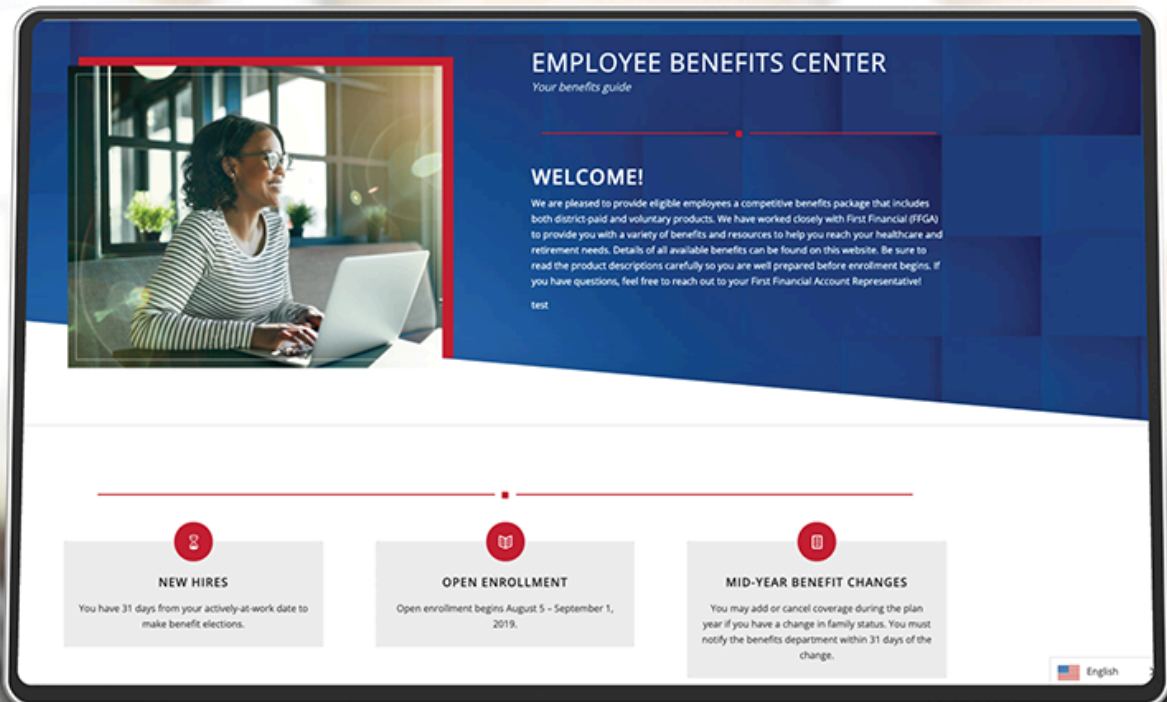
Hays CISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

[ffbenefits.ffga.com/hayscisid](https://ffbenefits.ffga.com/hayscisid)



# How to Enroll

## Benefits Enrollment

### On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your EBC for more information.

### Online Enrollment

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

**Enroll Now**

#### Login

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN (first login only): The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)
- New PIN: The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

#### View Current Benefits

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

#### View/Add Dependents

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

#### Begin Elections

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

# Benefit Eligibility & Coverage

## Employee Coverage

### Eligibility

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

### New Employees

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

### Existing Employees

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

**NOTE:** If you choose not to use a FFGA representative and self-enroll during open enrollment, you must notify us of any errors and have them corrected by August 16th. Any benefits that are self-enrolled that have not been corrected by August 16th will remain in effect until August 31, 2025, which is the end of the plan year.

### Mid-year Benefit Changes

You may add or cancel coverage during the plan year if you have a Qualifying Life Event (QLE). You must notify the benefits department within 31 days of the event for instructions and forms.

### 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.**

# Medical Coverage

## TRS-ActiveCare



Your medical plans are offered through TRS. From in- and out-of-network options to comprehensive prescription drug coverage and special health and wellness programs, TRS-ActiveCare has been designed to flexibly meet the needs of nearly half a million public education employees.

Blue Cross Blue Shield of Texas | <https://www.bcbstx.com/trsactivecare/> | 1.866.355.5999

### TRS-ActiveCare Primary

- Copays for doctor visits and generic prescriptions before you meet deductible
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

### TRS-ActiveCare HD

- Must meet deductible before plan pays for non-preventive care
- In-network and out-of-network benefits – separate out-of-network deductible/out-of-pocket maximum
- Nationwide network
- Deductible applies to medical and pharmacy
- No requirement for PCP or referrals
- Compatible with health savings account (HSA)
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

### TRS-ActiveCare Primary +

- Copays for many services and drugs
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive 2 ID cards (BCBS & Express Scripts)

### TRS-ActiveCare 2 - Closed to New Enrollees

- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

### TRS-ActiveCare Plan Prescription Benefits

Express Scripts | <https://info.express-scripts.com/trsactivecare/> | 1.844.367.6108

When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through Express Scripts which gives you access to a large, national network of retail pharmacies.

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



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

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

### How to Calculate Your Monthly Premium

- Total Monthly Premium
- Your Employer Contribution
- Your Premium

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

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
<b>Plan Summary</b>	<ul style="list-style-type: none"> <li>Lowest premium of all three plans</li> <li>Copays for doctor visits before you meet your deductible</li> <li>Statewide network</li> <li>Primary Care Provider referrals required to see specialists</li> <li>Not compatible with a Health Savings Account</li> <li>No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>Lower deductible than the HD and Primary plans</li> <li>Copays for many services and drugs</li> <li>Higher premium</li> <li>Statewide network</li> <li>Primary Care Provider referrals required to see specialists</li> <li>Not compatible with a Health Savings Account</li> <li>No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>Compatible with a Health Savings Account</li> <li>Nationwide network with out-of-network coverage</li> <li>No requirement for Primary Care Providers or referrals</li> <li>Must meet your deductible before plan pays for non-preventive care</li> </ul>

### TRS-ActiveCare 2

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

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$445	-	\$522	\$460	-	-
Employee and Spouse	\$1,202	-	\$1,358	\$1,242	-	-
Employee and Children	\$757	-	\$888	\$782	-	-
Employee and Family	\$1,513	-	\$1,723	\$1,564	-	-

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

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

In-Network	Out-of-Network
\$1,000/\$5,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	Nationwide Network
No	No

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

\$50 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

Immediate Care	Urgent Care	Emergency Care	TRS Virtual Health-HealMD™	TRS Virtual Health-TeleDoc®
Urgent Care	\$50 copay	You pay 30% after deductible	\$0 per medical consultation	\$12 per medical consultation
Emergency Care	You pay 30% after deductible	You pay 30% after deductible	\$0 per medical consultation	\$12 per medical consultation
TRS Virtual Health-HealMD™	\$0 per medical consultation	\$0 per medical consultation	\$0 per medical consultation	\$12 per medical consultation
TRS Virtual Health-TeleDoc®	\$12 per medical consultation	\$12 per medical consultation	\$12 per medical consultation	\$12 per medical consultation

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

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

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

### Wellness Benefits at No Extra Cost\*

Being healthy is easy with:

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

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

### Primary Plans & Mental Health

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

# Compare Prices for Common Medical Services

## REMEMBER:

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

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

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



# MEDICAL

## TRS-ACTIVECARE PLAN PRESCRIPTION BENEFITS

Express Scripts | [https://www.express-scripts.com/trsactivecare?r=esrx\\_com](https://www.express-scripts.com/trsactivecare?r=esrx_com) | 1.866.355.5999

When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through Express Scripts which gives you access to a large, national network of retail pharmacies.

## TRS-ACTIVECARE PLANS MONTHLY PREMIUMS

MEDICAL MONTHLY PREMIUMS				
Plan	Tier	Total Monthly Premium	Hays CISD monthly contribution	Employee Pays Per Month
TRS ACTIVE CARE PRIMARY	EMPLOYEE ONLY	\$445	\$445	\$0
TRS ACTIVE CARE PRIMARY	EMPLOYEE + SPOUSE	\$1,202	\$445	\$757
TRS ACTIVE CARE PRIMARY	EMPLOYEE + CHILD(REN)	\$757	\$445	\$312
TRS ACTIVE CARE PRIMARY	EMPLOYEE + FAMILY	\$1,513	\$445	\$1,068
TRS ACTIVE CARE PRIMARY+	EMPLOYEE ONLY	\$522	\$445	\$77
TRS ACTIVE CARE PRIMARY+	EMPLOYEE + SPOUSE	\$1,358	\$445	\$913
TRS ACTIVE CARE PRIMARY+	EMPLOYEE + CHILD(REN)	\$888	\$445	\$443
TRS ACTIVE CARE PRIMARY+	EMPLOYEE + FAMILY	\$1,723	\$445	\$1,278
TRS ACTIVE CARE HD	EMPLOYEE ONLY	\$460	\$445	\$15
TRS ACTIVE CARE HD	EMPLOYEE + SPOUSE	\$1,242	\$445	\$797
TRS ACTIVE CARE HD	EMPLOYEE + CHILD(REN)	\$782	\$445	\$337
TRS ACTIVE CARE HD	EMPLOYEE + FAMILY	\$1,564	\$445	\$1,119
TRS ACTIVE CARE 2*	EMPLOYEE ONLY	\$1,013	\$445	\$568
TRS ACTIVE CARE 2*	EMPLOYEE + SPOUSE	\$2,402	\$445	\$1,957
TRS ACTIVE CARE 2*	EMPLOYEE + CHILD(REN)	\$1,507	\$445	\$1,062
TRS ACTIVE CARE 2*	EMPLOYEE + FAMILY	\$2,841	\$445	\$2,396

\*This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare2, you can remain in this plan.

For more information, please refer to the TRS-ActiveCare website.

<https://www.trs.texas.gov/Pages/healthcare-trsactivecare-2024-25-plans.aspx>

# Dental Insurance

## Plan Choices



Cigna | [www.cigna.com](http://www.cigna.com) | 800-244-6224

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

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

Dental Monthly Premiums			
	High	Low	DHMO
Employee Only	\$42.12	\$33.67	\$11.70
Employee + Spouse	\$82.33	\$65.86	\$21.32
Employee + Children	\$90.75	\$72.59	\$20.69
Employee + Family	\$129.35	\$103.50	\$31.99

# Cigna Dental Benefit Summary – **High Plan**

Account Name: **Hays Consolidated ISD**

Plan Effective Date: **09/01/2024**



This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.

**Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

<b>Cigna Dental Choice Plan</b>				
<b>Network Options</b>	<b>In-Network:</b>		<b>Out-of-Network:</b>	
	<b>Total Cigna DPPO Network</b>		<b>See Non-Network Reimbursement</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge 90 <sup>th</sup> percentile	
<b>Calendar Year Benefits Maximum</b> Applies to: Class I, II, III & IX	\$1,500		\$1,500	
<b>Calendar Year Deductible</b>				
Individual	\$50		\$50	
Family	\$150		\$150	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b> Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain (Note: This service is administrated at the in network coinsurance level.)	100% No Deductible	No Charge No Deductible	100% No Deductible	No Charge
<b>Class II: Basic Restorative</b>	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Fillings (Amalgam and composite on all teeth) Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Brush Biopsy				
<b>Class III: Major Restorative</b>	50 % After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Repairs - Bridges, Crowns, and Inlays Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges				
<b>Class IX: Implants</b>	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible

# Cigna Dental Benefit Summary – **Low Plan**

Account Name: *Hays Consolidated ISD*

Plan Effective Date: *09/01/2024*



This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

<b>Cigna Dental Choice Plan</b>				
<b>Network Options</b>	<b>In-Network:</b>		<b>Out-of-Network:</b>	
	<b>Total Cigna DPPO Network</b>		<b>See Non-Network Reimbursement</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Allowable Charge	
<b>Calendar Year Benefits Maximum</b> Applies to: Class I, II, III & IX	\$1,500		\$1,500	
<b>Calendar Year Deductible</b>				
Individual	\$50		\$50	
Family	\$150		\$150	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b> Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain (Note: This service is administrated at the in network coinsurance level.)	100% No Deductible	No Charge No Deductible	100% No Deductible	No Charge No Deductible
<b>Class II: Basic Restorative</b> Fillings (Amalgam and composite on all teeth) Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Relines, Rebases, and Adjustments Repairs - Dentures Brush Biopsy	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
<b>Class III: Major Restorative</b> Repairs - Bridges, Crowns, and Inlays Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	50 % After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
<b>Class IV: Orthodontia</b> Coverage for Eligible Children & Adults  Lifetime Benefits Maximum: \$1,500.00	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
<b>Class IX: Implants</b>	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible

# Vision Insurance

Superior Vision By Metlife | [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) | 833-393-5433

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

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

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

Vision Monthly Premium		
	High Plan	Low Plan
Employee Only	\$11.60	\$8.72
Employee + Spouse	\$23.19	\$17.45
Employee + Children	\$24.82	\$18.67
Employee + Family	\$39.68	\$29.85



## Hays CISD – Superior Vision High Plan Summary

### With your Superior Vision Preferred Provider Organization (PPO) Plan you can:

- Go to any licensed Superior vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco<sup>®</sup> Optical, Walmart<sup>®</sup>, Sam's Club<sup>®</sup> and Visionworks<sup>®</sup>.

### In-network value added features: Monthly Premiums

**Additional savings on lens enhancements:**<sup>5</sup> Save an average 20-25% savings over retail on all lens enhancements not otherwise covered under the Superior Vision Insurance program.

**Additional savings on glasses and sunglasses:**<sup>5</sup> 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

**Additional savings on frames:**<sup>5</sup> 20% off any amount over your frames allowance.

**Additional savings on contacts:**<sup>5</sup> Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses. Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses.

**Laser vision correction:**<sup>5</sup> Savings of 20% - 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

• <i>Employee Only:</i>	<b>\$11.60</b>
• <i>Employee + Spouse:</i>	<b>\$23.19</b>
• <i>Employee + Child(ren):</i>	<b>\$24.82</b>
• <i>Employee + Family:</i>	<b>\$39.68</b>

### In-network benefits

There are no claims for you to file when you go to an in-network Superior vision provider. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/contact allowance at the time of service.

<u>Eye exam</u>	<u>Frequency</u>
• Eye health exam, dilation, prescription, and refraction for glasses: after a <b>\$10</b> copay.	Once every <b>12</b> months
• Retinal imaging: Up to a <b>\$39</b> copay on routine retinal screening when performed by a private practice.	

<u>Frame</u>	<u>Frequency</u>
• Allowance: <b>\$170</b> after \$20 eyewear copay	Once every <b>12</b> months
• Additional allowance of 20% at select providers. Visit <a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a> to locate participating providers Look for the star icon (★).	
• Costco, Walmart, and Sam's Club have a \$75 allowance after \$20 eyewear copay; additional discounts do not apply at these providers.	

<u>Standard corrective lenses</u>	<u>Frequency</u>
• Single vision, lined bifocal, lined trifocal, lenticular: after a <b>\$20</b> eyewear copay. <sup>1</sup>	Once every <b>12</b> months

<u>Extra lens enhancements</u> <sup>2</sup>	<u>Frequency</u>
• Standard Polycarbonate (child up to age 18) <sup>3</sup> , Progressive lenses (Standard, Progressive, and Premium/Custom), Standard Polycarbonate (adult) and Photochromic : <b>Covered in full</b>	Once every <b>12</b> months
• UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, , Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): <b>Your cost will be limited to a discounted member out of pocket amount (MOOP) that MetLife has negotiated for you.</b> These amounts may be viewed after enrollment at <a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a> .	

### Second Pair

- This benefit gives you additional eyewear coverage. You can get:
- Two pairs of prescription eyeglasses, or eyeglasses and prescription sunglasses
  - One pair of prescription eyeglasses and an allowance toward contact lenses, or
  - Double your contact lens allowance

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>2</sup> The above list highlights some of the most popular lens enhancements and is not a complete listing.

<sup>3</sup> Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

## Other in-network features - continued:

**Hearing discounts:** <sup>5</sup> A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

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### Contact lenses (instead of eyeglasses)<sup>4</sup>

Once every 12 months

Contact fitting and evaluation: Standard fitting; Covered in full after **\$25** copay

- Specialty fitting: **\$50** allowance after **\$25** copay
- Elective lenses: **\$170** allowance after **\$20** eyewear copay
- Medically Necessary lenses: **Covered in full** with prior authorization
- Discounts:<sup>4</sup>
  - Conventional contacts: **20%** off the amount that you pay over your allowance and on purchases of additional contact lenses
  - Disposable contacts: **10%** off the amount that you pay over your allowance and on purchases of additional contact lenses

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## We're here to help

Find a Superior Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision) and select 'Superior Vision by MetLife'.

For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

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- <sup>4</sup> Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.
  - <sup>5</sup> These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart and Sam's Club. Please check with your in-network vision provider.

## Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

- Eye exam: up to **\$45**
- Frames: up to **\$70**
- Single vision lenses: up to **\$30**
- Lined bifocal lenses: up to **\$50**
- Lined trifocal lenses: up to **\$65**
- Lenticular lenses: up to **\$100**
- Progressive lenses: up to **\$50**
- Contact lenses:
  - Elective lenses up to **\$105**
  - Necessary lenses up to **\$210**

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**Important:** If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision, Inc. ("Superior Vision"), a New York 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.

## Hays CISD – Superior Vision Low Plan Summary

### With your Superior Vision Preferred Provider Organization (PPO) Plan you can:

- Go to any licensed Superior vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco<sup>®</sup> Optical, Walmart<sup>®</sup>, Sam's Club<sup>®</sup> and Visionworks<sup>®</sup>.

### In-network value added features: **Monthly Premiums**

**Additional savings on lens enhancements:**<sup>5</sup> Save an average 20-25% savings over retail on all lens enhancements not otherwise covered under the Superior Vision Insurance program.

**Additional savings on glasses and sunglasses:**<sup>5</sup> 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

**Additional savings on frames:**<sup>5</sup> 20% off any amount over your frames allowance.

**Additional savings on contacts:**<sup>5</sup> Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses. Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses.

**Laser vision correction:**<sup>5</sup> Savings of 20% - 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

• <i>Employee Only:</i>	<b>\$8.72</b>
• <i>Employee + Spouse:</i>	<b>\$17.45</b>
• <i>Employee + Child(ren):</i>	<b>\$18.67</b>
• <i>Employee + Family:</i>	<b>\$29.85</b>

### In-network benefits

There are no claims for you to file when you go to an in-network Superior vision provider. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/contact allowance at the time of service.

	<b>Frequency</b>
<b>Eye exam</b>	Once every <b>12</b> months
• Eye health exam, dilation, prescription, and refraction for glasses: after a <b>\$10</b> copay.	
• Retinal imaging: Up to a <b>\$39</b> copay on routine retinal screening when performed by a private practice.	

<b>Frame</b>	Once every <b>12</b> months
• Allowance: <b>\$150</b> after \$20 eyewear copay	
• Additional allowance of 20% at select providers. Visit <a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a> to locate participating providers Look for the star icon (*).	
• Costco, Walmart and Sam's Club have \$75 allowance after \$20 eyewear copay; additional discount does not apply at these 3 providers.	

<b>Standard corrective lenses</b>	Once every <b>12</b> months
• Single vision, lined bifocal, lined trifocal, lenticular: after a <b>\$20</b> eyewear copay. <sup>1</sup>	

<b>Standard lens enhancements</b> <sup>2</sup>	Once every <b>12</b> months
• Standard Polycarbonate (child up to age 18) <sup>3</sup> : <b>Covered in full</b>	
• Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): <b>Your cost will be limited to a discounted member out of pocket amount (MOOP) that MetLife has negotiated for you.</b> These amounts may be viewed after enrollment at <a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a> .	

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>2</sup> The above list highlights some of the most popular lens enhancements and is not a complete listing.

<sup>3</sup> Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.



## Other in-network features - continued:

**Hearing discounts:** <sup>5</sup> A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

## **Contact lenses (instead of eyeglasses)**<sup>4</sup>

Once every 12 months

Contact fitting and evaluation:

- Standard fitting; Covered in full after **\$25** copay
- Specialty fitting: **\$50** allowance after **\$25** copay
- Elective lenses: **\$150** allowance
- Medically Necessary lenses: **Covered in full** with prior authorization
- Discounts:<sup>4</sup>
  - Conventional contacts: **20%** off the amount that you pay over your allowance and on purchases of additional contact lenses
  - Disposable contacts: **10%** off the amount that you pay over your allowance and on purchases of additional contact lenses

## We're here to help

Find a Superior Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision) and select 'Superior Vision by MetLife'.

For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

- <sup>4</sup> Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.
- <sup>5</sup> These features may not be available in all states and with all in-network vision providers. Discounts are not available at Costco, Walmart and Sam's Club. Please check with your in-network vision provider.

## Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

- Eye exam: up to **\$45**
- Frames: up to **\$70**
- Single vision lenses: up to **\$30**
- Lined bifocal lenses: up to **\$50**
- Lined trifocal lenses: up to **\$65**
- Lenticular lenses: up to **\$100**
- Progressive lenses: up to **\$50**
- Contact lenses:
  - Elective lenses up to **\$105**
  - Necessary lenses up to **\$210**

**Important:** If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision, Inc. ("Superior Vision"), a New York 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.

# Flexible Spending Accounts

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com)  
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

## Medical FSA

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

**Your maximum contribution amount for 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.

# Health Savings Account

First Financial Administrators, Inc. | [www.ffga.com](http://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.
- Funds will be deposited after each payroll is processed.

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

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

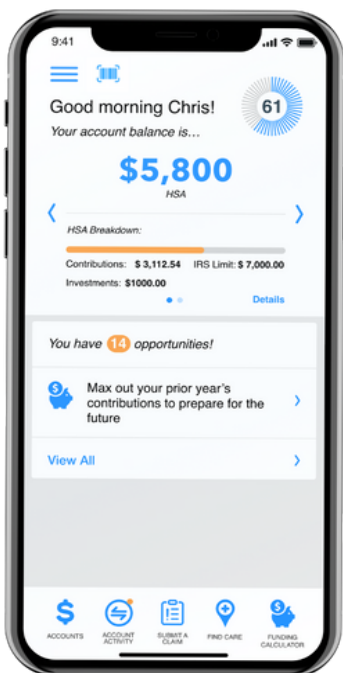
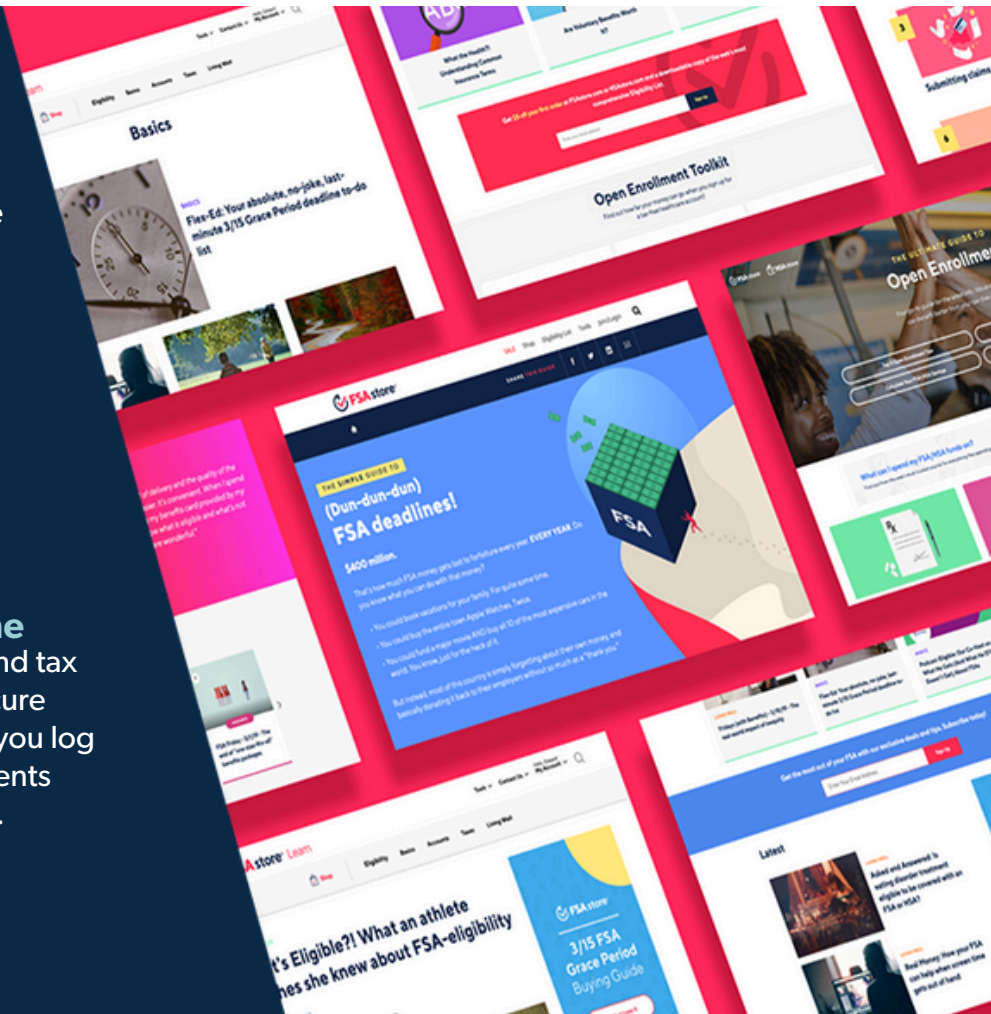
# FSA & HSA Resources

## 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](http://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

UNUM | [www.unum.com](http://www.unum.com) | 866-679-3054

### Employer-Paid Term Life & AD&D Insurance

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

### Voluntary Term Life Insurance

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



# Texas Life

## Permanent Life



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

**CHILDREN AND GRANDCHILDREN (NON-TOBACCO)**  
with Accidental Death Rider  
Grandchild coverage available through age 18.

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

**Indicates Spouse Coverage Available**

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

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

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

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

**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
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
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

**CHILDREN AND GRANDCHILDREN (TOBACCO)**  
with Accidental Death Rider  
Grandchild coverage available through age 18.

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

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

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

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

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

**Indicates Spouse Coverage Available**



# Disability Insurance

UNUM | [www.unum.com](http://www.unum.com) | 866-679-3054

## 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?





**HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT**

**Costs Effective as of September 1, 2023**

*Costs below are based on a **Monthly** payroll deduction  
(Employer billing mode is based on **12 Payments** per year)*

<b>Product:</b> Educator Select Income Protection Plan			<b>Plan A</b>				
			<b>SS ADEA Duration of Benefits</b>				
			<b>Elimination Period (Days)</b>				
<b>Injury (Days)</b>			14*	30*	60	90	180
<b>Sickness (Days)</b>			14*	30*	60	90	180
<b>Annual Earnings</b>	<b>Monthly Earnings</b>	<b>Maximum Monthly Benefit</b>					
3600	300	200	\$5.40	\$3.46	\$2.98	\$1.60	\$1.10
5400	450	300	\$8.10	\$5.19	\$4.47	\$2.40	\$1.65
7200	600	400	\$10.80	\$6.92	\$5.96	\$3.20	\$2.20
9000	750	500	\$13.50	\$8.65	\$7.45	\$4.00	\$2.75
10800	900	600	\$16.20	\$10.38	\$8.94	\$4.80	\$3.30
12600	1050	700	\$18.90	\$12.11	\$10.43	\$5.60	\$3.85
14400	1200	800	\$21.60	\$13.84	\$11.92	\$6.40	\$4.40
16200	1350	900	\$24.30	\$15.57	\$13.41	\$7.20	\$4.95
18000	1500	1000	\$27.00	\$17.30	\$14.90	\$8.00	\$5.50
19800	1650	1100	\$29.70	\$19.03	\$16.39	\$8.80	\$6.05
21600	1800	1200	\$32.40	\$20.76	\$17.88	\$9.60	\$6.60
23400	1950	1300	\$35.10	\$22.49	\$19.37	\$10.40	\$7.15
25200	2100	1400	\$37.80	\$24.22	\$20.86	\$11.20	\$7.70
27000	2250	1500	\$40.50	\$25.95	\$22.35	\$12.00	\$8.25
28800	2400	1600	\$43.20	\$27.68	\$23.84	\$12.80	\$8.80
30600	2550	1700	\$45.90	\$29.41	\$25.33	\$13.60	\$9.35
32400	2700	1800	\$48.60	\$31.14	\$26.82	\$14.40	\$9.90
34200	2850	1900	\$51.30	\$32.87	\$28.31	\$15.20	\$10.45
36000	3000	2000	\$54.00	\$34.60	\$29.80	\$16.00	\$11.00
37800	3150	2100	\$56.70	\$36.33	\$31.29	\$16.80	\$11.55
39600	3300	2200	\$59.40	\$38.06	\$32.78	\$17.60	\$12.10
41400	3450	2300	\$62.10	\$39.79	\$34.27	\$18.40	\$12.65
43200	3600	2400	\$64.80	\$41.52	\$35.76	\$19.20	\$13.20
45000	3750	2500	\$67.50	\$43.25	\$37.25	\$20.00	\$13.75
46800	3900	2600	\$70.20	\$44.98	\$38.74	\$20.80	\$14.30
48600	4050	2700	\$72.90	\$46.71	\$40.23	\$21.60	\$14.85
50400	4200	2800	\$75.60	\$48.44	\$41.72	\$22.40	\$15.40
52200	4350	2900	\$78.30	\$50.17	\$43.21	\$23.20	\$15.95
54000	4500	3000	\$81.00	\$51.90	\$44.70	\$24.00	\$16.50
55800	4650	3100	\$83.70	\$53.63	\$46.19	\$24.80	\$17.05
57600	4800	3200	\$86.40	\$55.36	\$47.68	\$25.60	\$17.60
59400	4950	3300	\$89.10	\$57.09	\$49.17	\$26.40	\$18.15
61200	5100	3400	\$91.80	\$58.82	\$50.66	\$27.20	\$18.70
63000	5250	3500	\$94.50	\$60.55	\$52.15	\$28.00	\$19.25
64800	5400	3600	\$97.20	\$62.28	\$53.64	\$28.80	\$19.80
66600	5550	3700	\$99.90	\$64.01	\$55.13	\$29.60	\$20.35
68400	5700	3800	\$102.60	\$65.74	\$56.62	\$30.40	\$20.90
70200	5850	3900	\$105.30	\$67.47	\$58.11	\$31.20	\$21.45
72000	6000	4000	\$108.00	\$69.20	\$59.60	\$32.00	\$22.00
73800	6150	4100	\$110.70	\$70.93	\$61.09	\$32.80	\$22.55
75600	6300	4200	\$113.40	\$72.66	\$62.58	\$33.60	\$23.10
77400	6450	4300	\$116.10	\$74.39	\$64.07	\$34.40	\$23.65
79200	6600	4400	\$118.80	\$76.12	\$65.56	\$35.20	\$24.20
81000	6750	4500	\$121.50	\$77.85	\$67.05	\$36.00	\$24.75
82800	6900	4600	\$124.20	\$79.58	\$68.54	\$36.80	\$25.30
84600	7050	4700	\$126.90	\$81.31	\$70.03	\$37.60	\$25.85
86400	7200	4800	\$129.60	\$83.04	\$71.52	\$38.40	\$26.40
88200	7350	4900	\$132.30	\$84.77	\$73.01	\$39.20	\$26.95
90000	7500	5000	\$135.00	\$86.50	\$74.50	\$40.00	\$27.50
91800	7650	5100	\$137.70	\$88.23	\$75.99	\$40.80	\$28.05
93600	7800	5200	\$140.40	\$89.96	\$77.48	\$41.60	\$28.60

REF #: 6113003

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

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



**HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT**

**Costs Effective as of September 1, 2023**

*Costs below are based on a **Monthly** payroll deduction  
(Employer billing mode is based on **12 Payments** per year)*

<b>Product:</b>			<b>Plan A</b>				
Educator Select Income Protection Plan			SS ADEA Duration of Benefits				
			<b>Elimination Period (Days)</b>				
<b>Injury (Days)</b>			14*	30*	60	90	180
<b>Sickness (Days)</b>			14*	30*	60	90	180
<b>Annual Earnings</b>	<b>Monthly Earnings</b>	<b>Maximum Monthly Benefit</b>					
95400	7950	<b>5300</b>	\$143.10	\$91.69	\$78.97	\$42.40	\$29.15
97200	8100	<b>5400</b>	\$145.80	\$93.42	\$80.46	\$43.20	\$29.70
99000	8250	<b>5500</b>	\$148.50	\$95.15	\$81.95	\$44.00	\$30.25
100800	8400	<b>5600</b>	\$151.20	\$96.88	\$83.44	\$44.80	\$30.80
102600	8550	<b>5700</b>	\$153.90	\$98.61	\$84.93	\$45.60	\$31.35
104400	8700	<b>5800</b>	\$156.60	\$100.34	\$86.42	\$46.40	\$31.90
106200	8850	<b>5900</b>	\$159.30	\$102.07	\$87.91	\$47.20	\$32.45
108000	9000	<b>6000</b>	\$162.00	\$103.80	\$89.40	\$48.00	\$33.00
109800	9150	<b>6100</b>	\$164.70	\$105.53	\$90.89	\$48.80	\$33.55
111600	9300	<b>6200</b>	\$167.40	\$107.26	\$92.38	\$49.60	\$34.10
113400	9450	<b>6300</b>	\$170.10	\$108.99	\$93.87	\$50.40	\$34.65
115200	9600	<b>6400</b>	\$172.80	\$110.72	\$95.36	\$51.20	\$35.20
117000	9750	<b>6500</b>	\$175.50	\$112.45	\$96.85	\$52.00	\$35.75
118800	9900	<b>6600</b>	\$178.20	\$114.18	\$98.34	\$52.80	\$36.30
120600	10050	<b>6700</b>	\$180.90	\$115.91	\$99.83	\$53.60	\$36.85
122400	10200	<b>6800</b>	\$183.60	\$117.64	\$101.32	\$54.40	\$37.40
124200	10350	<b>6900</b>	\$186.30	\$119.37	\$102.81	\$55.20	\$37.95
126000	10500	<b>7000</b>	\$189.00	\$121.10	\$104.30	\$56.00	\$38.50
127800	10650	<b>7100</b>	\$191.70	\$122.83	\$105.79	\$56.80	\$39.05
129600	10800	<b>7200</b>	\$194.40	\$124.56	\$107.28	\$57.60	\$39.60
131400	10950	<b>7300</b>	\$197.10	\$126.29	\$108.77	\$58.40	\$40.15
133200	11100	<b>7400</b>	\$199.80	\$128.02	\$110.26	\$59.20	\$40.70
135000	11250	<b>7500</b>	\$202.50	\$129.75	\$111.75	\$60.00	\$41.25
136800	11400	<b>7600</b>	\$205.20	\$131.48	\$113.24	\$60.80	\$41.80
138600	11550	<b>7700</b>	\$207.90	\$133.21	\$114.73	\$61.60	\$42.35
140400	11700	<b>7800</b>	\$210.60	\$134.94	\$116.22	\$62.40	\$42.90
142200	11850	<b>7900</b>	\$213.30	\$136.67	\$117.71	\$63.20	\$43.45
144000	12000	<b>8000</b>	\$216.00	\$138.40	\$119.20	\$64.00	\$44.00

REF #: 6113003

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

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

# Cancer Insurance

## Plan Options



American Fidelity | [www.americanfidelity.com/](http://www.americanfidelity.com/) | 800-654-8489

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

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

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

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



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

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

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

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

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

# Critical Illness Insurance

Aetna | [www.myaetnasupplemental.com](http://www.myaetnasupplemental.com) | 800-607-3366

## Prepare For the Unexpected

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

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

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





# By your side

## Aetna Critical Illness Plan

### Be prepared for what happens next

Critical illness insurance coverage can keep you focused on your health when it matters most. This extra coverage can help ease some financial worries during a difficult time.

### What is the Critical Illness Plan?

The Aetna Critical Illness Plan pays benefits when a doctor diagnoses you with a covered serious illness or condition, like heart attack, stroke, cancer and more\*. You can use the benefits to help pay out-of-pocket medical costs or towards personal expenses.

### How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that can come with a serious illness.

The Aetna Critical Illness 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.

\*Refer to your plan documents to see all covered illnesses under the plan.

**The Aetna Critical Illness 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 paying for:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or for anything else **you** choose.

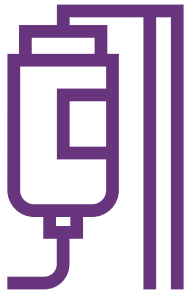
### Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a diagnosis for a covered illness. And, benefits get paid directly to you by check or direct deposit.



## Did you know?

More than **1 in 3** Americans have heart disease, making it the most expensive health condition in the U.S. at a combined \$555 billion<sup>1</sup>.



### Having less to worry about

Dan\* knows that heart disease runs in his family. And when a heart attack struck, he was thankful he had the Aetna Critical Illness plan.

He submitted his claim easily online and his benefits were deposited directly into his bank account.

He was able to use the money to help pay his out-of-pocket medical costs and other bills such as his children's daycare tuition.

## A Simplified Claims Experience™

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.



<sup>1</sup>WebMD. Top 11 Medical Expenses. November, 2021. Available at: <https://www.webmd.com/healthy-aging/ss/slideshow-top-11-medical-expenses>. Accessed June 3, 2022.

\*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.**

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 Oklahoma include:** GR-96843, AL HCOC-VOL CI 01, AL HPOL-VOL CI 01.

**Policy forms issued in Missouri include:** GR-96844 01, AL HCOC-VOL CI 01, AL HPOL-VOL CI 01.



# BENEFIT SUMMARY



**Hays Consolidated ISD**

**803090**

## **Aetna Critical Illness Plan**

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

**Insurance plans are underwritten by Aetna Life Insurance Company.**

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

### **Face Amounts**

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

### **Critical Illness Benefits – Autoimmune**

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

## Critical Illness Benefits – Childhood Condition

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

## Critical Illness Benefits - Chronic Condition

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

## Critical Illness Benefits - Infectious Disease

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
<p><b>Cholera</b> Pays a benefit when you are diagnosed with Cholera by a physician.</p>	25%
<p><b>Coronavirus</b> "Pays a benefit when you are diagnosed with Coronavirus. Coronaviruses (CoV) are a large family of viruses that cause illness in people such as:  <ul style="list-style-type: none"> <li>• CoV or SARS-CoV-1 is the coronavirus that causes severe acute respiratory syndrome (SARS).</li> <li>• SARS-CoV-2 is the coronavirus that causes COVID-19.</li> <li>• MERS-CoV is the coronavirus that causes Middle East Respiratory Syndrome (MERS). MIS-C and MIS-A are associated with the COVID-19 coronavirus strain.</li> </ul> You must have a stay in a hospital, rehabilitation unit, or skilled nursing facility for at least 5 consecutive days."</p>	100%
<p><b>Creutzfeldt-Jakob disease</b> Pays a benefit when you are diagnosed with Creutzfeldt-Jakob disease (CJD). You must have a stay in a hospital, rehabilitation unit, or skilled nursing facility for at least 5 consecutive days.</p>	25%
<p><b>Diphtheria</b> Pays a benefit when you are diagnosed with Diphtheria by a physician.</p>	25%
<p><b>Ebola</b> Pays a benefit when you are diagnosed with Ebola. You must have a stay in a hospital, rehabilitation unit, or skilled nursing facility for at least 5 consecutive days.</p>	25%
<p><b>Encephalitis</b> Pays a benefit when you are diagnosed with Encephalitis by a physician. Encephalitis does not include encephalitis resulting from any human immuno-deficiency virus (HIV) infection or other ancillary infections resulting from the HIV infection.</p>	25%
<p><b>Hepatitis - occupational</b> Pays a benefit when you are diagnosed with Occupational hepatitis B, C, or D resulting from accidental exposure by contaminated body fluids.</p>	25%
<p><b>Human immunodeficiency virus (HIV) - occupational</b> Pays a benefit when you are diagnosed with Occupational Human immunodeficiency virus (HIV). HIV means the presence of HIV or antibodies to the HIV virus which is caused by an accidental needle stick or sharp injury or by mucous membrane exposure to blood or bloodstained bodily fluid.</p>	25%
<p><b>Legionnaire's disease</b> Pays a benefit when you are diagnosed with Legionnaire's disease by a physician.</p>	25%
<p><b>Lyme disease</b> Pays a benefit when you are diagnosed with Lyme Disease by a physician.</p>	25%
<p><b>Malaria</b> Pays a benefit when you are diagnosed with Malaria by a physician.</p>	25%
<p><b>Meningitis - Bacterial , Viral , Fungal , Parasitic , Amebic</b> Pays a benefit when you are diagnosed with Bacterial meningitis by a physician.</p>	25%

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

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

## Critical Illness Benefits – Neurological (Brain)

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

## Critical Illness Benefits – Other

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

## Critical Illness Benefits – Vascular (Heart)

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

## Critical Illness Benefit Features

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

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



## Cancer Benefits

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
<p><b>Cancer (invasive)</b> Pays a benefit when you are diagnosed with Cancer (invasive) that is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells.</p>	100%
<p><b>Carcinoma in situ (non-invasive)</b> Pays a benefit when you are diagnosed with Carcinoma in situ that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue. Skin cancer will not be considered carcinoma in situ for purposes of this Certificate.</p>	25%
<p><b>Skin cancer</b> Pays a benefit when you are diagnosed with Skin Cancer (melanoma of Clark's Level I or II Breslow less than .75mm); basal cell carcinoma; or squamous cell carcinoma of the skin. Skin cancer benefit provides coverage for invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic.</p>	\$1,000
<p><i>Maximum per lifetime</i></p>	1
<p><b>Recurrence cancer (invasive) diagnosis</b> If an insured person has been initially diagnosed with and received a benefit for cancer (invasive) under this plan and is then diagnosed with any kind of cancer (invasive) again at the number of days specified in the minimum below or later, we will pay the stated percentage of the Cancer Benefit for Cancer (invasive) as shown on the Schedule of Benefits for the cancer (invasive) diagnosed.</p>	100%
<p><i>Minimum days between diagnosis of cancer (invasive);**</i> <i>No benefit payable if the recurrence occurs within a time frame less than the number of days specified</i></p>	180 days
<p><b>Recurrence carcinoma in situ diagnosis</b> If an insured person has been initially diagnosed with and received a benefit for carcinoma in situ (non-invasive) under this plan and is then diagnosed with any kind of carcinoma in situ (non-invasive) again at the number of days specified in the minimum below or later, we will pay the stated percentage of the carcinoma in situ (non-invasive) as shown on the Schedule of Benefits for the carcinoma in situ (non-invasive) diagnosed.</p>	100%
<p><i>Minimum days between diagnosis of carcinoma in situ;**</i> <i>No benefit payable if the recurrence occurs within a time frame less than the number of days specified</i></p>	180 days
<p>* For those members who were diagnosed with cancer prior to their effective date of coverage under the Aetna plan and then receive another cancer diagnosis (the first time) while covered under the Aetna plan, we will treat their diagnosis as an 'initial' diagnosis under the Aetna plan.</p>	
<p>** In addition to the separation period, the insured person must be treatment free during the separation period. Treatment does not include maintenance drug therapy or routine follow-up visits to a physician to confirm the initial cancer or carcinoma in situ has not returned.</p>	

# Health Screening Rider

Covered Benefit	Benefit Amount
Health screening* <i>Maximum per plan year</i>	\$50 1

## \*Covered Health Screenings

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

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



# RATE SHEET

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



**Critical Illness Plan\***  
*You may enroll in one option only.*

**Non - Tobacco Rates**

**Employee Face Amount: \$10,000**

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

**Employee Face Amount: \$20,000**

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

**Employee Face Amount: \$30,000**

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

**Tobacco Rates**

**Employee Face Amount: \$10,000**

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

**Employee Face Amount: \$20,000**

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

**Employee Face Amount: \$30,000**

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

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



**Hospital Indemnity Plan**

*You may enroll in one option only.*

<u>Low</u>	<u>Cost</u>
Yourself only	\$21.98
Yourself & spouse	\$46.85
Yourself plus child(ren)	\$38.75
Yourself and family	\$68.67

<u>High</u>	<u>Cost</u>
Yourself only	\$28.71
Yourself & spouse	\$62.24
Yourself plus child(ren)	\$47.19
Yourself and family	\$78.15



# 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 plan ahead to give yourself an extra financial cushion.

### What is the Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or delivering a baby. It also pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

### How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with 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 paying for:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or for anything else **you** choose.

### Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered stay in a hospital. And, benefits get paid directly to you by check or direct deposit.

## Because it happens

**\$1.24 trillion** was spent on hospital services in 2020. **60%-65%** of all bankruptcies are related to medical expenses<sup>1</sup>.



### 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™

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.



<sup>1</sup>Debt.org. Hospital and Surgery Costs. October 2021. Available at: <https://www.debt.org/medical/hospital-surgery-costs/>. Accessed June 3, 2022.

\*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.

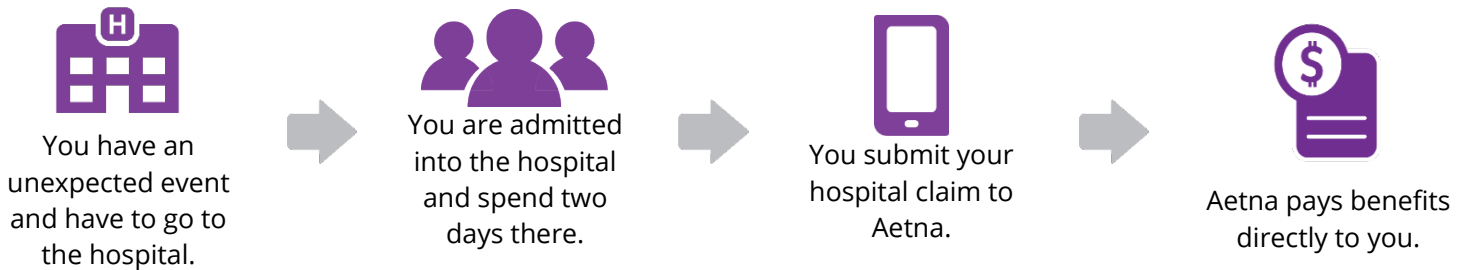
# BENEFIT SUMMARY

**Hays Consolidated ISD  
803090**

## **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](http://www.medicare.gov).

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

# Inpatient Stays

Covered Benefit	Low	High
<p><b>Hospital stay - Admission</b></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>	\$1,500	\$2,000
<p><b>Hospital stay - Daily</b></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 60 days per plan year</i></p>	\$200	\$200
<p><b>Hospital stay - (ICU) Daily</b></p> <p>Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital.</p> <p><i>Maximum 60 days per plan year</i></p>	\$400	\$400
<p><b>Observation unit</b></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><b>Substance abuse stay - Daily</b></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 60 days per plan year</i></p>	\$100	\$200
<p><b>Mental disorder stay - Daily</b></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 60 days per plan year</i></p>	\$100	\$200
<p><b>Rehabilitation unit stay - Daily</b></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 60 days per plan year</i></p>	\$50	\$200

**Important Note:**

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



# Accident Insurance

The Standard | [www.standard.com](http://www.standard.com) | 800-628-8600

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

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

Tier	Enhanced Monthly Premiums	Premier Monthly Premiums
Employee Only	\$5.28	\$8.13
Employee and Spouse	\$8.40	\$12.74
Employee and Children	\$9.98	\$15.38
Family	\$15.67	\$24.11





# Group Accident Insurance

Keep your finances on track when an accident happens.

## Here's How Accident Insurance Works

### 1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

### 2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

### 3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

### Here's what it does:

- **Pays you directly**, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- **Goes with you** if you leave your employer.
- **Provides coverage without answering any medical questions.**
- Gives you the option to **cover your spouse and children.**
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck.**

---

**This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.**

## Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

**Your Employer is giving you the following options to choose from. Here's what each plan would cover for this example:**

<b>Benefits Paid to You</b>	<b>Enhanced</b>	<b>Premier</b>
Emergency Room Visit	\$150	\$200
X-ray	\$50	\$60
Concussion	\$150	\$200
Leg Fracture (Surgical)	\$2,400	\$3,400
Knee Cartilage Repair	\$750	\$1,000
Hospital Admission	\$1,000	\$1,500
2 Days Hospital Confinement	\$400	\$800
Medical Appliance	\$100	\$200
Physician Follow-Up Appointment	\$50	\$70
2 Physical Therapy Appointments	\$100	\$100
<b>TOTAL</b>	<b>\$5,150</b>	<b>\$7,530</b>

## Here's what it would cost you:

<b>Coverage for...</b>	<b>Monthly Premium for Enhanced</b>	<b>Monthly Premium for Premier</b>
<b>You</b>	\$5.28	\$8.13
<b>You and your spouse</b>	\$8.40	\$12.74
<b>You and your children</b>	\$9.98	\$15.38
<b>You, your spouse and your children</b>	\$15.67	\$24.11

# Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary based on the plan you choose.

Please consult with your human resources representative or plan administrator for more details.

Injury	Emergency	Surgery
<ul style="list-style-type: none"><li>• Burns</li><li>• Dislocations</li><li>• Eye Injuries</li><li>• Concussion</li><li>• Loss of Hearing</li><li>• Lacerations</li><li>• Fractures</li><li>• Coma</li><li>• Paralysis</li></ul>	<ul style="list-style-type: none"><li>• Emergency Dental</li><li>• Urgent Care</li><li>• Ambulance</li><li>• Emergency Room</li><li>• X-ray</li><li>• Major Diagnostic Exam</li></ul>	<ul style="list-style-type: none"><li>• Abdominal/Thoracic Surgery</li><li>• Outpatient Surgical Facility</li><li>• Skin Grafts</li><li>• Knee Cartilage/ Ligament/ Tendon Repair</li><li>• Ruptured Disk</li><li>• Rotator Cuff</li></ul>
Hospitalization	Follow-Up Care	Value Added Benefits
<ul style="list-style-type: none"><li>• Hospital Admission</li><li>• Hospital Confinement</li><li>• CCU Confinement</li><li>• CCU Admission</li></ul>	<ul style="list-style-type: none"><li>• Chiropractor</li><li>• Medical Appliance</li><li>• Hearing Device</li><li>• Physical Therapy</li><li>• Physician Care</li><li>• Prosthesis</li><li>• Rehab Facility</li></ul>	<ul style="list-style-type: none"><li>• Transportation</li><li>• Lodging</li><li>• Youth Organized Sports Benefit</li></ul>

## Additional Benefits

**24-hour coverage** – Includes coverage for accidents that occur on and off the job.

**Accidental Death & Dismemberment** — Includes a benefit for an accidental death or covered dismemberment for you or your dependents.

**Health Maintenance Screening Benefit** — Pays a benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

The benefit amounts are \$50 for Enhanced and \$50 for Premier.

# Identity Theft Protection

ILock360 | [www.ilock360.com](http://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.



# iLOCK360

Your identity is your most valuable asset. Is yours protected?

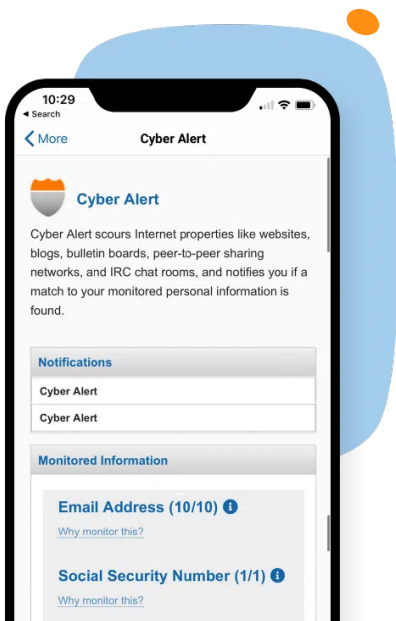


**39 seconds** is how often cyber-attacks occur

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

**17% increase** in data breaches 2020 to 2021

Identity theft is the **fastest growing crime**. With iLOCK360, you can rest easier knowing you have experienced professionals in your corner restoring your identity. Your identity is more than simply reviewing your credit card charges. That's why we offer a comprehensive monitoring service of online activity, financial affairs, and immediate resolution.



## 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

## Sign up during enrollment

For educator pricing

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

**Please note:** A valid email address is required for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Consider utilizing an email address that you check regularly. Account activation & setup of monitored elements is required upon the start of your new benefit plan year.

# Learn more about the protections that iLOCK360 offers:

Plan features	Service description	Plus	Premium
<b>Identity theft resolution services</b>			
<b>Full-Service Identity Theft Restoration &amp; Lost Wallet Protection</b> <b>MOST VALUABLE SERVICE.</b> <b>Dependable help that's just a phone call away!</b>	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.	 	 
<b>\$1M Identity Theft Insurance</b>	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"> <li>• Lost wages or income</li> <li>• Attorney and legal fees</li> <li>• Expenses incurred for refinancing of loans, grants and other lines of credit</li> <li>• Costs of childcare and/or elderly care incurred as a result of identity restoration</li> </ul>		
<b>Comprehensive identity monitoring</b>			
<b>CyberAlert™ monitors:</b> <ul style="list-style-type: none"> <li>• one Social Security Number</li> <li>• two Phone Numbers</li> <li>• two Email Addresses</li> <li>• five Credit/Debit Cards</li> <li>• two Medical ID Numbers</li> <li>• five Bank Accounts</li> <li>• one Drivers License Number</li> <li>• one Passport</li> </ul>	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.	 	 
<b>Change of Address Monitoring</b>	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.		
<b>Court/Criminal Records Monitoring</b>	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.		
<b>Sex Offender Alerts</b>	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.		
<b>Payday Loan Monitoring</b>	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.		
<b>Social Security Number Trace</b>	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.	 	 
<b>Credit monitoring services</b>			
<b>Daily Monitoring of Experian Credit Bureau</b>	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.		
<b>Daily Monitoring of Three Credit Bureaus</b>	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.		
<b>VantageScoreTracker</b>	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.		

adults 
 Children to age 18 
 adults 
 Children to age 18

# Legal Plan



ARAG | [www.araglegalcenter.com](http://www.araglegalcenter.com) | 800-247-4184

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

<b>Ultimate Advisor</b>	<b>Ultimate Advisor Plus</b>
\$15.50 monthly	\$21.00 monthly





# Legal Insurance from ARAG

Hays CISD

## What does legal insurance cover?

A legal insurance plan from ARAG® **covers a wide range of legal needs** like the examples shown below – and many more – to help you address life’s legal situations.

### Consumer Protection

- ✓ Auto repair
- ✓ Buy or sell a car
- ✓ Consumer fraud
- ✓ Consumer protection for goods or services
- ✓ Home improvement
- ✓ Personal property disputes
- ✓ Small claims court

### Criminal Matters

- ✓ Juvenile
- ✓ Parental responsibility

### Debt-Related Matters

- ✓ Debt collection
- ✓ Garnishments
- ✓ Personal bankruptcy
- ✓ Student loan debt

### Driving Matters

- ✓ License suspension/revocation
- ✓ Traffic tickets

### Tax Issues

- ✓ IRS tax audit
- ✓ IRS tax collection

### Family

- ✓ Adoption
- ✓ Guardianship/conservatorship
- ✓ Name change
- ✓ Pet-related matters

### Services for Tenants

- ✓ Contracts/lease agreements
- ✓ Eviction
- ✓ Security deposit
- ✓ Disputes with a landlord

### Real Estate & Home Ownership

- ✓ Buying a home
- ✓ Deeds
- ✓ Foreclosure
- ✓ Contractor issues
- ✓ Neighbor disputes
- ✓ Promissory notes
- ✓ Real estate disputes
- ✓ Selling a home

### Wills & Estate Planning

- ✓ Powers of attorney
- ✓ Trusts
- ✓ Wills

## What does it cost?

### UltimateAdvisor®

\$15.50 monthly

### UltimateAdvisor Plus™

\$21.00 monthly



## What is legal insurance?

**Legal coverage isn't just for the serious issues,** it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property or buying a home.

### Which plan is right for you?

UltimateAdvisor Plus™ offers you all of the above and more including:

- ✓ Divorce
- ✓ Child custody, support, visitation
- ✓ General in-office hours
- ✓ Financial planning education
- ✓ And more

*More details, please!* ↘



See the complete list of what your plan covers at:

[ARAGlegal.com/myinfo](https://ARAGlegal.com/myinfo) Access Code: **19058his**

## Why should you get legal insurance?



Work with a network attorney and attorney fees are **100% paid-in-full** for most covered matters.



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



**Find a local attorney easily** in ARAG's network – many who average 20+ years of experience.



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



Use DIY Docs® to create a variety of **legally valid documents**, including state-specific templates.

## How does legal insurance work?

- 1** When you have a legal need, you can go online, use the ARAG Legal app or call Customer Care.
- 2** Next, you'll answer a few questions to confirm coverage and receive a list of local attorneys who can help you.
- 3** Then, meet with a network attorney over the phone, virtually or in person.

### Reviews from plan members

"ARAG legal insurance has helped me so much – it's taken all the stress out of the process and has provided me with an excellent lawyer. I am so happy I went with ARAG and I have been recommending it to everyone I know that may benefit from their services."

**Nestor Los Angeles, CA**



*Legal needs are in your future™*

You can't predict your future, but you can plan for it, thanks to legal insurance.

Legal insurance provides a benefit you can use to plan for it all – the expected and unexpected times in your life.

Visit [ARAGlegal.com/future](https://ARAGlegal.com/future) or scan the QR code.



## See What a Network Attorney Can Do for You

Whenever you face legal needs throughout life, your ARAG legal coverage is there for you. Network attorneys are available to answer your legal questions in person, virtually or over the phone for your immediate needs.

Connect with a network attorney who will:

- ✓ Review or prepare documents.
- ✓ Make follow-up calls or write letters on your behalf.
- ✓ Advise you on legal issues.
- ✓ Represent you – including if you go to court.

\*Average cost to employee without legal insurance is based on the average number of attorney hours for ARAG claims incurred in 2019 or 2020 and paid by December 31, 2021, multiplied by \$368 per hour. \$368 is the average hourly rate for a U.S. attorney with 11 to 15 years experience according to "The Survey of Law Firm Economics: 2018 Edition."

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us.

# Medical Transport

MASA | [www.masamts.com](http://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.





\$14/month

# Stay prepared with MASA<sup>®</sup> Access<sup>SM</sup>

Comprehensive coverage and care for emergency transport.

## Our Emergent Plus membership plan includes:

### Emergency Ground Ambulance Coverage<sup>1</sup>

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

### Emergency Air Ambulance Coverage<sup>1</sup>

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

### Hospital to Hospital Ambulance Coverage<sup>1</sup>

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

### Repatriation Near Home Coverage<sup>1</sup>

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

#### Coverage territories

1: United States and Canada.

#### Disclaimers

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not guarantee coverage and do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums, benefits, and coverage vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: <https://info.masamts.com/masa-mts-disclaimers>



## Did you know?

# 51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

## About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no "out-of-network" ambulance. Just send us the bill when it arrives and we'll work to ensure charges are covered. Plus, we'll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family's financial future with MASA.

# Voluntary Retirement Plans



TCG | [www.tcgservices.com](http://www.tcgservices.com) | 800-943-9179

## 403(b) Retirement Plan

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

It's an IRS-approved retirement plan that allows you to set aside money on a pre-tax basis for your retirement. Contributions are conveniently made through payroll deduction, so money is moved from your paycheck into the account automatically. Plus, 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.*

# Employee Assistance Program

DEER OAKS | [www.deeroakseap.com](http://www.deeroakseap.com) | 866-327-2400

Username/Password-hcisd

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

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

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



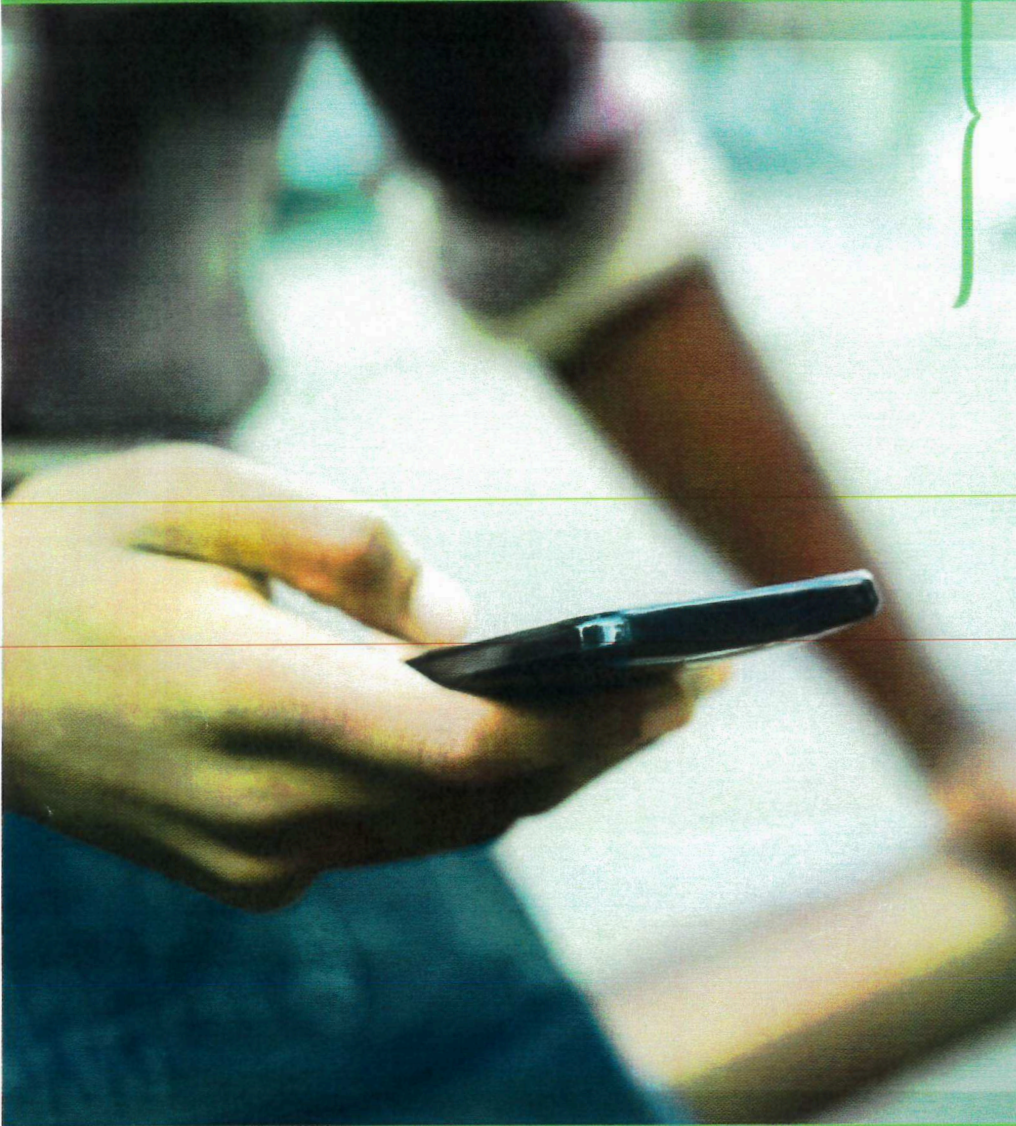
## Instant Support

# ICONNECTYOU: YOUR EMPLOYEE ASSISTANCE PROGRAM ON THE GO



### FEATURES:

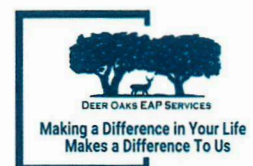
- Access your EAP at the click of a button
- The app supports telephonic or video calls, instant messaging (IM), short message service (SMS), video, and articles
- Answered 24 hours a day, 365 days a year
- Members can connect with experts instantly or make arrangements for a later appointment
- Accessible by iOS and Android devices
- Browse curated self-help resources with a few swipes on the phone



iConnectYou is an app that instantly connects you with professionals for in-the-moment support and help finding resources for you and your family.

To access iConnectYou, download the app from the App Store (iPhone) or Google Play (Android) and register using the iCY passcode below. For additional information, you may access your EAP's website following the details listed below.

**ICONNECTYOU PASSCODE: 110617**  
**HELPLINE: (886) 327- 2400**  
**WEBSITE: [www.deeroakseap.com](http://www.deeroakseap.com)**  
**WEBSITE USERNAME/PASSWORD: hcisd**



# Hospital Indemnity Insurance

Aetna | [www.myaetnasupplemental.com](http://www.myaetnasupplemental.com) | 800-607-3366

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

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

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





# TeleHealth



Recuro | [customerservice@recurohealth.com](mailto:customerservice@recurohealth.com) | 855-673-2878

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

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

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

<b>Employee Only</b>	<b>Family</b>
\$10.00 monthly	\$10.00 monthly



# 24/7 On-Demand Care Access

**Don't wait to speak with a doctor, get the care when you need it**


Getting sick is never planned. Here at Recuro we provide quality care around the clock to fit within your busy lifestyle.

 **Call 1.855.6RECURO**

**Call us, or download our app to speak with a doctor today!**

  
Visit Us Online

  
Speak With an Agent

  
Download Our App

## Common Conditions Treated

- Sore Throat
- Congestion
- Cough
- Cold & Flu
- Yeast Infection
- Insect Bites
- Allergies
- More



# COBRA

First Financial Administrators, Inc. | [www.ffga.com](http://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:  
Medical, Dental, Vision, and FSA



# Medicare & Age 65



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

## Questions to Consider Before Retiring

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

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

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

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

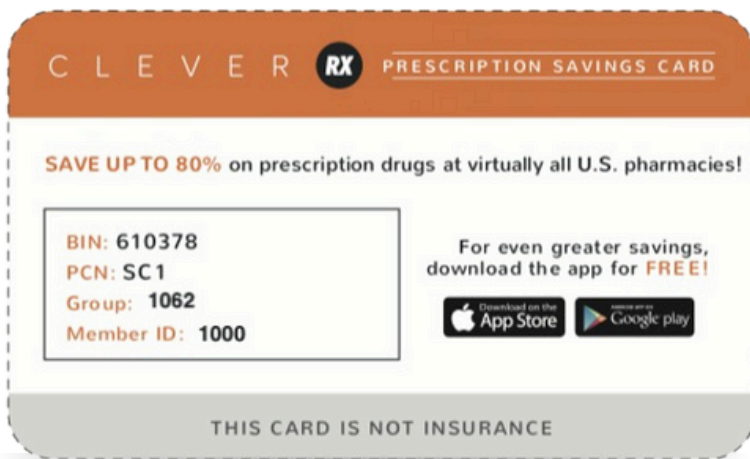
**Robert Dawson**  
**FFMS Coordinator**  
Cell: 281-889-9382

# Clever RX

Clever RX | <https://partner.cleverrx.com/ffga> | 800-873-1195

Clever RX helps you save money by using a prescription drug savings card. They partner with the healthcare community to bring state-of-the-art, money-savings tools to participants. It helps you save up to 80% off prescriptions drugs and often beats the average copay. Plus, it's completely free. Thanks to Clever RX, you will never overpay for prescriptions again!

*Use Clever RX every time you pay for a medication for instant savings!*



Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.

## Clever RX Highlights

- 100% FREE to use.
- Unlock discounts on thousands of medications.
- Save up to 80% on prescription medication – Often beats your copay!
- Download the Clever RX app by using the information on your card to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

# Contact Information

Product	Carrier	Website	Phone
Medical	TRS	<a href="http://www.trs.com">www.trs.com</a>	866-355-5999
Dental	Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	800-244-6244
Vision	Metlife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	833-393-5433
FSA/Dependent Care	First Financial	<a href="http://www.ffga.com">www.ffga.com</a>	866-853-3539
Health Savings Account	First Financial	<a href="http://www.ffga.com">www.ffga.com</a>	866-853-3539
Term Life & AD&D Disability	UNUM	<a href="http://www.unum.com">www.unum.com</a>	866-679-3054
Permanent Life	Texas Life Insurance	<a href="http://www.texaslife.com">www.texaslife.com</a>	800-283-9233
Cancer	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-654-8489
Critical Illness	Aetna	<a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>	800-607-3366
Accident	The Standard	<a href="http://www.standard.com">www.standard.com</a>	800-628-8600
Identity Theft	iLock360	<a href="http://www.ilock360.com">www.ilock360.com</a>	855-287-8888
Legal Plan	ARAG	<a href="http://www.araglegalcenter.com">www.araglegalcenter.com</a>	800-247-4184
Medical Transport	MASA	<a href="http://www.masamts.com">www.masamts.com</a>	954-334-8261
Retirement	TCG	<a href="http://www.tcgservices.com">www.tcgservices.com</a>	800-943-9179
Employee Assistance	UNUM	<a href="http://www.unum.com/lifebalance">www.unum.com/lifebalance</a>	800-854-1446
Hospital Indemnity	Aetna	<a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>	800-607-3366
Telehealth	Recuro	69 <a href="mailto:customerservice@recurohealth.com">customerservice@recurohealth.com</a>	855-673-2878