

# HUMBLE ISD 2022-2023 BENEFITS GUIDE



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First Financial Group of America

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

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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.*

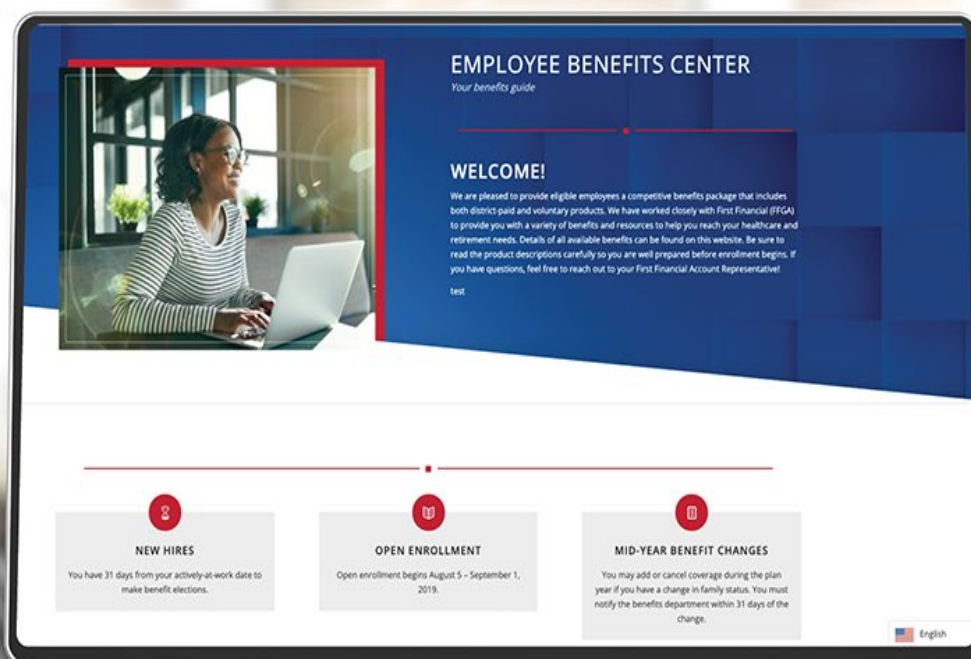
# EMPLOYEE BENEFITS CENTER

## YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Humble ISD and First Financial 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, 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.

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



# WHAT'S NEW & CHANGING

## NEW FOR 2022-2023

- New Vision Provider – Ameritas
- New Accident Provider – Aetna
  - Lower monthly rates
  - Increased Accidental death benefit
- MetLife Hospital Indemnity:
  - Increased Hospital Confinement Benefit from \$50 to \$100
  - Nursery Care benefit added- \$50/day\*
- Critical Illness:
  - Pre-Ex is no longer excluded
  - Age reduction has been removed
  - Benefit payout is now up to 5 times vs. 3 times
  - Childhood conditions coverage increased from 25% to 100%

## CHANGES FOR 2022-2023

- Effective 9/1/2022, Humble ISD Alternative Medical Plans will be the only medical plan available.
- TRS-ActiveCare is no longer an available option to enroll in.



# HOW TO ENROLL

## ENROLL ONLINE

Go to your MyHumble App, login using your MyHumble network username and password, select the Benefits Enrollment icon to begin. If you have difficulty accessing your MyHumble account, call the help desk at 281-641-8255 or by emailing [support@humbleisd.net](mailto:support@humbleisd.net).

## 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 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.

## ADDRESS AND NAME CHANGES

Changes to your addresses must be completed in Munis Employee Self-Service. Name change requests must be made through Humble ISD Human Resources. Please have documentation available.

## ON-SITE ENROLLMENT

When it’s time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections if you need help. Visit your EBC to view the on-site enrollment schedule.

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

<b>Day of the Week</b>	<b>Date</b>	<b>Time</b>	<b>Location</b>
Monday	7/18/22	8:00 am to 5:00 pm	BBTC ROOM 300
Thursday	7/21/22	8:00 am to 5:00 pm	BBTC ROOM 340
Tuesday	7/26/22	7:30 am to 12:00 pm	Child Nutrition- Building D
Tuesday	7/26/22	1:00 pm to 4:00 pm	Maintenance- Building B
Wednesday	7/27/22	7:30 am to 4:00 pm	Maintenance- Building B
Wednesday	7/27/22	7:30 am to 12:00 pm	Child Nutrition- Building D
Thursday	7/28/22	1:00 pm to 4:00 pm	Maintenance- Building B
Wednesday	8/3/22	8:00 am to 5:00 pm	BBTC ROOM 300
Thursday	8/4/22	7:30 am to 4:00 pm	Child Nutrition- Building D
Monday	8/8/22	8:00 am to 5:00 pm	Virtual by Appointment
Wednesday	8/10/22	8:00 am to 4:00 pm	Transportation-Building C
Thursday	8/11/22	8:00 am to 4:00 pm	Transportation-Building C
Friday	8/12/22	8:00 am to 4:00 pm	North Transportation-Center
Monday	8/15/22	8:00 am to 5:00 pm	Virtual by Appointment
Tuesday	8/16/22	8:00 am to 5:00 pm	BBTC ROOM 300
Wednesday	8/17/22	8:00 am to 5:00 pm	BBTC ROOM 300
Thursday	8/18/22	8:00 am to 5:00 pm	BBTC ROOM 300

# ELIGIBILITY

## 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. Your New Hire Enrollment elections will be made at the Humble ISD BBTC or through My Humble app, or contact Valerie Clinkscales at 281-272-7618, or [valerie.clinkscales@ffga.com](mailto:valerie.clinkscales@ffga.com) to make an appointment.

### EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial 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. Please visit:

<https://ffbenefits.ffga.com/humbleisd> for more information.

## MID-YEAR BENEFIT CHANGES

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

### QUALIFYING LIFE EVENTS INCLUDE:

Changes in household, including;

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

PLEASE NOTE: For each eligible employee that declines medical insurance, Humble ISD offers a \$25 monthly credit to be used towards supplemental benefits.

This means, that even if you decline all medical insurance, you may elect dental, vision, life, disability, or FSA for you and your family up to \$25 a month, paid for by Humble ISD.

If you do not complete enrollment, the money is not applied to benefits or elsewhere. Please be sure to complete enrollment or visit with a representative, to properly complete your benefit elections.

# SECTION 125 PLANS

## SECTION 125 PLAN INFORMATION AND RULES

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

### HERE'S HOW IT WORKS

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

### IS IT RIGHT FOR ME?

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

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

IRS specified changes in family status include:

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

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

**YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!**

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



# FREQUENTLY ASKED QUESTIONS

## WHAT IS GUARANTEE ISSUE (GI)?

Also referred to as Guaranteed Acceptance, GA, means that you can't be turned down for health reasons. Guaranteed Issue is typically offered during initial enrollment for benefits.

## WHAT IS A "PRE-EXISTING CONDITION"?

A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received prior to the effective date of coverage.

## WHAT IS A DEDUCTIBLE?

A deductible is what you must pay for your health care before your insurance pays its part. Most plans have deductibles, which start over when you "PLAN YEAR" starts over. For example, if your plan has a \$1000 deductible and you have surgery that costs \$5,000, you'll pay \$1,000 before your insurer helps you cover your bills.

## WHAT IS A CO-PAY OR CO-INSURANCE?

A copay is a small, fixed amount -often \$10 or \$30- that you pay for covered services like a prescription or a doctor's visit. Some health plans also apply coinsurance to certain services. With it, you pay a percentage of the total cost of care. For example, if you have a 20% coinsurance, and your doctor's appointment costs \$300, you will pay \$60, if you have met your deductible.

## WHAT DOES OUT-OF-POCKET MAXIMUM MEAN?

Your out-of-pocket maximum is the most you have to pay each year toward your medical services or prescription drugs before your insurance pays for all of your care. This amount does not include what you pay in premiums. The Affordable Care Act limits the out-of-pocket maximums.

## WHAT DOES EOB MEAN?

After you've visited your doctor or had a procedure in a hospital, you'll receive an Explanation of Benefits (EOB) form explaining how much of the charges your insurance will pay. The EOB isn't a bill itself, but it can tell you what your doctor may charge you. Look for the words "due from patient" to see how much you may owe after your insurance pays.

## BEFORE YOU GET CERTAIN TESTS OR PROCEDURES, DO YOU NEED PERMISSION FROM YOUR HEALTH INSURANCE PLAN?

If your doctor says you need a test or procedure, your health plan may have to give permission if it is to be covered by insurance. Giving that permission is called preauthorization or referral. Your plan's overview of benefits lists what care needs to be preauthorized. If you don't get the preauthorization when it's required, your health plan will not pay its part of the costs.

# MEDICAL

Allegiance | [www.askallegiance.com](http://www.askallegiance.com) | 855.999.6810

## Humble ISD HD Alternative or Primary Alternative Plan

As a district of innovation, Humble ISD is choosing to be flexible with the medical coverage being offered. You are being given alternative health solutions. Cigna is a nationwide network with over 1 million healthcare professionals.

### Humble ISD High Deductible Plan

- \$25 copay for access to the Humble ISD Health and Wellness Center
- Nationwide network availability
- Out-of-network coverage
- No referral necessary to see a specialist
- Free generic drugs after deductible is met
- Compatible with HSA or FSA (either or, not both)

### Humble ISD Primary Plan

- Free access to Health & Wellness Center
- Nationwide network availability
- Out-of-network coverage
- No referral necessary to see a specialist
- Co-pays to see Primary Care Physician and Specialist
- No prescription deductible and free generics
- Compatible with FSA
- Not compatible with HSA

MEDICAL MONTHLY PREMIUMS		
	HDHP	PRIMARY
EMPLOYEE ONLY	\$35	\$45
EMPLOYEE + SPOUSE	\$650	\$620
EMPLOYEE + CHILD(REN)	\$305	\$275
EMPLOYEE + FAMILY	\$790	\$800

See pages 29-32 for the Health & Wellness clinics

## PLAN PROVIDER LOOK UP:

[www.cigna.com](http://www.cigna.com)

To find your preferred provider, search the Cigna Open Access Network.

Click "find a doctor, dentist, or facility"

Click "Employer or School"

Enter the zip code or city the Doctor is in, or where you would like to find a doctor

Then Select your search type; Doctor by type, Name, or Health Facilities

Then type the name or select type of doctor

Then click "continue as guest" (You may need to turn off any pop-up blockers) rs)

# MEDICAL

## Plan Claims

Allegiance | [www.askallegiance.com](http://www.askallegiance.com) | 855.999.6810

For questions on claims or status of claims in process.

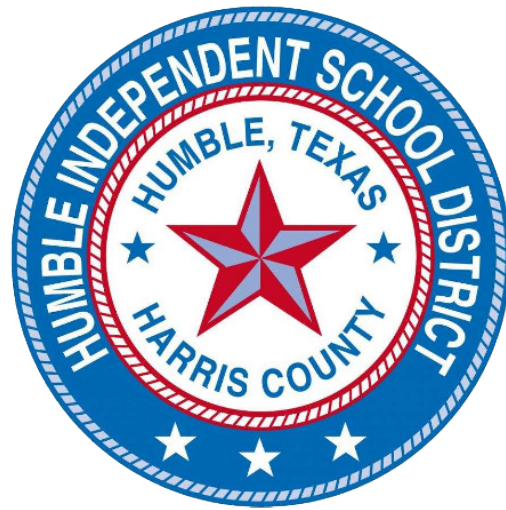
## Plan Prescription Benefits

OPTUM RX | [CustomerCare@rxbenefits.com](mailto:CustomerCare@rxbenefits.com) | 800.933.0765

Monday-Friday 7:00 P.M. to 8:00 P.M CT

When you enroll in a Humble ISD Alternative Plan, you automatically receive prescription drug coverage through OPTUMRx which gives you access to a large, national network of retail pharmacies.





## Plan Summary

### Wellness Benefits at No Extra Cost

- Free Generic Drugs with Primary Plan
- Free Preventative Care
- Access to Humble ISD Health & Wellness Clinics

### Things to Know

- No PCP Referrals
- Free Next Level Urgent Care with Primary Plan
- Nationwide Network available through Cigna
- Lower annual deductible when utilizing Memorial Herman Network

#### Monthly Premiums

Employee Only	\$35
Employee and Spouse	\$650
Employee and Child	\$305
Employee and Family	\$790

#### Plan Features

Type of Coverage	Individual Family Deductible
Coinsurance	Individual/Family Maximum Out-of-Pocket
Network	Primary Care Provider (PCP) Required

#### Doctor Visits

Primary Care	20% after deductible
Specialist	20% after deductible
Humble ISD Health & Wellness Clinics	\$25 Copay/100% after deductible

#### Immediate Care

Urgent Care	20% after deductible
Next Level Urgent Care	\$40 Copay
Emergency Care	20% after deductible

#### Prescription Drugs

Drug Deductible	Integrated with CIGNA Medical deductible
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order, after deductible
Preferred Brand	30% Retail / \$125 Mail Order, after deductible
Non-Preferred Brand	30% Retail / \$125 Mail Order, after deductible
Specialty	50% to a maximum of \$1500 a month, after deductible

#### Basic HD

- Lowest Premiums (EE / EE & Fm)
- Lowest Out-of-Pocket Maximums Available
- Memorial Hermann and Cigna Open Access Plus Network
- No PCP referrals
- Free Generic Drugs (after deductible)

Employee Only	\$35
Employee and Spouse	\$650
Employee and Child	\$305
Employee and Family	\$790

Memorial Hermann	Cigna
In-Network Coverage	
\$1,400/\$2,800	\$2,800/\$5,600
You pay 20% after deductible	
\$6,500/\$13,000	
Memorial Hermann Network Only	Cigna OAP Nationwide Network
No	

Memorial Hermann	Cigna
20% after deductible	\$30 Copay
20% after deductible	\$70 Copay
\$25 Copay/100% after deductible	\$0

Memorial Hermann	Cigna
20% after deductible	\$80 Copay then 20% after deductible
\$40 Copay	
20% after deductible	\$500 Copay then 20% after deductible

Memorial Hermann	Cigna
None	
\$0 Retail and Mail Order	
30% Retail / \$125 Mail Order	
30% Retail / \$125 Mail Order	
50% to a maximum of \$1500 a month, after deductible	

#### Primary

- Lowest Premiums (EE & Sp / EE&Ch)
- Memorial Hermann and Cigna Open Access Plus Network
- No PCP referrals
- No Drug Deductible
- Free Generic Drugs

Employee Only	\$45
Employee and Spouse	\$620
Employee and Child	\$275
Employee and Family	\$800

Memorial Hermann	Cigna
In-Network Coverage	
\$1,250/\$2,500	\$2,500/\$5,000
You pay 20% after deductible	
\$8,000/\$16,000	
Memorial Hermann Network Only	Cigna OAP Nationwide Network
No	

Memorial Hermann	Cigna
\$20 Copay	\$30 Copay
\$50 Copay	\$70 Copay
\$0	

Memorial Hermann	Cigna
\$50 Copay	\$100 Copay
\$0	
20% after deductible	\$500 Copay then 20% after deductible

Memorial Hermann	Cigna
None	
\$0 Retail and Mail Order	
30% Retail / \$125 Mail Order	
30% Retail / \$125 Mail Order	
50% to a maximum of \$1500 a month	

# DENTAL INSURANCE

Cigna | [www.cigna.com](http://www.cigna.com) | 1.800.244.6224

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
- Crowns
- Root Canals

DENTAL MONTHLY PREMIUMS			
	PPO LOW	PPO HIGH	DHMO
EMPLOYEE ONLY	\$32.60	\$40.36	\$14.06
EMPLOYEE + SPOUSE	\$65.20	\$79.36	\$28.14
EMPLOYEE + CHILD(REN)	\$64.12	\$80.70	\$27.72
EMPLOYEE + FAMILY	\$95.62	\$118.36	\$41.22

See pages 53-58 for rates and coverage

TO SEARCH FOR A PROVIDER:

PLAN PROVIDER LOOK

Visit [cigna.com](http://cigna.com)

Or contact Cigna by calling 800-244-6224

To find your preferred provider, search the Cigna Open Access Network.

Click "find a doctor, dentist, or facility"

Click "Employer or School"

Enter the zip code or city the Doctor is in, or where you would like to find a doctor

Then Select your search type; Doctor by type, Name, or Health Facilities

Then type the name or select type of doctor

Then click "continue as guest" (You may need to turn off any pop-up blockers) up blockers)

# VISION INSURANCE

Ameritas | [ameritas.com](https://ameritas.com) | 1.800.877.7195

Proper vision care is essential to your overall wellbeing. 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: Visit the Employee Benefit Center <https://ffbenefits.ffga.com/humbleisd> to find a network provider.

## BOTH PLANS INCLUDE:

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

VISION MONTHLY PREMIUMS		
	Low	High
EMPLOYEE ONLY	\$7.40	\$10.12
EMPLOYEE + SPOUSE	\$15.40	\$21.04
EMPLOYEE + CHILD(REN)	\$16.00	\$21.84
EMPLOYEE + FAMILY	\$20.50	\$27.98

See pages 59-62 for rates and coverage

## TO SEARCH THE PROVIDER NETWORK:

1. Locate a VSP provider at: [ameritas.com](https://ameritas.com)
2. View plan benefit information at: [vsp.com](https://vsp.com)
3. Or contact Ameritas by calling 1.800.877.7195

NOTE: If you need a new ID card, you may also visit [ameritas.com](https://ameritas.com) and create an account, and download an electronic ID card.

# FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | [ffga.com/individuals](http://ffga.com/individuals) | 1.866.853.3539

P.O. Box 161968 | Altamonte Springs, FL 32716

## HEALTHCARE 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 2022 is \$2,850.**

### Health Plans Must Cover OTC COVID-19 Tests

Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) are laws passed which include requiring group health coverage to cover the costs of over-the-counter (OTC) COVID-19 diagnostic tests (up to \$12.00). The Department of Labor (DOL) and the Internal Revenue Service (IRS) has provided additional guidance to prevent fraud and abuse, the insurer or plan provider, may require an attestation, the OTC COVID-19 test was purchased by the participant, beneficiary, or enrollee for personal use, not for employment purposes, has not been (and will not be) reimbursed by another source, and is not for resale.

## 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. Without this information, your submission may be deemed unsatisfactory.

## 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.**

## 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 ACCOUNTS

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

## HEALTH SAVINGS ACCOUNTS

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.

**Your maximum contribution amount for 2022 is \$3,650 for individual.**

**Your maximum contribution amount for 2022 is \$7,300 for family.**

## HIGHLIGHTS

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

## WHO CAN PARTICIPATE IN AN HSA?

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



# FSA & HSA RESOURCES

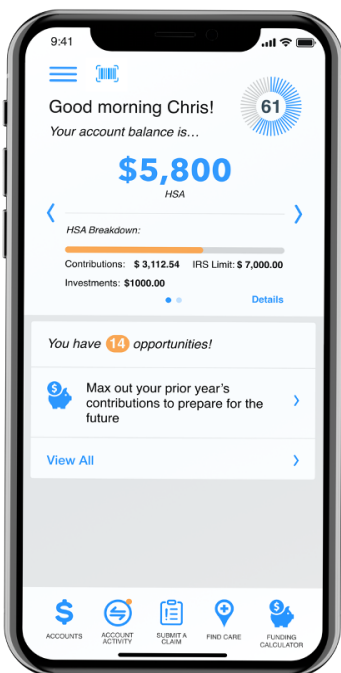
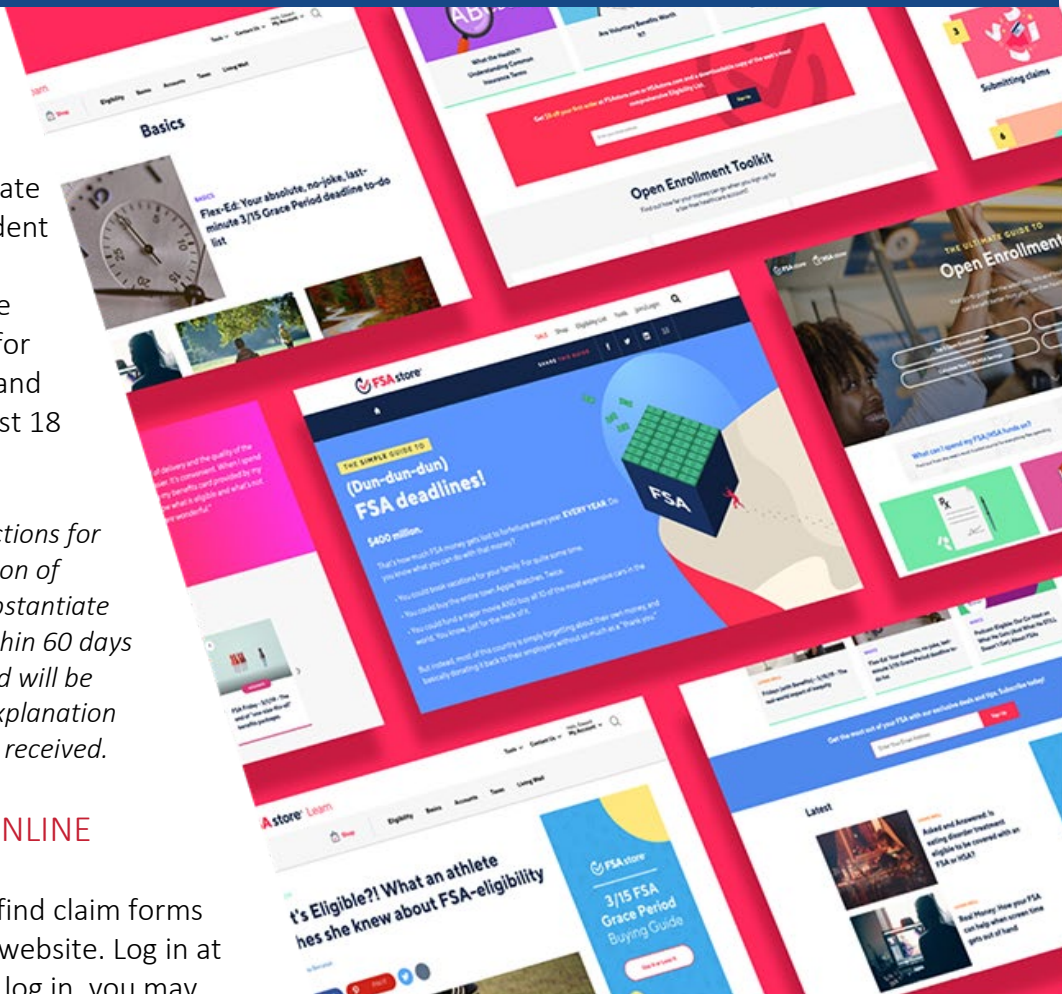
## BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in a Medical FSA, HSA and/or a Dependent Care FSA. 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.

*The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.*

## VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at <https://ffga.com/individuals> After you log in, you may sign up to have reimbursements directly deposited to your bank account. View the **Portal Log-in Guide** now!



## 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™. View the FF Mobile Account App **User Guide** and **Quick Reference Guide**.

## FSA & HSA STORE

First Financial has partnered with the FSA & HSA Store to bring you an easy-to-use online store to better understand and manager 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 store at <https://www.ffga.com/individuals/#stores> for more details and special deals.



# HOSPITAL INDEMNITY INSURANCE

MetLife | [www.metlife.com](http://www.metlife.com) | 1.800.438.6388

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

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

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

HOSPITAL INDEMNITY INSURANCE		
MONTHLY PREMIUM	LOW PLAN	HIGH PLAN
EMPLOYEE	\$18.98	\$37.04
EMPLOYEE + SPOUSE	\$33.38	\$66.48
EMPLOYEE + CHILD(REN)	\$28.46	\$55.52
EMPLOYEE + FAMILY	\$42.88	\$84.96

See pages 81-90 for benefit summary

## File a claim:

You can file a claim online through MyBenefits at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

Or calling MetLife at 1.800.438.6388

# TERM LIFE & AD&D INSURANCE

The Standard | [www.standard.com](http://www.standard.com) | 1.800.628.8600

## 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 \$15,000. 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. Employer Paid Life reduces to \$9,800 at age 65, and reduces again at age 70 to \$7,600

- This coverage does not continue upon any form of separation of employment. (This includes voluntary or involuntary termination, resignation and/or retirement.)

## 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. Coverage reduces 35% at age 65 and 50% at age 70. Visit the Employee Benefits Center for more details at <https://ffbenefits.ffga.com/humbleisd>.

**Evidence of Insurability is required to be completed via the link on the enrollment site before the end of Open Enrollment to properly enroll and apply for this coverage.**

- Deadline to complete the Evidence of Insurability is the end of Open enrollment.
- This coverage does not continue upon retirement and must be converted to Whole Life Insurance to continue.

# TEXAS LIFE – PERMANENT LIFE

Texas Life | [www.texaslife.com](http://www.texaslife.com) | 1.800.283.9233

## 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

### HIGHLIGHT

- 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.

# DISABILITY INSURANCE

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 1.800.654.8489

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?

There are many disability options. If you have questions, please reach out to a representative. There are plans that only cover illness 5 years and accident/injuries to Social Security Normal Retirement Age and plans that cover illness and accidents/injuries up to Social Security Normal Retirement Age (SSNRA).

## Things to Note:

- Elimination Period or wait period, is the period of time you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period.
- Indemnity Plan allowed amounts of Disability Benefits from \$200 minimum, in increments of \$100 based on an employee's Monthly Compensation.
- Percentage of Salary Plan sets the disability bar at either 50% or 66.67% of an employee's Monthly Compensation (salary). Maximums apply.

See pages 63-66 for Benefit Brochures

## PRE-EXISTING CONDITION LIMITATION

New or increased disability coverage is subject to a 12-month pre-existing condition exclusion. This means that if disability is caused by or resulting from a Pre-existing condition and begins before you have been continuously covered under the Policy for 12 months, no disability benefit will be payable. This includes a condition you sought medical advice, consultation, medication, or incurred an expense for. For pregnancy, conception is considered pre-existing.

## ACTIVELY AT WORK

If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.

# Humble ISD Group Disability Plan Comparison

Disability Plan Features:	Humble ISD Long Term Disability	New Humble ISD Long Term Disability 2022
<b>Benefit Schedule</b>	-50% of monthly compensation up to \$15,000, less deductible sources of income - 66 2/3% of monthly compensation up to \$11,250, less deductible sources of income	-50% of monthly compensation up to <b>\$20,000</b> , less deductible sources of income - 66 2/3% of monthly compensation up to <b>\$15,000</b> , less deductible sources of income
<b>Maximum Monthly Benefit</b>	\$7,500	<b>\$10,000</b>
<b>Minimum Monthly Benefit</b>	\$100 or 10%, whichever is greater	\$100 or 10%, whichever is greater
<b>Elimination Period Injury/Sickness</b>	Choice of 7, 14, 30, 60, 90 & 150 days	Choice of 7, 14, 30, 60, 90 & 150 days
<b>Maximum Benefit Period</b>	Up to Social Security Normal Retirement Age (SSNRA) for Injury and Sickness OR Up to Social Security Normal Retirement Age (SSNRA) for Injury and 5 Years for Sickness	Up to Social Security Normal Retirement Age (SSNRA) for Injury and Sickness OR Up to Social Security Normal Retirement Age (SSNRA) for Injury and 5 Years for Sickness
<b>Hospital Confinement Benefit</b>	Benefit will be payable on the first day the Insured is confined as a patient in a hospital for up to 60 days of confinement. The remainder of the Insured's Elimination Period will be waived. Available plans with an elimination period of 30 days or less.	Benefit will be payable on the first day the Insured is confined as a patient in a hospital for up to 60 days of confinement. The remainder of the Insured's Elimination Period will be waived. Available plans with an elimination period of 30 days or less.
<b>Deductible Sources of Income</b>	All plans pay in addition to Sick Leave for the first 12 months of disability.	All plans pay in addition to Sick Leave for the first 12 months of disability.
<b>Guarantee Issue Amount</b>	\$7,500	<b>\$10,000</b>
<b>Minimum Participation</b>	Greater of 20% or 10 lives	Greater of 20% or 10 lives
<b>Own Occupation Period</b>	24 months	24 months
<b>Disabled and Working</b>	Included	Included
<b>Pre-Existing Condition Period</b>	3-month lookback/12 months continuous coverage	3-month lookback/12 months continuous coverage; <b>1 month benefit for disability due to pre-ex conditions</b>
<b>Mental &amp; Nervous Limitation</b>	2 years	2 years
<b>Drug &amp; Alcohol Limitation</b>	15 days	<b>2 years</b>
<b>Special Conditions Limitations</b>	2 years	2 years
<b>Physician Expense Benefit</b>	Up to \$150 for Injury	Up to \$150 for Injury
<b>Accidental Death Benefit</b>	Not Included	Not Included

# Humble ISD Group Disability Plan Comparison

Disability Plan Features:	Humble ISD Long Term Disability	New Humble ISD Long Term Disability 2022
<b>Family Care Benefit</b>	Insured will receive up to 25% of benefit up to 24 months of disability benefit	Insured will receive up to 25% of benefit up to 24 months of disability benefit
<b>Waiver of Premium</b>	First of the month following 90 days of disability	First of the month following 90 days of disability
<b>Survivor Benefit</b>	Not Included	Lump sum equal to 3x the Disability Payment
<b>SSNRA/SSNRA Rates per \$100 of Covered Monthly Salary</b>		
		<u>50%</u> <u>66 2/3%</u>
	7 day	\$1.90    \$2.54
	14 day	\$1.62    \$2.16
	30 day	\$1.36    \$1.80
	60 day	\$0.84    \$1.12
	90 day	\$0.64    \$0.84
150 day	\$0.42    \$0.56	
<b>SSNRA/5 Rates per \$100 of Covered Monthly Salary</b>		
		<u>50%</u> <u>66 2/3%</u>
	7 day	\$1.64    \$2.18
	14 day	\$1.38    \$1.84
	30 day	\$1.06    \$1.42
	60 day	\$0.54    \$0.72
	90 day	\$0.46    \$0.62
150 day	\$0.34    \$0.44	

\*Coverages are enrolled via Application once annually Guarantee Issue with no medical questions. Existing insureds may increase coverage guarantee issue to salary. Plan changes may be subject to a new pre-existing condition limitation.

\*Insured's enrolled in Grandfathered Plans are not required to enroll in new plans effective 9/1/2022 unless 1) moving to a new elimination period, 2) new benefit period or changing monthly indemnity amount.

# CANCER INSURANCE

Guardian | [www.guardianlife.com](http://www.guardianlife.com) | 888.482.7342

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 [ffbenefits.ffga.com/humbleisd](http://ffbenefits.ffga.com/humbleisd)

CANCER INSURANCE		
MONTHLY PREMIUM	ADVANTAGE PLAN	PREMIER PLAN
EMPLOYEE	\$12.90	\$24.36
EMPLOYEE + SPOUSE	\$20.30	\$39.10
EMPLOYEE + CHILD(REN)	\$15.20	\$27.54
EMPLOYEE + FAMILY	\$22.60	\$42.28

See pages 67-70 for coverage brochure

## 3/12 PRE-EXISTING CONDITION LIMITATION

New coverage is subject to a 3/12 pre-existing condition exclusion. This means any sickness for which medical advice or treatment was received or recommended 3 months prior to the enrolled coverage effective date, are not covered under the policy for the first 12 months.

## ACTIVELY AT WORK

If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.

# CRITICAL ILLNESS INSURANCE

MetLife | [www.metlife.com](http://www.metlife.com) | 1.800.438.6388

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, 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.

Monthly Premium/\$1,000 of Coverage

CRITICAL ILLNESS INSURANCE				
ISSUE AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
<25	\$0.18	\$0.42	\$0.24	\$0.46
25-29	\$0.18	\$0.46	\$0.24	\$0.51
30-34	\$0.26	\$0.70	\$0.32	\$0.74
35-39	\$0.38	\$1.04	\$0.44	\$1.08
40-44	\$0.60	\$1.58	\$0.65	\$1.62
45-49	\$0.86	\$2.20	\$0.91	\$2.25
5-54	\$1.18	\$2.94	\$1.23	\$2.98
55-59	\$1.58	\$3.76	\$1.62	\$3.80
60-64	\$2.06	\$4.68	\$2.10	\$4.72
65-69	\$2.56	\$5.78	\$2.62	\$5.82
70+	\$3.56	\$7.92	\$3.62	\$7.96

See pages 71-80 for coverage brochure

## Filing a claim:

You can file a claim online through MyBenefits at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)  
Or calling MetLife at 1.800.438.6388



# ACCIDENT INSURANCE \*NEW

Aetna | [www.myaetnasupplemental.com](http://www.myaetnasupplemental.com) | 800.607.3366

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
- Emergency Dental
- Crown
- Extraction
- Rehabilitation Admissions
- Hospital Admission
- Fractures
- Emergency room visits
- Air Ambulance
- Ground Ambulance
- Rehabilitation confinement

Accident Insurance	
Monthly Premium	
Employee	\$8.92
Employee + Spouse	\$15.60
Employee + Child(ren)	\$21.14
Employee + Family	\$27.58

See pages 110-127 for benefit coverage.

To file a wellness or accident claim, visit [www.myaetnasupplemental.com](http://www.myaetnasupplemental.com)

# 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.

Employee Only, Basic coverage cost is covered By Humble ISD.

IDENTITY THEFT PROTECTION INSURANCE			
MONTHLY PREMIUM	BASIC	PLUS	PREMIUM
EMPLOYEE	FREE	\$8.00	\$15.00
EMPLOYEE + SPOUSE	N/A	\$15.00	\$22.00
EMPLOYEE + CHILD(REN)	N/A	\$13.00	\$20.00
EMPLOYEE + FAMILY	N/A	\$20.00	\$27.00

See pages 103-109 for coverage brochure

All iLOCK360 subscribers receive a Welcome Email on the first day of service. This email explains how to access your iLOCK360 account and utilize the features included with your plan. If you experience issues accessing your account, or you do not receive the Welcome Email, please contact iLOCK360 at 855-287-8888.

#### SETTING UP YOUR iLOCK360 ACCOUNT:

1. Visit <http://www.iLOCK360.com>
2. Click "Log In."

Username: is the email address you used to sign up for iLOCK360.

Password: is # followed by your first initial and then your second initial, followed by your zip code (provided during enrollment) and then lastly, the last four digits of your Social Security Number.

# LEGAL PLAN

MetLaw | [www.info.legalplans.com](http://www.info.legalplans.com) | 1.800.821.6400

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.

- Estate Planning Documents
- Document Review
- Family Law including Prenuptial Agreements
- Name Change
- Traffic Offenses
- Real Estate Matters
- Financial Matters
- Civil Lawsuits
- Document Preparation
- Juvenile Matters

LEGAL INSURANCE	
MONTHLY PREMIUM	ADVANTAGE PLAN
EMPLOYEE ONLY	\$16.50
EMPLOYEE + SPOUSE	\$16.50
EMPLOYEE + CHILD(REN)	\$16.50
EMPLOYEE + FAMILY	\$16.50

## How do I contact this service?

Visit the MetLaw website [info.legalplans.com](http://info.legalplans.com) and enter access code: LEGAL or call Client Service Center at 1-800-821-6400 Monday through Friday from 7 a.m. to 7 p.m.

# EMPLOYEE ASSISTANCE PROGRAM

The Standard | [healthadvocate.com/standard6](https://healthadvocate.com/standard6) | 877.851.1631

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 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.

## How do I access my EAP?

Visit [healthadvocate.com/standard6](https://healthadvocate.com/standard6) or call 877-851-1631 24 hours a day, seven days a week. Also available for download is the My EAP App from the Google Play Store or the Apple App Store.

# TELEHEALTH

WellVia | [www.wellviasolutions.com](http://www.wellviasolutions.com) | 1.855.935.5842

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!

## HIGHLIGHTS – Common Conditions treated

- Acid Reflux
- Allergies
- Asthma
- Bladder infection
- Bronchitis
- Cold & Flu
- Nausea
- Rashes
- Sinus Conditions
- Sore throat
- Thyroid conditions
- Urinary Tract Infections
- And more...

## TO USE WELL VIA:

- Download the App or visit [www.member.wellviasolutions.com](http://www.member.wellviasolutions.com)
- Enter email address
- Follow prompts to complete registration

You may request a consult using the mobile app, online via the website, or by calling WellVia at 855-935-5842.

# COBRA

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.800.523.8422, option 4  
Allegiance | Humble ISD Alternative Medical | 1.855.999.6810  
Bswift | TRS Medical | 1.833.682.8972

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.

## 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.

# CONTACT INFORMATION

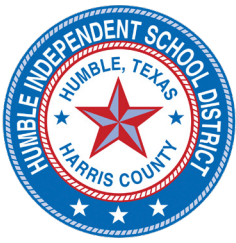
## Humble ISD BENEFITS OFFICE

20200 Eastway Village Dr | Humble, TX 77338  
 281-641-8050  
[benefits@humbleisd.net](mailto:benefits@humbleisd.net)  
<https://ffbenefits.ffga.com/humbleisd>

## FIRST FINANCIAL GROUP OF AMERICA

**Valerie Clinkscales**  
**Senior Account Administrator**  
 281-272-7618 / [Valerie.clinkscales@ffga.com](mailto:Valerie.clinkscales@ffga.com)

CONTACTS			
BENEFIT	CARRIER	WEBSITE	PHONE
Medical	Alligiance	<a href="http://www.askallegiance.com">www.askallegiance.com</a>	855.999.6810
Dental	Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	1.800.244.6224
Pharmacy	PCA RX	<a href="http://www.pcarx.com">www.pcarx.com</a>	1.855.882.7499
Vision	Ameritas	<a href="http://www.ameritas.com">www.ameritas.com</a>	1.800.877.7195
FSA/HSA/DCA	FFGA	<a href="http://ffa.wealthcareportal.com/Page/Home">ffa.wealthcareportal.com/Page/Home</a>	1.866.853.3539
Hospital Indemnity	MetLife	<a href="http://www.metlife.com">www.metlife.com</a>	1.800.438.6388
Term Life	The Standard	<a href="http://www.standard.com">www.standard.com</a>	1.877.851.1631
Permanent Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	1.800.283.9233
Disability	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	1.800.654.8489
Cancer	Guardian	<a href="http://www.guardianlife.com">www.guardianlife.com</a>	1.888.482.7342
Critical Illness	MetLife	<a href="http://www.metlife.com">www.metlife.com</a>	1.800.438.6388
Accident	Aetna	<a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>	800.607.3366
ID Theft Protection	iLock360	<a href="http://www.ilock360.com">www.ilock360.com</a>	1.855.287.8888
Legal	MetLaw	<a href="http://www.info.legalplans.com">www.info.legalplans.com</a>	1.800.821.6400
Employee Assistance Program	The Standard	<a href="http://healthadvocate.com/standard6">healthadvocate.com/standard6</a>	1.877.581.1631
Telemedicine	WellVia	<a href="http://www.wellviasolutions.com">www.wellviasolutions.com</a>	1.855.935.5842
First Financial Administrators	COBRA	<a href="http://www.ffga.com">www.ffga.com</a>	1.800.523.8422 Option 4
Retirement	TSA Consulting Group	<a href="http://www.tsacg.com">www.tsacg.com</a>	1.888.793.3786



Humble ISD



# NEXT LEVEL URGENT CARE Services Now Available

26+ locations to serve you including 4 Humble ISD locations

9729 Farm to Market 1960 Bypass, Humble, TX 77338

11501 N Sam Houston Pkwy E, Humble, TX 77396

7120 FM 1960, Humble, TX 77346

4435 Kingwood Dr., Kingwood, TX 77339

Open 9 a.m. – 9 p.m. | 7 Days a Week!

**\$0** copay for Primary  
Plan members.

**\$40** co-pay for High  
Deductible (HD) plan members  
until your deductible is met.

## COMMON CONDITIONS WE TREAT

Ear infections • Cold/flu  
Cough/Sore throat • Minor burns  
Lacerations • Rash/skin infections  
Sprains • broken bones  
Dehydration • STDs



## 3 WAYS TO GET IN LINE

- X** Call 281-783-8162
- X** Get in line online: [nextlevelurgentcare.com](https://nextlevelurgentcare.com)
- X** Text “NLUCAPP” to 313131 to download the APP







# Kids. Spouse. You.



Primary care for employees and dependents (ages 2+) enrolled in the HISD UBC - Cigna health plan.




Activate your account to access benefits

Visit [www.careatc.com/activate](http://www.careatc.com/activate) or download the CareATC app and follow the "New here?" prompts.

## Pay nothing, get everything

- \$0 Copay
- \$0 Deductible
- \$0 Coinsurance
- \$0 Primary, preventive, illness and injury care
- \$0 Chronic disease management
- \$0 labs and over-the-counter medications at your visit
- Fast, easy appointment access
- Less wait time
- More time with your medical provider

## Three easy ways to schedule an appointment

-  800.993.8244 (hablamos español)
-  [www.careatc.com/patients](http://www.careatc.com/patients)
-  CareATC app

## Humble ISD Health & Wellness Centers

Powered by CareATC

- 1331 Kingwood Dr, Kingwood, TX
- 17905 West Lake Houston Pkwy Ste 102, Humble, TX

## Treatments and services include

Adult Immunizations / Allergies / Anxiety / Asthma / Annual Physicals / B12 Injections / Behavioral Health / Bipolar and Personality Disorders / Colds / Congestion / Contraceptive Management / Depression / Diabetes Management / Fertility and Hormonal Imbalances / Flu / High Blood Pressure / High Cholesterol / Hormone Replacement (male and female) / Labs / Minor Injuries / Pregnancy Early Management / PTSD / Sick Visits / Skin Acute and Chronic Management / Skin Biopsy and Removal of Lesions, Cancers, Warts, Moles / Sport Physicals / Tobacco Cessation / Weight Management / Well Woman Exams



# Meet Your Houston Area Providers



**Jill Connor, APRN, FNP-C**  
Humble - West Lake Health Center

Jill earned her Master of Science in Nursing from the University of Southern Indiana in Evansville, Indiana. Jill is board certified with the American Academy of Nurse Practitioners (AANP) with advanced practice experience in the primary care, hospice, and urgent care settings. With several years of medical/ surgical hospital experience as a Registered Nurse, Jill is passionate about caring for all ages as well as family education and interaction.



**Daniel Khuc, MD**  
Humble - Kingwood Health Center

Dr. Daniel Khuc earned his Doctorate in Medicine from Ross University School of Medicine and went on to complete both an internship and residency at Medical College of Georgia in Augusta, Georgia. Dr. Khuc is board-certified and a diplomate of the American Board of Family Medicine. He is also a member of the Harris County Medical Society, Texas Medical Association, Texas Academy of Family Physicians, and American Academy of Family Physicians. Dr. Khuc is dedicated to improving the lives of his patients and has great interest in acute care, chronic conditions, and preventive medicine.



**Jessica Brady, MD**  
Spring - Cypress Station Health Center

Dr. Brady earned her medical degree from the UT Health Science Center at Houston and completed her training through the Memorial Family Medicine Residency Program. Her interests include wellness, prevention, and weight management. Out of the office, Dr. Brady enjoys spending time with her family, cooking, and traveling. She strives to stay active and to follow healthy lifestyle. Jessica Brady, MD is board certified in Family Medicine and Obesity Medicine.



**Mary Moran, FNP-C**  
Spring - Cypress Station Health Center

Mary earned her undergraduate and Master's Degree in Nursing from the University of Texas Health Science Center School of Nursing in Houston, TX. When she is not caring for her patients, Mary enjoys traveling, reading, and spending time with her husband and two daughters. Mary is a board-certified Family Nurse Practitioner and a member of the American Association of Nurse Practitioners (AANP).

**Three easy ways to schedule an appointment:**

800.993.8244 [www.careatc.com/patients](http://www.careatc.com/patients) CareATC app

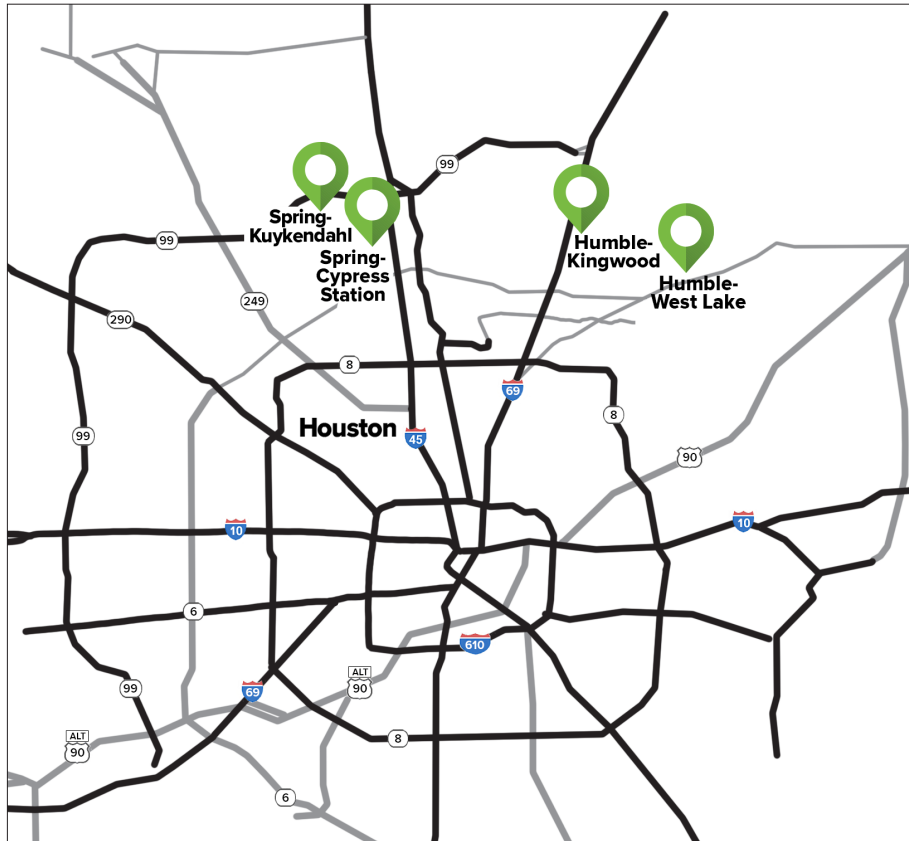


Show Me  
The App!





# Houston Area Health Center Locations



### Humble - Kingwood Health Center

1331 Kingwood Dr  
Kingwood, TX 77339

### Spring - Cypress Station Health Center

110 Cypress Station Dr  
Houston, TX 77090

### Humble - West Lake Health Center

17905 West Lake Houston Pkwy Ste 102  
Humble, TX 77346

**OPENING July 11, 2022**

### Spring - Kuykendahl Health Center

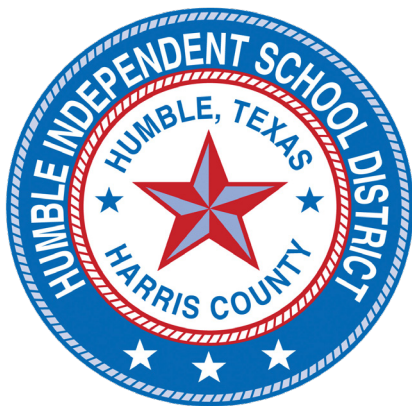
21301 Kuykendahl Rd, Ste F  
Spring, TX 77379

Three ways to schedule an appointment: ☎ 800.993.8244 🖥 [www.careatc.com/patients](http://www.careatc.com/patients) 📱 CareATC app

# Employee Health Benefits



## Humble ISD Which Plan is Right for You?



## Questions to Consider

- How much coverage do I need?
- How often do I access health care?
- Are my doctors in-network?
- Do I prefer higher premiums or pay as I go?
- Do I have regular prescriptions?

# Benefits for UBC Members

The Cigna Open Access Plus Network provides you with access to healthcare professionals nationwide to address your health concerns. The UBC plans offer a range of coverage options to best meet the needs of you and your family. This provides you a great deal of flexibility and the option to save significantly on your health insurance premiums.

## Choice and Control

The Cigna Open Access Plus Network provides access to 17,000 facilities and more than 1,000,000 healthcare professionals.

**Need Assistance?**  
[help@UBC-Benefits.com](mailto:help@UBC-Benefits.com)

- Cigna Nationwide Network with more than 1 million healthcare professionals
- No referral necessary to see a specialist
- Lower Out-of-Pocket maximums
- In- and Out-of-Network benefits
- Access to Humble ISD Health and Wellness Clinics



# HD - Medical Plan

## Overview

The Humble ISD HD plan serves as the primary High Deductible plan option, with low-cost monthly premiums and out-of-pocket maximums in exchange for higher annual deductibles. With in- and out-of-network benefits, no need for physician referrals, and an integrated drug deductible, this plan provides the highest premium savings to plan members, with the greatest overall annual savings potential.

The UBC benefit plans provide access to the Humble ISD Health and Wellness Clinics for you and your covered dependents, over the age of 2. All services are performed at the Wellness Clinics for a low \$25 copay for you and your covered dependents until your deductible is met, after which all services are free. And just like visiting your primary doctor, all information is confidential.

Covered	Monthly Premium
• Employee	• \$35
• Employee + Spouse	• \$650
• Employee + Child(ren)	• \$305
• Employee + Family	• \$790



# HD - plan quick-reference

Refer to plan documents for limitations and additional information.

## HD - Medical Plan

Feature	Your Memorial Hermann Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
<b>Annual Deductible</b>	\$1,400 individual \$2,800 family	\$2,800 individual \$5,600 family	\$5,500 individual \$11,000 family
<b>Coinsurance (after the annual deductible is met.)</b>	20% after deductible	20% after deductible	40% after deductible
<b>Annual Out-of-Pocket Maximum</b>	\$6,500 individual \$13,000 family	\$6,500 individual \$13,000 family	Unlimited
<b>Physician Services</b>			
Office Visits - Primary	20% after deductible	20% after deductible	40% after deductible
Office Visits - Specialist	20% after deductible	20% after deductible	40% after deductible
Urgent Care Visits	20% after deductible	\$80 copay then 20% after deductible	40% after deductible
Emergency Care Visits	20% after deductible	\$500 copay then 20% after deductible	40% after deductible
Humble - Health and Wellness Clinics	\$25 copay then 100% after deductible	\$25 copay then 100% after deductible	N/A
Next Level Urgent Care	\$40 copay then 100% after deductible	\$40 copay then 100% after deductible	N/A
<b>Prescription Drugs</b>			
Drug Deductible	Integrated with CIGNA medical deductible. CIGNA Deductible must be met before benefit applies		
Generic (30/90 Day Supply)	\$0 Retail and Mail Order (after deductible)		
Preferred Brand	30% Retail / \$125 Mail Order (after deductible)		
Non-Preferred Brand	30% Retail / \$125 Mail Order (after deductible)		
Specialty	50% to a max of \$1500 a month (after deductible)		

Refer to plan documents for limitations and additional information.

## HD - Medical Plan (continued)

Feature	Your Memorial Hermann Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
<b>Maternity Services</b>			
Routine Prenatal Care	20% after deductible	20% after deductible	40% after deductible
Delivery in Hospital	20% after deductible	20% after deductible	40% after deductible
Newborn Care in Hospital (Routine)	20% after deductible	20% after deductible	40% after deductible
<b>Additional Services</b>			
Inpatient Hospital	20% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	40% after deductible
Lab & X-ray Outpatient (minor)	20% after deductible	20% after deductible	40% after deductible
Hospital Emergency Care Services**	20% after deductible	20% after deductible	40% after deductible
Chiropractic	20% after deductible	20% after deductible	40% after deductible
<b>Preventative Care*</b>			
Well-Child Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Well-Woman Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Routine Screening Mammography	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Adult Health Assessments	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Immunizations	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Screening Colonoscopy	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible

\*Subject to Affordable Care Act requirements. \*\*treated as network



Refer to plan documents for limitations and additional information.

## Primary - Medical Plan (continued)

Feature	Your Memorial Hermann Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
<b>Maternity Services</b>			
Routine Prenatal Care	20% after deductible	20% after deductible	40% after deductible
Delivery in Hospital	20% after deductible	20% after deductible	40% after deductible
Newborn Care in Hospital (Routine)	20% after deductible	20% after deductible	40% after deductible
<b>Additional Services</b>			
Inpatient Hospital	20% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	40% after deductible
Lab & X-ray Outpatient (minor)	20% after deductible	20% after deductible	40% after deductible
Hospital Emergency Care Services**	20% after deductible	20% after deductible	40% after deductible
Chiropractic	20% after deductible	20% after deductible	40% after deductible
<b>Preventative Care*</b>			
Well-Child Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Well-Woman Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Routine Screening Mammography	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Adult Health Assessments	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Immunizations	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Screening Colonoscopy	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible

\*Subject to Affordable Care Act requirements. \*\*treated as network

# Primary - Medical Plan

## Overview

The Humble ISD Primary Plan is designed to provide members and their families a copay-based plan offering for Primary Care, Specialist and Urgent Care visits, in exchange for moderate monthly premiums and higher out-of-pocket maximums. With in and out-of-network benefits, no need for physician referrals, no drug deductible, free generic drugs and free access to the Humble ISD Health and Wellness Clinics, this plan provides affordable access to care with additional flexibility and cost transparency for services.

The UBC benefit plans provide access to the Humble ISD Health and Wellness Clinics for you and your covered dependents, over the age of 2. All services performed at the Wellness Clinics are done at no cost for you and your covered dependents. And just like visiting your primary doctor, all information is confidential.

Covered	Monthly Premium
• Employee	• \$45
• Employee + Spouse	• \$620
• Employee + Child(ren)	• \$275
• Employee + Family	• \$800



# Primary - plan quick-reference

Refer to plan documents for limitations and additional information.

## Primary - Medical Plan

Feature	Your Memorial Hermann Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
<b>Annual Deductible</b>	\$1,250 individual \$2,500 family	\$2,500 individual \$5,000 family	\$5,000 individual \$9,000 family
<b>Coinsurance (after the annual deductible is met.)</b>	20% after deductible	20% after deductible	40% after deductible
<b>Annual Out-of-Pocket Maximum</b>	\$8,000 individual \$16,000 family	\$8,000 individual \$16,000 family	Unlimited
<b>Physician Services</b>			
Office Visits - Primary	\$20 copay	\$30 copay	40% after deductible
Office Visits - Specialist	\$50 copay	\$70 copay	40% after deductible
Urgent Care Visits	\$50 copay	\$100 copay	40% after deductible
Emergency Care Visits	20% after deductible	\$500 copay then 20% after deductible	40% after deductible
Humble - Health and Wellness Clinics	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
Next Level Urgent Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
<b>Prescription Drugs</b>			
Drug Deductible	No Deductible		
Generic (30/90 Day Supply)	Plan pays 100% retail and mail order		
Preferred Brand	30% Retail / Mail \$125		
Non-Preferred Brand	30% Retail / Mail \$125		
Specialty	50% to a max \$1,500		

# FINDING A DOCTOR IN OUR DIRECTORY IS EASY



Is your doctor or hospital in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

## SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS



### Step 1

Go to [Cigna.com](https://www.cigna.com), and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."



### Step 2

Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.



### Step 3

Answer any clarifying questions, and then verify where you live (as that will determine the networks available).



### Step 4

Optional: Select one of the plans offered by your employer during open enrollment. **(OAP) Network Open Access Plus**

**That's it!** You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

## Search first. Then choose Cigna.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to [myCigna.com](https://www.mycigna.com) – your one-stop source for managing your health plan, anytime, just about anywhere. On [myCigna.com](https://www.mycigna.com), you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

**Questions?** Call **1-800-Cigna24**

**Together, all the way.®**



**Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.**

Providers and facilities that participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, see your plan documents.

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Dear Plan Member,

We're excited to welcome you to the RxBenefits family. As a friendly reminder, we have partnered with Humble ISD and OptumRx to bring you best-in-class pharmacy benefits. Our goal is to ensure your safety, make every effort to reduce your out-of-pocket costs, and promptly address any questions or issues that may arise to ensure you get the maximum value from your new benefits plan.

This packet is designed exclusively for you, and includes the following helpful resources that provide important information about your pharmacy plan:

- **Prescription Benefit Coverage for Humble ISD**  
*This document gives you an easy-to-understand breakdown of all the important details of the coverage through your new pharmacy plan.*
- **Member Services Support Contact Information**  
*Our professional member services representatives are available to support you should any questions or issues arise.*
- **Details on Accessing OptumRx's Website & Mobile App**  
*Humble ISD has selected OptumRx as your backend claims manager, giving you access to one of the largest national pharmacy networks. OptumRx's web portal and app will help you manage your medications anywhere, anytime, search for the nearest retail pharmacy, and check drug interactions.*
- **Information on How to Sign-Up for Mail Order**  
*Get up to a three-month supply of your maintenance medication(s) delivered safely and reliably right to your door. Save time and money!*

Your permanent ID card(s) will be distributed to you shortly by OptumRx, or your medical vendor. If you need to fill a prescription before your card(s) arrives, simply provide all of the information on the card below to the pharmacy to process your request.



 OPTUMRx®

**RxBIN: 610011**

**RxPCN: IRX**

**RxGRP: RXBENEFIT**

**Beginning June 1, 2022, please contact RxBenefits with questions regarding prescription coverage:**

**Plan Members call Member Support: 800.933.0765**  
**Pharmacists call Pharmacy Help Desk: 800.880.1188**

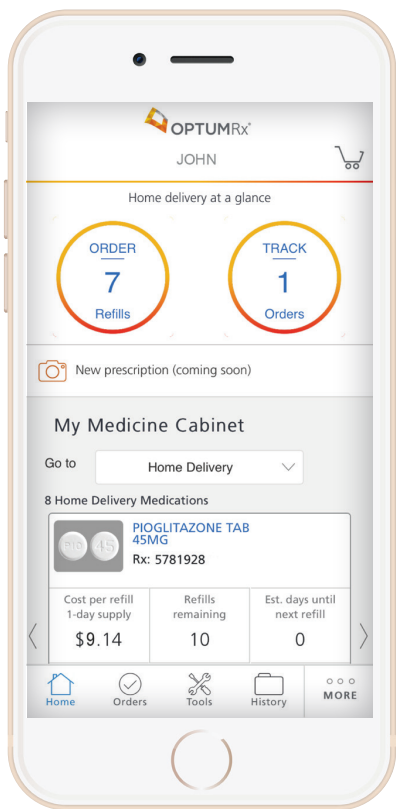
As always, RxBenefits' Member Services team is available to answer any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling 800.933.0765 or emailing [CustomerCare@rxbenefits.com](mailto:CustomerCare@rxbenefits.com).

Please reach out to us at any time if you have any questions or concerns. We are thrilled to be partnering with you to take your pharmacy benefit to the next level.

Sincerely,  
Your RxBenefits Team



# The OptumRx app



The OptumRx® App makes the online pharmacy experience as simple as possible. You can easily:

- Refill or renew a home delivery prescription
- Transfer a retail prescription to home delivery
- Find drug prices and lower-cost options
- View your prescription claim history or order status
- Locate a pharmacy
- Access your ID card, if your plan allows
- Set up refill reminders
- Track your order



Download the OptumRx App now from the Apple® App Store or Google Play™.



Over ➔

## The OptumRx App: the most convenient way to manage your prescriptions.

### Simple

You can easily refill a medication or transfer a retail prescription to home delivery.

### Current

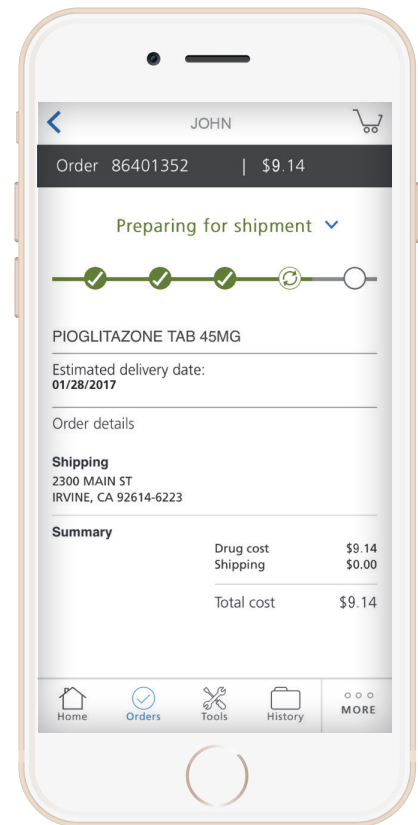
Prescription Drug Lists change frequently; the OptumRx App updates automatically, giving you quick access to the most current drug coverage information.

### Personalized

Access a complete profile of your prescriptions when you view your online Medicine Cabinet. You can see all your recent and past prescriptions.

### Save time and money

Compare prescription drug options as well as identify potential cost savings.



The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

Free services are provided to help you communicate with us, such as letters in other languages or large print. You may also ask to speak with an interpreter. To ask for help, please call the toll-free phone number listed on your ID card.

ATENCIÓN: Si habla **español (Spanish)**, La compañía no discrimina por raza, color, nacionalidad, sexo, edad o discapacidad en actividades y programas de salud.

Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，公司不会基于种族、肤色、国籍、性别、年龄或残疾而在健康计划和活动中歧视任何人。

为帮助您与我们沟通，我们提供一些免费服务，例如用其他语言书写的信件或大字体。您也可以要求与口译员对话。欲寻求帮助，请拨打您的 ID 卡上列出的免费电话号码。



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at [optum.com](https://www.optum.com).

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# Discover the convenience of home delivery from OptumRx



Home delivery is safe and reliable, and you get:

- A three-month supply of your medication, saving you time and possibly money
- Free standard shipping
- Phone access to pharmacists 24 hours a day, 7 days a week
- Helpful reminders letting you know when to take or refill your medications

**It's easy to sign up and start saving. Just choose one of the options below:**

- Ask your doctor to send an electronic prescription to OptumRx.
- Visit [optumrx.com](https://optumrx.com) or use the OptumRx app. From there, you can fill new prescriptions, transfer others to home delivery and more.
- Call the toll-free number on your member ID card to speak to a customer service advocate.



**Manage your medication from your mobile phone. Download the OptumRx® app today.**



# RxBenefits' Pharmacy FAQ

## Who is RxBenefits?

Founded in 1995, Birmingham, AL-based RxBenefits is the employee benefit industry's first and only technology-enabled pharmacy benefits optimizer (PBO). We are a growing team of more than 500 pharmacy pricing, contract, service, technology, data, and clinical experts that work together as one team towards one common goal: putting the benefit back in pharmacy benefits. We focus exclusively on helping employee benefits consultants, and their self-insured clients, access and deliver an affordable, best-in-class pharmacy benefit.

## How Do I Learn More About My Prescription Benefits?

Your pharmacy benefits are part of the specific insurance coverage selected by your employer, and are designed to help you access your prescriptions at the right time and at the best cost. Simply present your prescription benefit ID card and prescription at the in-network retail pharmacy of your choice. The pharmacist will use your prescription and member information to determine if the medication is covered by your plan, and if so, your co-payment or co-insurance.

Details of your specific benefits plan including drug coverage can be found in your Prescription Benefit Coverage (PBC). The PBC is a snapshot of your health plan's co-pays, benefits, covered healthcare services, and other features that are important to you and your family in easy-to-understand terms. If you have any questions or issues, please call RxBenefits' Member Services Team at 800.933.0765.

## Where can I get my prescriptions filled in-person?

Your pharmacy benefit gives you access to a large retail pharmacy network that includes thousands of pharmacies throughout the United States. That means you have convenient access to your prescriptions wherever you are - at home, work, or even on vacation. You'll get the most from your benefits by using a participating pharmacy. For a list of participating pharmacies, access your PBM's website for more information.

**Note:** Choosing a non-network pharmacy means you'll pay the full cost of the prescription up front. You will need to then submit a claim form to your plan for reimbursement.

## What Is A Drug List/Formulary?

All prescription benefit plans, including yours, use what is called a "formulary" that may also be referred to as a drug list. The formulary / drug list contains brand-name and generic medications that are covered by your plan. All medications on the formulary have been approved by the Food & Drug Administration (FDA) and have been reviewed and recommended by your plan's Pharmacy & Therapeutics (P&T) Committee. The P&T Committee is an independent group of practicing doctors, pharmacists, and other healthcare professionals responsible for the research and decisions surrounding the drug list based on various factors including their safety and effectiveness.

If your healthcare provider prescribes a medication that is not on the drug list/formulary, it will not be covered, and you will be responsible for the full cost of the medication. If your healthcare provider prescribes a non-covered medicine, talk with them about prescribing a medication that is on the drug list/formulary instead.

Please call the Member Services number on the back of your ID card at any time to determine if a particular medication is (or is not) on your approved formulary and covered by your plan. Or you can refer to your Prescription Benefit Coverage (PBC) for coverage limitations and exclusions.

### **What Is A Prior Authorization?**

Certain prescription drugs may require a "prior authorization" before you can fill the prescription. Some drugs require prior authorization because they may not be a good fit for every patient. Prior Authorization ensures your safety and helps limit your out of pocket costs.

When a medication requires prior authorization, your healthcare provider will need to send documentation to an independent pharmacy reviewer who will review the documentation to ensure the medication is a good fit for you and your benefit coverage. If you use home delivery, it is important that your prescriber obtain prior authorization before you can fill your prescription.

We never want you to go without an appropriate medication to treat your condition. If you are having trouble getting a medication filled because it requires prior authorization, please call the Member Services number on the back of your ID card. We will do everything we can to assist you and your healthcare provider in getting the prior authorization processed promptly.

### **What Is The Difference Between Generic & Brand Medications? How Does It Affect My Benefits?**

A brand-name drug is usually available from only one manufacturer and may have patent protection. A generic drug is required by law to have the same active ingredients as its brand-name counterpart but is available only after the patent expires on a brand-name drug. You can typically save money by using generic medications.

#### **Are generic medications as safe and effective as brand-name drugs?**

Yes. Generic medications are regulated by the FDA. In order to pass FDA review and be A-rated, the generic drug is required to be therapeutically equivalent to its counterpart brand-name medication. It must have the same active ingredients as well as the same dosage and strength.

#### **Why are generic medications less expensive?**

Normally, a generic drug is introduced to the market only after the patent has expired on its brand-name counterpart. At that point, it can be offered by more than one manufacturer, increasing competition. Generic drug manufacturers generally price their products below the cost of the brand-name versions in order to compete.

#### **How can I request a generic medication?**

Your healthcare provider and pharmacist are the best sources of information about generic medications. Simply ask one of them if your prescription can be filled with an equivalent generic medication. You may be subject to higher cost sharing for brand drugs.

**Can My Prescription Be Switched To A Drug With A Lower Co-Payment?**

If your current prescription medication is not a generic, call your healthcare provider and ask if it's appropriate for you to switch to a lower cost generic drug. The decision is up to you and your healthcare provider.

You can also select lower cost options from your PBM's website where you manage your current prescriptions. You'll get information to discuss with your healthcare provider and the tools to get started.

**How Do I Order Medications Using Home Delivery?**

Home delivery is a convenient service for members who take medications to treat a chronic condition on an ongoing basis. Examples of conditions that may require maintenance medications include hormone replacement, asthma, diabetes, high blood pressure, high cholesterol, arthritis, and many other routine prescriptions delivered directly to your door so you never miss a dose. Depending on how your plan is designed, ordering maintenance medications using home delivery may also be more cost-effective. Check your plan details for more information on how copays vary using home delivery vs. a retail pharmacy.

**I Am Going To Be Out Of Town For An Extended Period.****How Do I Get An Extra Supply Of Drugs To Cover Me For That Time?**

If you are going to be out of town for an extended period and need extra medication, call the member services number on the back of your member ID card to request a vacation override. You must provide the member services representative with both the date you are leaving and the date you are returning. RxBenefits will place the override in the system and you can pick up your medication at your local pharmacy.

**Who do I contact with questions about my specific plan and/or medications?**

Your RxBenefits Member Services Team is available to answer any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling **800.933.0765** or emailing [CustomerCare@rxbenefits.com](mailto:CustomerCare@rxbenefits.com).

# Member Services Quick Reference Card

## Member Services for Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service.

### Availability

Member Services assists you with questions or concerns regarding your pharmacy benefits such as:

- Benefit Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

**800.933.0765** or  
**CustomerCare@rxbenefits.com**  
7:00 AM to 8:00 PM CT  
Monday – Friday

## Key Details on Common Issues

### Pharmacy Benefits & Coverage Inquiries

As plan members, you and your dependents can call for questions related to:

- Coverage Questions
- Clinical Programs
- Copay
- Deductible Issues

### Paper Claims

Submit prescription receipts along with your specific PBM's claim form to be processed for direct reimbursement. Claims should be mailed to the address listed on your ID card or fax them to RxBenefits at 205.449.5225.



## Medical Plan Benefits Questions?



[ubc-benefits.com/humbleisd-benefits](http://ubc-benefits.com/humbleisd-benefits)  
(case sensitive)

[help@ubc-benefits.com](mailto:help@ubc-benefits.com)

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## Specific Medical Coverage Questions?



Allegiance Customer Service Line:

(855) 999-6810

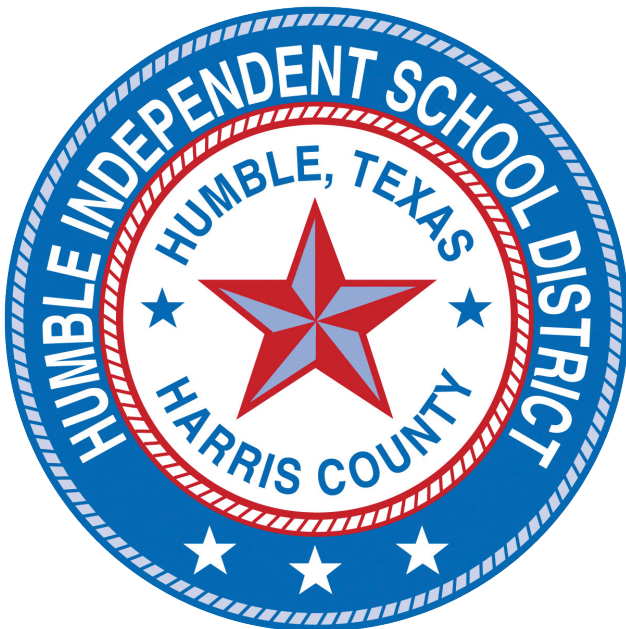
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## Questions About Prescription Cost and Coverage?



RxBenefits Help Line

(800) 933-0765





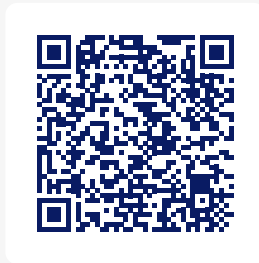
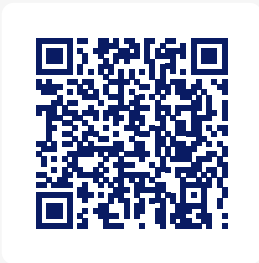
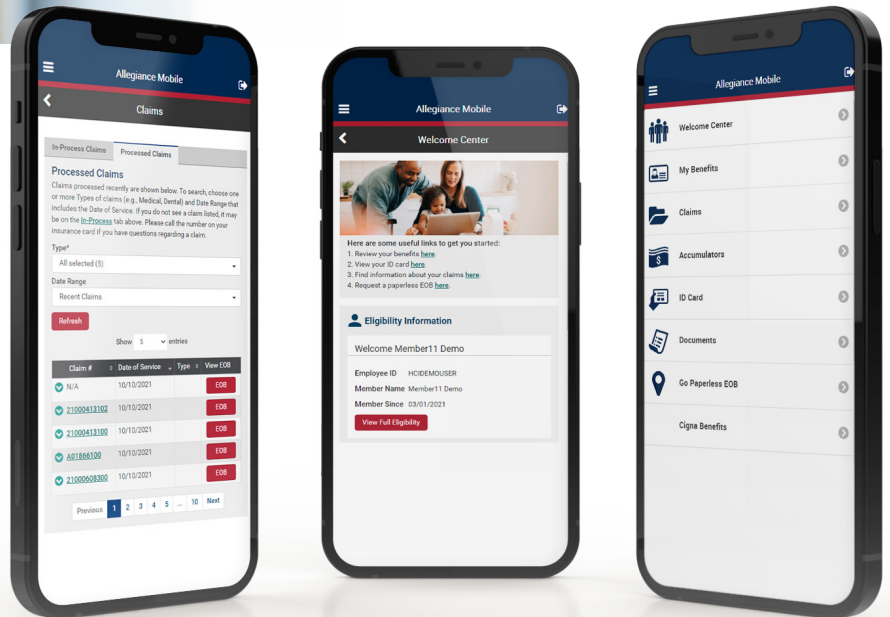
# ALLEGIANCE Mobile App



Access your health plan 24/7 with the **Allegiance Mobile App!** Simply download the app and login with your participant ID. New users should first create a login at [www.AskAllegiance.com](http://www.AskAllegiance.com).

## The app makes it easy and convenient to:

- ✔ View claims and EOBs
- ✔ Verify benefits and eligibility
- ✔ Access an electronic version of your ID Card
- ✔ Search for a provider



## Start managing your account in seconds straight from your device!

Download the Allegiance Mobile App for free from the Apple App Store or Google Play today.

# Cigna Dental Benefit Summary

## Humble ISD – High Plan

### Plan Renewal Date: 09/01/2022



Insured by: Cigna Health and Life Insurance Company

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. Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That's why this dental plan includes **Cigna Dental WellnessPlus<sup>SM</sup>** features. When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature. **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: Total Cigna DPPO Network</b>		<b>Out-of-Network: See Non-Network Reimbursement</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge	
<b>WellnessPlus<sup>SM</sup> Progressive Maximum Benefit:</b> When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year; until it reaches the highest level specified below. Please refer to your plan materials for additional information on this plan feature.				
<b>Policy Year Benefits Maximum</b> Applies to: Class I, II & III expenses	Year 1: \$1,000 Year 2: \$1,150 Year 3: \$1,300 Year 4 & Beyond: \$1,450		Year 1: \$1,000 Year 2: \$1,150 Year 3: \$1,300 Year 4 & Beyond: \$1,450	
<b>Policy Year Deductible</b> Individual Family	\$50 \$150		\$50 \$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	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class II: Basic Restorative</b> Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
<b>Class III: Major Restorative</b> Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures	70% After Deductible	30% After Deductible	70% After Deductible	30% After Deductible
<b>Class IV: Orthodontia</b> Coverage for Employee and All Dependents Lifetime Benefits Maximum: \$1,000	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
<b>Benefit Plan Provisions:</b>				
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			



<b><i>Non-Network Reimbursement</i></b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.
<b><i>Cross Accumulation</i></b>	All deductibles, plan maximums, and service specific maximums cross accumulate between in-network and out-of-network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.
<b><i>Policy Year Benefits Maximum</i></b>	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
<b><i>Policy Year Deductible</i></b>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
<b><i>Late Entrant Limitation Provision</i></b>	Payment will be reduced by 50% for Class III and IV services for 24 months for eligible members that are allowed to enroll in this plan outside of the designated open enrollment period. This provision does not apply to new hires.
<b><i>Pretreatment Review</i></b>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
<b><i>Alternate Benefit Provision</i></b>	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
<b><i>Oral Health Integration Program®</i></b>	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1-800-Cigna24.
<b><i>Timely Filing</i></b>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
<b><i>Benefit Limitations:</i></b>	
Missing Tooth Limitation	For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 24 months; thereafter, considered a Class III expense.
Oral Evaluations/Exams	2 per policy year.
X-rays (routine)	Bitewings: 2 per policy year.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Cleanings	2 per policy year, including periodontal maintenance procedures following active therapy.
Fluoride Application	1 per policy year for children under age 19.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Inlays, Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
Prosthesis Over Implant	1 every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.
<b><i>Benefit Exclusions:</i></b>	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> <li>• Procedures and services not included in the list of covered dental expenses;</li> <li>• Diagnostic: cone beam imaging;</li> <li>• Preventive Services: instruction for plaque control, oral hygiene and diet;</li> <li>• Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;</li> <li>• Periodontics: bite registrations; splinting;</li> <li>• Prosthodontic: precision or semi-precision attachments;</li> <li>• Implants: implants or implant related services;</li> <li>• Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;</li> </ul>	

- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Maximum Reimbursable Charge.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.

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# Cigna Dental Benefit Summary

## Humble ISD – Low Plan

### Plan Renewal Date: 09/01/2022



Insured by: Cigna Health and Life Insurance Company

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. Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That's why this dental plan includes **Cigna Dental WellnessPlus<sup>SM</sup>** features. When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature. **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: Total Cigna DPPO Network</b>		<b>Out-of-Network: See Non-Network Reimbursement</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Allowable Charge	
<b>WellnessPlus<sup>SM</sup> Progressive Maximum Benefit:</b> When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year; until it reaches the highest level specified below. Please refer to your plan materials for additional information on this plan feature.				
<b>Policy Year Benefits Maximum</b> Applies to: Class I, II & III expenses	Year 1: \$1,000 Year 2: \$1,150 Year 3: \$1,300 Year 4 & Beyond: \$1,450		Year 1: \$1,000 Year 2: \$1,150 Year 3: \$1,300 Year 4 & Beyond: \$1,450	
<b>Policy Year Deductible</b> Individual Family	\$50 \$150		\$50 \$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	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class II: Basic Restorative</b> Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
<b>Class III: Major Restorative</b> Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
<b>Class IV: Orthodontia</b> Coverage for Employee and All Dependents Lifetime Benefits Maximum: \$1,000	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
<b>Benefit Plan Provisions:</b>				
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			

<b>Non-Network Reimbursement</b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Allowable Charge. The dentist may balance bill up to their usual fees.
<b>Cross Accumulation</b>	All deductibles, plan maximums, and service specific maximums cross accumulate between in-network and out-of-network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.
<b>Policy Year Benefits Maximum</b>	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
<b>Policy Year Deductible</b>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
<b>Late Entrant Limitation Provision</b>	Payment will be reduced by 50% for Class III and IV services for 24 months for eligible members that are allowed to enroll in this plan outside of the designated open enrollment period. This provision does not apply to new hires.
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
<b>Alternate Benefit Provision</b>	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
<b>Oral Health Integration Program*</b>	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1-800-Cigna24.
<b>Timely Filing</b>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
<b>Benefit Limitations:</b>	
Missing Tooth Limitation	For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 24 months; thereafter, considered a Class III expense.
Oral Evaluations/Exams	2 per policy year.
X-rays (routine)	Bitewings: 2 per policy year.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Cleanings	2 per policy year, including periodontal maintenance procedures following active therapy.
Fluoride Application	1 per policy year for children under age 19.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Inlays, Crowns, Bridges, Dentures and Partials	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
Prosthesis Over Implant	1 every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.
<b>Benefit Exclusions:</b>	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> <li>• Procedures and services not included in the list of covered dental expenses;</li> <li>• Diagnostic: cone beam imaging;</li> <li>• Preventive Services: instruction for plaque control, oral hygiene and diet;</li> <li>• Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;</li> <li>• Periodontics: bite registrations; splinting;</li> <li>• Prosthodontic: precision or semi-precision attachments;</li> <li>• Implants: implants or implant related services;</li> <li>• Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;</li> <li>• Athletic mouth guards;</li> </ul>	

- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Maximum Allowable Charge.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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Focus® High Plan Vision Summary

Effective Date: 9/1/2022

	VSP Choice Network + Affiliates	Out of Network
<b>Deductibles</b>	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames
<b>Annual Eye Exam</b>	Covered in full	Up to \$45
<b>Lenses (per pair)</b>		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
<b>Contacts</b>		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$180	Up to \$145
Medically Necessary	Covered in full	Up to \$210
<b>Frame Allowance</b>	\$180**	Up to \$70
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/12 Based on plan year	12/12/12 Based on plan year

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

Lens Options (member cost)\*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
<b>Progressive Lenses</b>	Covered in full	Up to Lined Bifocal allowance.
<b>Std. Polycarbonate</b>	Covered in full	No benefit
<b>Solid Plastic Dye</b>	Covered in full	No benefit
<b>Plastic Gradient Dye</b>	Covered in full	No benefit
<b>Photochromatic Lenses (Glass &amp; Plastic)</b>	Covered in full	No benefit
<b>Scratch Resistant Coating</b>	Covered in full	No benefit
<b>Anti-Reflective Coating</b>	Covered in full	No benefit
<b>Ultraviolet Coating</b>	Covered in full	No benefit

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

Monthly Rates

Employee Only (EE)	\$10.12
EE + Spouse	\$21.04
EE + Children	\$21.84
EE + Spouse & Children	\$27.98

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more. Locate a VSP provider at: [ameritas.com](http://ameritas.com) OR View plan benefit information at: [vsp.com](http://vsp.com)

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

**Additional Focus® Choice Network Features**

<b>Contact Lenses Elective</b>	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
<b>Additional Glasses</b>	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
<b>Frame Discount</b>	VSP offers 20% off any amount above the retail allowance.*
<b>Laser VisionCare</b>	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

*Based on applicable laws, reduced costs may vary by doctor location.*

**Rx Savings**

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

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

**Retail Chain Affiliate Providers Available With Focus Plans**

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer’s VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

**Section 125**

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

**Worldwide Support**

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

**Language Services**

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

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

Focus® Low Plan Vision Summary

Effective Date: 9/1/2022

	VSP Choice Network + Affiliates	Out of Network
<b>Deductibles</b>	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames
<b>Annual Eye Exam</b>	Covered in full	Up to \$45
<b>Lenses (per pair)</b>		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
<b>Contacts</b>		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
<b>Frame Allowance</b>	\$150**	Up to \$70
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/12 Based on plan year	12/12/12 Based on plan year

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

Lens Options (member cost)\*

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

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

Monthly Rates

Employee Only (EE)	\$7.40
EE + Spouse	\$15.40
EE + Children	\$16.00
EE + Spouse & Children	\$20.50

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more. Locate a VSP provider at: [ameritas.com](http://ameritas.com) OR View plan benefit information at: [vsp.com](http://vsp.com)

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- Interactive Voice Response available 24/7



### Additional Focus® Choice Network Features

<b>Contact Lenses Elective</b>	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
<b>Additional Glasses</b>	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
<b>Frame Discount</b>	VSP offers 20% off any amount above the retail allowance.*
<b>Laser VisionCare</b>	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

*Based on applicable laws, reduced costs may vary by doctor location.*

### Rx Savings

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

### Retail Chain Affiliate Providers Available With Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

### Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more. Locate a VSP provider at: [ameritas.com](http://ameritas.com) OR View plan benefit information at: [vsp.com](http://vsp.com)

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

### Section 125

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

### Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S. Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

### Language Services

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

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

# HUMBLE ISD

## Long-Term Disability Income Insurance

### Plan Benefit Highlights

#### Eligibility

All permanent employees in covered group working 20 hours or more per week. Regarding your eligibility, we may require proof of good health and will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

#### Benefits are Payable

Benefits are payable up to age 65 for a covered Injury or Sickness. After age 65, the benefit period will be extended to the greater of 12 months or your Social Security Normal Retirement Age.

#### Disability Benefit - PLANS 1-6

50% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of \$20,000; and the amount for which premium is being paid. If applicable, the insured's Disability Benefit will be reduced by Deductible Sources of Income.

Disability Benefit - 50% of Your Monthly Compensation		
Plan 1	On the 8th day of Disability due to a covered injury or Sickness.	*\$1.62
Plan 2	On the 15th day of Disability due to a covered injury or Sickness.	*\$1.36
Plan 3	On the 31st day of Disability due to a covered injury or Sickness.	*\$1.12
Plan 4	On the 61st day of Disability due to a covered injury or Sickness.	*\$0.62
Plan 5	On the 91st day of Disability due to a covered injury or Sickness.	*\$0.44
Plan 6	On the 151st day of Disability due to a covered injury or Sickness.	*\$0.30

#### Disability Benefit - PLANS 7-12

66<sup>2/3</sup>% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of \$15,000; and the amount for which premium is being paid. If applicable, the insured's Disability Benefit will be reduced by Deductible Sources of Income.

Disability Benefit - 66 <sup>2/3</sup> % of Your Monthly Compensation		
Plan 7	On the 8th day of Disability due to a covered injury or Sickness.	*\$2.36
Plan 8	On the 15th day of Disability due to a covered injury or Sickness.	*\$1.98
Plan 9	On the 31st day of Disability due to a covered injury or Sickness.	*\$1.64
Plan 10	On the 61st day of Disability due to a covered injury or Sickness.	*\$1.00
Plan 11	On the 91st day of Disability due to a covered injury or Sickness.	*\$0.74
Plan 12	On the 151st day of Disability due to a covered injury or Sickness.	*\$0.48

#### Physician Expense Benefit

Injury - \$150.00 per Injury

If you need personal treatment by a Physician due to an Injury, we will pay the amount shown above provided no other claim has been paid under the Policy. You are not required to miss one full day of work in order to receive the Injury benefit.

#### Hospital Confinement Benefit

A Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Injury or Sickness, for up to 60 days. The amount payable is 1 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration. This benefit will begin on your first day of Hospital confinement. **The remainder of your elimination period will be waived (APPLIES ONLY TO PLANS 1-3 & 7-9).**

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

\*The Premium is per \$100 of Covered Monthly Compensation

#### Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

#### Waiver of Premium

No premium payments are required while you are receiving payments under the plan after disability payments have been received for 90 consecutive days. We will require proof annually that you remain disabled during that time.

#### Donor Benefit

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

#### Offsets With Other Sources of Income

Deductible Sources of Income include, Other group disability income, Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits, United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability, State Disability, Unemployment compensation, Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 365 calendar days from the date of disability. We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your Certificate.

#### Minimum Disability Benefit

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

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

For the first 12 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the schedule. After 12 months, your disability payment will be the disability benefit less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

**Disability** or disabled for the first 24 months of disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

#### Return To Work Incentives: Disabled and Working

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

#### • Family Care Benefit

If you are disabled and working and have one or more eligible family members, you may be eligible for a family care benefit. This benefit is for expenses incurred up to 25% of your monthly disability benefit. Your disability earnings, gross disability benefit, and family care benefit cannot exceed 100% of your monthly compensation. Payment of this benefit ends when you cease to be eligible for benefits under the Disabled and Working provision of the policy.

#### • Worksite Accommodation

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

#### Mental Illness Limited Benefit

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

#### Alcoholism and Drug Addiction Limited Benefit

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for injury or sickness, it will be covered the same as any other sickness.

### Special Conditions Limited Benefit

If you are disabled due to special conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 2 years. Special conditions means: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

### Pre-Existing Condition Limitation

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

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

**Pre-existing condition** means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 3-month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition, or mental illness.

### Exclusions

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

- Intentionally self-inflicted injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.
- Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation.

The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which you are entitled to Workers' Compensation benefits.

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



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# HUMBLE ISD

## Long-Term Disability Income Insurance

### Plan Benefit Highlights

#### Eligibility

All permanent employees in covered group working 20 hours or more per week. Regarding your eligibility, we may require proof of good health and will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

#### Benefits are Payable

Benefits are payable for the period of time shown below.

#### For Injury

Benefits are payable up to age 65 for a covered Injury. After age 65, the benefit period will be extended to the greater of 12 months or your Social Security Normal Retirement Age.

#### For Sickness

Benefits are payable up to 5 years for a covered Sickness.

#### Disability Benefit - PLANS 1-6

50% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of \$20,000; and the amount for which premium is being paid. If applicable, the insured's Disability Benefit will be reduced by Deductible Sources of Income.

Disability Benefit - 50% of Your Monthly Compensation		
Plan 1	On the 8th day of Disability due to a covered injury or Sickness.	*\$1.58
Plan 2	On the 15th day of Disability due to a covered injury or Sickness.	*\$1.32
Plan 3	On the 31st day of Disability due to a covered injury or Sickness.	*\$1.06
Plan 4	On the 61st day of Disability due to a covered injury or Sickness.	*\$0.54
Plan 5	On the 91st day of Disability due to a covered injury or Sickness.	*\$0.42
Plan 6	On the 151st day of Disability due to a covered injury or Sickness.	*\$0.28

#### Disability Benefit - PLANS 7-12

66<sup>2/3</sup>% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of \$15,000; and the amount for which premium is being paid. If applicable, the insured's Disability Benefit will be reduced by Deductible Sources of Income.

Disability Benefit - 66 <sup>2/3</sup> % of Your Monthly Compensation		
Plan 7	On the 8th day of Disability due to a covered injury or Sickness.	*\$2.12
Plan 8	On the 15th day of Disability due to a covered injury or Sickness.	*\$1.80
Plan 9	On the 31st day of Disability due to a covered injury or Sickness.	*\$1.48
Plan 10	On the 61st day of Disability due to a covered injury or Sickness.	*\$0.80
Plan 11	On the 91st day of Disability due to a covered injury or Sickness.	*\$0.60
Plan 12	On the 151st day of Disability due to a covered injury or Sickness.	*\$0.40

#### Physician Expense Benefit

Injury - \$150.00 per Injury

If you need personal treatment by a Physician due to an Injury, we will pay the amount shown above provided no other claim has been paid under the Policy. You are not required to miss one full day of work in order to receive the Injury benefit.

#### Hospital Confinement Benefit

A Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Injury or Sickness, for up to 60 days. The amount payable is 1 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration. This benefit will begin on your first day of Hospital confinement. **The remainder of your elimination period will be waived (APPLIES ONLY TO PLANS 1-3 & 7-9).**

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

#### Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

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Deductible Sources of Income include, Other group disability income, Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits, United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability, State Disability, Unemployment compensation, Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 365 calendar days from the date of disability. We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your Certificate.

#### Minimum Disability Benefit

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

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

For the first 12 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the schedule. After 12 months, your disability payment will be the disability benefit less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

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#### Return To Work Incentives: Disabled and Working

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

- **Family Care Benefit**

If you are disabled and working and have one or more eligible family members, you may be eligible for a family care benefit. This benefit is for expenses incurred up to 25% of your monthly disability benefit. Your disability earnings, gross disability benefit, and family care benefit cannot exceed 100% of your monthly compensation. Payment of this benefit ends when you cease to be eligible for benefits under the Disabled and Working provision of the policy.

- **Worksite Accommodation**

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

#### Mental Illness Limited Benefit

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

### Alcoholism and Drug Addiction Limited Benefit

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for injury or sickness, it will be covered the same as any other sickness.

### Special Conditions Limited Benefit

If you are disabled due to special conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 2 years. Special conditions means: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

### Pre-Existing Condition Limitation

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

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

**Pre-existing condition** means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 3-month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition, or mental illness.

### Exclusions

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

- Intentionally self-inflicted injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.
- Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation.

The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which you are entitled to Workers' Compensation benefits.

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



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# Guardian Cancer Insurance: Premier Plan



Guardian Group  
Plan ID# 551891

## Ease the financial burden while healing

### Fortunately, we can help with unexpected expenses

Every year, more and more people are being diagnosed with cancer.<sup>1</sup> Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose - such as travel to treatment centers, medical co-pays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

See next page for a schedule of paid benefits and monthly rates.

## Enroll today

During this enrollment, you can elect coverage for you and your family:

- Convenient payroll deductions
- Portable
- Guarantee Issue: no health question asked at enrollment
- Pre-existing Condition Limitation - 3 month look back period, 12 month exclusion period for new enrollees (Does not apply for those transferring coverage)
- Waiver of Premium – if you become disabled due to cancer for 90 days, premiums will be waived thereafter so long as you continue to be disabled

## Benefits Claim Example

Kidney Cancer Diagnosis and Treatment	
COVERED EVENTS	Benefit Paid
Cancer Screening Benefit	\$100
Cancer Screening Follow Up	\$150
Cancer Initial Diagnosis	\$5,000
Second Surgical Opinion	\$300
Hospital Confinement (3 days)	\$600
Kidney Removal Surgery	\$3,000
Medical Imaging	\$1,000
Anesthesia	\$750
Radiation Therapy (30 treatments)	\$12,000
2 Months of Anti-Nausea Medication	\$500
Home Health Care (20 visits)	\$2,000
Transportation for two travelers:120 miles round-trip (12 trips at \$0.50/mile)	\$720
Attending Doctor (3 days)	\$120
<b>TOTAL BENEFIT PAID UNDER POLICY</b>	<b>\$26,240</b>

### DID YOU KNOW?

**2/3 of the cost**  
of cancer is non-medical<sup>1</sup>

**\$1,266**  
is the monthly average  
out-of-pocket cost for cancer<sup>2</sup>

**5% increase**  
In cancer costs every year<sup>3</sup>

**62% of bankruptcies**  
are the result of medical  
causes despite 76% of those  
claiming bankruptcy had  
medical insurance<sup>4</sup>

**Annual Cancer Screening  
For Covered Employees  
and Family Members**

**This plan pays you \$100  
once per calendar year per  
covered individual. See  
schedule for a list of  
covered procedures.**

COVERED EVENTS		PREMIER PLAN
<b>Prevention &amp; Non-Invasive Cancer Related Events</b>		
Cancer Screening Benefit	\$100 per insured per year Includes a \$150 cancer screening follow up benefit	
Initial Diagnosis of Cancer	\$5,000 Employee \$5,000 Spouse \$7,500 Child	
<b>Treatment Benefits</b>		
Radiation/Chemotherapy	Actual Costs up to \$400 per day	
Blood, Plasma, Platelets	Actual Costs up to \$400 per day	
Experimental Treatment	\$200 per day, up to \$2,400 per month	
Surgical Benefit	Schedule amount up to \$5,500	
Second Surgical Opinion	\$300 per surgical procedure	
Anesthesia	25% of surgery benefit	
Bone Marrow/Stem Cell	Bone Marrow: \$15,000 Stem Cell: \$15,000 50% for second transplant \$1,500 for donor	
Immunotherapy	\$500 per month; \$2,500 lifetime	
Hormone Therapy	\$50 per treatment up to 12 treatments per year	
Outpatient Surgical Center	\$350 per day, 3 days per procedure	
<b>Hospital Confinement Benefits</b>		
Hospital Confinement	\$200 per day first 30 days	
Extended Hospital Confinement	\$400 per day for 31 <sup>st</sup> day thereafter	
Hospital Intensive Care	\$600/day first 30 days, \$800/day for 31 <sup>st</sup> day thereafter	
Government or Charity Hospital	\$400 per day in lieu of all other benefits	
Inpatient Special Nursing	\$150/day, up to 30 days per year	
Attending Physician	\$40 per day while hospital confined; up to 75 visits	
Extended Care Facility	\$150 per day; up to 90 days per year	
Home Health Care	\$100 per day; up to 30 visits	
<b>Lodging and Transportation Benefits</b>		
Ambulance/Air Ambulance	\$500 per trip; limit 2 trips per confinement \$2,000 per trip, limit 2 trips per hospital confinement	
Transportation/Companion Transportation	\$0.50 per mile up to \$1,500 per round trip/equal benefit for companion	
Outpatient and Family Member Lodging	\$100/day, up to 90 days per year	
<b>Miscellaneous Benefits</b>		
Hospice	\$100 per day; up 100 days lifetime max	
Physical or Speech Therapy	\$50 per visit, up to 4 visits per month, \$1,000 lifetime	
Prosthesis	Surgically Implanted: \$3,000/device; \$6,000 lifetime Non-Surgical: \$300/device; \$600 lifetime	
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 With flap or graft: \$600	
Medical Imaging	\$500 per image up to 2 per year	
Anti-Nausea Medication	\$50 per day up to \$250 per month	
Reproductive Benefit	\$1500 egg harvesting; \$500 egg or sperm storage \$2,000 lifetime	
Reconstructive Surgery	Breast TRAM: \$3,000, Breast reconstruction: \$700, Breast Symmetry: \$350, Facial reconstruction: \$700	
ICU Rider	\$500/day up to 45 days for each period of confinement. ICU confinement rider is paid for treatment of any sickness or injury other than internal Cancer	
Waiver of Premium	Included	

TIER	MONTHLY RATES
Employee	\$24.36
Employee & Spouse	\$39.10
Employee & Child(ren)	\$27.54
Family	\$42.28

### INITIAL DIAGNOSIS BENEFIT

This one-time benefit pays \$5,000 for the first time diagnosis of internal cancer, other than carcinoma-in-situ, while covered under this plan.

### SPECIFIED DISEASE BENEFIT

#### For Employees & Covered Family Members

The benefits of this plan will also pay if a covered person is diagnosed with one of the following Specified Diseases while coverage is in force.

Addison's Disease, ALS, Brucellosis, Cerebrospinal Meningitis, Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Hepatitis (Chronic B or Chronic C with liver failure), Legionnaire's Disease, Lyme Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis, Rabies, Reye's Syndrome, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Systemic Lupus Erythematosus, Tetanus, Thalassemia, Tuberculosis, Tularemia, Typhoid Fever

**Only one specified disease from this list may be claimed under this plan.**

# Guardian Cancer Insurance: Advantage Plan



Guardian Group  
Plan ID# 551891

## Ease the financial burden while healing

Fortunately, we can help with unexpected expenses

Every year, more and more people are being diagnosed with cancer.<sup>1</sup> Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose - such as travel to treatment centers, medical co-pays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

See next page for a schedule of paid benefits and monthly rates.

### Enroll today

During this enrollment, you can elect coverage for you and your family:

- Convenient payroll deductions
- Portable
- Guarantee Issue: no health question asked at enrollment
- Pre-existing Condition Limitation - 3 month look back period, 12 month exclusion period for new enrollees (Does not apply for those transferring coverage)
- Waiver of Premium – if you become disabled due to cancer for 90 days, premiums will be waived thereafter so long as you continue to be disabled

### Benefits Claim Example

Kidney Cancer Diagnosis and Treatment	
COVERED EVENTS	Benefit Paid
Cancer Screening Benefit	\$50
Cancer Screening Follow Up	\$100
Cancer Initial Diagnosis	\$2,500
Second Surgical Opinion	\$250
Hospital Confinement (3 days)	\$300
Kidney Removal Surgery	\$1,800
Medical Imaging	\$1,000
Anesthesia	\$450
Radiation Therapy (30 treatments)	\$3,000
2 Months of Anti-Nausea Medication	\$300
Home Health Care (20 visits)	\$1,500
Transportation for two travelers: 120 miles round-trip (12 trips at \$0.50/mile)	\$720
Attending Doctor (3 days)	\$120
<b>TOTAL BENEFIT PAID UNDER POLICY</b>	<b>\$12,090</b>

### DID YOU KNOW?

**2/3 of the cost**  
of cancer is non-medical<sup>1</sup>

**\$1,266**  
is the monthly average  
out-of-pocket cost for cancer<sup>2</sup>

**5% increase**  
in cancer costs every year<sup>3</sup>

**62% of bankruptcies**  
are the result of medical  
causes despite 76% of those  
claiming bankruptcy had  
medical insurance<sup>4</sup>

1 [www.cdc.gov/nchs/data/nhis/earlyrelease/emergency\\_room\\_use\\_january-june\\_2011.pdf](http://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf)  
2 "Study Links Medical Costs and Personal Bankruptcy," Bloomberg BusinessWeek, June 4, 2009  
3 Duke University Medical Center, 2011 <http://clearhealthcosts.com/tag/duke-university-medical-center>

### Annual Cancer Screening For Covered Employees and Family Members

**This plan pays you \$50  
once per calendar year per  
covered individual. See  
schedule for a list of  
covered procedures.**



COVERED EVENTS		ADVANTAGE PLAN
<b>Prevention &amp; Non-Invasive Cancer Related Events</b>		
Cancer Screening Benefit	\$50 per insured per year Includes a \$100 cancer screening follow up benefit	
Initial Diagnosis of Cancer	\$2,500 Employee \$2,500 Spouse \$3,750 Child	
<b>Treatment Benefits</b>		
Radiation/Chemotherapy	Actual Costs up to \$100 per day	
Blood, Plasma, Platelets	Actual Costs up to \$300 per day	
Experimental Treatment	\$100 per day, \$1,000 per month	
Surgical Benefit	Schedule amount up to \$2,000	
Second Surgical Opinion	\$250 per surgical procedure	
Anesthesia	25% of surgery benefit	
Bone Marrow/Stem Cell	Bone Marrow: \$15,000 Stem Cell: \$15,000, 50% for second transplant. \$1,000 for donor	
Immunotherapy	\$500 per month; \$2,500 lifetime max	
Hormone Therapy	\$25 per treatment up to 12 treatments per year	
Outpatient Surgical Center	\$350 per day, 3 days per procedure	
<b>Hospital Confinement Benefits</b>		
Hospital Confinement	\$100 per day first 30 days	
Extended Hospital Confinement	\$200 per day for 31 <sup>st</sup> day thereafter per confinement	
Hospital Intensive Care	\$400/day first 30 days, \$600/day for 31 <sup>st</sup> day thereafter	
Government or Charity Hospital	\$300 per day in lieu of all other benefits	
Inpatient Special Nursing	\$150/day up to 30 days per year	
Attending Physician	\$40 per day while hospital confined; limit 75 visits	
Extended Care Facility	\$100 per day; up to 90 days per year	
Home Health Care	\$75 per day, up to 30 visits per year	
<b>Lodging and Transportation Benefits</b>		
Ambulance/Air Ambulance	\$500/trip, limit 2 trips per hospital confinement / \$1,500 per trip, limit 2 trips per hospital confinement	
Transportation/Companion Transportation	\$0.50 per mile up to \$1,000 per round trip/equal benefit for companion	
Outpatient and Family Member Lodging	\$75/day, up to 90 days per year	
<b>Miscellaneous Benefits</b>		
Hospice	\$100 per day, up to 100 days lifetime max	
Physical or Speech Therapy	\$25 per visit, up to 4 visits per month; \$4,000 lifetime	
Prosthesis	Surgically Implanted: \$2,000 per device; \$4,000 lifetime Non-Surgically: \$200 per device; \$400 lifetime	
Skin Cancer	Biopsy Only: \$100, Reconstructive Surgery: \$250, Excision of a skin cancer: \$375, with flap or graft: \$600	
Medical Imaging	\$500 per image up to 2 per year	
Anti-Nausea Medication	\$50 per day up to \$150 per month	
Reconstructive Surgery	Breast TRAM: \$2,000, Breast reconstruction: \$500, Breast Symmetry: \$250, Facial reconstruction: \$500	
Waiver of Premium	Included	

TIER	MONTHLY RATES
Employee	\$12.90
Employee & Spouse	\$20.30
Employee & Child(ren)	\$15.20
Family	\$22.60

### INITIAL DIAGNOSIS BENEFIT

This one-time benefit pays \$2,500 for the first time diagnosis of internal cancer, other than carcinoma-in-situ, while covered under this plan.

### SPECIFIED DISEASE BENEFIT

#### For Employees & Covered Family Members

The benefits of this plan will also pay if a covered person is diagnosed with one of the following Specified Diseases while coverage is in force.

Addison's Disease, ALS, Brucellosis, Cerebrospinal Meningitis, Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Hepatitis (Chronic B or Chronic C with liver failure), Legionnaire's Disease, Lyme Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis, Rabies, Reye's Syndrome, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Systemic Lupus Erythematosus, Tetanus, Thalassemia, Tuberculosis, Tularemia, Typhoid Fever

**Only one specified disease from this list may be claimed under this plan.**

# With your Critical Illness insurance, MetLife has you covered when it comes to annual screenings and tests



Your MetLife Critical Illness Insurance coverage provides an additional Health Screening Benefit<sup>1</sup> for screenings and tests you're likely already getting.

If you, your spouse and/or dependent children takes one of the screening/prevention measures listed below while covered under your Critical Illness Insurance plan, MetLife will pay a Health Screening Benefit of **\$50** per person, per year. To receive the **\$50** benefit, you'll need to follow the instructions indicated below.

## What are the covered screenings/tests?

Routine health check-up exam; biopsies for cancer; blood chemistry panel; blood test to determine total cholesterol; blood test to determine triglycerides; bone marrow testing; breast MRI; breast ultrasound; breast sonogram; cancer antigen 15-3 blood test for breast cancer (CA 15-3); cancer antigen 125 blood test for ovarian cancer (CA 125); carcinoembryonic antigen blood test for colon cancer (CEA); carotid doppler; chest x-rays; clinical testicular exam; colonoscopy; complete blood count (CBC); coronavirus testing; dental exam; digital rectal exam (DRE); Doppler screening for cancer; Doppler screening for peripheral vascular disease; echocardiogram; electrocardiogram (EKG); electroencephalogram (EEG); endoscopy; eye exam; fasting blood glucose test; fasting plasma glucose test; flexible sigmoidoscopy; hearing test; hemoccult stool specimen; hemoglobin A1C; human papillomavirus (HPV) vaccination; immunization; lipid panel; mammogram; oral cancer screening; pap smears or thin prep pap test; prostate-specific antigen (PSA) test; serum cholesterol test to determine LDL and HDL levels; serum protein electrophoresis; skin cancer biopsy; skin cancer screening; skin exam; stress test on bicycle or treadmill; successful completion of smoking cessation program; tests for sexually transmitted infections (STIs); thermography; two hour post-load plasma glucose test; ultrasounds for cancer detection; ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or virtual colonoscopy.

## Filing a claim is as simple as 1-2-3!

1. You can file a claim online through **MyBenefits** at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or by calling **MetLife at 1 800 MET-8 (1 800-438-6388)**. You can also file a claim using the **MetLife Mobile App!**
2. Provide a few details, including:
  - The name of the Insured, SSN or EEID, Group Name, Certificate Number
  - What date did you have your test?
  - What was the test you had completed?
3. Receive your HSB payment. (If submitting via **MyBenefits**, payment can be made via EFT. Checks are typically issued within a few business days once your claim has been processed.

You can submit claims for your spouse and/or dependent children. No hard copy proof is ever required! Please refer to your certificate for details on the health screening benefit and which tests are applicable based on your coverage.

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We will only pay one health screening benefit per covered person per calendar year. Health Screening Benefits are not available in all states.

<sup>1</sup> The Health Screening Benefit is not available in certain states. In some states, there is a separate mammogram benefit. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability may vary by state. In most plans, there is a pre-existing condition exclusion. In most states, after a covered condition occurs, there is a benefit suspension period during which most plans do not pay recurrence benefits. MetLife offers CII on both an Attained Age and an Issue Age basis. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. MetLife's Issue Age CII is guaranteed renewable and may be subject to benefit reductions that begin at age 65. Premium rates for MetLife's Issue Age CII are based on age at the time of the initial coverage effective date and will not increase due to age; premium rates for increases in coverage, including the addition of dependents' coverage, if applicable, will be based on the covered person's age at the time of that increase's effective date. Rates are subject to change for MetLife's Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to both Attained Age and Issue Age CII can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI or GPNP14-CI, or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In New York, availability of MetLife's Issue Age CII product is pending regulatory approval. MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166  
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## Plan Design – Covered Conditions

- **Initial Benefit** means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.
- **Recurrence Benefit** means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.

Covered Conditions	Initial Benefit	Recurrence Benefit
<b>Cardiovascular Disease Category</b>		
Coronary Artery Bypass Graft (CABG) - <i>where surgery involving either a median sternotomy or minimally invasive procedure is performed</i>	100% of Benefit Amount	100% of Initial Benefit
<b>Childhood Disease Category</b>		
Cerebral Palsy	100% of Benefit Amount	NONE
Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
<b>Functional Loss Category</b>		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	NONE
<b>Heart Attack Category</b>		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
<b>Infectious Disease Category</b>		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 5 consecutive days.</i>		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
Diphtheria	25% of Benefit Amount	NONE
Encephalitis	25% of Benefit Amount	NONE
Legionnaire's Disease	25% of Benefit Amount	NONE
Malaria	25% of Benefit Amount	NONE
Necrotizing Fasciitis	25% of Benefit Amount	NONE
Osteomyelitis	25% of Benefit Amount	NONE
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	NONE
Tuberculosis	25% of Benefit Amount	NONE
<b>Kidney Failure Category</b>		
Kidney Failure	100% of Benefit Amount	NONE
<b>Major Organ Transplant Category</b>		



Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, kidney and liver</i>	100% of Benefit Amount	NONE
<b>Progressive Disease Category</b>		
Adrenal Hypofunction (Addison's Disease)	25% of Benefit Amount	NONE
ALS	25% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's Disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
Muscular Dystrophy	25% of Benefit Amount	NONE
Myasthenia Gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
Poliomyelitis	25% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	25% of Benefit Amount	NONE
Systemic Sclerosis (Scleroderma)	25% of Benefit Amount	NONE
<b>Severe Burn Category</b>		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
<b>Stroke Category</b>		
Stroke	100% of Benefit Amount	100% of Initial Benefit

### Plan Design – Supplemental Benefits

<b>Health Screening Benefit</b>	<p>Payable if an eligible covered person takes one of the screening/prevention measures listed below.</p> <p><u>Benefit Amount</u></p> <ul style="list-style-type: none"> <li>• \$50</li> </ul> <p><u>Times Payable per Calendar Year</u></p> <ul style="list-style-type: none"> <li>• 1 time per Employee</li> <li>• 1 time per Spouse/Domestic Partner</li> <li>• 1 time per Dependent Child</li> </ul> <p><u>Eligible Screening/Prevention Measures</u></p> <table border="1"> <tr> <td>routine health check-up exam</td> <td>fasting blood glucose test</td> </tr> <tr> <td>biopsies for cancer</td> <td>fasting plasma glucose test</td> </tr> <tr> <td>blood chemistry panel</td> <td>flexible sigmoidoscopy</td> </tr> <tr> <td>blood test to determine total cholesterol</td> <td>hearing test</td> </tr> <tr> <td>blood test to determine triglycerides</td> <td>hemocult stool specimen</td> </tr> <tr> <td>bone marrow testing</td> <td>hemoglobin A1C</td> </tr> <tr> <td>breast MRI</td> <td>human papillomavirus (HPV) vaccination</td> </tr> <tr> <td>breast ultrasound</td> <td>immunization</td> </tr> <tr> <td>breast sonogram</td> <td>lipid panel</td> </tr> <tr> <td>cancer antigen 15-3 blood test for breast cancer (CA 15-3)</td> <td>mammogram</td> </tr> <tr> <td>cancer antigen 125 blood test for ovarian cancer (CA 125)</td> <td>oral cancer screening</td> </tr> </table>	routine health check-up exam	fasting blood glucose test	biopsies for cancer	fasting plasma glucose test	blood chemistry panel	flexible sigmoidoscopy	blood test to determine total cholesterol	hearing test	blood test to determine triglycerides	hemocult stool specimen	bone marrow testing	hemoglobin A1C	breast MRI	human papillomavirus (HPV) vaccination	breast ultrasound	immunization	breast sonogram	lipid panel	cancer antigen 15-3 blood test for breast cancer (CA 15-3)	mammogram	cancer antigen 125 blood test for ovarian cancer (CA 125)	oral cancer screening
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	carcinoembryonic antigen blood test for colon cancer (CEA)	pap smears or thin prep pap test
	carotid doppler	prostate-specific antigen (PSA) test
	chest x-rays	serum cholesterol test to determine LDL and HDL levels
	clinical testicular exam	serum protein electrophoresis
	colonoscopy	skin cancer biopsy
	complete blood count (CBC)	skin cancer screening
	coronavirus testing	skin exam
	dental exam	stress test on bicycle or treadmill
	digital rectal exam (DRE)	successful completion of smoking cessation program
	Doppler screening for cancer	tests for sexually transmitted infections (STIs)
	Doppler screening for peripheral vascular disease	thermography
	echocardiogram	two-hour post-load plasma glucose test
	electrocardiogram (EKG)	ultrasounds for cancer detection
	electroencephalogram (EEG)	ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
	endoscopy	virtual colonoscopy
	eye exams	

Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife's guidelines, group size, underwriting and state requirements.

### Healthcare Navigation Services

<p><b>Healthcare Navigation Services</b> – added at no additional cost to you or your employees</p>	<p>As an added benefit your employees will have access to education and support from personal consultants with healthcare expertise, including the following: decision support related to health care services and benefits; assistance with understanding health benefits; concierge services to coordinate care, assess costs of care, find doctors and facilitate appointments; and medical claim/bill review and correction. The services also include access to self-service decision support tools via a web portal that can be used to assess costs of care and find doctors.</p>
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### Connected Benefits\*

<p><b>Connected Benefits</b> – proactive outreach that helps employees take advantage of their benefits. Added at no additional cost to you or your employees</p>	<ul style="list-style-type: none"> <li>• MetLife will proactively notify employees when benefits may be available under MetLife Accident &amp; Health Insurance coverages – which includes Critical Illness, as well as Accident, Cancer or Hospital Indemnity insurance if an employee also has those coverages – after filing a medical claim through the employer's Medical Plan (where the medical information is being shared) or after filing a MetLife Group Disability claim if the employee has MetLife Group Disability Insurance.</li> <li>• In addition, MetLife will auto-adjudicate Health Screening Benefit claim submissions for any MetLife Accident &amp; Health Insurance plan which includes the benefit, which will help encourage preventative action and care.</li> </ul>
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## Monthly (12) Premium Rates

### Uni-Tobacco

#### Premium per \$1,000 of Coverage

Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.18	\$0.42	\$0.23	\$0.46
25 - 29	\$0.18	\$0.46	\$0.23	\$0.51
30 - 34	\$0.26	\$0.69	\$0.31	\$0.74
35 - 39	\$0.38	\$1.03	\$0.43	\$1.08
40 - 44	\$0.60	\$1.58	\$0.65	\$1.62
45 - 49	\$0.86	\$2.20	\$0.91	\$2.25
50 - 54	\$1.18	\$2.93	\$1.23	\$2.98
55 - 59	\$1.57	\$3.75	\$1.62	\$3.80
60 - 64	\$2.05	\$4.67	\$2.10	\$4.72
65 - 69	\$2.57	\$5.78	\$2.62	\$5.82
70+	\$3.57	\$7.92	\$3.62	\$7.96

Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts. Note that the per \$1,000 rates are only applicable to the benefit amounts shown in this C&B. Final implemented rates may vary slightly due to rounding.

Coverage Change Rules for Issue Age Critical Illness	
<b>Benefit Amount Increase</b>	Any benefit amount increase will use the original issue age to calculate premium on that segment. The rate on the original segment of coverage will not change. A covered person may not own more total coverage than the highest available amount offered under the plan.
<b>Benefit Amount Decrease</b>	The rate, which is based on the employee's original issue age applicable to the segment, is reduced.
<b>Change in Smoker Status (if Applicable)</b>	The tobacco (or non-tobacco) rate is switched to the corresponding non-tobacco (or tobacco) rate at the original issue age. All segments of coverage are updated.

*Enrollment files sent to MetLife should show the total coverage amount elected by the employee. Please contact MetLife for more detail on the above, including rate calculation examples.*

## CRITICAL ILLNESS INSURANCE GENERAL EXCLUSIONS

### PLEASE NOTE:

Exclusions and limitations in any policy and certificate issued will be based on the policyholder's situs state, plan design and states where employees reside. If the policyholder has employees residing in the following states, that state's Exclusions and Limitations will apply: Alaska, Arkansas, Colorado, Connecticut, Florida, Guam, Idaho, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, and Wyoming.

### How to read this section:

Exclusions appear in **bold font**. Applicable state variations are noted in *italics*.

### We will not pay benefits for any Covered Condition for a Covered Person caused by, or that takes place during:

- **the Covered Person's active participation in an insurrection, rebellion, riot or terrorist act;**  
*CT and OR: "...riot or terrorist act;" deleted and replaced with "...or riot;"*  
*ID: "...insurrection, rebellion, riot or terrorist act" deleted and replaced with "...insurrection or riot;"*  
*MD: bullet deleted.*  
*MI: bullet expanded to "...or terrorist act if such participation constitutes the commission of a felony or other willful criminal activity;"*  
*UT: "active participation" changed to "voluntary active participation".*
- **the Covered Person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;**  
*CA and MD: bullet deleted.*  
*ID: bullet changed to "the Covered Person's participation in a felony;"*  
*MI: bullet changed to "the Covered Person's committing or attempting to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation or other willful criminal activity;"*  
*NH and OR: "illegal occupation or" is deleted.*  
*UT: "illegal occupation or activity" changed to "illegal occupation or activity as a voluntary participant".*
- **the Covered Person's intentionally self-inflicted injury;**  
*MN: bullet deleted.*
- **the Covered Person's suicide or attempted suicide (while sane or insane);**  
*MN: bullet deleted.*  
*MO, OR and VT: "or insane" is deleted.*
- **war, whether declared or undeclared; or act of war;**  
*NC: Bullet revised to: "war, whether declared or undeclared; or act of war (undeclared war does not include acts of terrorism);"*



*OK: Bullet revised to: “war, whether declared or undeclared; or act of war - this exclusion only applies to a Covered Person while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;”*

- **the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the Covered Person’s:**

*IL: Last sentence in bullet revised to: “For purposes of this exclusion intoxicated means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred and the Covered Person’s:”*

*KY: Second sentence revised to: “Motor vehicle means any vehicle that is powered by a motor.”*

*CA, ID, MD, SD and WA: bullet and two sub-bullets deleted.*

*NV: First sentence in bullet revised to: “the Covered Person’s commission of or attempt to commit a felony which involves the operation, while intoxicated, of a motor vehicle involved in the incident.”*

- **blood alcohol level met or exceeded .08%; or**

*OR: Bullet revised to: “blood alcohol level met or exceeded the limit established by the laws of the jurisdiction for driving while intoxicated where the incident took place; or”*

- **blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;**

- **the Covered Person voluntarily taking or using any drug, medication or sedative unless it is:**

*CT: bullet deleted and replaced with “the voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the Covered Person’s Physician for the Covered Person;”*

*CA, ID, MD, OR, SD and WA: bullet and two sub-bullets deleted.*

*MI: bullet and two sub-bullets deleted and replaced with “the Covered Person voluntarily taking or using any drug, medication or sedative that constitutes a willful criminal activity; or”*

*PA: “drug, medication or sedative” replaced with “intoxicant or narcotic”.*

*VT: bullet revised to “the Covered Person’s voluntary and felonious use of any drug, medication or sedative unless it is:”*

- **taken or used as prescribed by a Physician, or**
- **an “over the counter” drug, medication or sedative taken according to package directions; or**

*NV: Bullet and both sub-bullets deleted.*

*ID: additional bullet added: “the Covered Person’s alcoholism or drug addiction; or”*

- **activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.**

*FL: bullet revised to “activities required by the Covered Person to carry out the duties and responsibilities of their service in...”*

*MO: bullet removed.*

#### **In addition,**

- *TX: bullet added: “Diagnosis or treatment of a Covered Condition by a Physician who is: You; Your spouse or anyone to whom You are related by blood or marriage; anyone who is a member of Your household; Your adopted child or step-child; anyone with whom You share a business interest; or Your employee;”*



- **We will not pay benefits for any Covered Condition for which Diagnosis is made outside the United States, Canada or Mexico unless the Diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to Occur on the date the Diagnosis is made outside the United States, Canada or Mexico.**

*(CA: the following two exclusions are added:)*

#### **INTOXICANTS AND CONTROLLED SUBSTANCES**

*We shall not be liable for any loss sustained or contracted in consequence of the Covered Person's being intoxicated (including but not limited to intoxication due to cannabis use) or under the influence of any controlled substance unless administered on the advice of a Physician.*

#### **ILLEGAL OCCUPATION OR COMMISSION OF A FELONY**

*We shall not be liable for any loss to which a contributing cause was the commission of or attempt to commit a felony by the Covered Person whose injury or sickness is the basis of claim, or to which a contributing cause was such Covered Person's being engaged in an illegal occupation.*

*CT: The following definition is added:*

**Participation in a Riot** means all forms of public violence, disorder or disturbance of the peace by three or more persons. It does not matter whether:

- there was common intent; or
- there was intent to damage any person or property, or to break the law.

*ID: The following exclusion is added:*

Coverage under this Certificate does not provide benefits for elective abortions.



**General Disclaimer:**

*METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a preexisting condition exclusion. There may be a benefit reduction due to age provision. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP14-CI or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.*

*MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.*

*Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC or by Transaction Applications Group, Inc. a wholly owned subsidiary of NTT Data Services, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.*

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<b>Plan Design<sup>3</sup></b>	
<b>Coverage Type</b>	Hospitalization Reason – Accident: 24 Hour coverage Hospitalization Reason – Sickness: 24 Hour Coverage
<b>Benefit Amount</b>	Employees will have a choice of selecting coverage between two options: Low or High on a guaranteed issue. Benefits are based on flat schedule amount that varies depending on plan.
<b>Underwriting Offer</b>	Guaranteed Issue <sup>4</sup>  Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage.
<b>Waiting Period for Sickness - Hospital Admission and Confinement Benefits</b>	None
<b>Pre-Existing Condition Limitation</b>	Not Included.
<b>Complications of Pregnancy</b>	Complications of pregnancy and emergency Cesarean section are covered.
<b>Routine Childbirth<sup>5</sup></b>	Routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section are covered.
<b>Elimination Period for Routine Childbirth</b>	Not Included.
<b>Mental Illness</b>	Treatment for mental illness is not covered.
<b>Drugs &amp; Alcohol</b>	Treatment for alcoholism and drug addiction in a hospital is not covered.  Injury or illness resulting from drug misuse, alcohol taken in combination with drugs, and driving under the influence are not covered.
<b>Benefit Reduction Due to Age</b>	Not Included.
<b>Portability (continuation of insurance with premium payment)<sup>7</sup></b>	“Portability” is available through our Continuation of Insurance provision. Employees who are no longer eligible for coverage under the plan (e.g. if their employment ends or if they retire or due to their movement to a non-eligible class or, unless they become eligible for similar coverage, if the group policy ends) may continue their coverage on a MetLife direct-billed basis.

<sup>3</sup> Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife’s guidelines, group size, underwriting and state requirements.

<sup>4</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

<sup>5</sup> Benefits are not payable for the period of pregnancy prior to childbirth where there are no complications (referred to as “Routine Pregnancy” in the Certificate). Complications of Pregnancy are covered.

<sup>7</sup> Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

<b>Rate Information</b>	
<b>Rate Structure</b>	Composite Rates
<b>Rate Guarantee period</b>	5 years, subsequent years' rates subject to change.
<b>Policy and Rate Changes</b>	<p>Policy Premiums are due on the first day of each month.</p> <p>This quote assumes a premium payment grace period of 31 days.</p> <p>MetLife reserves the right to change its rates for any of the following reasons:</p> <ul style="list-style-type: none"> <li>• The composition of the group, employees, dependents or the Hospital Indemnity insurance volume has changed 10% or more from the date when quoted.</li> <li>• Any of the plan designs are changed.</li> <li>• A change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the plan.</li> </ul>
<b>Supplemental Fees</b>	The premium rates include a load for an administrative fee equal to 3% of premium.

### Proposed Rates – Low Plan

Type	Monthly (12)
Employee Only	\$18.97
Employee + Spouse	\$33.38
Employee + Children	\$28.46
Employee + Spouse and Children	\$42.88

### Proposed Rates – High Plan

Type	Monthly (12)
Employee Only	\$37.04
Employee + Spouse	\$66.48
Employee + Children	\$55.52
Employee + Spouse and Children	\$84.96

*Note: Final implemented rates may vary slightly due to rounding.*

## Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
<b>Hospital Benefits</b>				
Admission Benefit	4 time(s) per calendar year <sup>1</sup>	Admission <sup>2</sup>	\$2,000	\$2,000
Confinement Benefit	3 days per calendar year	Confinement <sup>4</sup>	\$100	\$100
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care <sup>5</sup>	\$50	\$50
<b>Surgery Benefits</b>				
Inpatient Surgery Benefit*	1 time(s) per calendar year Requires administration of general anesthesia.	Inpatient Surgery	\$0	\$1,000
Outpatient Surgery Benefit	1 time(s) per calendar year	Outpatient Surgery (For Injury or Sickness)	\$0	\$1,000
<b>Additional Care Benefits</b>				
Ambulance Benefit	1 time(s) per calendar year	Ground Ambulance Transport	\$0	\$50
Diagnostic Procedure*	1 time(s) per calendar year	Diagnostic Procedure <sup>6</sup>	\$0	\$500
Emergency Care	1 time(s) per calendar year	Emergency Room	\$0	\$150
		Urgent Care Facility	\$0	\$100

\*Any benefit(s) marked with an asterisk requires a prior Hospital Admission or Confinement.

<sup>1</sup> If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.

<sup>2</sup> The admission Benefit for residents of CT and ID will be increase to \$2,725 for plan design(s) High and \$2,875 for plan design(s) High , respectively, because some benefits in this plan design are not available. See the Schedule of benefits in the CT and ID certificate.

<sup>4</sup> If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

<sup>5</sup> Payable for the period of newborn confinement for a newborn child who is not sick or injured.

<sup>6</sup> The Diagnostic Procedure Benefit is not payable during hospital confinement.

Please contact MetLife for detailed definitions and state variations of covered benefits.

<b>Other Benefits</b>	
<b>Diagnostic Procedure Benefit</b>	Diagnostic Procedure means any of the following: angiogram; arteriogram; barium enema/lower GI series, barium swallow/upper GI series; biopsies; bone marrow testing; bronchoscopy; computed tomography scan (CT) or computed axial tomography (CAT); colonoscopy; cystoscopy; electrocardiogram (EKG); electroencephalogram (EEG); electromyogram (EMG); esophagogastroduodenoscopy (EGD); excision of lesion; hysteroscopy; laryngoscopy; loop electrosurgical excisional procedure (EEP); magnetic resonance imaging (MRI) or magnetic resonance (MR); nerve conduction velocity test (NCV); nuclear medicine test; positron emission tomography (PET Scan); pulmonary function test (PFT); single-photon emission computed tomography (SPECT Scan); thallium stress test; transesophageal echocardiogram (TEE); x-rays.

<b>Healthcare Navigation Services</b>	
<b>Healthcare Navigation Services</b> – added at no additional cost to you or your employees	As an added benefit your employees will have access to education and support from personal consultants with healthcare expertise, including the following: decision support related to health care services and benefits; assistance with understanding health benefits; concierge services to coordinate care, assess costs of care, find doctors and facilitate appointments; and medical claim/bill review and correction. The services also include access to self-service decision support tools via a web portal that can be used to assess costs of care and find doctors.

<b>Connected Benefits*</b>	
<b>Connected Benefits</b> – proactive outreach that helps employees take advantage of their benefits. Added at no additional cost to you or your employees	<ul style="list-style-type: none"> <li>MetLife will proactively notify employees when benefits may be available under MetLife Accident &amp; Health Insurance coverages – which includes Hospital Indemnity, as well as Accident, Cancer or Critical Illness insurance if an employee also has those coverages – after filing a medical claim through the employer’s Medical Plan (where the medical information is being shared) or after filing a MetLife Group Disability claim if the employee has MetLife Group Disability Insurance.</li> </ul>

\* Availability for Connected Benefits service is subject to medical insurance carrier requirements and arrangements with the employer. Social Security Numbers for employees and dependents enrolled in Accident & Health insurance products must be provided to MetLife. The employer must provide Administrative Services Only (ASO) medical insurance.

<b>MetLife Advantages<sup>SM</sup></b>	
<b>MetLife Advantages<sup>SM</sup></b> – Services or Discounts added at no additional cost to you or your employees	<p><b>Will Preparation Services<sup>1</sup></b></p> <p>As an added benefit your employees will have access to MetLife’s online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.</p> <p><b>MetLife VisionAccess<sup>2</sup></b></p> <p>As an added benefit your employees will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice.</p>

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## MetLife Advantages<sup>SM</sup> Disclaimers

MetLife Advantages<sup>SM</sup> availability may vary by state.

<sup>1</sup>WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. and is not affiliated with MetLife. The WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with Metlife.

<sup>2</sup>MetLife Vision Access is a discount program and not an insured benefit. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. MetLife Vision Access is available to anyone regardless of affiliation with MetLife.



## GROUP HOSPITAL INDEMNITY INSURANCE EXCLUSIONS AND LIMITATIONS

### PLEASE NOTE:

Exclusions and limitations in any policy and certificate issued will be based on the policyholder's situs state, plan design and states where employees reside. If the policyholder has employees residing in the following states, that state's Exclusions and Limitations will apply: Alaska, Arkansas, Connecticut, Louisiana, Minnesota, Mississippi, Montana, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, Texas, Utah, Vermont, Washington, West Virginia, and Wisconsin.

### How to read this section:

Exclusions appear in **bold font**. Applicable state variations are noted in *italics*.

### We will not pay benefits for any loss due to an Accident or Sickness for a covered person caused or contributed to by any of the following:

*IL: deleted the words "or contributed to"*

- **the covered person's voluntary use, by any means, of:**

*CT: bullet and all 5 sub-bullets deleted and replaced with "the voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the covered person's physician for the covered person"*

*MD: bullet and all 5 sub-bullets deleted*

*MN: bullet changed to two bullets that read "the covered person's voluntary use of any narcotic, unless it is taken or used as prescribed by a physician" and "the Covered Person's voluntary use of an 'over the counter' drug, medication or sedative taken as directed"*

*NV: bullet revised to read "the covered person's commission of or attempt to commit a felony at the time of the accident, which involves the voluntary use, by any means, of:"*

*NJ: bullet and all 5 sub-bullets deleted and replaced with "the covered person's voluntary use by any means of poison, gas or fumes; the covered person's intoxication where such person's normal capacity to act or reason is inhibited by alcohol in combination with a narcotic; the Covered Person being under the influence of any narcotic unless administered or consumed on the advice of a Physician;*

*NY: bullet and all 5 sub-bullets deleted and replaced with "the covered person being under the influence of any narcotic unless administered on the advice of a physician"*

*VT: bullet revised to read "the covered person's voluntary and felonious use, by any means, of;"*

- **any drug, medication or sedative, unless it is:**

*CA, SD, WA: bullet and 2 sub-bullets deleted*

*MN: bullet and 2 sub-bullets deleted and replaced with wording set forth above*

*PA: bullet revised to "any intoxicant or narcotic, unless it is:"*

- **taken or used as prescribed by a physician; or**

- **an "over the counter" drug, medication or sedative taken as directed**

- **alcohol in combination with any drug, medication, or sedative**

*AL: bullet revised to add the following at the end: "if label instructions for such drug, medication of sedative state that it cannot be taken safely in combination with alcohol"*

*CA, SD, WA: bullet deleted*

*NH: bullet deleted*

*PA: bullet revised to read "alcohol in combination with any narcotic"*

- **poison, gas, or fumes**

*NC: bullet revised to read "the covered person's voluntary inhalation of gas or fumes or voluntary taking of poison"*

*NH, PA: bullet deleted*

*TN: sub-bullet revised to read "the covered person's intentional ingestion of poison, or intentional inhalation of gas or fumes"*

- *NY: the following bullet is added: "the covered person being intoxicated"*

WA: the following sentence is added preceding the bullets below: “We will not pay benefits for any loss for a covered person caused or contributed to by:”

- **the covered person’s suicide or attempted suicide (while sane or insane)**  
 MN: bullet deleted  
 CO, MO, VT: “or insane” deleted  
 PA: “(while sane or insane)” deleted  
 NY: “revised to read “the covered person’s suicide, attempted suicide or intentionally self-inflicted injury”
- **the covered person’s intentionally self-inflicted injury**  
 MN, NY: bullet deleted
- **war, whether declared or undeclared; or act of war**  
 NC: added “(the term “war” does not include terrorist acts)”  
 OK: bullet revised to add the following at the end: “- this exclusion only applies to a covered person while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;”  
 NY: bullet revised to read “war, or act of war (whether declared or undeclared)”
- **the covered person’s active participation in an insurrection, rebellion, riot, or terrorist act**  
 CA, OR: “or terrorist act” deleted  
 MD: bullet deleted  
 MI: bullet revised to read “the covered person’s active participation in an insurrection, rebellion, riot, or terrorist act if such participation constitutes the commission of a felony or other willful criminal activity;”  
 UT: “voluntary” added after “person’s” and before “active”  
 NY: bullet revised to read “the covered person’s participation in a felony, riot or insurrection”
- **the covered person’s engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred**  
 CA, MD: bullet deleted  
 MI: bullet revised to read “the covered person’s commission or attempt to commit a felony or to which a contributing cause was being engaged in an illegal occupation or other willful criminal activity”  
 NJ: bullet revised to read “the covered person’s commission of or attempt to commit a felony or to which a contributing cause was the covered person’s engagement in an illegal occupation”  
 UT: “engagement” deleted and replaced with “active participation”  
 IL: bullet revised to read “the covered person’s engagement in any occupation that constitutes a felony under applicable law”  
 NY: bullet revised to read “the covered person’s engagement in an illegal occupation”
- **dental procedures or surgery except as the result of an Accident causing Injury to a sound natural tooth**  
 CO: “or to reconstruct a part of the body which was disfigured or removed as a result of a Congenital Anomaly of a Dependent Child” added after “sound natural tooth”  
 SD: “sound natural” deleted  
 NY: bullet revised to read “dental procedures or surgery except as the result of an accident causing Injury to a sound natural tooth”
- **cosmetic surgery, except when such surgery is performed to:**  
 NY: bullet and all 3 sub-bullets deleted and replaced with “cosmetic surgery, except when such surgery is performed to reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness”
  - **treat an Injury or Sickness;**  
 CO: New sub-bullet added after treat an Injury or Sickness;”. “Reconstruct a part of the body which was disfigured or removed as a result of a Congenital Anomaly of a Dependent Child;”  
 NC: “or congenital anomaly” added after “Sickness”

- **correct a disorder of normal bodily function or structure that was caused by an Injury or Sickness for which coverage is not otherwise excluded under the certificate; or**  
*NC: "or congenital anomaly" added after "Sickness"*
- **reconstruct a part of the body which was disfigured or removed as a result of an Injury or Sickness for which coverage is not otherwise excluded under the certificate**  
*ID: "a trauma, infection or other disease that results from" added after "result of" and before "an Injury".  
 The following is added as a bulleted item when children are eligible for coverage "reconstruct a part of the body which was disfigured or removed as a result of congenital disease or congenital anomaly of a dependent child"  
 NC: "or congenital anomaly" added after "Sickness"*
- **the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:**  
*MT, ND, VT: bullet and two sub-bullets deleted  
 SD: ", except for the covered person's use of:" and two sub-bullets deleted  
 NJ: bullet and both sub-bullets deleted and replaced with "the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the cover person's use of any narcotic administered or consumed on the advice of a physician"  
 NY: bullet and both sub-bullets deleted and replaced with "the covered person's mental or emotional disorder"*
  - **any drug, medication or sedative that is taken or used as prescribed by a Physician; or**
  - **an "over the counter" drug, medication or sedative taken as directed**
- **activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority**  
*FL: bullet revised to read "activities required by the covered person to carry out the duties and responsibilities of their service in the armed forces or any auxiliary unit of the armed forces of any country or international authority"  
 NY: bullet revised to read "the covered person's service in the armed forces or any auxiliary unit of the armed forces"*

**In addition, We will not pay benefits for:**

*MD: the following bullet is added: "any claim for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral under § 1-302 of the Health Occupations Article"*

- **a covered person while incarcerated in any type of penal or detention facility**  
*ID, LA, MO, NH, NY: bullet deleted*
- **any of the following outside of the United States, Canada or Mexico:**
  - **any medical or healthcare treatment, services or transportation; or**
  - **any inpatient admission or stay in any medical or health care facility**  
*NY: bullet and both sub-bullets deleted and replaced with "we will not pay benefits for services or treatment received outside of the United States, Canada or Mexico"*

*CA: the following two exclusions are added:*

**INTOXICANTS AND CONTROLLED SUBSTANCES**

*We shall not be liable for any loss sustained or contracted in consequence of the Covered Person's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician.*

**ILLEGAL OCCUPATION OR COMMISSION OF A FELONY**

*We shall not be liable for any loss to which a contributing cause was the commission of or attempt to commit a felony by the Covered Person whose injury or sickness is the basis of claim, or to which a contributing cause was such Covered Person's being engaged in an illegal occupation.*

**The following additional exclusions apply to payment of benefits for any loss due to an Accident:**

**We will not pay benefits for any loss due to an Accident for a covered person caused or contributed to by any of the following:**

*IL: deleted the words "or contributed to"*

- **the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:**  
*CA, MD, SD, WA: bullet and two sub-bullets deleted*  
*NV: added before the word "operation" in the above bullet: "commission of or attempt to commit a felony at the time of the accident, which involves the"*  
*NY: bullet and two sub-bullets deleted*
  - **intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and**  
*IL: bullet revised to read "intoxicated means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred and the covered person's blood alcohol level meets or exceeds .08%"*
  - **motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile**  
*KY: "including, but not limited to: an automobile; a boat, a motorcycle; a truck; an all terrain vehicle; or a snow mobile" deleted*  
*NH: sub-bullet deleted*
- **the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight**  
*NY: bullet revised to read "we will not pay benefits for any loss due to an accident for a covered person caused or contributed to by aviation, other than as a fare-paying passenger on a scheduled or chartered flight operated by a scheduled airline"*
- **the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation**  
*ID: "if acting in a professional capacity" added at the beginning of this bulleted item*  
*NH, NY: bullet deleted*
- **the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test**  
*CT, MN: "in a professional capacity" added after "driving" and before "any"*  
*NE: bullet revised to read "the covered person riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test"*  
*NH: "in a professional capacity" added after "speed test"*  
*NY: bullet deleted*  
*OR: bullet deleted*
- **the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received**  
*NH: "semi-professional or" deleted*  
*NY, SD: bullet deleted*
- **the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment for the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running**  
*NH, NY, OR: bullet deleted*

**The following additional exclusions apply to payment of benefits for any loss due to a Sickness:**

**We will not pay benefits under the certificate for:**

- **a dependent child's routine pregnancy or routine childbirth and any well baby or nursing care provided to the dependent child's newborn child**  
*MT, NH: bullet deleted*

**General Disclaimer:**

*METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.*

*Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC or by Transaction Applications Group, Inc. a wholly owned subsidiary of NTT Data Services, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.*

**Metropolitan Life Insurance Company**

200 Park Avenue  
New York, NY 10166  
[www.metlife.com](http://www.metlife.com)

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**Benefits at a Glance for Humble Independent School District**

**Group Policy #164515**

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## **Group Basic Life and Accidental Death and Dismemberment Insurance**

Basic Life insurance from Standard Insurance Company (The Standard) helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Humble Independent School District.

### **Eligibility**

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#### **Definition of a Member**

You are a member if you are an active employee of Humble Independent School District and regularly working at least 20 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.

#### **Eligibility Waiting Period**

If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the date you become a member.

### **Benefits**

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#### **Basic Life Coverage Amount**

Your Basic Life coverage amount is \$15,000.

#### **Basic AD&D Coverage Amount**

For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.

#### **Age Reductions**

Basic Life and AD&D insurance coverage amounts reduce by 35 percent at age 65 and by 50 percent at age 70.

### **Other Basic Life Features and Services**

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- Accelerated Benefit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Employee Assistance Program
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

## Other Basic AD&D Features

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- Air Bag Benefit
- Expanded AD&D Package
- Family Benefits Package
- Seat Belt Benefit

*This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Humble Independent School District. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Humble Independent School District may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.*



**Additional Life and Accidental Death and Dismemberment (AD&D) Insurance**

Life insurance coverage can help your family meet daily expenses, maintain their standard of living, pay off debt, secure your children’s education, and more in the event of your passing. AD&D insurance can provide you and your family with extra protection in the event of death or dismemberment as a result of a covered accident. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through Humble Independent School District.

**Eligibility Requirements**

- Employee**
  - You must be insured for Basic Life through The Standard
  - You must be an active employee of Humble Independent School District working at least 20 hours each week
  - Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
  - You cannot be insured as both an employee and a dependent
  
- Dependent**
  - You must elect Additional Life insurance for yourself in order to elect Dependents Life insurance
  - You must elect Additional AD&D insurance for yourself in order to elect AD&D insurance for your dependents
  - Spouse means a person to whom you are legally married
  - Child means your child from live birth through age 25
  - Your child cannot be insured by more than one employee
  - Your spouse or children must not be full-time member(s) of the armed forces
  
- Premium**
  - You pay 100 percent of the premium for this coverage through easy payroll deduction

**Coverage Amount Guidelines**

Within the coverage amount guidelines shown below, you select the amount of Additional Life and Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
<b>Employee</b>	\$10,000	\$10,000	\$300,000	\$750,000
<b>Spouse</b>	\$10,000	\$5,000	\$50,000	\$375,000

	Option 1	Option 2
<b>Child</b>	\$5,000	\$10,000

Note:

- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, visit: [www.standard.com/mhs](http://www.standard.com/mhs).
- All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior life insurance plan are also subject to medical underwriting approval.
- Your combined Basic Life and Additional Life amounts may not exceed a maximum of 6 times your Annual Earnings.
- The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage.
- The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.





### **Annual Open Enrollment Period**

During Humble Independent School District's annual open enrollment period,

1. If you are insured for Plan 2 (additional) Life Insurance, requirement(s) d. and f. above will be waived if you apply for an increase in the amount of \$10,000 or \$20,000 up to the Guarantee Issue Amount of \$300,000 during the Annual Enrollment Period.
2. If you are eligible but not insured for Plan 2 (additional) Life Insurance, requirement(s) a. and c. above will be waived if you apply for \$10,000 or \$20,000 during the Annual Enrollment Period.
3. If your Spouse is insured for an amount less than \$50,000, requirement(s) f. above will be waived if you apply for an increase for your Spouse of \$5,000 up to the Guarantee Issue Amount of \$50,000 during the Annual Enrollment Period.
4. If your Spouse is eligible but not insured for Dependents Life Insurance, requirement(s) a. and c. above will be waived if you apply for \$10,000 for your Spouse during the Annual Enrollment Period.

Annual Enrollment Period means the period designated each year by your Employer when you may change insurance elections. Evidence of Insurability is never required for a child/ren.

### **Coverage Amount Needed**

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Additional Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at: [www.standard.com/lifeneeds](http://www.standard.com/lifeneeds).

### **Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance including Dependents Life insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

### **Life and AD&D Age Reductions**

Under this plan, your coverage amount reduces by your age on the next following September 1<sup>st</sup> as follows: by 35 percent at age 65 and by 50 percent at age 70.

Your spouse's coverage amount reduces by your spouse's age on the next following September 1<sup>st</sup> as follows: by 35 percent at age 65, and by 50 percent at age 70.

If you, or your spouse, are age 65 or over, ask your human resources representative for the amount of coverage available.

### **Life Insurance Exclusions**

This plan contains an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.



**Life Insurance Features and Benefits**

Please see your human resources representative for additional information about the features and benefits below.

- Waiver of Premium**      If you become totally disabled while insured under this plan and under age 60, and complete a waiting period of 180 days, your Basic and Additional Life insurance may continue without premium payment until Social Security Normal Retirement Age (SSNRA) provided you give us satisfactory proof that you remain totally disabled. Waiver of Premium does not apply to AD&D insurance.
- Accelerated Benefit**      If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.
- Portability**                If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage.
- Conversion**                If your insurance ends or reduces, you may be eligible to convert your life insurance to an individual life insurance policy without submitting proof of good health.

**Additional AD&D Insurance Benefit Schedule**

If you or your dependents are insured for Additional Life or Dependents Life insurance, you may apply for Additional AD&D. The amount of the Additional AD&D benefit for loss of your, or your dependents, life is equal to the amount payable for your Additional Life or your Dependents Life benefit on the date of the accident. The amount of the Additional AD&D benefit for other covered losses is a percentage of the amount payable for the Additional AD&D benefit on the date of the accident as shown below.

<b>Loss:</b>	<b>Percentage Payable:</b>
Loss of Life <sup>1</sup>	100%
One hand or one foot <sup>2</sup>	50%
Sight in one eye, speech, or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand <sup>3</sup>	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	50%
Uniplegia	25%
Coma <sup>4</sup>	5%

<sup>1</sup> Including loss of life by accidental exposure to adverse weather conditions or disappearance if the disappearance is caused by an accident that could have reasonably resulted in your death.

<sup>2</sup> Even if the severed part is surgically re-attached. This benefit is not payable if an Additional AD&D benefit is payable for Quadriplegia, Hemiplegia, or Paraplegia involving the same hand or foot.

<sup>3</sup> This benefit is not payable if an Additional AD&D benefit is payable for the loss of the entire hand.

<sup>4</sup> Percentage payable is per month of the remainder of the AD&D insurance benefit payable for loss of life after reduction by any AD&D insurance benefit paid for any other loss as a result of the same accident. Payments for coma will not exceed a maximum of 12 months.

The loss must be caused solely and directly by an accident and occurs independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty as determined by The Standard. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

**Additional AD&D Insurance Exclusions**

Subject to state variations, AD&D benefits are not payable for death or dismemberment caused or contributed to by:

- War or act of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted injury
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot



**Standard Insurance Company**  
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 Humble Independent School District

- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above
- Boarding, leaving or being in or on any kind of aircraft, unless you are a fare paying passenger on a commercial aircraft

**When Insurance Ends**

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- For Additional AD&D insurance for you, the date your Additional life insurance ends

In addition to the above requirements, your Dependents Life with AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when insurance ends, contact your human resources representative.

**Group Insurance Certificate**

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

**Employee Rates**

If you elect Additional Life insurance or Additional Life with AD&D insurance, your monthly rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of September 1)	Life Rate (Per \$1,000 of Total Coverage)	Life with AD&D Rate* (Per \$1,000 of Total Coverage)
<30	\$0.039	\$0.069
30-34	\$0.068	\$0.098
35-39	\$0.078	\$0.108
40-44	\$0.087	\$0.117
45-49	\$0.146	\$0.176
50-54	\$0.243	\$0.273
55-59	\$0.349	\$0.379
60-64	\$0.631	\$0.661
65-69	\$1.261	\$1.291
70+	\$2.037	\$2.067

\* Monthly AD&D rate of \$0.030 per \$1,000 of AD&D benefit has been included in each of the above rates.

To calculate your premium:

1. Amount Elected: Line 1: \_\_\_\_\_

2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_



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**Additional Life and AD&D Coverage Highlights**  
\_\_\_\_\_ Humble Independent School District

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3. Select your rate from the rate table and enter on Line 3.

Line 3: \_\_\_\_\_

4. Line 2 multiplied by Line 3 = Your monthly cost.

Line 4: \_\_\_\_\_



**Spouse Rates**

If you elect Dependents Life insurance or Dependents Life with AD&D insurance for your spouse, your monthly rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Spouse's Age (as of September 1)	Life Rate (Per \$1,000 of Total Coverage)	Life with AD&D Rate* (Per \$1,000 of Total Coverage)
<30	\$0.039	\$0.079
30-34	\$0.068	\$0.108
35-39	\$0.078	\$0.118
40-44	\$0.087	\$0.127
45-49	\$0.146	\$0.186
50-54	\$0.243	\$0.283
55-59	\$0.349	\$0.389
60-64	\$0.631	\$0.671
65-69	\$1.261	\$1.301
70+	\$2.037	\$2.077

\* Monthly AD&D rate of \$0.040 per \$1,000 of AD&D benefit has been included in each of the above rates.

To calculate the premium for your spouse:

- |                                                              |               |
|--------------------------------------------------------------|---------------|
| 1. Amount Elected:                                           | Line 1: _____ |
| 2. Line 1 divided by \$1,000 = Line 2.                       | Line 2: _____ |
| 3. Select your rate from the rate table and enter on Line 3. | Line 3: _____ |
| 4. Line 2 multiplied by Line 3 = Your monthly cost.          | Line 4: _____ |

**Child Rates**

If you elect Dependents Life insurance for your eligible child(ren), your monthly rate for this coverage is \$0.080 per \$1,000, regardless of the number of eligible children covered. If you elect Dependents Life with AD&D insurance for your eligible child(ren), your monthly rate for this coverage is \$0.120\* per \$1,000, regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.

\* Monthly AD&D rate of \$0.040 per \$1,000 of AD&D benefit has been included in the above rate.

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		6.53	11.93	17.33	22.73	33.53	44.33	55.13	65.93	75
21-22		6.67	12.20	17.74	23.28	34.35	45.43	56.50	67.58	74
23		6.80	12.48	18.15	23.83	35.18	46.53	57.88	69.23	75
24-25		6.94	12.75	18.57	24.38	36.00	47.63	59.25	70.88	74
26		7.22	13.30	19.39	25.48	37.65	49.83	62.00	74.18	75
27-28		7.35	13.58	19.80	26.03	38.48	50.93	63.38	75.83	74
29		7.49	13.85	20.22	26.58	39.30	52.03	64.75	77.48	74
30-31		7.63	14.13	20.63	27.13	40.13	53.13	66.13	79.13	73
32		8.04	14.95	21.87	28.78	42.60	56.43	70.25	84.08	74
33		8.32	15.50	22.69	29.88	44.25	58.63	73.00	87.38	74
34		8.73	16.33	23.93	31.53	46.73	61.93	77.13	92.33	75
35		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	76
36		9.55	17.98	26.40	34.83	51.68	68.53	85.38	102.23	76
37		9.97	18.80	27.64	36.48	54.15	71.83	89.50	107.18	77
38		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	77
39		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	78
40	5.38	11.75	22.38	33.00	43.63	64.88	86.13	107.38	128.63	79
41	5.76	12.72	24.30	35.89	47.48	70.65	93.83	117.00	140.18	80
42	6.20	13.82	26.50	39.19	51.88	77.25	102.63	128.00	153.38	81
43	6.59	14.78	28.43	42.08	55.73	83.03	110.33	137.63	164.93	82
44	6.97	15.74	30.35	44.97	59.58	88.80	118.03	147.25	176.48	83
45	7.36	16.70	32.28	47.85	63.43	94.58	125.73	156.88	188.03	83
46	7.80	17.80	34.48	51.15	67.83	101.18	134.53	167.88	201.23	84
47	8.18	18.77	36.40	54.04	71.68	106.95	142.23	177.50	212.78	84
48	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	85
49	9.06	20.97	40.80	60.64	80.48	120.15	159.83	199.50	239.18	85
50	9.61	22.34	43.55	64.77	85.98					86
51	10.27	23.99	46.85	69.72	92.58					87
52	10.99	25.78	50.43	75.08	99.73					88
53	11.54	27.15	53.18	79.20	105.23					88
54	12.09	28.53	55.93	83.33	110.73					88
55	12.69	30.04	58.95	87.87	116.78					89
56	13.24	31.42	61.70	91.99	122.28					89
57	13.90	33.07	65.00	96.94	128.88					89
58	14.51	34.58	68.03	101.48	134.93					89
59	15.17	36.23	71.33	106.43	141.53					89
60	15.59	37.29	73.45	109.62	145.78					90
61	16.31	39.08	77.03	114.98	152.93					90
62	17.19	41.28	81.43	121.58	161.73					90
63	18.07	43.48	85.83	128.18	170.53					90
64	19.00	45.82	90.50	135.19	179.88					90
65	20.05	48.43	95.73	143.03	190.33					90
66	21.20									90
67	22.47									91
68	23.84									91
69	25.22									91
70	26.65									91

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

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 — Non-Tobacco — Express Issue**

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				4.63					8.13	81
2-4				4.75					8.38	80
5-8				4.88					8.63	79
9-10				5.00					8.88	79
11-16				5.13					9.13	77
17-20				6.13	7.13	8.13	9.13	10.13	11.13	75
21-22				6.25	7.28	8.30	9.33	10.35	11.38	74
23				6.38	7.43	8.48	9.53	10.58	11.63	75
24-25				6.50	7.58	8.65	9.73	10.80	11.88	74
26				6.75	7.88	9.00	10.13	11.25	12.38	75
27-28				6.88	8.03	9.18	10.33	11.48	12.63	74
29				7.00	8.18	9.35	10.53	11.70	12.88	74
30-31				7.13	8.33	9.53	10.73	11.93	13.13	73
32				7.50	8.78	10.05	11.33	12.60	13.88	74
33				7.75	9.08	10.40	11.73	13.05	14.38	74
34				8.13	9.53	10.93	12.33	13.73	15.13	75
35		5.63	7.13	8.63	10.13	11.63	13.13	14.63	16.13	76
36		5.78	7.33	8.88	10.43	11.98	13.53	15.08	16.63	76
37		6.00	7.63	9.25	10.88	12.50	14.13	15.75	17.38	77
38		6.23	7.93	9.63	11.33	13.03	14.73	16.43	18.13	77
39		6.60	8.43	10.25	12.08	13.90	15.73	17.55	19.38	78
40	5.03	6.98	8.93	10.88	12.83	14.78	16.73	18.68	20.63	79
41	5.38	7.50	9.63	11.75	13.88	16.00	18.13	20.25	22.38	80
42	5.78	8.10	10.43	12.75	15.08	17.40	19.73	22.05	24.38	81
43	6.13	8.63	11.13	13.63	16.13	18.63	21.13	23.63	26.13	82
44	6.48	9.15	11.83	14.50	17.18	19.85	22.53	25.20	27.88	83
45	6.83	9.68	12.53	15.38	18.23	21.08	23.93	26.78	29.63	83
46	7.23	10.28	13.33	16.38	19.43	22.48	25.53	28.58	31.63	84
47	7.58	10.80	14.03	17.25	20.48	23.70	26.93	30.15	33.38	84
48	7.93	11.33	14.73	18.13	21.53	24.93	28.33	31.73	35.13	85
49	8.38	12.00	15.63	19.25	22.88	26.50	30.13	33.75	37.38	85
50	8.88	12.75	16.63	20.50						86
51	9.48	13.65	17.83	22.00						87
52	10.13	14.63	19.13	23.63						88
53	10.63	15.38	20.13	24.88						88
54	11.13	16.13	21.13	26.13						88
55	11.68	16.95	22.23	27.50						89
56	12.18	17.70	23.23	28.75						89
57	12.78	18.60	24.43	30.25						89
58	13.33	19.43	25.53	31.63						89
59	13.93	20.33	26.73	33.13						89
60	14.28	20.85	27.43	34.00						90
61										90
62										90
63										90
64										90
65										90
66										90
67										91
68										91
69										91
70										91

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

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

Issue Age (ALB)	Semi-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	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	71
21-22		9.69	18.25	26.82	35.38	52.50	69.63	86.75	103.88	71
23		10.10	19.08	28.05	37.03	54.98	72.93	90.88	108.83	72
24-25		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	71
26		10.65	20.18	29.70	39.23	58.28	77.33	96.38	115.43	72
27-28		10.93	20.73	30.53	40.33	59.93	79.53	99.13	118.73	71
29		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	71
30-31		12.44	23.75	35.07	46.38	69.00	91.63	114.25	136.88	72
32		12.85	24.58	36.30	48.03	71.48	94.93	118.38	141.83	72
33		12.99	24.85	36.72	48.58	72.30	96.03	119.75	143.48	72
34		13.13	25.13	37.13	49.13	73.13	97.13	121.13	145.13	71
35		14.09	27.05	40.02	52.98	78.90	104.83	130.75	156.68	72
36		14.50	27.88	41.25	54.63	81.38	108.13	134.88	161.63	72
37		15.47	29.80	44.14	58.48	87.15	115.83	144.50	173.18	73
38		15.88	30.63	45.38	60.13	89.63	119.13	148.63	178.13	73
39		16.98	32.83	48.68	64.53	96.23	127.93	159.63	191.33	74
40	8.07	18.49	35.85	53.22	70.58	105.30	140.03	174.75	209.48	76
41	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	77
42	9.17	21.24	41.35	61.47	81.58	121.80	162.03	202.25	242.48	78
43	9.94	23.17	45.20	67.24	89.28	133.35	177.43	221.50	265.58	80
44	10.33	24.13	47.13	70.13	93.13	139.13	185.13	231.13	277.13	80
45	10.88	25.50	49.88	74.25	98.63	147.38	196.13	244.88	293.63	81
46	11.32	26.60	52.08	77.55	103.03	153.98	204.93	255.88	306.83	81
47	11.87	27.98	54.83	81.68	108.53	162.23	215.93	269.63	323.33	82
48	12.36	29.22	57.30	85.39	113.48	169.65	225.83	282.00	338.18	82
49	13.08	31.00	60.88	90.75	120.63	180.38	240.13	299.88	359.63	83
50	13.68	32.52	63.90	95.29	126.68					83
51	14.29	34.03	66.93	99.83	132.73					83
52	15.17	36.23	71.33	106.43	141.53					84
53	15.94	38.15	75.18	112.20	149.23					85
54	16.65	39.94	78.75	117.57	156.38					85
55	17.42	41.87	82.60	123.34	164.08					85
56	18.30	44.07	87.00	129.94	172.88					85
57	19.18	46.27	91.40	136.54	181.68					86
58	20.12	48.60	96.08	143.55	191.03					86
59	21.05	50.94	100.75	150.57	200.38					86
60	21.64	52.42	103.70	154.99	206.28					86
61	22.91	55.58	110.03	164.48	218.93					86
62	24.12	58.60	116.08	173.55	231.03					87
63	25.33	61.63	122.13	182.63	243.13					87
64	26.54	64.65	128.18	191.70	255.23					87
65	27.86	67.95	134.78	201.60	268.43					87
66	29.29									88
67	30.83									88
68	32.42									88
69	34.13									88
70	35.94									89

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

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)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				8.63	10.13	11.63	13.13	14.63	16.13	71
21-22				9.00	10.58	12.15	13.73	15.30	16.88	71
23				9.38	11.03	12.68	14.33	15.98	17.63	72
24-25				9.63	11.33	13.03	14.73	16.43	18.13	71
26				9.88	11.63	13.38	15.13	16.88	18.63	72
27-28				10.13	11.93	13.73	15.53	17.33	19.13	71
29				10.25	12.08	13.90	15.73	17.55	19.38	71
30-31				11.50	13.58	15.65	17.73	19.80	21.88	72
32				11.88	14.03	16.18	18.33	20.48	22.63	72
33				12.00	14.18	16.35	18.53	20.70	22.88	72
34				12.13	14.33	16.53	18.73	20.93	23.13	71
35		8.25	10.63	13.00	15.38	17.75	20.13	22.50	24.88	72
36		8.48	10.93	13.38	15.83	18.28	20.73	23.18	25.63	72
37		9.00	11.63	14.25	16.88	19.50	22.13	24.75	27.38	73
38		9.23	11.93	14.63	17.33	20.03	22.73	25.43	28.13	73
39		9.83	12.73	15.63	18.53	21.43	24.33	27.23	30.13	74
40	7.48	10.65	13.83	17.00	20.18	23.35	26.53	29.70	32.88	76
41	7.93	11.33	14.73	18.43	21.53	24.93	28.33	31.73	35.13	77
42	8.48	12.15	15.83	19.50	23.18	26.85	30.53	34.20	37.88	78
43	9.18	13.20	17.23	21.25	25.28	29.30	33.33	37.35	41.38	80
44	9.53	13.73	17.93	22.13	26.33	30.53	34.73	38.93	43.13	80
45	10.03	14.48	18.93	23.38	27.83	32.28	36.73	41.18	45.63	81
46	10.43	15.08	19.73	24.38	29.03	33.68	38.33	42.98	47.63	81
47	10.93	15.83	20.73	25.63	30.53	35.43	40.33	45.23	50.13	82
48	11.38	16.50	21.63	26.75	31.88	37.00	42.13	47.25	52.38	82
49	12.03	17.48	22.93	28.38	33.83	39.28	44.73	50.18	55.63	83
50	12.58	18.30	24.03	29.75						83
51	13.13	19.13	25.13	31.13						83
52	13.93	20.33	26.73	33.13						84
53	14.63	21.38	28.13	34.88						85
54	15.28	22.35	29.43	36.50						85
55	15.98	23.40	30.83	38.25						85
56	16.78	24.60	32.43	40.25						85
57	17.58	25.80	34.03	42.25						86
58	18.43	27.08	35.73	44.38						86
59	19.28	28.35	37.43	46.50						86
60	19.78	29.10	38.43	47.75						86
61										86
62										87
63										87
64										87
65										87
66										88
67										88
68										88
69										88
70										89

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

# Activation guide

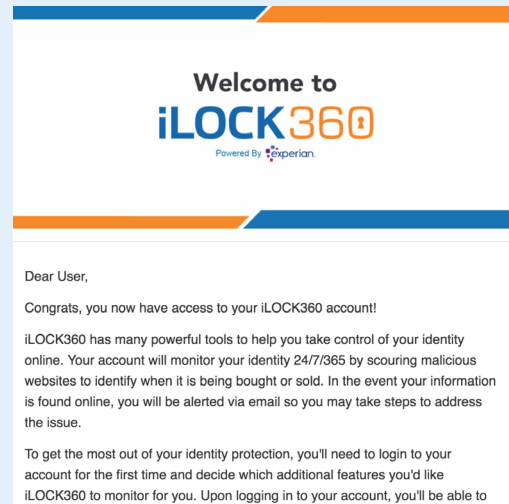


## Welcome email

All iLOCK360 subscribers receive a Welcome Email on the first day of service.

This email explains how to access your iLOCK360 account and utilize the features included with your plan.

If you experience issues accessing your account, or you do not receive the Welcome Email, please contact iLOCK360: (855) 287-8888



## Setting up your iLOCK360 account

1. Visit [www.iLOCK360.com](http://www.iLOCK360.com)
2. Click "Log In"

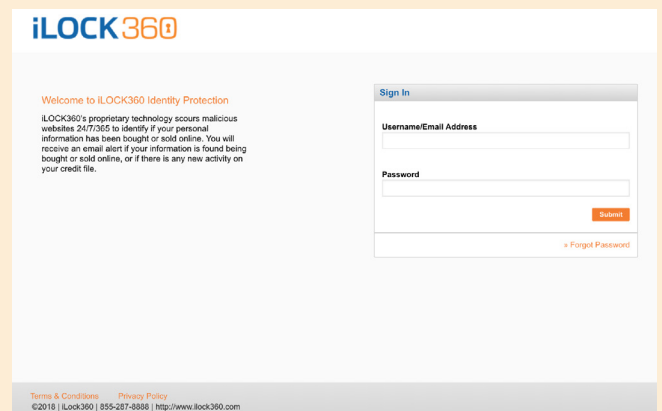
*PLEASE NOTE: This information is also shared in the Welcome Email that is sent to you on the first day of service.*



## Initial login credentials

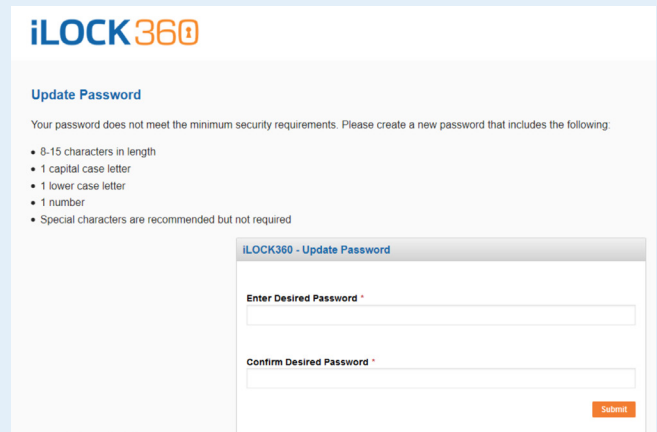
To access your iLOCK360 account for the first time you will use:

- **Username:** The email address you used to sign up for iLOCK360.
- **Password:** Your initial password is # followed by your first initial and then your second initial, followed by your zip code (provided during enrollment) and then lastly the last four digits of your Social Security Number.



## Create an account password

- Once you login to your account for the first time, you will be prompted to create a password.
- We recommend you choose a password that is not used for any other accounts and is unique to you.



**iLOCK360**

**Update Password**

Your password does not meet the minimum security requirements. Please create a new password that includes the following:

- 8-15 characters in length
- 1 capital case letter
- 1 lower case letter
- 1 number
- Special characters are recommended but not required

**iLOCK360 - Update Password**

Enter Desired Password \*

Confirm Desired Password \*

Submit

### What is Knowledge Based Authentication?

These are questions that are derived from a composite of information pulled from commercially available data sources such as credit reporting agencies and public records.

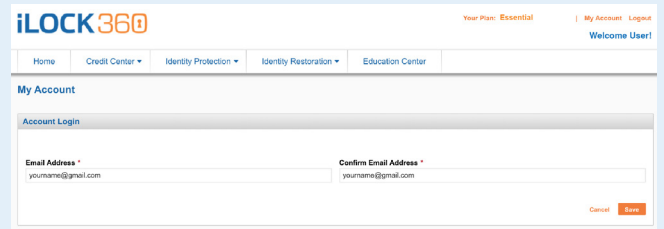
## Identity verification process

- You **must complete** the Identity Verification Process in order to authenticate your account.
- iLOCK360 will ensure you are who you say you are by using an industry- standard procedure called “Knowledge Based Authentication.”
- As a security precaution, you will be locked out of your account if any answer you provide is incorrect. If an account lockout occurs, you will need to contact iLOCK360 at (855) 287-8888



## Preferred email address

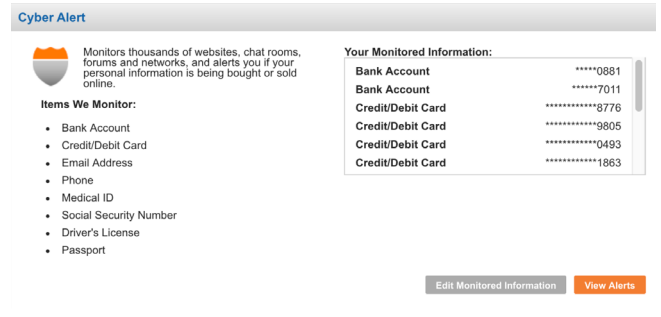
- Your iLOCK360 account alerts and notifications will be sent to the email address you provided during your enrollment.
- Take a moment to consider which email address is best for you to receive your alerts in a timely fashion.



The screenshot shows the iLOCK360 website's 'My Account' page. At the top, there's a navigation bar with 'Home', 'Credit Center', 'Identity Protection', 'Identity Restoration', and 'Education Center'. Below that, the 'My Account' section is titled 'Account Login'. It features two input fields: 'Email Address \*' and 'Confirm Email Address \*', both containing the placeholder text 'yourname@gmail.com'. There are 'Cancel' and 'Save' buttons at the bottom right of the form.

## Update monitored information

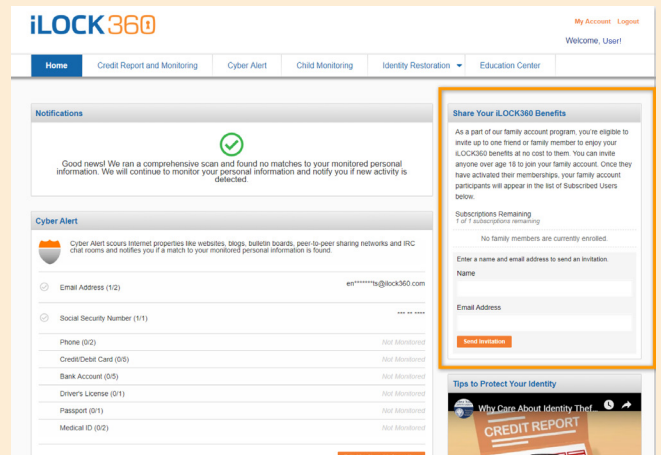
- Take a moment to review all of the features included with your iLOCK360 plan.
- While logged into your account, add any additional information you want iLOCK360 to monitor.



The screenshot shows the 'Cyber Alert' section of the iLOCK360 website. It includes a description: 'Monitors thousands of websites, chat rooms, forums and networks, and alerts you if your personal information is being bought or sold online.' Below this is a list of 'Items We Monitor': Bank Account, Credit/Debit Card, Email Address, Phone, Medical ID, Social Security Number, Driver's License, and Passport. To the right, a table titled 'Your Monitored Information:' lists the following items with their corresponding masked values: Bank Account (\*\*\*\*0881), Bank Account (\*\*\*\*7011), Credit/Debit Card (\*\*\*\*\*8776), Credit/Debit Card (\*\*\*\*\*9805), Credit/Debit Card (\*\*\*\*\*0493), and Credit/Debit Card (\*\*\*\*\*1863). At the bottom, there are 'Edit Monitored Information' and 'View Alerts' buttons.

## How to setup a spouse account

- If you elected iLOCK360 coverage that includes your Spouse, you can send your Spouse an email invitation to setup their own account.
- Please note: Your Spouse will need to sign up using their own unique email address. iLOCK360 requires each login to use a unique email address.



The screenshot shows the 'Share Your iLOCK360 Benefits' page on the iLOCK360 website. It features a green checkmark icon and a message: 'Good news! We ran a comprehensive scan and found no matches to your monitored personal information. We will continue to monitor your personal information and notify you if new activity is detected.' Below this is a 'Cyber Alert' section with a description and a list of monitored items. The main focus is a 'Share Your iLOCK360 Benefits' section with a message: 'As a part of our family account program, you're eligible to invite up to one friend or family member to enjoy your iLOCK360 benefits at no cost to them. You can invite anyone over age 18 to join your family account. Once they have activated their memberships, your family account participants will appear in the list of Subscribed Users below.' It also shows 'Subscriptions Remaining: 1 of 3 subscriptions remaining' and 'No family members are currently enrolled.' There is a form to 'Enter a name and email address to send an invitation.' with fields for 'Name' and 'Email Address', and a 'Send Invitation' button. At the bottom, there is a 'Tips to Protect Your Identity' section with a 'CREDIT REPORT' button.

## More account information

### Adult subscribers

- All adult individuals will use their own Social Security Number, Date of Birth and email address in order to register their own account, not the Primary Employee's details.
- If you signed up for coverage that includes your Spouse, and can send them an invitation to setup their iLOCK360 account while you're logged into your own iLOCK360 account (see page 9 for details).

### Minor dependents

- Minor dependents (under18) will be considered "activated" once their guardian whose plan they are under logs in and completes the Identity Verification Process. The child does not need to individually complete this process.
- Minor dependents do not have a "dashboard" due to COPPA laws, but will receive alerts at their parent's email address.
- The account holder (i.e. parent/guardian) can be assisted with Minor dependent alerts over the phone.
- When a Minor turns 18, they will no longer be eligible for coverage under this benefit enrollment election due to COPPA laws. They can contact iLOCK360 at (855) 287-8888 to create their own account.



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

iLOCK360



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

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

**17% increase** in data breaches 2018 to 2019

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

## How iLOCK360 helps



### Defend

Your personal information is monitored 24/7/365



### Protect

Alerts inform you of potential threats for immediate action



### Restore

iLOCK360 does the work to restore your identity

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

### Monthly payroll deduction

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

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

**Protect your identity TODAY!**

**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	Basic	Plus	Premium
<b>Identity theft resolution services</b>				
<b>Full-Service Identity Theft Restoration &amp; Lost Wallet Protection</b> 	If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will <b>work with you and on your behalf to restore your good name, so that you can get on with your life.</b> 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 <b>\$1M reimbursement</b> (\$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> • one Social Security Number • two Phone Numbers • two Email Addresses • five Credit/Debit Cards • two Medical ID Numbers • five Bank Accounts • one Drivers License Number • one Passport	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	✓	✓ ✓	✓ ✓
<b>Change of Address Monitoring</b>	A thief may try to establish “your” new identity by changing your address. <b>Receive an alert if your mail is redirected</b> through the USPS National Change of Address (NCOA) Registry.		✓	✓
<b>Court/Criminal Records Monitoring</b>	Tracks municipal court systems and <b>notifies you if a crime has been committed</b> under your name and date of birth.		✓	✓
<b>Sex Offender Alerts</b>	Keep your family safe with awareness of <b>where registered sex offenders live</b> 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 <b>alert you if a non-credit loan been opened using your identity</b> at a payday or quick cash loan provider.		✓	✓
<b>Social Security Number Trace</b>	Provides you with a <b>report of all names and/or aliases as well as current and reported addresses associated with your Social Security number.</b> 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>	<b>Provides higher-level credit protection</b> 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 <b>understand how your credit score has trended over time</b> and what is impacting it with credit score insight.			✓
✓adults    ✓children to age 18				





# Covering your bases

## Aetna Accident Plan

### Be prepared for the unexpected

Accidents are just that — accidents. You can't plan for them. But, you can protect yourself financially as much as possible.

### What is the Accident Plan?

The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The insurance plan pays for a long list of covered minor and serious injuries. 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 an accidental injury.

The Aetna Accident 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 Accident Plan is underwritten by Aetna Life Insurance Company (Aetna).**

[Aetna.com](https://www.aetna.com)

57.03.507.1 (02/21)

### How can you use the cash benefits?

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

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

...or 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 injury or treatment. And, benefits get paid directly to you by check or direct deposit.





# RATE SHEET

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



## Accident Plan

Coverage	Cost
Yourself only	\$8.91
Yourself & spouse	\$15.60
Yourself plus child(ren)	\$21.14
Yourself and family	\$27.58

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

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

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

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

**Policy forms issued in Oklahoma and Idaho include:**, GR-96841, GR-96842.



# BENEFIT SUMMARY

HUMBLE INDEPENDENT SCHOOL DISTRICT  
802925

## Aetna Off Job Accident 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 receive covered treatment for a covered Accident. Unless otherwise indicated, all benefits and limitations are per covered person.**

*Note: Certain benefits are payable once per covered accident; while others are once per plan year. If a service or injury falls in more than one category, the plan will pay the greater of. Refer to the Certificate for more details.*

### Initial Care

Covered Benefit	Benefit Amounts
<b>Ambulance</b>	
<b>Ground ambulance</b> Pays a benefit for when you are transported by a licensed professional ambulance company by a Ground ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 24 hours after an accidental injury.	\$400
<b>Air ambulance</b> Pays a benefit for when you are transported by a licensed professional ambulance company by an Air ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 48 hours after an accidental injury. <i>Maximum trips per accident, air and ground combined</i>	\$1,500  1
<b>Initial Treatment</b>	
<b>Emergency room/Hospital</b> Pays a benefit if an insured person requires initial examination and treatment in an emergency room as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury.	\$300

Covered Benefit	Benefit Amounts
<p><b>Physician's office/Urgent care facility</b></p> <p>Pays a benefit if an insured person requires initial examination and treatment in a physician's office or urgent care center as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury.</p>	\$300
<p><b>Walk-in clinic/Telemedicine</b></p> <p><i>Maximum visits per accident, combined for all places of service</i></p> <p><i>Maximum visits per plan year, combined for all places of service</i></p>	<p>\$50</p> <p>1</p> <p>3</p>
<p><b>X-ray/Lab</b></p> <p>Pays if an insured person receives an X-ray due to an accidental injury. The X-ray(s) must be prescribed by a physician and performed by a licensed facility within 30 days after the accidental injury.</p>	\$250 / \$50
<p><b>Medical imaging</b></p> <p>Pays a benefit if an insured person receives a medical imaging test due to an accidental injury. Medical imaging tests include only the following:</p> <ol style="list-style-type: none"> <li>1. Positron Emission Tomography (PET)</li> <li>2. Computed Tomography Scan (CT)</li> <li>3. Computed Axial Tomography (CAT)</li> <li>4. Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI)</li> <li>5. Electroencephalogram (EEG)</li> </ol> <p>The test must be ordered by a physician and performed in a medical facility on an outpatient basis within 180 days after the accidental injury.</p>	\$250

## Follow-up Care

Covered Benefit	Benefit Amounts
<b>Accident follow-up</b>	
<b>Emergency room/Hospital</b> Pay a benefit if an insured person receives follow-up treatment in a physician's office, urgent care center or emergency room for an accidental injury within one year of the accident.	\$125
<b>Physician's office/Urgent care facility</b> Pay a benefit if an insured person receives follow-up treatment in a physician's office, urgent care center or emergency room for an accidental injury within one year of the accident.	\$125
<b>Walk-in clinic/Telemedicine</b> <i>Maximum visits per accident, combined for all places of service</i> <i>Maximum visits per plan year, combined for all places of service</i>	\$25 3 9
<b>Appliances</b>	
<b>Major:</b> Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	\$200
<b>Minor:</b> Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	\$100
<b>Chiropractic treatment and alternative therapy</b> <i>Maximum visits per accident</i> <i>Maximum visits per plan year</i>	\$50 10 30
<b>Pain management (epidural anesthesia)</b> Pays a benefit if an insured person receives epidural anesthesia as the result of an accidental injury. The epidural anesthesia must be administered within 60 days after the accidental injury.	\$200
<b>Prescription drugs</b>	\$10
<b>Prosthetic device/Artificial limb</b>	
<b>One limb</b>	\$750
<b>Multiple limbs</b> <i>Maximum benefit per accident</i>	\$1,500 1
<b>Repair or replace</b> <i>Maximum benefit per plan year</i>	25% 1
<b>Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation</b> <i>Maximum visits per accident</i>	\$100 10

# Hospital Care

Covered Benefit	Benefit Amounts
<b>Hospital stay – admission (initial day)</b>	
<p><b>Non-ICU admission</b></p> <p>Pays a benefit if an insured person is admitted into the hospital due to an accidental injury. We will not pay this benefit if you're admitted into an observation unit, treated in an emergency room or outpatient surgery. The stay must begin within 180 days after an accidental injury.</p>	\$1,500
<p><b>ICU admission</b></p> <p>Pays a benefit if an insured person is admitted directly to ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury.</p>	\$3,000
<b>Hospital stay – daily*</b>	
<p><b>Non-ICU daily</b></p> <p>Pays a benefit if an insured person has a stay in a hospital due to an accidental injury.</p>	\$300
<p><b>ICU daily</b></p> <p>Pays a benefit if an insured person has a stay in an ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury.</p>	\$600
<p><b>Step down intensive care unit daily</b></p> <p><i>Maximum days per accident (combined for all stays due to the same accident)</i></p>	<p>\$400</p> <p>365</p>
<b>Rehabilitation unit stay – daily</b>	\$250
<p>Pays a benefit if an insured person is transferred to a rehabilitation unit immediately after a stay in a hospital due to an accidental injury.</p> <p><i>Maximum days per accident</i></p>	30
<p><b>Observation unit</b></p> <p>Pays a benefit if an insured person requires services in an observation unit as the result of an accidental injury. The Hospital Stay Admission Benefit will not be payable if the Observation Unit Benefit is payable. Observation services must begin within 72 hours after the accidental injury.</p>	\$100

**\* Important Note:** All Hospital stay – daily benefits begin on day two.

# Surgical Care

Covered Benefit	Benefit Amounts
<b>Blood/Plasma/Platelets</b>	\$500
Pays a benefit if an insured person receives the transfusion of blood, plasma and/or platelets due to an accidental injury. The transfusion must take place within 90 days after the accidental injury	
<b>Eye Injury</b>	
<b>Surgical repair</b>	\$500
<b>Removal of foreign object</b>	\$200
<b>Surgery (without repair)</b>	
<b>Arthroscopic or exploratory</b>	\$150
Pays a benefit if an insured person undergoes exploratory or arthroscopic surgery, and no repair is done, within 60 days of the accidental injury.	
<b>Surgery (with repair)</b>	
<b>Cranial, open abdominal or thoracic</b>	\$2,500
Pays a benefit if an insured person undergoes cranial, open abdominal or thoracic surgery, and repair is done, within 72 hours of the accidental injury.	
<b>Hernia</b>	\$250
Pays a benefit if an insured person undergoes hernia surgery as the result of an accidental injury. A physician must diagnose the hernia within 30 days after the accidental injury; and perform surgery within 60 days after the accidental injury.	
<b>Ruptured disc</b>	\$2,000
Pays a benefit if an insured person sustains a ruptured disc in the spine as the result of an accidental injury. A physician must treat the ruptured disc within 60 days after the accidental injury; and repair it through surgery within one year after the accidental injury.	
<b>Tendon/Ligament/Rotator cuff</b>	
<b>Single repair</b>	\$1,000
<b>Multiple repairs</b>	\$2,000
<b>Torn knee cartilage</b>	\$1,500
Pays a benefit if an insured person sustains a torn knee cartilage (meniscus) as the result of an accidental injury. A physician must treat the torn knee cartilage within 60 days after the accidental injury; and repair it through surgery within 180 days after the accidental injury.	
<b>Non-Specified</b>	
<b>Inpatient</b>	\$500
Pays a benefit if an insured person is transferred to a rehabilitation unit immediately after a stay in a hospital due to an accidental injury.	
<b>Outpatient</b>	\$500
<i>Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits</i>	2

## Transportation/Lodging Assistance

Covered Benefit	Benefit Amounts
<b>Lodging</b>	\$400
Pays for one motel/hotel room for a companion to accompany you for each day of a stay due to an accidental injury. Your stay must be more than 50 miles from your home.	
<i>Maximum days per accident</i>	30
<b>Transportation</b>	\$500
We will pay the Transportation Benefit shown in the Schedule of Benefits for an insured person who must travel from his or her residence more than 50 miles one way on physician's advice for treatment of a payable Accidental injury.	

## Dislocations and Fractures

Covered Benefit	Benefit Amounts
<b>Dislocations – Closed Reduction*</b>	
Hip	\$6,000
Knee	\$3,000
Ankle – bone or bones of the foot (other than toes)	\$1,500
Collarbone (sternoclavicular)	\$1,200
Lower jaw	\$1,200
Shoulder (glenohumeral)	\$1,200
Elbow	\$1,200
Wrist	\$1,200
Bone or bones of the hand (other than fingers)	\$1,200
Collarbone (acromioclavicular and separation)	\$300
Rib	\$300
One toe or one finger	\$300
Partial dislocation	25%
<i>Maximum dislocations per accident</i>	3

\*Open reduction pays 2.0 times the closed reduction benefit value



**Fractures - Closed Reduction\***

Pays a benefit if an insured person sustains a fracture as the result of an accidental injury.

A physician must diagnose the fracture within **90 days** after the accidental injury and correct it by **closed reduction**.

Skull (except bones of the face or nose), depressed	\$8,250
Skull (except bones of the face or nose), non-depressed	\$8,250
Hip, thigh (femur)	\$3,450
Vertebrae, body of (excluding vertebral processes)	\$2,250
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	\$2,250
Leg (tibia and/or fibula malleolus)	\$2,250
Bones of the face or nose (except mandible or maxilla)	\$1,200
Upper jaw, maxilla (except alveolar process)	\$1,200
Upper arm between elbow and shoulder (humerus)	\$1,200
Lower jaw, mandible (except alveolar process)	\$1,200
Collarbone (clavicle, sternum)	\$1,200
Shoulder blade (scapula)	\$1,200
Vertebral process	\$1,200
Forearm (radius and/or ulna)	\$900
Kneecap (patella)	\$900
Hand/foot (except fingers/toes)	\$900
Ankle/wrist	\$900
Rib	\$450
Coccyx	\$450
Finger, toe	\$450
Chip fracture	25%
<i>Maximum fractures per accident</i>	3

\*Open reduction pays 2.0 times the closed reduction benefit value

# Accidental Death & Dismemberment and Paralysis Benefits

Covered Benefit	Benefit Amounts
<b>Accidental death</b>	
Pays a benefit if an insured person sustains an accidental injury which causes the insured person's death within 90 days after an accident.	
Employee	\$50,000
Covered dependent spouse	\$25,000
Covered dependent children	\$25,000
<b>Accidental death common carrier</b>	
Pays a benefit if an insured person sustains an accidental injury while the insured person is a fare paying passenger on a common carrier and the accidental injury causes the insured person's death within 90 days after an accident.	
Employee	\$100,000
Covered dependent spouse	\$50,000
Covered dependent children	\$50,000
<b>Accidental dismemberment</b>	
Pays a benefit if an insured person sustains one or more limbs due to an accidental injury as classified below and in the schedule of benefits. The loss must occur within 90 days after an accidental injury.	
Loss of arm	\$12,500
Loss of hand	\$12,500
Loss of leg	\$12,500
Loss of foot	\$12,500
Loss of sight	\$12,500
Loss of ability to speak	\$25,000
Loss of hearing	\$12,500
<i>Maximum dismemberments per accident (non-finger, toe)</i>	2
Loss of finger	\$1,250
Loss of toe	\$1,250
<i>Maximum dismemberments per accident (finger, toe)</i>	4
<b>Home and vehicle alteration</b>	\$1,000
<b>Paralysis (complete, total and permanent loss)</b>	
Pays a benefit if an insured person sustains paralysis as a result of an accidental injury. A physician must diagnose paralysis within 60 days after the accidental injury; and confirm the paralysis continued for a period of 90 consecutive days.	
Quadriplegia	\$15,000
Triplegia	\$7,500
Paraplegia	\$7,500
Hemiplegia	\$7,500
Diplegia	\$7,500
Monoplegia	\$5,000

## Other Accidental Injuries

Covered Benefit	Benefit Amounts
<b>Animal bite treatment</b>	
Tetanus shot	\$100
Anti-venom shot	\$200
Rabies shot	\$300
<b>Brain injury</b>	
Concussion/Mild traumatic brain injury	\$800
Moderate/Severe traumatic brain injury	\$2,500
<b>Burn</b>	
Pays a benefit if an insured person receives a second degree burn or third degree burn as a result of an accidental injury. Treatment must be received by a physician within 72 hours after the accidental injury.	
Second degree burn, greater than 5% of total body surface	\$1,000
Third degree burn, less than 5% of total body surface	\$2,000
Third degree burn, 5-10% of total body surface	\$7,000
Third degree burn, greater than 10% of total body surface	\$20,000
<b>Burn skin graft</b>	50% of Burn
Pays a benefit if an insured person receives a skin graft for a burn as a result of an accidental injury. Treatment must be received by a physician within 72 hours after the accidental injury.	
<b>Coma/Persistent vegetative state (PVS)</b>	
Coma (non-induced)	\$15,000
PVS	\$15,000
Coma (induced)	\$250
<i>Maximum days per accident</i>	10
<b>Dental treatment</b>	
Pays a benefit if an insured person sustains a broken tooth as the result of an accidental injury and the tooth is repaired by a dental crown and/or dental extraction. The dental services must begin within 60 days after the accidental injury.	
<i>Maximum 1 per accident</i>	
Extractions	\$100
Crown	\$300
<b>Gunshot wound</b>	\$1,500
<b>Laceration</b>	
Pays a benefit if an insured person receives a laceration as the result of an accidental injury. The laceration must be repaired by a physician within 72 hours after the accidental injury.	
Without stitches	\$75
With stitches, less than 7.5 centimeters	\$100
With stitches, 7.6 - 20.0 centimeters	\$400
With stitches, greater than 20.0 centimeters	\$800
<b>Posttraumatic stress disorder (PTSD)</b>	\$500
<i>Maximum diagnoses per lifetime</i>	1
<b>Service dog</b>	\$1,500
<i>Maximum service dogs per your lifetime</i>	1

## Waiver of Premium

Covered Benefit	Benefit Amounts
If, as a result of an accidental injury you miss 30 continuous days of work we will waive the premium beginning on the first premium due date that occurs after the 30 <sup>th</sup> day of your absence, through the next 6 months of coverage. During such absence, you must remain employed with the policyholder. The premium waiver does not apply to your covered dependents.	Included

## Organized Sports Rider

Covered Benefit	Benefit Amounts
If while you are playing as a registered member of an organized sporting activity, you sustain an accidental injury, benefits payable under the certificate will be increased by the percentage shown, except for the excluded benefits below:	25%

### Excluded benefits for Organized Sports Rider

- Accidental death
- Accidental death common carrier
- Animal bite
- Burn
- Burn skin graft
- Gunshot wound
- Service Dog

# Health Screening Rider

Covered Benefit	Benefit Amounts
Health screening*	\$50

## \*Covered Health Screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- 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
- Hemocult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- 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**

## Accident Plan: Exclusions and Limitations

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

Benefits under the policy will not be payable for any care, service or supply for an accidental injury related to the following:

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving;
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
3. Act of war, riot, war;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Assault, felony, illegal occupation, or other criminal act;
6. Bacterial infections that are not caused by a cut or wound from an accidental injury;
7. Care provided by immediate family members or any household member;
8. Elective or cosmetic surgery;
9. Nutritional supplements;
10. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant, including those prescribed by a physician that are misused;
13. Occupational injuries

We will not pay any benefits for a service or supply rendered or received that are not specifically covered or not related to an accidental injury.

The stay visit or service must be on or after the effective date of coverage, while coverage is in force and take place in the United States or its territories.

## Portability

Your plan includes a portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option, if your employment ceases for any reason. Refer to your Certificate for additional provisions.

### **Do I have to answer any questions about my health to enroll?**

*No, you do not have to answer any questions about your health to enroll.*

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

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

### **Can I have more than one Accident Plan?**

*No, you are not allowed to have more than one Aetna Accident Plan.*

### **To whom are benefits paid?**

*Benefits are paid to you, the member.*

### **Is my Aetna Accident policy compatible with a Health Savings Account (HSA)?**

*Yes, Aetna Accident policies are compatible with Health Savings Accounts.*

### **How do I submit a claim?**

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

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

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

### **What should I do in case of an emergency?**

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

### **What happens if I lose my employment, can I take the Accident Plan with me?**

*Yes, you are able to coverage under the Portability provision; however, you will need to pay premiums directly to Aetna.*

## Important information about your 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.**

### Complaints and appeals

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

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

### We protect your privacy

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

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

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

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

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

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

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

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



## Non-Discrimination Notice

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

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

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

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

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

## Availability of Language Assistance Services

TTY: 711

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

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

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

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

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

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

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

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

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

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

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본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

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

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

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

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Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

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

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## Misrepresentation

### FRAUD WARNINGS BY STATE

**NOTICE IN ALASKA, CONNECTICUT, DELAWARE, IDAHO, ILLINOIS, INDIANA, IOWA, GEORGIA, HAWAII, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OKLAHOMA, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, WISCONSIN AND WYOMING:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **NOTICE IN ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **NOTICE IN ARIZONA:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **NOTICE IN CALIFORNIA:** WARNING: For Your protection California law requires the following to appear on this form: The falsity of any statement in this document shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by Aetna. **NOTICE IN DISTRICT OF COLUMBIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NOTICE IN KANSAS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law. **NOTICE IN KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. **NOTICE IN LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NOTICE IN MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits. **NOTICE IN MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NOTICE IN NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **NOTICE IN NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. **NOTICE IN OHIO:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **NOTICE IN OREGON:** Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law. **NOTICE IN PUERTO RICO:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. **NOTICE IN TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits. **NOTICE IN VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. **NOTICE IN VIRGINIA:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

## Legal Plans

Provides access to legal expertise for both expected and unexpected events.

# Legal experts on your side, whenever you need them



Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

MetLife Legal Plans, formally known as Hyatt Legal Plans, gives you access to experts who can assist you with a broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft, or caring for aging parents.

You may be thinking — why would top attorneys need or want to join a legal plan network? But even experienced attorneys need to grow their practice. By providing exceptional service to you and other plan members, they can gain more clients through your referrals. That's how we've established a large network of highly experienced attorneys, averaging 25 years of experience.

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[Reduce the cost of legal services with MetLife Legal Plans.](#)

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### How it works

Our service is tailored to your needs. With network attorneys available in person, by phone, or by email and online tools to do-it-yourself or plan your next move — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.<sup>1</sup>

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly premium conveniently paid through payroll deduction, an expert is on your side as long as you need them.

Whatever you need to protect your family, MetLife Legal Plans is here to make life a little easier.

**For added peace of mind, your spouse and dependent children are also covered.**

### Our attorneys are here to help when you're:

- Getting married
- Buying or selling a home
- Starting a family
- Dealing with identity theft
- Sending kids off to college
- Caregiving for aging parents
- And more

## Legal Plans

### Helping you navigate life's planned and unplanned events.

For **\$16.50 a month**, you get legal assistance for some of the most frequently needed personal legal matters —with no waiting periods, no deductibles and no claim forms, when using a Network Attorney for a covered matter.

<b>Money Matters</b>	<ul style="list-style-type: none"> <li>• Debt Collection Defense</li> <li>• Identity Management Services<sup>3</sup></li> <li>• Identity Theft Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Negotiations with Creditors</li> <li>• Personal Bankruptcy</li> <li>• Promissory Notes</li> </ul>	<ul style="list-style-type: none"> <li>• Tax Audit Representation</li> <li>• Tax Collection Defense</li> </ul>
<b>Home &amp; Real Estate</b>	<ul style="list-style-type: none"> <li>• Boundary &amp; Title Disputes</li> <li>• Deeds</li> <li>• Eviction Defense</li> <li>• Foreclosure</li> </ul>	<ul style="list-style-type: none"> <li>• Home Equity Loans</li> <li>• Mortgages</li> <li>• Property Tax Assessments</li> <li>• Refinancing of Home</li> </ul>	<ul style="list-style-type: none"> <li>• Sale or Purchase of Home</li> <li>• Security Deposit Assistance</li> <li>• Tenant Negotiations</li> <li>• Zoning Applications</li> </ul>
<b>Estate Planning</b>	<ul style="list-style-type: none"> <li>• Codicils</li> <li>• Complex Wills</li> <li>• Healthcare Proxies</li> <li>• Living Wills</li> </ul>	<ul style="list-style-type: none"> <li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>• Revocable &amp; Irrevocable Trusts</li> <li>• Simple Wills</li> </ul>
<b>Family &amp; Personal</b>	<ul style="list-style-type: none"> <li>• Adoption</li> <li>• Affidavits</li> <li>• Conservatorship</li> <li>• Demand Letters</li> <li>• Garnishment Defense</li> <li>• Guardianship</li> <li>• Immigration Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Juvenile Court Defense, Including Criminal Matters</li> <li>• Name Change</li> <li>• Parental Responsibility Matters</li> <li>• Personal Property Protection</li> <li>• Prenuptial Agreement</li> </ul>	<ul style="list-style-type: none"> <li>• Protection from Domestic Violence</li> <li>• Review of ANY Personal Legal Document</li> <li>• School Hearings</li> </ul>
<b>Civil Lawsuits</b>	<ul style="list-style-type: none"> <li>• Administrative Hearings</li> <li>• Civil Litigation Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Disputes Over Consumer Goods &amp; Services</li> <li>• Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Pet Liabilities</li> <li>• Small Claims Assistance</li> </ul>
<b>Elder-Care Issues</b>	Consultation & Document Review for your parents: <ul style="list-style-type: none"> <li>• Deeds</li> <li>• Leases</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Medicare</li> <li>• Notes</li> <li>• Nursing Home Agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Powers of Attorney</li> <li>• Prescription Plans</li> <li>• Wills</li> </ul>
<b>Vehicle &amp; Driving</b>	<ul style="list-style-type: none"> <li>• Defense of Traffic Tickets<sup>4</sup></li> <li>• Driving Privileges Restoration</li> </ul>	<ul style="list-style-type: none"> <li>• License Suspension Due to DUI</li> </ul>	<ul style="list-style-type: none"> <li>• Repossession</li> </ul>
<b>E-Services</b>	<ul style="list-style-type: none"> <li>• Attorney Locator</li> <li>• Financial Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Insurance Resources</li> <li>• Law Firm E-Panel</li> </ul>	<ul style="list-style-type: none"> <li>• Self-Help Legal Documents</li> </ul>

To learn more, visit [info.legalplans.com](http://info.legalplans.com) and enter access code **Legal** or call **800.821.6400** Monday – Friday 7:00 am – 7:00 pm CT.

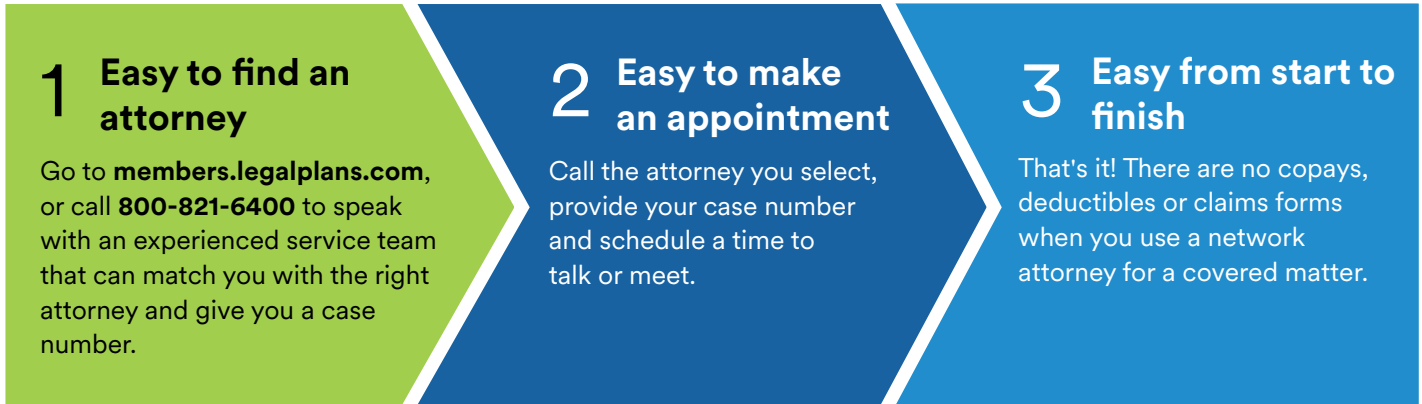
1. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.
2. Existing participants will be automatically re-enrolled.
3. These benefits provide the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of MetLife Legal Plans.
4. Does not cover DUI.

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# Legal help made easy

MetLife Legal Plans provides you with access to experienced attorneys and reduces effort on your end. It's a smart, simple, affordable way to get the legal help you need.



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- Regularly recognized for excellence in customer service<sup>1</sup>
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- Average of 25 years of experience and vetted regularly
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- 24/7 access to our attorney locator and case numbers
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### Ease of use<sup>2</sup>

- All billing is handled between MetLife and the attorney
- No claims forms, hidden fees or deductibles

<sup>1</sup>Two-time winner of the Silver Stevie in the American Business Awards, 2016 and 2017; Bronze winner in 2018, 2019 and 2020.

<sup>2</sup>When using a network attorney for a covered legal matter

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- |                   |                         |
|-------------------|-------------------------|
| Acid Reflux       | Nausea                  |
| Allergies Asthma  | Rashes                  |
| Bladder Infection | Sinus Conditions Sore   |
| Bronchitis        | Throat                  |
| Cold & Flu        | Thyroid Conditions      |
| Infections        | Urinary Tract Infection |
|                   | and more...             |

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