

# WIMBERLEY ISD 2024-2025 BENEFITS GUIDE



Edith Bergman  
Account Manager  
800-672-9666  
edith.bergman@ffga.com

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

Tracey Ramsey  
Benefits Specialist  
512-847-2414  
tracey.ramsley@wimberleyisd.net

# Contents

- [EMPLOYEE BENEFITS CENTER](#)
- [HOW TO ENROLL](#)
- [BENEFIT ELIGIBILITY & COVERAGE](#)
- [SECTION 125 PLANS](#)
- [MEDICAL](#)
- [DENTAL](#)
- [VISION](#)
- [FSA](#)
- [FSA RESOURCES](#)
- [HSA](#)
- [HSA RESOURCES](#)
- [FSA & HSA RESOURCES](#)
- [VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS](#)
  - [TERM LIFE & AD&D](#)
  - [TEXAS LIFE](#)
  - [DISABILITY INSURANCE](#)
  - [CANCER INSURANCE](#)
  - [CRITICAL ILLNESS INSURANCE](#)
  - [ACCIDENT ONLY INSURANCE](#)
  - [IDENTITY THEFT PROTECTION](#)
  - [MEDICAL TRANSPORT](#)
  - [EMPLOYEE ASSISTANCE PROGRAM](#)
  - [TELEHEALTH](#)
  - [HOSPITAL INDEMNITY INSURANCE](#)
  - [LIFE AND AD&D](#)
  - [COBRA](#)
  - [MEDICARE](#)
  - [CLEVER RX](#)
- [BENEFIT CONTACT INFORMATION](#)

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

# Employee Benefits Center

## A guide to your benefits!

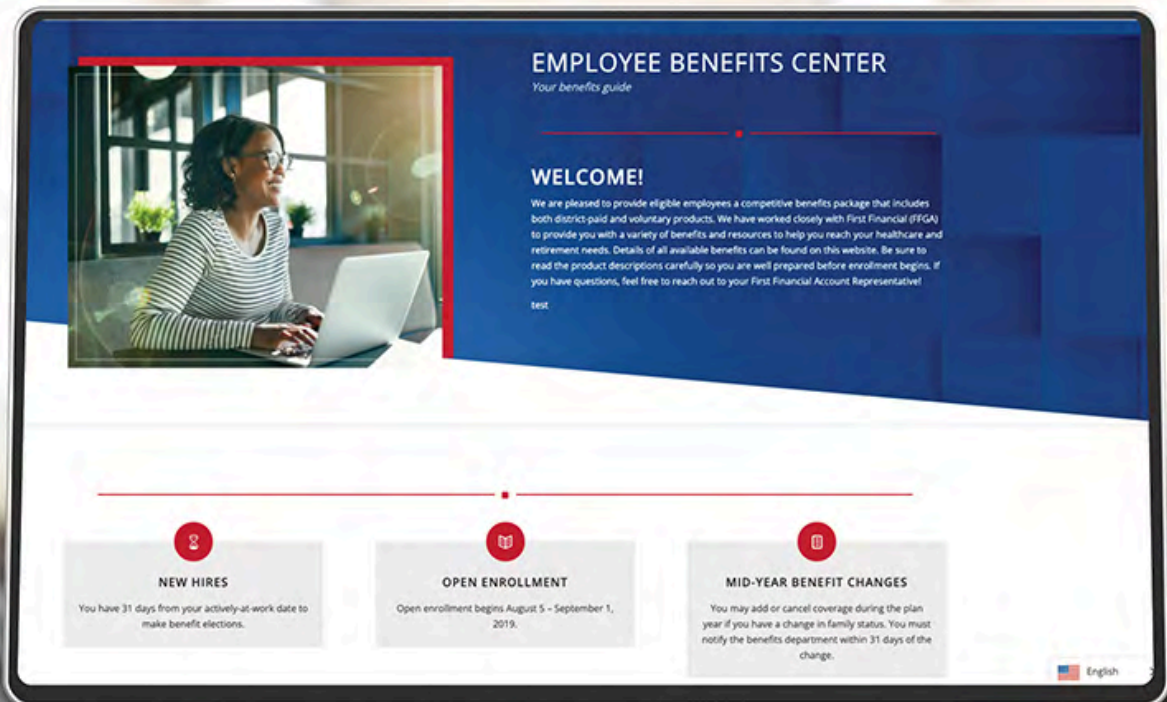
Wimberley ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

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



# How to Enroll

## Benefits Enrollment

### On-Site Enrollment

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

### Online Enrollment

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

**Enroll Now**

#### Login

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

#### View Current Benefits

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

#### View/Add Dependents

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

#### Begin Elections

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

# Benefit Eligibility & Coverage

## Employee Coverage

### Eligibility

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

### New Employees

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

### Existing Employees

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

### Mid-year Benefit Changes

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

### Qualifying Life Events Include:

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

### Declining Coverage

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

# Section 125 Plans

## Section 125 Plan Information & Rules

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

### Here's How It Works

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

### Is It Right For Me?

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

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

IRS specified changes in family status include:

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

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

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

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

# Medical Coverage

## TRS-ActiveCare



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

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

### TRS-ActiveCare Primary

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

### TRS-ActiveCare HD

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

### TRS-ActiveCare Primary +

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

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

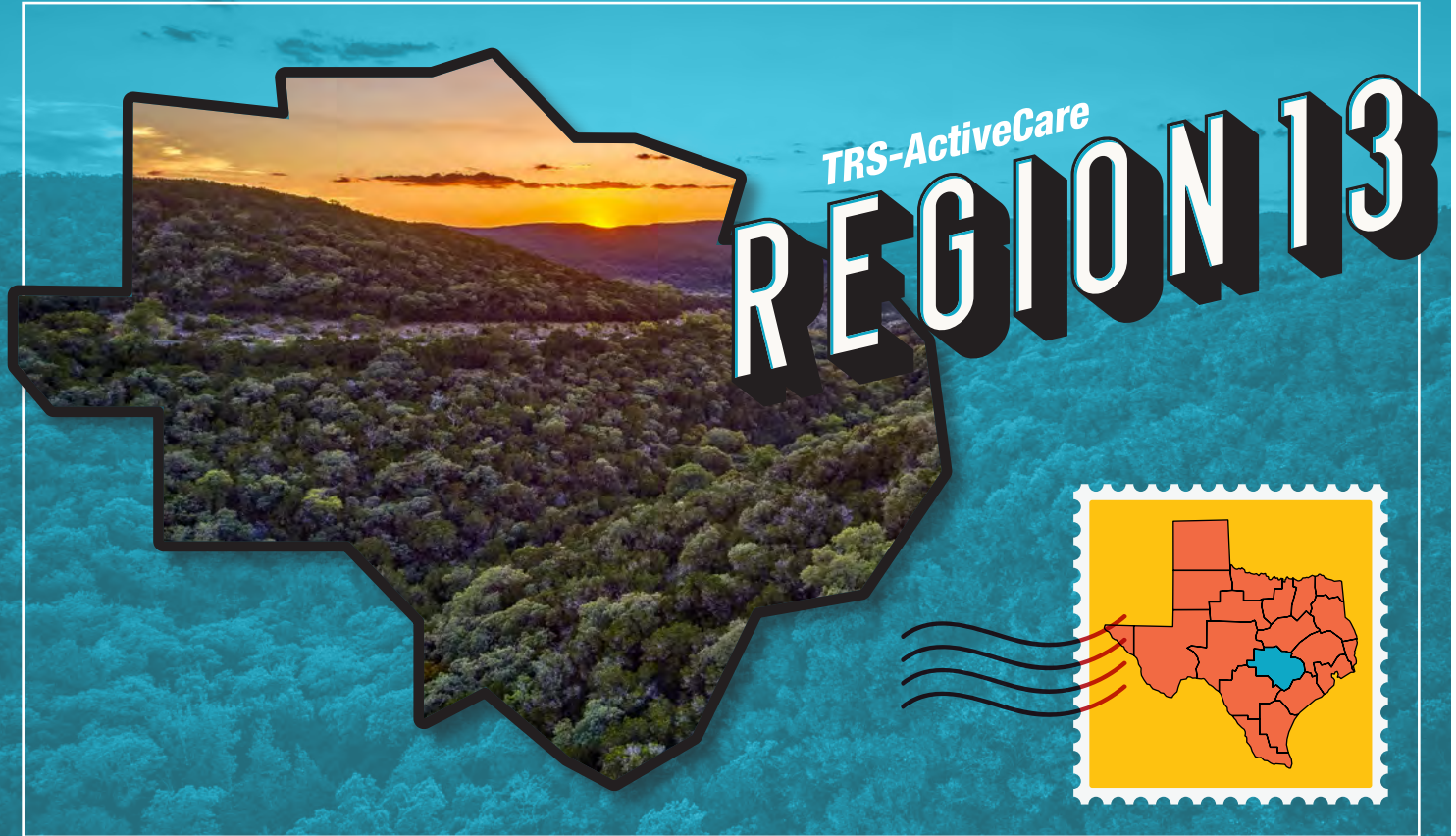
- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

### TRS-ActiveCare Plan Prescription Benefits

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

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

*TRS-ActiveCare has more doctors and hospitals than the hill country has hills.*



## TRS-ActiveCare Plan Highlights 2024-25



### Learn the Terms.

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



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



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

## How to Calculate Your Monthly Premium

- ➔ Total Monthly Premium
- ➔ Your Employer Contribution
- ➔ Your Premium

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

## Wellness Benefits at No Extra Cost\*

### Being healthy is easy with:

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

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

## Primary Plans & Mental Health

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

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

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

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

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

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

Prescription Drugs	Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay, \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible, \$0 coinsurance for certain generics	
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 25% after deductible	
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible	
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply, \$75 for 61-90 day supply	\$25 copay for 31-day supply, \$75 for 61-90 day supply	You pay 25% after deductible	

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

TRS-ActiveCare 2
<ul style="list-style-type: none"> <li>• Closed to new enrollees</li> <li>• Current enrollees can choose to stay in plan</li> <li>• Lower deductible</li> <li>• Copays for many services and drugs</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for Primary Care Providers or referrals</li> </ul>

Total Premium	Employer Contribution	Your Premium
\$1,013	-	-
\$2,402	-	-
\$1,507	-	-
\$2,941	-	-

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

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

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

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

# Compare Prices for Common Medical Services

## REMEMBER:

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

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible


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

# 2024-25 Health Maintenance Organization Plans and Premiums for Select Regions of the State

## REMEMBER:

When you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	<b>Blue Essentials - South Texas HMO<sup>SM</sup></b> <i>Brought to you by TRS-ActiveCare</i>	<b>Blue Essentials - West Texas HMO<sup>SM</sup></b> <i>Brought to you by TRS-ActiveCare</i>
	<b>You can choose this plan if you live in one of these counties:</b> Cameron, Hidalgo, Starr, Willacy	<b>You can choose this plan if you live in one of these counties:</b> Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

<b>Total Monthly Premiums</b>	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	-	-	-	\$1,011.20	-	-
Employee and Spouse	-	-	-	\$2,462.32	-	-
Employee and Children	-	-	-	\$1,593.00	-	-
Employee and Family	-	-	-	\$2,614.90	-	-

<b>Plan Features</b>		
Type of Coverage	N/A	In-Network Coverage Only
Individual/Family Deductible	N/A	\$950/\$2,850
Coinsurance	N/A	You pay 25% after deductible
Individual/Family Maximum Out of Pocket	N/A	\$7,450/\$14,900

<b>Doctor Visits</b>		
Primary Care	N/A	\$20 copay
Specialist	N/A	\$70 copay

<b>Immediate Care</b>		
Urgent Care	N/A	\$50 copay
Emergency Care	N/A	\$500 copay before deductible + 25% after deductible

<b>Prescription Drugs</b>		
Drug Deductible	N/A	\$150
Days Supply	N/A	30-Day Supply/90-Day Supply
Generics	N/A	\$5/\$12.50 copay; \$0 for certain generics
Preferred Brand	N/A	You pay 30% after deductible
Non-preferred Brand	N/A	You pay 50% after deductible
Specialty	N/A	You pay 15%/25% after deductible (preferred/non-preferred)

[www.trs.texas.gov](http://www.trs.texas.gov)

# Wimberley ISD

## TRS Medical Rates

2024-2025 Plan Year

12 Pay

<b>ACTIVECARE PRIMARY</b>	<b>Employer Contribution</b>	<b>Employee Contribution</b>
Employee Only	\$350.00	\$95.00
Employee & Child(ren)	\$350.00	\$407.00
Employee & Spouse	\$350.00	\$852.00
Family	\$350.00	\$1,163.00

<b>ACTIVECARE HD</b>	<b>Employer Contribution</b>	<b>Employee Contribution</b>
Employee Only	\$350.00	\$110.00
Employee & Child(ren)	\$350.00	\$432.00
Employee & Spouse	\$350.00	\$892.00
Family	\$350.00	\$1,214.00

<b>ACTIVECARE PRIMARY PLUS</b>	<b>Employer Contribution</b>	<b>Employee Contribution</b>
Employee Only	\$350.00	\$172.00
Employee & Child(ren)	\$350.00	\$538.00
Employee & Spouse	\$350.00	\$1,008.00
Family	\$350.00	\$1,373.00

<b>ACTIVE CARE 2</b>	<b>Employer Contribution</b>	<b>Employee Contribution</b>
Employee Only	\$350.00	\$663.00
Employee & Child(ren)	\$350.00	\$1,157.00
Employee & Spouse	\$350.00	\$2,052.00
Family	\$350.00	\$2,491.00

# Dental Insurance

## Plan Choices



MetLife | <http://www.metlife.com/mybenefits> | 800-638-5433

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

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

Dental Monthly Premiums		
	Low Plan	High Plan
Employee Only	\$19.96	\$39.54
Employee + Spouse	\$39.42	\$97.35
Employee + Children	\$45.32	\$106.74
Employee + Family	\$69.21	\$148.80

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

### Wimberley Independent School District

#### Network: PDP Plus

	Plan option 1 High Plan		Plan option 2 Low Plan	
	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of R&C	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of R&C
<b>Coverage Type</b>				
<b>Type A: Preventive</b> (cleanings, exams, X-rays)	100%	100%	100%	100%
<b>Type B: Basic Restorative</b> (fillings, extractions)	80%	80%	60%	60%
<b>Type C: Major Restorative</b> (bridges, dentures)	50%	50%	40%	40%
<b>Type D: Orthodontia</b>	50%	50%	Not covered	Not covered
<b>Deductible<sup>†</sup></b>				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
<b>Annual Maximum Benefit</b>				
Per Person	\$2,250	\$2,250	\$750	\$750
<b>Orthodontia Lifetime Maximum</b>				
Per Person ***	\$1,000	\$1,000	Not covered	Not covered

Child(ren)'s eligibility for dental coverage is from birth up to age 26 if a full-time student.

<sup>1</sup> "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup> Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>†</sup> Applies only to Type B & C Services.

\*\*\* Orthodontia excluded for adults. Available for dependent children up to age 19.

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

### Wimberley Independent School District

#### List of Primary Covered Services & Limitations\*

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	Plan Option 1: High Plan How Many/How Often	Plan Option 2: Low Plan How Many/How Often
<b>Type A — Preventive</b>		
Prophylaxis (cleanings)	Two per plan year	Two per plan year
Oral Examinations	Two exams per plan year	Two exams per plan year
Topical Fluoride Applications	One fluoride treatment per plan year for dependent children up to his/her 19th birthday	One fluoride treatment per plan year for dependent children up to his/her 19th birthday
X-rays	<ul style="list-style-type: none"> <li>• Full mouth X-rays; one per 36 months</li> <li>• Bitewings X-rays; two per plan year</li> </ul>	<ul style="list-style-type: none"> <li>• Full mouth X-rays; one per 36 months</li> <li>• Bitewings X-rays; two per plan year</li> </ul>
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday	Space maintainers for dependent children up to his/her 14th birthday
Sealants	One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 14th birthday	One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 14th birthday
<b>Type B — Basic Restorative</b>		
Fillings		
Simple Extractions		
Oral Surgery		
Endodontics	Root canal treatment limited to once per tooth per lifetime	Root canal treatment limited to once per tooth per lifetime
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	<ul style="list-style-type: none"> <li>• Periodontal scaling and root planing once per quadrant, every 24 months</li> <li>• Periodontal surgery once per quadrant, every 36 months</li> <li>• Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a plan year</li> </ul>	<ul style="list-style-type: none"> <li>• Periodontal scaling and root planing once per quadrant, every 24 months</li> <li>• Periodontal surgery once per quadrant, every 36 months</li> <li>• Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a plan year</li> </ul>

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

### Wimberley Independent School District

Type C — Major Restorative		
Crown, Denture and Bridge Repair/ Recementations		
Implants	Replacement once every 10 years	Replacement once every 10 years
Bridges and Dentures	<ul style="list-style-type: none"> <li>Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>Dentures and bridgework replacement; one every 10 years</li> <li>Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>	<ul style="list-style-type: none"> <li>Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>Dentures and bridgework replacement; one every 10 years</li> <li>Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>
Crowns, Inlays and Onlays	Replacement once every 10 years	Replacement once every 10 years
Type D — Orthodontia		
	<ul style="list-style-type: none"> <li>Your children, up to age 19, are covered while Dental insurance is in effect.</li> <li>All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</li> <li>Payments are on a repetitive basis</li> <li>20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary</li> <li>Orthodontic benefits end at cancellation of coverage</li> </ul>	<ul style="list-style-type: none"> <li>Not Covered</li> </ul>

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.



## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

### Wimberley Independent School District

#### Exclusions

**This plan does not cover the following services, treatments and supplies:**

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Fixed and removable appliances for correction of harmful habits;

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

### Wimberley Independent School District

- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders.
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

### Limitations

**Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, payment is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's payment for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

**Cancellation/Termination of Benefits:** Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your participation ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

### Questions & Answers

#### Q. Who is a participating dentist?

A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.<sup>†</sup>

#### Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at or call to have a list faxed or mailed to you.

#### Q. What services are covered under this plan?

A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern.

#### Q. May I choose a non-participating dentist?

A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.

#### Q. Can my dentist apply for participation in the network?

A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-866-PDP-NTWK for an application.<sup>††</sup> The website and phone number are for use by dental professionals only.



## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

### Wimberley Independent School District

**Q. How are claims processed?**

**A.** Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit or request one by calling

**Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?**

**A.** Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

**Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?**

**A.** Yes. Through international dental travel assistance services\* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.\*\* Please remember to hold on to all receipts to submit a dental claim.

**Q. How does MetLife coordinate benefits with other insurance plans?**

**A.** Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

**Q. Do I need an ID card?**

**A.** No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

## Monthly Cost

The following monthly costs are effective through August 31<sup>st</sup>, 2025. Your premium will be paid through convenient payroll deduction. The monthly costs shown below for “Employee + Spouse + Child(ren)” and “Employee + Family” include the cost for all eligible children.

High Plan

Employee Only	\$39.54	Employee + Child(ren)	\$106.74
Employee + Spouse	\$97.35	Employee + Family	\$148.80

Low Plan

Employee Only	\$19.96	Employee + Child(ren)	\$45.32
Employee + Spouse	\$39.42	Employee + Family	\$69.21



# Vision Insurance

Metlife | [www.metlife.com/vision](http://www.metlife.com/vision) | 833-393-5433

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

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

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

Vision Monthly Premium		
Tier	Low Plan	High Plan
Employee Only	\$6.88	\$15.28
Employee and Children	\$15.28	\$33.62
Employee + Spouse	\$12.99	\$29.80
Employee + Family	\$18.34	\$41.26



## Coverage & Monthly Rates:

Employee Only	<b>\$ 6.88</b>
Employee and Spouse	<b>\$12.99</b>
Employee and Child(ren)	<b>\$15.28</b>
Employee Plus Family	<b>\$18.34</b>

### With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco<sup>®</sup> Optical, Walmart, Sam's Club<sup>3</sup> and Visionworks.

### In-network value added features:

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

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

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

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

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

## We're here to help

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

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

## In-network benefits

There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

### Eye exam

**Frequency**

Once every **12 months**

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full after **\$10 copay**
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

### Frame

Once every **12 months**

- Allowance: **\$130**
- You will receive an additional **20%** savings on the amount that you pay over your allowance. Find a Superior Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision) and select 'Superior Vision by MetLife'.

### Standard corrective lenses

Once every **12 months**

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **\$20** eyewear copay.

### Standard lens enhancements<sup>1</sup>

Once every **12 months**

- Ultraviolet (UV) coating, Up to \$12. Standard Polycarbonate (child up to age 18): Covered in full.

Your cost for the services below will be limited to a copay that MetLife has negotiated for you.

- Progressive Standard: Covered in full
- Progressive Premium/Ultra/Ultimate: Covered in full
- Standard Polycarbonate (adult) Single Vision/Multifocal: Up to \$40
- Anti-reflective coating (variable by type): Up to \$50 - \$120
- Scratch Resistant Coating (variable by type): Up to \$15 - \$30
- Photochromic Lenses: Up to \$80
- Tints (variable by type) solid/gradient: Up to \$15 - \$18

### Contact lenses (instead of eye glasses)

Once every **12 months**

Contact fitting and evaluation:

- Standard fitting; Covered in full after **\$25** copay
- Specialty fitting: **\$50** allowance after **\$25** copay
- Elective lenses: **\$130** allowance
- Medically necessary lenses: Covered in full with prior authorization.

## Out-of-network reimbursement

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

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

## Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

### SERVICES AND EYEWEAR

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.

- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- Plano lenses (lenses with refractive correction of less than  $\pm 0.50$  diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.

- Contact lens modification, polishing, and cleaning.

### TREATMENTS

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

### MEDICATIONS

- Prescription and non-prescription medications.

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

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

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

<sup>4</sup>Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>5</sup>These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart and Sam's Club. Please check with your in-network vision provider.

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

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

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision, Inc. ("Superior Vision"), a New York corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

HIGH OPTION

## Coverage & Monthly Rates:

Employee Only	<b>\$15.28</b>
Employee and Spouse	<b>\$29.80</b>
Employee and Child(ren)	<b>\$33.62</b>
Employee Plus Family	<b>\$41.26</b>

### With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco<sup>®</sup> Optical, Walmart, Sam's Club<sup>3</sup> and Visionworks.

### In-network value added features:

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

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

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

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

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

## We're here to help

Find a Superior Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision) and select 'Superior Vision by MetLife'. For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

## In-network benefits

There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

### Eye exam

**Frequency**  
Once every **12 months**

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full after **\$5 copay**
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

### Frame

Once every **12 months**

- Allowance: **\$180**

You will receive an additional **20%** savings on the amount that you pay over your allowance. Find a Superior Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision) and select 'Superior Vision by MetLife'.

### Standard corrective lenses

Once every **12 months**

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **\$0** eyewear copay.

### Standard lens enhancements<sup>1</sup>

Once every **12 months**

- Ultraviolet (UV) coating, Up to \$12. Standard Polycarbonate (child up to age 18): Covered in full.

Your cost for the services below will be limited to a copay that MetLife has negotiated for you.

- Progressive Standard: Covered in full
- Progressive Premium/Ultra/Ultimate: Covered in full
- Standard Polycarbonate (adult) Single Vision/Multifocal: Covered in full
- Anti-reflective coating (variable by type): Covered in full
- Scratch Resistant Coating (variable by type): Covered in full
- Photochromic Lenses: Covered in full
- Tints (variable by type) solid/gradient: Up to \$15 - \$18 copay

### Contact lenses (instead of eye glasses)

Once every **12 months**

Contact fitting and evaluation:

- Standard fitting; Covered in full after **\$25** copay
- Specialty fitting: **\$50** allowance after **\$25** copay
- Elective lenses: **\$180** allowance
- Medically necessary lenses: Covered in full with prior authorization.

### Second pair

This benefit gives you additional eyewear coverage. You can get:

- Two pairs or prescription eyeglasses; or
- One pair of prescription eyeglasses and an allowance toward contact lenses; or
- Double your contact lens allowance

## Out-of-network reimbursement

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

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

## Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

### SERVICES AND EYEWEAR

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.

- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- Plano lenses (lenses with refractive correction of less than  $\pm 0.50$  diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.

- Contact lens modification, polishing, and cleaning.

### TREATMENTS

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

### MEDICATIONS

- Prescription and non-prescription medications.

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

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

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

<sup>4</sup>Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>5</sup>These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart and Sam's Club. Please check with your in-network vision provider.

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

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

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision, Inc. ("Superior Vision"), a New York corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

HIGH OPTION



# Flexible Spending Accounts

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

## Medical FSA

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

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

### Medical FSA Highlights

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

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

## Dependent Care FSA

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

**You may allocate up to \$5,000 per tax year for reimbursement of dependent care services.**

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

### Dependent Care FSA Highlights

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

# Health Savings Account

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

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

## Health Savings Account Highlights

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

## Who Can Participate in an HSA?

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

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

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

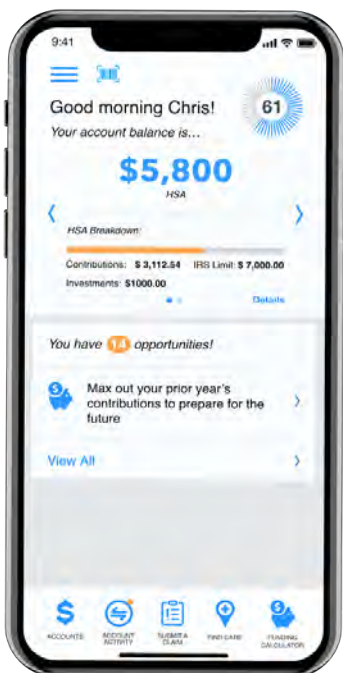
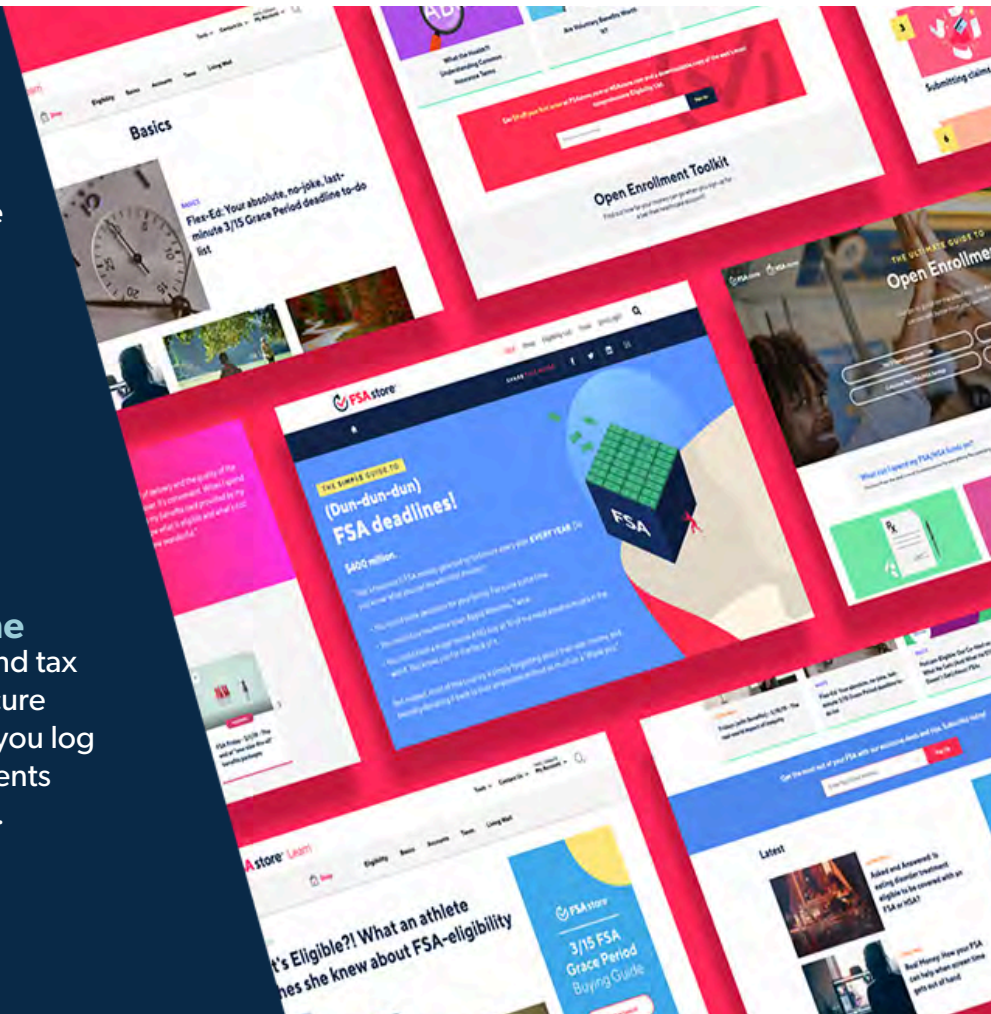
# FSA & HSA Resources

## Benefits Card

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

## View Your Account Details Online

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



## FF Mobile Account App

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

## FSA/HSA Store

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



# Term Life & AD&D

## Employer-Paid & Voluntary

Lincoln | <https://www.lincolnfinancial.com> | 877-275-5462

### 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 \$20,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

### Voluntary Term Life & AD&D Insurance

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





Wimberley ISD provides this valuable benefit  
at no cost to you.

Full-Time Employees

## Term Life and AD&D Insurance

### Safeguard the most important people in your life.

Think about what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like covering everyday expenses, paying off debt, and protecting savings. AD&D provides even more coverage if you die or suffer a covered loss in an accident.

#### AT A GLANCE:

- A cash benefit of \$20,000 to your loved ones in the event of your death, plus a matching cash benefit if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- *LifeKeys*® services, which provide access to counseling, financial, and legal support
- *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

You also have the option to increase your cash benefit by securing additional coverage at affordable group rates.  
See the enclosed life insurance information for details.

#### ADDITIONAL DETAILS

**Conversion:** You can convert your group term life coverage to an individual life insurance policy without providing evidence of insurability if you lose coverage due to leaving your job or for another reason outlined in the plan contract. AD&D benefits cannot be converted.

**Benefit Reduction:** Coverage amounts begin to reduce at age 65 and benefits terminate at retirement. See the plan certificate for details.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

*LifeKeys*® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych®, EstateGuidance® and GuidanceResources® are registered trademarks of ComPsych® Corporation. *TravelConnect*® services are provided by On Call International, Salem, NH. ComPsych® and On Call International are not Lincoln Financial Group® companies. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations. Limitations and exclusions apply.



## Full-Time Employees of Wimberley ISD

### Benefits At-A-Glance

#### Voluntary Term Life Insurance

#### The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Wimberley ISD employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee	
Newly hired employee guaranteed coverage amount	\$200,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000 or \$20,000
Maximum coverage amount	7 times your annual salary (\$500,000 maximum in increments of \$10,000)
Minimum coverage amount	\$10,000
Spouse	
Newly hired employee guaranteed coverage amount	\$50,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000 or \$20,000
Maximum coverage amount	100% of the employee coverage amount (\$500,000 maximum in increments of \$10,000)
Minimum coverage amount	\$10,000
Dependent Children	
Day 1 to age 26 guaranteed coverage amount	\$10,000

## What your benefits cover

### Employee Coverage

#### Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$200,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by \$10,000 or \$20,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

#### Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 7 times your annual salary (\$500,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- Your coverage amount will reduce by 35% when you reach age 65 and an additional 15% of the original amount when you reach age 70.

### Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

#### Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to 100% of your coverage amount (\$50,000 maximum) for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by \$10,000 or \$20,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

#### Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 100% of your coverage amount (\$500,000 maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 35% when an employee reaches age 65, and terminates when the employee turns age 70 or retires, whichever occurs first.

### Dependent Children Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

#### Guaranteed Life Insurance Coverage Options: \$10,000

## Voluntary Life Insurance Benefits At-A-Glance

## Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included

## Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

*LifeKeys*® services are provided by ComPsych® Corporation, Chicago, IL. *TravelConnect*® travel assistance services are provided by On Call International, Salem NH. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. ComPsych® and On Call International are not Lincoln Financial Group companies and Lincoln Financial Group does not administer these Services. Each independent company is solely responsible for its own obligations. Coverage is subject to contract language that contains specific terms, conditions, and limitations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.





# Monthly Voluntary Life Insurance Premium

## Here's how little you pay with group rates.

### Employee | Monthly Premiums for Select Life Insurance Coverage Amounts

Employee Age Range	\$10,000	\$30,000	\$60,000	\$100,000	\$200,000	\$500,000
0 - 29	\$0.50	\$1.50	\$3.00	\$5.00	\$10.00	\$25.00
30 - 34	\$0.70	\$2.10	\$4.20	\$7.00	\$14.00	\$35.00
35 - 39	\$0.80	\$2.40	\$4.80	\$8.00	\$16.00	\$40.00
40 - 44	\$1.00	\$3.00	\$6.00	\$10.00	\$20.00	\$50.00
45 - 49	\$1.40	\$4.20	\$8.40	\$14.00	\$28.00	\$70.00
50 - 54	\$2.40	\$7.20	\$14.40	\$24.00	\$48.00	\$120.00
55 - 59	\$3.90	\$11.70	\$23.40	\$39.00	\$78.00	\$195.00
60 - 64	\$5.90	\$17.70	\$35.40	\$59.00	\$118.00	\$295.00
Employee Age Range	\$6,500	\$19,500	\$39,000	\$65,000	\$130,000	\$325,000
65 - 69	\$5.37	\$16.11	\$32.21	\$53.69	\$107.38	\$268.45
Employee Age Range	\$5,000	\$15,000	\$30,000	\$50,000	\$100,000	\$250,000
70 - 74	\$5.15	\$15.45	\$30.90	\$51.50	\$103.00	\$257.50
Employee Age Range	\$5,000	\$15,000	\$30,000	\$50,000	\$100,000	\$250,000
75 - 79	\$7.35	\$22.05	\$44.10	\$73.50	\$147.00	\$367.50
Employee Age Range	\$5,000	\$15,000	\$30,000	\$50,000	\$100,000	\$250,000
80 - 99	\$7.35	\$22.05	\$44.10	\$73.50	\$147.00	\$367.50

### Spouse | Monthly Premiums for Select Life Insurance Coverage Amounts

Employee Age Range	\$10,000	\$30,000	\$50,000	\$100,000	\$250,000	\$500,000
0 - 29	\$0.50	\$1.50	\$2.50	\$5.00	\$12.50	\$25.00
30 - 34	\$0.70	\$2.10	\$3.50	\$7.00	\$17.50	\$35.00
35 - 39	\$0.80	\$2.40	\$4.00	\$8.00	\$20.00	\$40.00
40 - 44	\$1.00	\$3.00	\$5.00	\$10.00	\$25.00	\$50.00
45 - 49	\$1.40	\$4.20	\$7.00	\$14.00	\$35.00	\$70.00
50 - 54	\$2.40	\$7.20	\$12.00	\$24.00	\$60.00	\$120.00
55 - 59	\$3.90	\$11.70	\$19.50	\$39.00	\$97.50	\$195.00
60 - 64	\$5.90	\$17.70	\$29.50	\$59.00	\$147.50	\$295.00
Employee Age Range	\$6,500	\$19,500	\$32,500	\$65,000	\$162,500	\$325,000
65 - 69	\$5.37	\$16.11	\$26.85	\$53.69	\$134.23	\$268.45

The Lincoln National Life Insurance Company  
Please see prior page for product information.

Voluntary Life Insurance At-A-Glance

### Dependent Children Monthly Premium for Life Insurance Coverage

Coverage Amount	Monthly Premium
\$10,000	\$1.80

### Group Rates for Your Dependent Children

One affordable monthly premium covers all of your eligible dependent children.

Note: You must be an active Wimberley ISD employee to select coverage for a spouse and/or dependent children. To be eligible for coverage, a spouse or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.

The Lincoln National Life Insurance Company  
Please see prior page for product information.

Voluntary Life Insurance At-A-Glance

# Texas Life

## Permanent Life



Texas Life | [www.texaslife.com](http://www.texaslife.com) | 800-283-9233

### **Texas Life Insurance - Permanent, Portable Life Insurance**

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

### **Texas Life - Permanent Life Highlights**

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

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

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

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

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

**Indicates Spouse Coverage Available**

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

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

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

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

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

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

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO  
 Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18  
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

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

**Indicates Spouse Coverage Available**

# Disability Insurance

The Standard | <https://www.standard.com/employer> | 800-368-1135

## Why Do I Need Disability Insurance?

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

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

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





### **Voluntary Long Term Disability Insurance**

Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through the Wimberley Independent School District. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please check with your human resources representative.

### **Employer Plan Effective Date**

A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary LTD coverage can become effective. This level of participation has been agreed upon by the Wimberley Independent School District and The Standard.

### **Eligibility**

To become insured, you must be:

- A regular employee of the Wimberley Independent School District, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- Actively at work at least 20 hours each week
- A citizen or resident of the United States or Canada

### **Employee Coverage Effective Date**

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period of the first of the month that follows the date you become a member
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

### **Benefit Amount**

You may select a monthly benefit amount in \$100 increments from \$200 to \$8,000; based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly earnings.

Plan Maximum Monthly Benefit: 66 2/3 percent of predisability earnings

Plan Minimum Monthly Benefit: 10 percent of your LTD benefit before reduction by deductible income

**Benefit Waiting Period and Maximum Benefit Period**

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The maximum benefit period is the period for which benefits are payable. The benefit waiting period and maximum benefit period associated with your plan options are shown below:

<u>Option</u>	<u>Accidental Injury</u>	<u>Other Disability</u>	<u>Maximum Benefit Period</u>
1	0 days	7 days	To Age 65 for both Sickness and Accident
2	14 days	14 days	To Age 65 for both Sickness and Accident
3	30 days	30 days	To Age 65 for both Sickness and Accident
4	60 days	60 days	To Age 65 for both Sickness and Accident
5	90 days	90 days	To Age 65 for both Sickness and Accident
6	180 days	180 days	To Age 65 for both Sickness and Accident

**Options 1-6: Maximum Benefit Period To Age 65 for Sickness and Accident**

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

**First Day Hospital Benefit**

With this benefit, if an insured employee is hospital confined for at least four hours, is admitted as an inpatient and is charged room and board during the benefit waiting period, the benefit waiting period will be satisfied. Benefits become payable on the date of hospitalization; the maximum benefit period also begins on that date. This feature is included only on LTD plans with benefit waiting periods of 30 days or less.

**Preexisting Condition Exclusion**

A detailed description of the preexisting condition exclusion is included in the Group Policy. If you have questions, please check with your human resources representative.

Preexisting Condition Period: The 90-day period just before your insurance becomes effective

Exclusion Period: 12 months

**Own Occupation Period**

For the plan’s definition of disability, as described in your brochure, the own occupation period is the first 24 months for which LTD benefits are paid.

**Any Occupation Period**

The any occupation period begins at the end of the own occupation period and continues until the end of the maximum benefit period.



## Other LTD Features

- **Employee Assistance Program (EAP)** – This program offers support, guidance and resources that can help an employee resolve personal issues and meet life’s challenges.
- **Family Care Expense Adjustment** – Disabled employees faced with the added expense of family care when returning to work may receive combined income from LTD benefits and work earnings in excess of 100 percent of indexed predisability earnings during the first 12 months immediately after a disabled employee’s return to work.
- **Special Dismemberment Provision** – If an employee suffers a lost as a result of an accident, the employee will be considered disabled for the applicable Minimum Benefit Period and can extend beyond the end of the Maximum Benefit Period
- **Reasonable Accommodation Expense Benefit** – Subject to The Standard’s prior approval, this benefit allows us to pay up to \$25,000 of an employer’s expenses toward work-site modifications that result in a disabled employee’s return to work.
- **Survivor Benefit** – A Survivor Benefit may also be payable. This benefit can help to address a family’s financial need in the event of the employee’s death.
- **Return to Work (RTW) Incentive** – The Standard’s RTW Incentive is one of the most comprehensive in the employee benefits history. For the first 12 months after returning to work, the employee’s LTD benefit will not be reduced by work earnings until work earnings plus the LTD benefit exceed 100 percent of predisability earnings. After that period, only 50 percent of work earnings are deducted.
- **Rehabilitation Plan Provision** – Subject to The Standard’s prior approval, rehabilitation incentives may include training and education expense, family (child and elder) care expenses, and job-related and job search expenses.
- **Lifetime Security Benefit** – If you are severely disabled, as determined by The Standard according to your group policy, the Lifetime Security Benefit extends your LTD benefits beyond the regular LTD maximum benefit period while you remain severely disabled.

## When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

## Rates

Employees can select a monthly LTD benefit ranging from a minimum of \$200 to a maximum amount based on how much they earn. Referencing the appropriate attached charts, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

1. Find the maximum LTD benefit by locating the amount of your earnings in either the Annual Earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
2. Select the desired monthly LTD benefit between the minimum of \$200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
3. In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period, or the premium payment of your desired benefit, please contact your human resources representative.

## Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
3,600	300	200	6.08	5.36	4.54	2.94	2.54	1.86
5,400	450	300	9.12	8.04	6.81	4.41	3.81	2.79
7,200	600	400	12.16	10.72	9.08	5.88	5.08	3.72
9,000	750	500	15.20	13.40	11.35	7.35	6.35	4.65
10,800	900	600	18.24	16.08	13.62	8.82	7.62	5.58
12,600	1,050	700	21.28	18.76	15.89	10.29	8.89	6.51
14,400	1,200	800	24.32	21.44	18.16	11.76	10.16	7.44
16,200	1,350	900	27.36	24.12	20.43	13.23	11.43	8.37
18,000	1,500	1,000	30.40	26.80	22.70	14.70	12.70	9.30
19,800	1,650	1,100	33.44	29.48	24.97	16.17	13.97	10.23
21,600	1,800	1,200	36.48	32.16	27.24	17.64	15.24	11.16
23,400	1,950	1,300	39.52	34.84	29.51	19.11	16.51	12.09
25,200	2,100	1,400	42.56	37.52	31.78	20.58	17.78	13.02
27,000	2,250	1,500	45.60	40.20	34.05	22.05	19.05	13.95
28,800	2,400	1,600	48.64	42.88	36.32	23.52	20.32	14.88
30,600	2,550	1,700	51.68	45.56	38.59	24.99	21.59	15.81
32,400	2,700	1,800	54.72	48.24	40.86	26.46	22.86	16.74
34,200	2,850	1,900	57.76	50.92	43.13	27.93	24.13	17.67
36,000	3,000	2,000	60.80	53.60	45.40	29.40	25.40	18.60
37,800	3,150	2,100	63.84	56.28	47.67	30.87	26.67	19.53
39,600	3,300	2,200	66.88	58.96	49.94	32.34	27.94	20.46
41,400	3,450	2,300	69.92	61.64	52.21	33.81	29.21	21.39
43,200	3,600	2,400	72.96	64.32	54.48	35.28	30.48	22.32
45,000	3,750	2,500	76.00	67.00	56.75	36.75	31.75	23.25
46,800	3,900	2,600	79.04	69.68	59.02	38.22	33.02	24.18
48,600	4,050	2,700	82.08	72.36	61.29	39.69	34.29	25.11
50,400	4,200	2,800	85.12	75.04	63.56	41.16	35.56	26.04
52,200	4,350	2,900	88.16	77.72	65.83	42.63	36.83	26.97
54,000	4,500	3,000	91.20	80.40	68.10	44.10	38.10	27.90
55,800	4,650	3,100	94.24	83.08	70.37	45.57	39.37	28.83
57,600	4,800	3,200	97.28	85.76	72.64	47.04	40.64	29.76
59,400	4,950	3,300	100.32	88.44	74.91	48.51	41.91	30.69
61,200	5,100	3,400	103.36	91.12	77.18	49.98	43.18	31.62
63,000	5,250	3,500	106.40	93.80	79.45	51.45	44.45	32.55
64,800	5,400	3,600	109.44	96.48	81.72	52.92	45.72	33.48
66,600	5,550	3,700	112.48	99.16	83.99	54.39	46.99	34.41
68,400	5,700	3,800	115.52	101.84	86.26	55.86	48.26	35.34
70,200	5,850	3,900	118.56	104.52	88.53	57.33	49.53	36.27
72,000	6,000	4,000	121.60	107.20	90.80	58.80	50.80	37.20

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
73,800	6,150	4,100	124.64	109.88	93.07	60.27	52.07	38.13
75,600	6,300	4,200	127.68	112.56	95.34	61.74	53.34	39.06
77,400	6,450	4,300	130.72	115.24	97.61	63.21	54.61	39.99
79,200	6,600	4,400	133.76	117.92	99.88	64.68	55.88	40.92
81,000	6,750	4,500	136.80	120.60	102.15	66.15	57.15	41.85
82,800	6,900	4,600	139.84	123.28	104.42	67.62	58.42	42.78
84,600	7,050	4,700	142.88	125.96	106.69	69.09	59.69	43.71
86,400	7,200	4,800	145.92	128.64	108.96	70.56	60.96	44.64
88,200	7,350	4,900	148.96	131.32	111.23	72.03	62.23	45.57
90,000	7,500	5,000	152.00	134.00	113.50	73.50	63.50	46.50
91,800	7,650	5,100	155.04	136.68	115.77	74.97	64.77	47.43
93,600	7,800	5,200	158.08	139.36	118.04	76.44	66.04	48.36
95,400	7,950	5,300	161.12	142.04	120.31	77.91	67.31	49.29
97,200	8,100	5,400	164.16	144.72	122.58	79.38	68.58	50.22
99,000	8,250	5,500	167.20	147.40	124.85	80.85	69.85	51.15
100,800	8,400	5,600	170.24	150.08	127.12	82.32	71.12	52.08
102,600	8,550	5,700	173.28	152.76	129.39	83.79	72.39	53.01
104,400	8,700	5,800	176.32	155.44	131.66	85.26	73.66	53.94
106,200	8,850	5,900	179.36	158.12	133.93	86.73	74.93	54.87
108,000	9,000	6,000	182.40	160.80	136.20	88.20	76.20	55.80
109,800	9,150	6,100	185.44	163.48	138.47	89.67	77.47	56.73
111,600	9,300	6,200	188.48	166.16	140.74	91.14	78.74	57.66
113,400	9,450	6,300	191.52	168.84	143.01	92.61	80.01	58.59
115,200	9,600	6,400	194.56	171.52	145.28	94.08	81.28	59.52
117,000	9,750	6,500	197.60	174.20	147.55	95.55	82.55	60.45
118,800	9,900	6,600	200.64	176.88	149.82	97.02	83.82	61.38
120,600	10,050	6,700	203.68	179.56	152.09	98.49	85.09	62.31
122,400	10,200	6,800	206.72	182.24	154.36	99.96	86.36	63.24
124,200	10,350	6,900	209.76	184.92	156.63	101.43	87.63	64.17
126,000	10,500	7,000	212.80	187.60	158.90	102.90	88.90	65.10
127,800	10,650	7,100	215.84	190.28	161.17	104.37	90.17	66.03
129,600	10,800	7,200	218.88	192.96	163.44	105.84	91.44	66.96
131,400	10,950	7,300	221.92	195.64	165.71	107.31	92.71	67.89
133,200	11,100	7,400	224.96	198.32	167.98	108.78	93.98	68.82
135,000	11,250	7,500	228.00	201.00	170.25	110.25	95.25	69.75
136,800	11,400	7,600	231.04	203.68	172.52	111.72	96.52	70.68
138,600	11,550	7,700	234.08	206.36	174.79	113.19	97.79	71.61
140,400	11,700	7,800	237.12	209.04	177.06	114.66	99.06	72.54
142,200	11,850	7,900	240.16	211.72	179.33	116.13	100.33	73.47
144,000	12,000	8,000	243.20	214.40	181.60	117.60	101.60	74.40

# Cancer Insurance



American Fidelity | <http://americanfidelity.com/> | 800 654-8489

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

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

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

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



## Group Cancer Insurance

## Focus on the fight.

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

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

### Did You Know?

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

*American Cancer Society: Cancer Facts and Figures 2022, P4*

## Plan Benefit Highlights

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

## Benefits designed to help cover costs.

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

### Examples:



#### Diagnostic and Prevention

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



#### Travel Expenses

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

# Plan Benefit Highlights

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

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

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

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

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

# Plan Benefit Highlights

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

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

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

#### **Radiation Therapy, Chemotherapy or Immunotherapy Benefit**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



## Plan Benefit Highlights (cont.)

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

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

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

**Donor Benefit** Blood donor expenses are not covered.

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

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

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

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

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

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

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

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

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American Fidelity Assurance Company  
[americanfidelity.com](http://americanfidelity.com)

**Internal Cancer Diagnosis Benefit** Payable if a Physician diagnoses the Covered Person with Internal Cancer after coverage is active for that person.

## Limitations and Exclusions

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

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

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

**Exclusions** We will not pay benefits resulting from or caused by:  
(a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;  
(b) alcoholism or drug addiction;  
(c) any act of war, declared or undeclared, or any act related to war;  
(d) military service for any country at war;  
(e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or  
(f) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place).

Benefits are also not payable for services performed by a Physician who is related to the Covered Person.

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

# Critical Illness Insurance

Metlife | [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) | 800-638-5433

## Prepare For the Unexpected

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

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

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



## Critical Illness Insurance

## Wimberley Independent School District

Benefits you can use as you see fit, such as to help cover expenses that are not covered by your medical plan.

### Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
<b>Coverage Options</b>		
<b>Employee</b>	<b>\$15,000 or \$30,000</b>	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
<b>Spouse</b>	<b>50% of the Employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>
<b>Dependent Child(ren)<sup>3</sup></b>	<b>50% of the Employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>

### Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit<sup>4</sup>** for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions.

Please refer to the table below for the percentage benefit payable for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
<b>Benign Tumor Category</b>		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
<b>Cancer Category</b>		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	NONE
<b>Coronary Artery Disease Category</b>		
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	50% 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



## Critical Illness Insurance

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
Sudden Cardiac Arrest <i>Payable upon death</i>	50% of Benefit Amount	NONE
<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 3 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, and liver</i>	100% of Benefit Amount	NONE
<b>Progressive Disease Category</b>		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% 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

\* Notes Regarding Covered Conditions



## Critical Illness Insurance

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Infectious Disease Covered Condition Category – For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for a consecutive number of days as specified in the certificate.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
  - Coma
  - Loss of: Ability to Speak; Hearing; or Sight
  - Paralysis
  - Severe Burn

## Health Screening Benefit

MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

## Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$30,000.

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Initial Benefit payment of \$30,000 or 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of \$30,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of \$30,000 or 100%

This example is for illustrative purposes only. The MetLife Group Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

## Questions & Answers

### Q. Who is eligible to enroll for this critical illness coverage?

A. **You are eligible to enroll yourself and your eligible family members!**<sup>5</sup> You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

### Q. How do I pay for my critical illness coverage?

A. **Premiums will be paid through payroll deduction**, so you don't have to worry about writing a check or missing a payment.

### Q. What happens if my employment status changes? Can I take my coverage with me?

A. **Yes, you can take your coverage with you.**<sup>6</sup> You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

### Q. Who do I call for assistance?

A. **Please call MetLife directly at 1-855-JOIN-MET (1-855-564-6638), Monday through Friday from 8:00 a.m. to 8 p.m., EST** and talk with a benefits consultant.

## Insurance Rates



## Critical Illness Insurance

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

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

Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.49	\$0.78	\$0.66	\$0.94
25–29	\$0.61	\$0.95	\$0.78	\$1.12
30–34	\$0.79	\$1.22	\$0.95	\$1.39
35–39	\$1.05	\$1.62	\$1.21	\$1.78
40–44	\$1.49	\$2.29	\$1.65	\$2.46
45–49	\$1.94	\$3.02	\$2.10	\$3.18
50–54	\$2.51	\$3.94	\$2.67	\$4.11
55–59	\$3.22	\$5.09	\$3.38	\$5.26
60–64	\$4.24	\$6.72	\$4.41	\$6.89
65–69	\$5.31	\$8.40	\$5.48	\$8.56
70–74	\$6.64	\$10.42	\$6.81	\$10.58
75+	\$8.67	\$13.43	\$8.84	\$13.59

<sup>1</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered 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. MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

<sup>3</sup> Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>4</sup> Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

<sup>5</sup> Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

<sup>6</sup> Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

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 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 applicable to MetLife's CII product 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, GPNP10-CI, GPNP14-CI, GPNP19-CI or contact MetLife for more information. Please 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



# Accident Insurance

Aetna | [www.aetna.com](http://www.aetna.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
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit





# 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 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).**

### How can you use the cash benefits?

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

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

...or 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.



## “What ifs” are everywhere

The average cost of all non-fatal injuries per person initially treated in an emergency department was approximately **\$6,620<sup>1</sup>**. Home accidents injure **one person every four seconds** in the U.S.<sup>2</sup>



### Because you never know

Miguel\* didn't expect to get rear-ended in the middle of rush hour on his drive home. But it happened, and now his back and his car need some work.

Luckily, he had the Aetna Accident Plan. He submitted his claim online and his benefits were deposited directly into his bank account.

He used some of the money to pay out-of-pocket medical costs. The rest went towards getting his car back into shape.

## A Simplified Claims Experience™

Register on the **My Aetna Supplemental** app or on the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, and sign up for direct deposit.

Filing a claim is easy! Click “Report New Claim”, answer a few quick questions, and upload or take a picture of your medical bill. You can also print and mail a paper claim form to Aetna Voluntary Plans.



<sup>1</sup>Average medical cost of fatal and non-fatal injuries by type in the USA. National Library of Medicine. February 27, 2021. Available at: <https://pubmed.ncbi.nlm.nih.gov/31888976/>. Accessed June 17, 2022.

<sup>2</sup>About Home Safety. U.S. Department of Housing and Urban Development. 2022. Available at: [https://www.hud.gov/program\\_offices/healthy\\_homes/healthyhomes/homesafety](https://www.hud.gov/program_offices/healthy_homes/healthyhomes/homesafety). Accessed June 17, 2022.

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

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

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

**Policy forms issued in Oklahoma include:** GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01

**Policy forms issued in Missouri include:** GR-96842 01, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01.



# BENEFIT SUMMARY

**Wimberley Independent School District  
803102**

## **Aetna Off/On 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**

<b>Covered Benefit</b>	<b>Low</b>	<b>High</b>
<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.	\$500	\$500
<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	\$1,500
	1	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.	\$125	\$175

Covered Benefit	Low	High
<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>	\$125	\$175
<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>	\$50 1 3	\$50 1 3
<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>	\$25	\$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>	\$100	\$150

## Follow-up Care

Covered Benefit	Low	High
<b>Accident follow-up</b>		
<b>Emergency room/Hospital</b> Pays a benefit if an insured person receives follow-up treatment in emergency room or hospital for an accidental injury within one year of the accident.	\$50	\$50
<b>Physician's office/Urgent care facility</b> Pays a benefit if an insured person receives follow-up treatment in a physician's office or urgent care center for an accidental injury within one year of the accident	\$50	\$50
<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 2 6	\$25 3 9
<b>Appliances</b>		
<b>Major:</b> Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	\$250	\$500
<b>Minor:</b> Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	\$50	\$100
<b>Chiropractic treatment and alternative therapy</b> <i>Maximum visits per accident</i> <i>Maximum visits per plan year</i>	\$25 10 30	\$35 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.	\$50	\$100
<b>Prescription drugs</b>	\$10	\$10
<b>Prosthetic device/Artificial limb</b>		
<b>One limb</b>	\$500	\$750
<b>Multiple limbs</b> <i>Maximum benefit per accident</i>	\$1,000 1	\$1,500 1
<b>Repair or replace</b> <i>Maximum benefit per plan year</i>	25% 1	25% 1
<b>Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation</b> <i>Maximum visits per accident</i>	\$30 10	\$40 10

# Hospital Care

Covered Benefit	Low	High
<b>Hospital stay – admission (initial day)</b>		
<b>Non-ICU admission</b> 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.	\$500	\$1,000
<b>ICU admission</b> 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.	\$1,000	\$2,000
<b>Hospital stay – daily*</b>		
<b>Non-ICU daily</b> Pays a benefit if an insured person has a stay in a hospital due to an accidental injury.	\$150	\$250
<b>ICU daily</b> 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.	\$300	\$500
<b>Step down intensive care unit daily</b> <i>Maximum days per accident (combined for all stays due to the same accident)</i>	\$150 365	\$300 365
<b>Rehabilitation unit stay – daily</b> 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. <i>Maximum days per accident</i>	\$50 30	\$100 30
<b>Observation unit</b> 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.	\$100	\$100

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

# Surgical Care

Covered Benefit	Low	High
<b>Blood/Plasma/Platelets</b> 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	\$300	\$400
<b>Eye Injury</b>		
<b>Surgical repair</b>	\$200	\$300
<b>Removal of foreign object</b>	\$100	\$150
<b>Surgery (without repair)</b>		
<b>Arthroscopic or exploratory</b> Pays a benefit if an insured person undergoes exploratory or arthroscopic surgery, and no repair is done, within 60 days of the accidental injury.	\$100	\$150
<b>Surgery (with repair)</b>		
<b>Cranial, open abdominal or thoracic</b> 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.	\$1,000	\$1,500
<b>Hernia</b> 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.	\$200	\$250
<b>Ruptured disc</b> 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.	\$500	\$750
<b>Tendon/Ligament/Rotator cuff</b>		
<b>Single repair</b>	\$500	\$750
<b>Multiple repairs</b>	\$1,000	\$1,500
<b>Torn knee cartilage</b> 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.	\$500	\$750
<b>Non-Specified</b>		
<b>Inpatient</b>	\$250	\$500
<b>Outpatient</b>	\$250	\$500
<i>Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits</i>	2	2

## Transportation/Lodging Assistance

Covered Benefit	Low	High
<b>Lodging</b>	\$200	\$200
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	30
<b>Transportation</b>	\$300	\$300
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.		
<i>Maximum benefit per accident</i>	3	3

## Dislocations and Fractures

### Dislocations - Closed Reduction

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

*A physician must diagnose the dislocation within 90 days after the accidental injury and correct it by **closed reduction (non-surgical repair)**.*

### Open reduction

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

*A physician must diagnose the dislocation within 90 days after the accidental injury and correct it by **open reduction (surgical repair)**.*

Covered Benefit	Low	High
<b>Dislocations – Closed Reduction*</b>		
Hip	\$2,000	\$3,000
Knee	\$1,000	\$1,500
Ankle – bone or bones of the foot (other than toes)	\$500	\$750
Collarbone (sternoclavicular)	\$400	\$600
Lower jaw	\$400	\$600
Shoulder (glenohumeral)	\$400	\$600
Elbow	\$400	\$600
Wrist	\$400	\$600
Bone or bones of the hand (other than fingers)	\$400	\$600
Collarbone (acromioclavicular and separation)	\$200	\$250
Rib	\$200	\$250
One toe or one finger	\$200	\$250
Partial dislocation	25%	25%
<i>Maximum dislocations per accident</i>	3	3

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

**Covered Benefit**

**Low**

**High**

**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	\$2,750	\$4,125
Skull (except bones of the face or nose), non-depressed	\$2,750	\$4,125
Hip, thigh (femur)	\$1,150	\$1,725
Vertebrae, body of (excluding vertebral processes)	\$750	\$1,125
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	\$750	\$1,125
Leg (tibia and/or fibula malleolus)	\$750	\$1,125
Bones of the face or nose (except mandible or maxilla)	\$400	\$600
Upper jaw, maxilla (except alveolar process)	\$400	\$600
Upper arm between elbow and shoulder (humerus)	\$400	\$600
Lower jaw, mandible (except alveolar process)	\$400	\$600
Collarbone (clavicle, sternum)	\$400	\$600
Shoulder blade (scapula)	\$400	\$600
Vertebral process	\$400	\$600
Forearm (radius and/or ulna)	\$300	\$450
Kneecap (patella)	\$300	\$450
Hand/foot (except fingers/toes)	\$300	\$450
Ankle/wrist	\$300	\$450
Rib	\$200	\$250
Coccyx	\$200	\$250
Finger, toe	\$200	\$250
Chip fracture	25%	25%
<i>Maximum fractures per accident</i>	3	3

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



# Accidental Death & Dismemberment and Paralysis Benefits

Covered Benefit	Low	High
<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	\$25,000	\$50,000
Covered dependent spouse	\$12,500	\$25,000
Covered dependent children	\$12,500	\$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	\$50,000	\$100,000
Covered dependent spouse	\$25,000	\$50,000
Covered dependent children	\$25,000	\$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	\$5,000	\$5,000
Loss of hand	\$5,000	\$5,000
Loss of leg	\$5,000	\$5,000
Loss of foot	\$5,000	\$5,000
Loss of sight	\$5,000	\$5,000
Loss of ability to speak	\$10,000	\$10,000
Loss of hearing	\$5,000	\$5,000
<i>Maximum dismemberments per accident (non-finger, toe)</i>	2	2
Loss of finger	\$500	\$500
Loss of toe	\$500	\$500
<i>Maximum dismemberments per accident (finger, toe)</i>	4	4
<b>Home and vehicle alteration</b>	\$1,250	\$2,500
<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	\$5,000	\$10,000
Triplegia	\$3,750	\$7,500
Paraplegia	\$2,500	\$5,000
Hemiplegia	\$2,500	\$5,000
Diplegia	\$2,500	\$5,000
Monoplegia	\$1,250	\$2,500

## Other Accidental Injuries

Covered Benefit	Low	High
<b>Animal bite treatment</b>		
Tetanus shot	\$100	\$100
Anti-venom shot	\$200	\$200
Rabies shot	\$300	\$300
<b>Brain injury</b>		
Concussion/Mild traumatic brain injury	\$100	\$150
Moderate/Severe traumatic brain injury	\$2,000	\$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	\$500	\$1,000
Third degree burn, less than 5% of total body surface	\$750	\$1,500
Third degree burn, 5-10% of total body surface	\$3,000	\$6,000
Third degree burn, greater than 10% of total body surface	\$9,000	\$18,000
<b>Burn skin graft</b>	50% of Burn	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)	\$5,000	\$10,000
PVS	\$5,000	\$10,000
Coma (induced)	\$250	\$250
<i>Maximum days per accident</i>	10	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	\$50	\$75
Crown	\$150	\$225
<b>Gunshot wound</b>	\$1,000	\$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	\$25	\$25
With stitches, less than 7.5 centimeters	\$100	\$100
With stitches, 7.6 - 20.0 centimeters	\$300	\$300
With stitches, greater than 20.0 centimeters	\$600	\$600
<b>Posttraumatic stress disorder (PTSD)</b>	\$500	\$500
<i>Maximum diagnoses per lifetime</i>	1	1
<b>Service dog</b>	\$1,500	\$1,500
<i>Maximum service dogs per your lifetime</i>	1	1

## Waiver of Premium

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

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 Portability 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.*



# RATE SHEET

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



## Accident Plan

*You may enroll in one option only.*

<u>Low</u>	<u>Cost</u>	<u>High</u>	<u>Cost</u>
Yourself only	\$5.38	Yourself only	\$8.66
Yourself & spouse	\$8.31	Yourself & spouse	\$13.24
Yourself plus child(ren)	\$12.28	Yourself plus child(ren)	\$20.17
Yourself and family	\$16.33	Yourself and family	\$26.68

**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, AL HPOL-VOL Acc 01, AL HCOG-VOL Acc 01; GR-96843.



# Identity Theft Protection

ILock360 | [www.ilock360.com](http://www.ilock360.com) | 855-287-8888

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

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

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





# iLOCK360

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



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

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

**17% increase** in data breaches 2022 to 2023

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



## Defend

Your personal information is monitored 24 / 7 / 365



## Protect

Alerts inform you of potential threats for immediate action



## Restore

iLOCK360 does the work to restore your identity

## Sign up during enrollment

For educator pricing

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

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

# Learn more about the protections that iLOCK360 offers:

Plan features	Service description	Plus	Premium
<b>Identity theft resolution services</b>			
<b>Full-Service Identity Theft Restoration &amp; Lost Wallet Protection</b> <b>MOST VALUABLE SERVICE.</b> <b>Dependable help that's just a phone call away!</b>	If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will work with you and on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with. Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.	 	 
<b>\$1M Identity Theft Insurance</b>	If you incur expenses associated with your identity theft recovery, you will be covered up to \$1M reimbursement (\$0 deductible). Covered costs include: <ul style="list-style-type: none"> <li>• Lost wages or income</li> <li>• Attorney and legal fees</li> <li>• Expenses incurred for refinancing of loans, grants and other lines of credit</li> <li>• Costs of childcare and/or elderly care incurred as a result of identity restoration</li> </ul>		
<b>Comprehensive identity monitoring</b>			
<b>CyberAlert™ monitors:</b> <ul style="list-style-type: none"> <li>• one Social Security Number</li> <li>• two Phone Numbers</li> <li>• two Email Addresses</li> <li>• five Credit/Debit Cards</li> <li>• two Medical ID Numbers</li> <li>• five Bank Accounts</li> <li>• one Drivers License Number</li> <li>• one Passport</li> </ul>	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	 	 
<b>Change of Address Monitoring</b>	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected through the USPS National Change of Address (NCOA) Registry.		
<b>Court/Criminal Records Monitoring</b>	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.		
<b>Sex Offender Alerts</b>	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area. As well as notifying you if someone registers as a sex offender in your name.		
<b>Payday Loan Monitoring</b>	Often times, these types of loans don't show up on your credit report until they have gone through collections which will be damaging to your credit report. High-interest, easy-to-obtain payday loans can negatively impact your credit score. We alert you if a non-credit loan been opened using your identity at a payday or quick cash loan provider.		
<b>Social Security Number Trace</b>	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.	 	 
<b>Credit monitoring services</b>			
<b>Daily Monitoring of Experian Credit Bureau</b>	Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
<b>Daily Monitoring of Three Credit Bureaus</b>	Provides higher-level credit protection with monitoring from all three credit bureaus: Experian, Equifax & TransUnion. Receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
<b>VantageScoreTracker</b>	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.		

 adults 
  Children to age 18 
  adults 
  Children to age 18

# Medical Transport

MASA | <http://www.masamts.com> | 954-334-8261

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

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

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



You can decide which MASA MTS plan will provide you with the ultimate peace of mind at an affordable rate when it comes to protecting your family from massive out-of-pocket ambulance charges.



## MEMBERSHIP BENEFITS COMPARISON

DID YOU KNOW?

**25** MILLION **PEOPLE**

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



Insurance companies **may not** cover all air and ground ambulance expenses which can result in excessive bills.



**\$5,000**



**\$60,000**

# MEMBERSHIP BENEFITS COMPARISON

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members' \$0 in out-of-pocket costs for emergency transport.

	<b>EMERGENT PLUS MEMBERSHIP</b>	<b>PLATINUM MEMBERSHIP</b>
<b>Emergent Air Transportation</b>	●	●
<b>Emergent Ground Transportation</b>	●	●
<b>Non-Emergency Inter-Facility Transportation</b>	●	●
<b>Repatriation/ Recuperation</b>	●	●
<b>Escort Transportation</b>		●
<b>Visitor Transportation</b>		●
<b>Return Transportation</b>		●
<b>Mortal Remains Transportation</b>		●
<b>Minor Return</b>		●
<b>Organ Retrieval/ Organ Recipient Transportation</b>		●
<b>Vehicle Return</b>		●
<b>Pet Return</b>		●
<b>Worldwide Coverage</b>		●
	<b>\$14 /MONTH</b>	<b>\$39 /MONTH</b>

**Contact Your MASA MTS Representative,  
to learn more about membership plan options.**



The information provided in this product sheet is for informational purposes only. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums vary depending on the benefits selected. Commercial Air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms and conditions please refer to the applicable member service agreement for your territory. MASA MTS products and services are not available where prohibited. For Florida residents, Medical Air Services Association of Florida, Inc. is doing business as MASA MTS and is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 operating in Florida at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. MASA Global, MASA MTS and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation.

# Employee Assistance Program

Health Advocate | [healthadvocate.com/standard3](https://healthadvocate.com/standard3) | 888-293-6948

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

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

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



# TeleHealth



Recuro | [customerservice@recurohealth.com](mailto:customerservice@recurohealth.com) | 855-6RECURO

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!

# Hospital Indemnity Insurance

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

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

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

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







# Less stress

## Aetna Hospital Indemnity Plan

### Be prepared for what lies ahead

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

### What is the Hospital Indemnity Plan?

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

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

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with a stay in the hospital.

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

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

### How can you use the cash benefits?

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

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

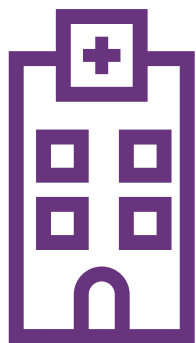
...or for anything else **you** choose.

### Easy to use

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

## Because it happens

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



### Ready...or not

Carter\* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay.

Good thing he had the Aetna Hospital Indemnity Plan. He filed his claim and the benefits were deposited right into his bank account.

That money helped make up for the time he missed while recovering, and paid some of his deductible. Now, he can focus more on his health.

## A Simplified Claims Experience™

Register on the **My Aetna Supplemental** app or on the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, and sign up for direct deposit.

Filing a claim is easy! Click "Report New Claim", answer a few quick questions, and upload or take a picture of your medical bill. You can also print and mail a paper claim form to Aetna Voluntary Plans.



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

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

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

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

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

# BENEFIT SUMMARY

**Wimberley Independent School District  
803102**

## **Aetna Hospital Indemnity**

Insurance plans are underwritten by Aetna Life Insurance Company.

### **Here's how the plan works:**



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

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

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

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

# Inpatient Stays

Covered Benefit	Low	High
<p><b>Hospital stay - Admission</b></p> <p>Provides a lump sum benefit for the initial day of your stay in a hospital.</p> <p><i>Maximum 2 stays per plan year; separated by 30 days in a row</i></p>	\$1,000	\$2,000
<p><b>Hospital stay - Daily</b></p> <p>Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$200
<p><b>Hospital stay - (ICU) Daily</b></p> <p>Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$200	\$400
<p><b>Newborn routine care</b></p> <p>Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.</p>	\$100	\$200
<p><b>Observation unit</b></p> <p>Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury.</p> <p><i>Maximum 1 day per plan year</i></p>	\$100	\$200
<p><b>Substance abuse stay - Daily</b></p> <p>Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$200
<p><b>Mental disorder stay - Daily</b></p> <p>Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$200
<p><b>Rehabilitation unit stay - Daily</b></p> <p>Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury.</p> <p><i>Maximum 30 days per plan year</i></p>	\$50	\$100
<p><b>Important Note:</b>  <b>All daily inpatient stay benefits begin on day two and count toward the plan year maximum.</b></p>		

# Health Screening

## \*Covered Health Screenings

Benefit  
Amount

### Health screening

\$50

Pays a lump sum benefit for each day you receive any of the approved health screening tests.

*Maximum 1 day per plan year*

- Lipoprotein profile (serum plus HDL, LDL and triglycerides)
- Fasting blood glucose test
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Carotid Doppler Ultrasound
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Chest x-ray (CXR)
- Thermography
- Ultrasound screening for abdominal aortic aneurysms
- Bone marrow screening
- Adult and child immunizations
- HPV vaccine (Human Papillomavirus)
- Bone mass density measurement (DEXA, DXA)
- Skin cancer screening
- Serum protein electrophoresis (blood test for myeloma)
- Prostate Specific Antigen (PSA) Test
- Flexible sigmoidoscopy
- Digital rectal exams (DRE)
- Hemoccult stool analysis
- Colonoscopy
- Virtual colonoscopy
- Carcinoembryonic Antigen (CEA)
- Cancer Antigen (CA) Test 15-3 (breast cancer)
- Mammography
- Breast Ultrasound
- Cancer Antigen (CA) Test 125 (ovarian cancer)
- Pap smears
- Cytologic Screening
- ThinPrep Pap Test

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

## Waiver of premium

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

## Portability

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 Portability provisions

## Exclusions and Limitations

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

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

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



# RATE SHEET

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



## Hospital Indemnity Plan

*You may enroll in one option only.*

<u>Low</u>	<u>Cost</u>	<u>High</u>	<u>Cost</u>
Yourself only	\$16.92	Yourself only	\$31.45
Yourself & spouse	\$32.10	Yourself & spouse	\$63.52
Yourself plus child(ren)	\$25.98	Yourself plus child(ren)	\$50.85
Yourself and family	\$41.15	Yourself and family	\$81.55

**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:** AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01, GR-96173-HI 01.



# COBRA

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 800-523-8422, option 4

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

## COBRA Highlights

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

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





# Medicare & Age 65



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

## Questions to Consider Before Retiring

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

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

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

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

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

# Clever RX

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

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

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



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

## Clever RX Highlights

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

# Contact Information

Product	Carrier	Website	Phone
Medical	TRS	<a href="http://www.trs.com">www.trs.com</a>	866-355-5999
Dental	Metlife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	800-638-5433
Vision	Metlife	<a href="http://www.metlife.com/vision">www.metlife.com/vision</a>	833-393-5433
FSA/HSA	FFGA	<a href="http://www.ffa.wealthportal.com">www.ffa.wealthportal.com</a>	866-853-3539
Term Life and AD&D	Lincoln	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>	877-275-5462
Permanent Life	Texas Life Insurance	<a href="http://www.texaslife.com">www.texaslife.com</a>	800-283-9233
Disability	The Standard	<a href="http://www.standard.com">www.standard.com</a>	800-368-1135
Cancer	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-654-8489
Critical Illness	Metlife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	800-638-5433
Accident	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	800-607-3366
Identity Theft	Ilock360	<a href="http://www.ilock360.com">www.ilock360.com</a>	855-287-8888
Medical Transportation	MASA	<a href="http://www.masamts.com">www.masamts.com</a>	954-334-8261
Employee Assistance	Health Advocate	<a href="http://healthadvocate.com/standard3">healthadvocate.com/standard3</a>	888-293-6948
Telehealth	Recuro	<a href="http://member.recurohealth.com">member.recurohealth.com</a>	855-6RECURO
Hospital Indemnity	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	800-607-3366
COBRA	FFGA	<a href="http://cobrapoint.benaissance.com">cobrapoint.benaissance.com</a>	800-523-8422, option 4
Medicare Solutions	FFMS	<a href="http://www.ffa.com/medicare-solutions">www.ffa.com/medicare-solutions</a>	281-889-9382