

GOOSE CREEK CISD 2025 BENEFITS GUIDE



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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!

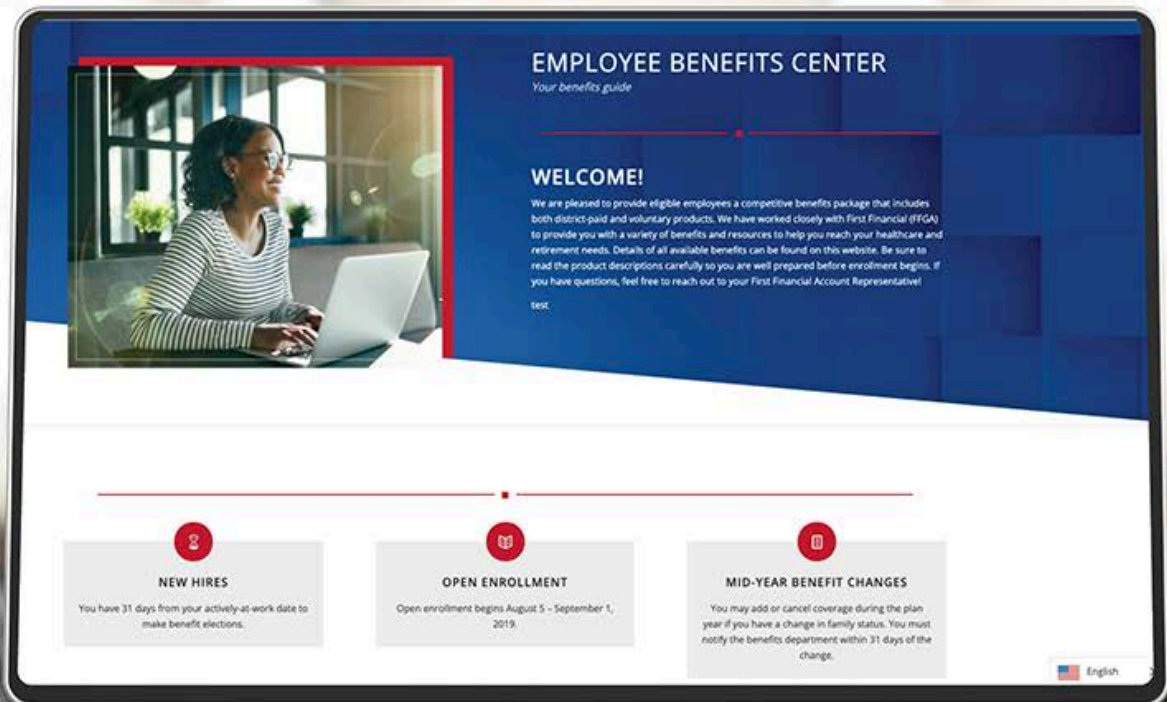
Goose Creek CISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

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



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.

Enrollment Assistance Center Instructions

Call 855-765-4473, Option 3 to be connected to your local FFGA branch office. Hours of operation are 8 a.m. to 5 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

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.*



BlueCross BlueShield of Texas

Overview:

HD PPO

The GCCISD HD PPO plan serves as the primary High Deductible plan option, with low-cost monthly premiums in exchange for higher annual deductibles. With this option, there is no need for physician referrals. This is the only plan option that offers Out-of-Network benefits. This plan provides the highest premium savings to plan members, with the greatest overall annual savings potential.

Standard HMO

The GCCISD Standard HMO plan is designed to provide members and their families a copay-based plan offering for Primary Care and Specialist visits, in exchange for moderate monthly premiums. This option features low cost generic drugs and free virtual medicine. This plan provides affordable access to care, with additional flexibility and cost transparency for services. PCP Selection is required. If a KelseyCare PCP is selected, referrals *are not* required to see a specialist. If a KelseyCare PCP is not selected, referrals *are* required to see a specialist.

Enhanced HMO

The GCCISD Enhanced HMO plan provides the richest medical benefits, in exchange for higher monthly premiums. Combining the best aspects from all other plan offerings, this plan provides copays for Primary Care and Specialists, no pharmacy deductible, low cost generic drugs, and free virtual medicine. This plan also provides the lowest annual deductibles of the three plan options. PCP Selection is required. If a Kelsey Care PCP is selected, referrals *are not* required to see a specialist. If a Kelsey Care PCP is not selected, referrals *are* required to see a specialist.

Finding An In Network Provider:

- Go to BCBSTX.com
- Click on Find Care
- Select Find a Doctor or Hospital
- Under Basic Guest Search, click on Search of Doctors as a Guest
- Input zip code
- Select Employer plans
- Select Texas
- Select HMO or PPO
 - if HMO, select Blue Essentials
 - if PPO, select Blue Choice PPO
- Type in the name of the doctor or hospital



BlueCross BlueShield of Texas

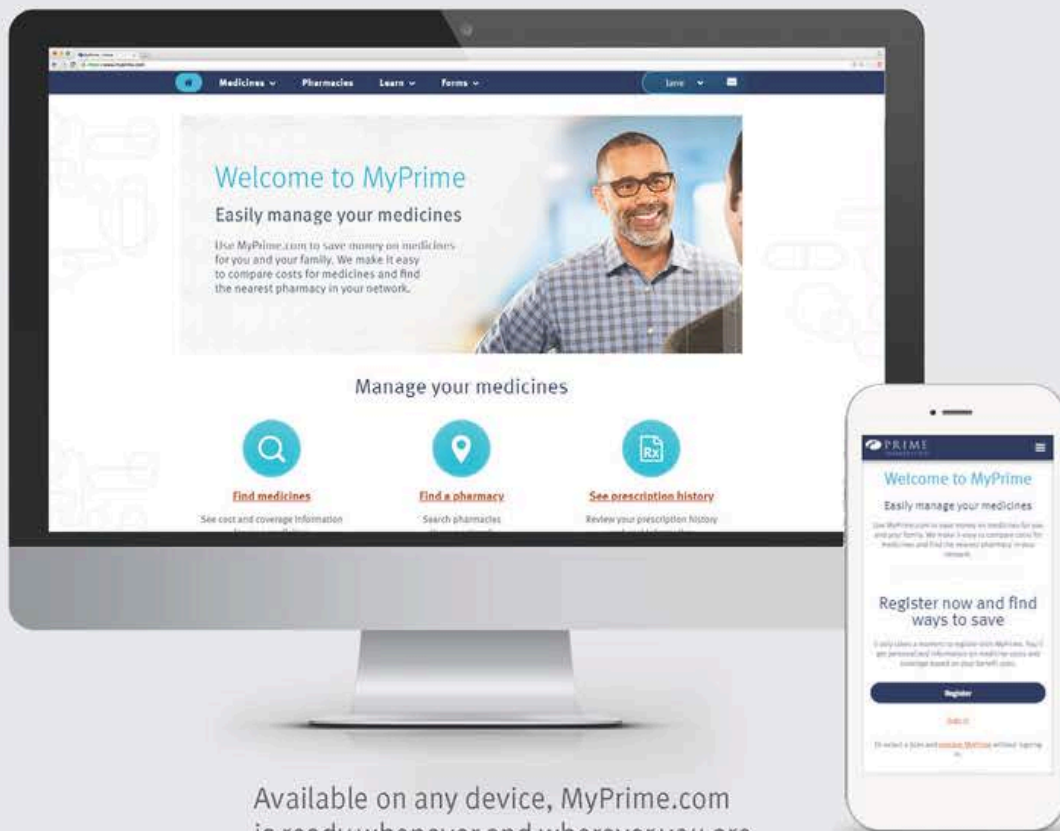
| Blue Cross Blue Shield Texas | | | |
|---|--------------------|-------------------------------|--------------------------------|
| Benefit Plan | BCBSTX - HD PPO | BCBSTX - Standard HMO | BCBSTX - Enhanced HMO |
| Network Access | Blue Choice PPO | Blue Essentials | Blue Essentials |
| Monthly Premiums | | | |
| Employee Only | \$132.00 | \$187.00 | \$333.30 |
| Employee and Spouse | \$939.40 | \$1,136.30 | \$1,399.20 |
| Employee and Children | \$530.20 | \$662.20 | \$786.50 |
| Employee and Family | \$1,336.50 | \$1,579.60 | \$1,728.10 |
| Medical | In-Network* | In-Network Only | In-Network Only |
| Coinsurance | 20% | 20% | 20% |
| Calendar Year Deductible (Individual/Family) | \$3,500 / \$7,000 | \$4,000 / \$8,000 | \$2,000 / \$4,000 |
| Maximum Out of Pocket Limits (Individual/ Family) | \$6,500 / \$13,000 | \$7,000 / \$14,000 | \$5,500 / \$11,000 |
| Physician Office Visit Copay | 20% After Ded | \$35 | \$25 |
| Specialist Office Visit Copay | 20% After Ded | \$70 | \$50 |
| Preventive Care Services | Covered in full | Covered in full | Covered in full |
| Telemedicine | \$0 After Ded | \$0 | \$0 |
| Urgent Care | 20% After Ded | 20% After Ded | \$50 |
| Emergency Room Visit | 20% After Ded | 20% After Ded | 20% After Ded |
| Hospital Inpatient | 20% After Ded | 20% After Ded | 20% After Ded |
| Hospital Outpatient | 20% After Ded | 20% After Ded | 20% After Ded |
| Lab & X-Ray | 20% After Ded | 20% After Ded | 20% After Ded |
| Major Diagnostics (CT, PET, MRI, etc.) | 20% After Ded | 20% After Ded | 20% After Ded |
| Skilled Nursing Facility/Hospice | 20% After Ded | 20% After Ded | 20% After Ded |
| Pharmacy | | | |
| ACA Preventive Drugs | Free | Free | Free |
| Tier 1 - Generic | 20% After Ded | \$15 Retail / \$30 Mail Order | \$15 Retail / \$30 Mail Order |
| Tier 2 - Preferred Brand | 20% After Ded | 20% After Ded / 20% After Ded | \$35 Retail / \$70 Mail Order |
| Tier 3 - Non Preferred Brand | 20% After Ded | 20% After Ded / 20% After Ded | \$55 Retail / \$110 Mail Order |
| Specialty Rx | 20% After Ded | \$250 | \$200 |

*For Out-of-Network benefits, please refer to plan documents.



MyPrime.com helps you manage your pharmacy benefits when you're at home or on the go

Use MyPrime.com to find information about your current medicines, prescription history, ways to save and forms you may need.



Available on any device, MyPrime.com is ready whenever and wherever you are.

REGISTER TODAY AND START MANAGING YOUR MEDICINES ANYTIME, ANYWHERE.

- Check medicine cost and coverage.
- See your prescription history.
- Find in-network pharmacies and compare pricing.
- See how much you can save by switching to Express Scripts® Pharmacy home delivery.
- Learn about drug interactions, possible side effects and more.

SET UP YOUR ACCOUNT AND PREFERENCES

» LEARN MORE

Make MyPrime.com work for you

Customize your experience by registering your account. Set your preferences to receive communications in your preferred language and delivery method.*

QUESTIONS?



Click the “Contact us” link on MyPrime.com

Or, for questions about your pharmacy benefits, please call the phone number on the back of your member ID card.



*We strive to send messages in your preferred language and delivery method (email, phone call, mail or text). Not all messages can be sent in the language or delivery method you select. At times, we may default to another delivery method and in English only.

About Prime Therapeutics

We are trusted by your health plan to help you get the medicine you need to feel better and live well. Our pharmacy experts are working hard to make medicine more affordable and your experience easier.

MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, is an Independent Licensee of the Blue Cross Blue Shield Association.

Express Scripts® Pharmacy is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Texas.

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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!

Flexible Spending Accounts

» LEARN MORE

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

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan.

Your plan includes a 2.5 month grace period option so 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 2025 is \$3,300.

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 | 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.

2025 Maximum Annuals

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

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

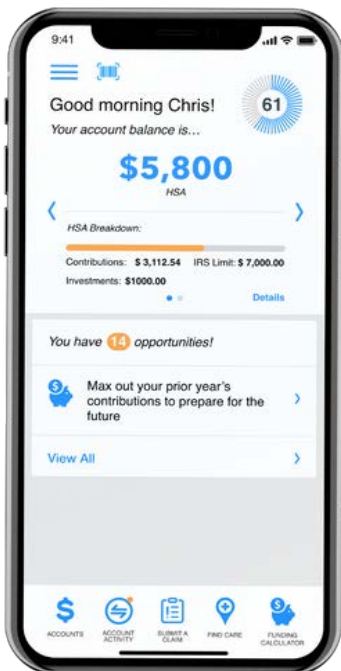
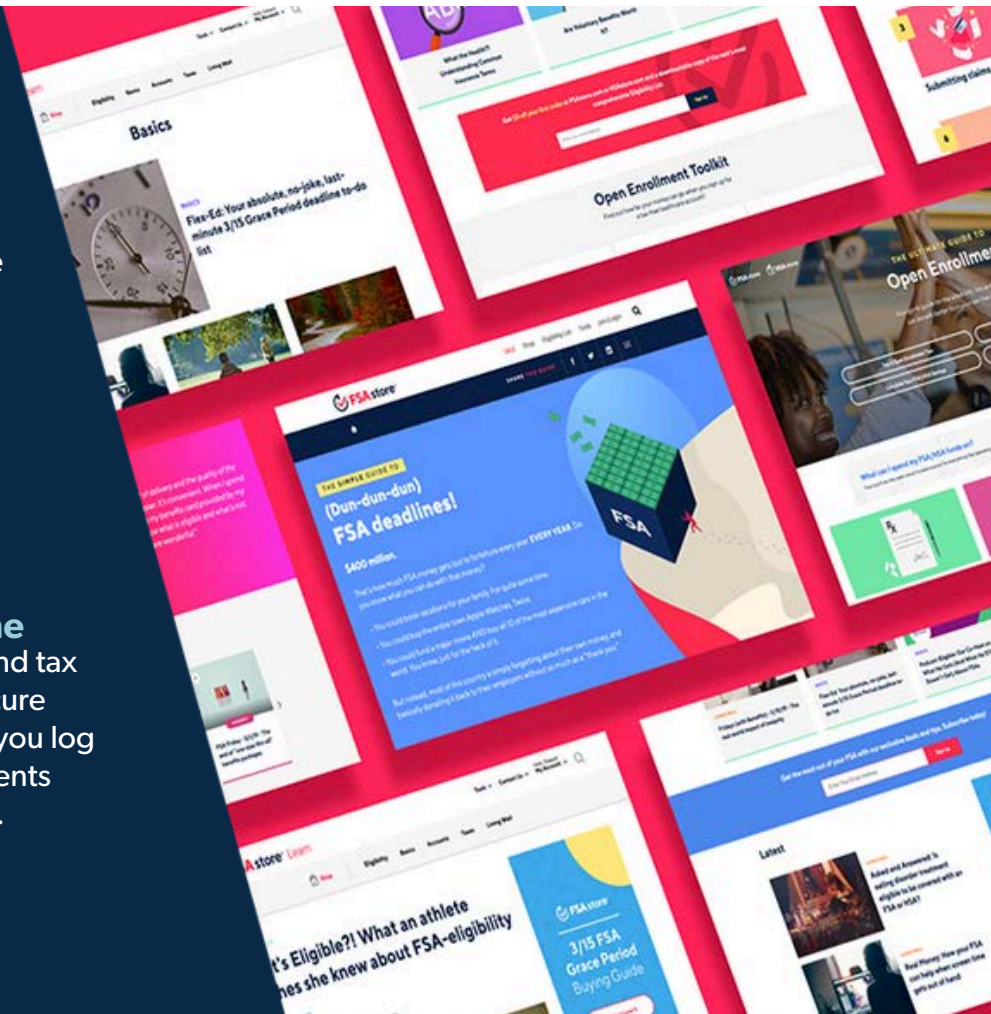
FSA & HSA Resources

Benefits Card

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

View Your Account Details Online

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



FF Mobile Account App

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

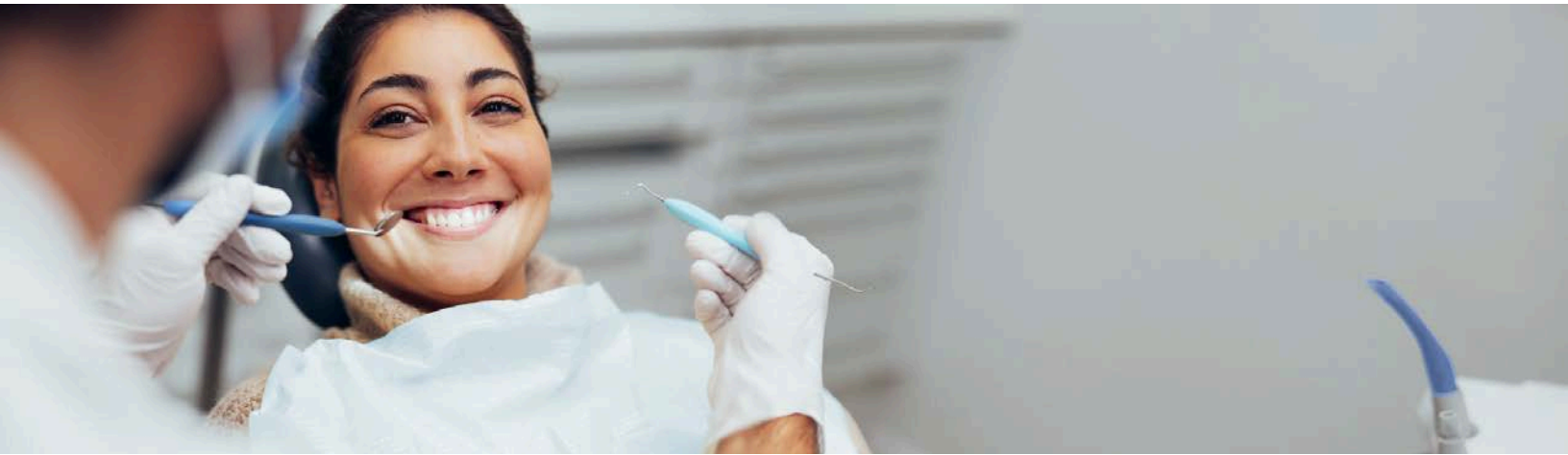
FSA/HSA Store

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



Dental Insurance

» LEARN MORE



MetLife | www.metlife.com/dental | 800.438.6388
Group# 264694

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
- Annual Maximum Benefit per person: Low Plan \$1,250 / High Plan \$1,750
 - Exams, x-rays and 3 cleanings per year are covered at 100% in-or out-of-network on both plans
 - Annual deductible of \$50 per individual; \$150 per family on both plans
 - Basic restorative care (e.g., fillings, extractions & gum treatments) is paid at 80% up to Annual Maximum on both plans
 - Major services (e.g., crowns, dentures, & implants) are covered at 50% up to annual maximum on both plans
 - Orthodontia is covered at 50% up to Annual Maximum for employee and dependent children under age 26 with a Lifetime maximum of \$1,000 per person on both plans

| Dental Semi-Monthly Premiums | | |
|------------------------------|----------|-----------|
| | Low Plan | High Plan |
| Employee Only | \$11.67 | \$17.14 |
| Employee + Spouse | \$22.22 | \$32.78 |
| Employee + Children | \$28.53 | \$42.08 |
| Employee + Family | \$33.22 | \$48.99 |

Dental Insurance – Goose Creek Consolidated ISD

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Network: PDP Plus

Coverage and Monthly Rates:

All Active Full Time Employees in High Plan

| | |
|-----------------------|---------|
| Employee Only | \$34.28 |
| Employee + Spouse | \$65.55 |
| Employee + Child(ren) | \$84.16 |
| Employee + Family | \$97.98 |

Coverage and Monthly Rates:

All Active Full Time Employees in Low Plan

| | |
|-----------------------|---------|
| Employee Only | \$23.34 |
| Employee + Spouse | \$44.44 |
| Employee + Child(ren) | \$57.06 |
| Employee + Family | \$66.43 |

| | Plan option 1 <i>High Plan</i> | | Plan option 2 <i>Low Plan</i> | |
|--|---|---|---|---|
| | In-Network ¹ % of Negotiated Fee ² | Out-of-Network ¹ 90% of R&C | In-Network ¹ % of Negotiated Fee ² | Out-of-Network ¹ % of Negotiated Fee ² |
| Coverage Type | | | | |
| Type A: Preventive (cleanings, exams, X-rays) | 100% | 100% | 100% | 100% |
| Type B: Basic Restorative (fillings, extractions) | 80% | 80% | 80% | 80% |
| Type C: Major Restorative (bridges, dentures) | 50% | 50% | 50% | 50% |
| Type D: Orthodontia | 50% | 50% | 50% | 50% |
| Deductible[†] | | | | |
| Individual | \$50 | \$50 | \$50 | \$50 |
| Family | \$150 | \$150 | \$150 | \$150 |
| Annual Maximum Benefit | | | | |
| Per Person | \$1,750 | \$1,750 | \$1,250 | \$1,250 |
| Orthodontia Lifetime Maximum | | | | |
| Per Person | \$1,000 | \$1,000 | \$1,000 | \$1,000 |

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

¹ "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.

² 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.

[†]R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. † only to Type B & C Services.

^{***} Orthodontia excluded for adults. Available for dependent children up to age 26.

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: <i>High Plan</i> How Many/How Often | Plan Option 2: <i>Low Plan</i> How Many/How Often |
|----------------------------|---|--|
| Type A — Preventive | | |
| Prophylaxis (cleanings) | 3 Times in 1 Calendar Year | 3 Times in 1 Calendar Year |
| Oral Examinations | 2 Times in 1 Calendar Year | 2 Times in 1 Calendar Year |

Dental Insurance – Goose Creek Consolidated ISD

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

| | | |
|---|--|--|
| Topical Fluoride Applications | 1 time in 1 calendar year for a dependent child under age 16 | 1 time in 1 calendar year for a dependent child under age 16 |
| Space Maintainers | 1 per lifetime for a child under age 15 | 1 per lifetime for a child under age 15 |
| Sealants | 1 per molar per lifetime for a child under age 16 | 1 per molar per lifetime for a child under age 16 |
| Type B — Basic Restorative | | |
| X-rays | Full mouth X-rays; one per 60 months Bitewings X-rays; 1 in 12 months | Full mouth X-rays; one per 60 months Bitewings X-rays; 1 in 12 months |
| Fillings | 1 replacement per surface in 24 Months | 1 replacement per surface in 24 Months |
| Simple Extractions | | |
| 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 |
| Type C — Major Restorative | | |
| Oral Surgery | | |
| Endodontics | Root canal treatment limited to once per tooth | Root canal treatment limited to once per tooth |
| Periodontics | Periodontal scaling and root planing once per quadrant, every 36 months Periodontal surgery once per quadrant, every 36 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a year | Periodontal scaling and root planing once per quadrant, every 36 months Periodontal surgery once per quadrant, every 36 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a year |
| Crown, Denture and Bridge Repair/ Recementations | Recementation every 12 months | Recementation every 12 months |
| Implants | 1 per tooth in 10 calendar years | 1 per tooth in 10 calendar years |
| Bridges and Dentures | 1 per tooth in 10 calendar years | 1 per tooth in 10 calendar years |

Dental Insurance – Goose Creek Consolidated ISD

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

| | | |
|-----------------------------|--|--|
| Crowns, Inlays and Onlays | 1 per tooth in 10 calendar years | 1 per tooth in 10 calendar years |
| Type D — Orthodontia | | |
| | You, your spouse, and your children, up to age 26, are covered while Dental insurance is in effect. | You, your spouse, and your children, up to age 26, are covered while Dental insurance is in effect. |
| | All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia | All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia |
| | Payments are on a repetitive basis | Payments are on a repetitive basis |
| | 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 | 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 |
| | Orthodontic benefits end at cancellation of coverage | Orthodontic benefits end at cancellation of coverage |

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.

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;

Dental Insurance – Goose Creek Consolidated ISD

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

- 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;
- 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
- Orthodontia (Low Plan Only)

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.

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.[†]

Q. How do I find a participating dentist?



Dental Insurance – Goose Creek Consolidated ISD

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

- 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 www.metlife.com/mybenefits 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. Please review the enclosed plan benefits to learn more.
- 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, or call 1-866-PDP-NTWK for an application.^{††} The website and phone number are for use by dental professionals only.
- 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 www.metlife.com/mybenefits 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 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.

[†]Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

^{††}Due to contractual requirements, MetLife is prevented from soliciting certain providers.

*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as

Vision Insurance



MetLife | www.metlife.com/vision | 866.939.3633

Group# 264694

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
- \$10 co-pay for eye exam
- \$10 co-pay for eyeglasses, or \$0 co-pay for contacts
- Low Plan: \$180 towards frames plus 20% off overage OR \$180 towards contacts plus 20% off overage
- High Plan: \$250 towards frames plus 20% off overage OR \$250 towards contacts plus 20% off overage

Vision Semi-Monthly Premiums

| | Low Plan | High Plan |
|-----------------------|----------|-----------|
| Employee Only | \$4.36 | \$6.80 |
| Employee + Spouse | \$9.32 | \$14.53 |
| Employee + Child(ren) | \$9.07 | \$14.14 |
| Employee + Family | \$13.74 | \$21.42 |



Goose Creek Consolidated Independent School District – Superior Vision Network Low Plan Summary

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

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

In-network value added features: Monthly Premiums

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

Additional savings on frames:⁵ 20% off any amount over your frames allowance.

Additional savings on contacts:⁵ 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:⁵ Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

| | |
|---------------------------------|----------------|
| • <i>Employee Only:</i> | \$8.72 |
| • <i>Employee + Spouse:</i> | \$18.64 |
| • <i>Employee + Child(ren):</i> | \$18.14 |
| • <i>Employee + Family:</i> | \$27.48 |

In-network benefits

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

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

| | |
|---|----------------------|
| <u>Frame</u> | Once every 12 months |
| • Allowance: \$180 ¹ | |
| • Additional allowance of 20% at select providers. Visit metlife.com/mybenefits to locate participating providers Look for the dollar sign icon (\$). | |

| | |
|--|----------------------|
| <u>Standard corrective lenses</u> | Once every 12 months |
| • Single vision, lined bifocal, lined trifocal, lenticular: after a \$10 copay ¹ . | |

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

¹Materials co-pay applies to lenses and frames only, not contact lenses.

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

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

Other in-network features - continued:

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

Contact lenses (instead of eyeglasses)⁴

Once every 12 months

Contact fitting and evaluation:

- Standard fitting: Covered in full after \$0 copay
- Specialty fitting: \$50 allowance after \$0 copay
- Elective lenses: \$180 allowance
- Necessary lenses: Covered in full with prior authorization
- Discounts:⁴
 - Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses
 - Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses

We're here to help

Find a Superior Vision provider at www.metlife.com/vision 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.

- ⁴ 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.
- ⁵ These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart and Sam's Club. Please check with your in-network vision provider.

Out-of-network reimbursement

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

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

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

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

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

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Goose Creek Consolidated Independent School District – Superior Vision Network High Plan Summary

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

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

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

| | |
|---------------------------------|----------------|
| • <i>Employee Only:</i> | \$13.60 |
| • <i>Employee + Spouse:</i> | \$29.06 |
| • <i>Employee + Child(ren):</i> | \$28.27 |
| • <i>Employee + Family:</i> | \$42.83 |

Additional savings on lens enhancements:⁵ 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:⁶ 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

Additional savings on frames:⁵ 20% off any amount over your frames allowance.

Additional savings on contacts:⁵ 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:⁵ Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

In-network benefits

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

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

| | |
|---|----------------------|
| <u>Frame</u> | Once every 12 months |
| • Allowance: \$250 . ¹ | |
| • Additional allowance of 20% at select providers. Visit metlife.com/mybenefits to locate participating providers Look for the dollar sign icon (\$). | |

| | |
|--|----------------------|
| <u>Standard corrective lenses</u> | Once every 12 months |
| • Single vision, lined bifocal, lined trifocal, lenticular: after a \$10 copay ¹ . | |

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

| | |
|--|----------------------|
| <u>Second Pair Plan Enhancement:</u> | Once every 12 months |
| • Two pairs of prescription eyeglasses; or | |
| • One pair of prescription eyeglasses and an allowance toward contact lenses; or | |
| • Double your contact lens allowance. | |

Out-of-network reimbursement:

Out of network allowances are the same as enumerated in the main benefit plan.

¹ Materials co-pay applies to lenses and frames only, not contact lenses.

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

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

Other in-network features - continued:

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

Contact lenses (instead of eyeglasses)⁴

Once every 12 months

Contact fitting and evaluation:

- Standard fitting; Covered in full after \$0 copay
- Specialty fitting: \$50 allowance after \$0 copay
- Elective lenses: \$250 allowance
- Necessary lenses: **Covered in full** with prior authorization

• Discounts:⁴

- Conventional contacts: **20%** off the amount that you pay over your allowance and on purchases of additional contact lenses
- Disposable contacts: **10%** off the amount that you pay over your allowance and on purchases of additional contact lenses

We're here to help

Find a Superior Vision provider at www.metlife.com/vision 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.

- ⁴ 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.
- ⁵ These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart and Sam's Club. Please check with your in-network vision provider.

Out-of-network reimbursement

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

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

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

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

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

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Term Life & AD&D



Employer-Paid & Voluntary

Voya Financial | www.voya.com | 800.955.7736
Group# 747963

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$30,000 policy. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

Voluntary Term Life Insurance

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

| Voluntary Term Life Rates | | |
|---------------------------|------------------------|----------------------|
| Age Band | Employee Rates/\$1,000 | Spouse Rates/\$1,000 |
| Under 20 | \$0.041 | \$0.041 |
| 20-24 | \$0.041 | \$0.041 |
| 25-29 | \$0.052 | \$0.052 |
| 30-34 | \$0.074 | \$0.074 |
| 35-39 | \$0.086 | \$0.086 |
| 40-44 | \$0.097 | \$0.097 |
| 45-49 | \$0.152 | \$0.152 |
| 50-54 | \$0.240 | \$0.240 |
| 55-59 | \$0.461 | \$0.461 |
| 60-64 | \$0.715 | \$0.715 |
| 65-69 | \$1.389 | \$1.389 |
| 70+ | \$2.262 | \$2.262 |

Child Life Monthly Rate is \$1.22 per month. One premium covers all children.

Accidental Death & Dismemberment

Voya Financiacial | www.voya.com | 800.955.7736
Group# 747963

A common misconception is that Accidental Death and Dismemberment insurance, or AD&D, is the same as life insurance. But that’s not the case. The difference is that AD&D insurance covers you in the event you were to die due to an accident. It would also pay a benefit if you were severely injured due to an accident.

| Voluntary AD&D Insurance Monthly Rates | | |
|--|---------------------|---------------------|
| Employee | Spouse | Child |
| \$0.015 per \$1,000 | \$0.015 per \$1,000 | \$0.015 per \$1,000 |

AD&D Highlights

- Full cost of coverage is payroll deducted and will begin the first month following 30 days of employment, if you are actively employed at that time
- Affordable premiums
- Age-banded, which means your age plays a role in the amount of coverage you will receive



Group Term Life Insurance



Help minimize the financial impact on your loved ones when the unexpected happens

What is Group Term Life Insurance?

It's difficult to think about loss, but important to be prepared for the unexpected. With **Group Term Life Insurance**, your beneficiaries will be paid proceeds if you pass away during the term of the coverage. The term is generally one year, renewing annually with other employer-offered benefits.

Accidental Death & Dismemberment Insurance is included with your coverage, which provides you or your beneficiary a separate payment if you die or are severely injured in a covered accident.

How much coverage do I get?

Your employer offers basic Group Term Life Insurance and Accidental Death & Dismemberment at no cost to you in the amount of \$30,000.





Can I add more coverage to meet my needs?

Yes, you can. With **Supplemental Group Term Life Insurance**, you can buy coverage for yourself, your spouse, and your kids that goes beyond the basic coverage you get from your employer.

Beneficiaries will get an additional benefit payment if you or the insured person passes away.

You can also choose **Supplemental Accidental Death & Dismemberment Insurance**, which provides an additional benefit payment separate from your basic coverage.

Why should I consider supplemental coverage?

-  It can help fill the gaps in the basic coverage you get from your employer.
-  It can increase your coverage amount and provide additional protection to help pay for things like bills, tuition, and more.
-  It offers an opportunity to cover your spouse and children, as well.
-  You can enroll up to \$300,000 without answering any medical questions. This guaranteed-issue amount is only available to new hires during their initial enrollment period.

How much supplemental coverage can I get?

| | Supplemental Life | Supplemental Accidental Death & Dismemberment | Guaranteed Issue Limit |
|-----------------------|---|--|--|
| You | \$10,000 to \$500,000 in \$10,000 increments, not to exceed 7 times your basic annual earnings. | \$10,000 to \$500,000 in \$10,000 increments, not to exceed 7 times your basic annual earnings | You may increase existing coverage or elect new coverage up to \$20,000 or 2 plan increments without providing evidence of insurability during this enrollment period for a 01/01/2025 effective date. |
| Your Spouse* | \$5,000 to \$500,000 in \$5,000 increments Coverage cannot exceed 100% of your approved employee Supplemental Life Insurance amount. | \$5,000 to \$500,000 in \$5,000 increments. Coverage cannot exceed 100% of your approved employee Supplemental Life Insurance amount. | You may increase existing coverage or elect new coverage up to \$10,000 or 2 plan increments without providing evidence of insurability during this enrollment period for a 01/01/2025 effective date. |
| Your Children* | \$10,000 | \$10,000 | You may elect up to \$10,000 without providing evidence of insurability during your initial enrollment opportunity. |

When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.

**Children birth to age 26 and as defined by your employer's plan. Coverage is available only if employee coverage is elected. Extended disabled dependent coverage is available in Washington for ages 26 years old and older if the dependent meets the criteria defined in the Certificate of Coverage.

How much does it cost?

The cost of Group Term Life and Accidental Death & Dismemberment Insurance varies depending on the coverage amount you select. "Age" refers to the employee or spouse's age as of January 1, 2025.

Rates shown are guaranteed until January 1, 2028.

The employee cost shown below includes both insurance premium and a non-insurance fee for Bereavement Support, including Funeral Planning & Will Preparation.

Supplemental Life Insurance monthly rates per \$1,000 of coverage

| Employee Age | Employee & Spouse |
|--------------|-------------------|
| Under 25 | \$0.041 |
| 25-29 | \$0.052 |
| 30-34 | \$0.074 |
| 35-39 | \$0.086 |
| 40-44 | \$0.097 |
| 45-49 | \$0.152 |
| 50-54 | \$0.240 |
| 55-59 | \$0.461 |
| 60-64 | \$0.715 |
| 65-69 | \$1.389 |
| 70 + | \$2.262 |

The rates are per individual.

Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates

| | Monthly rate per \$1,000 of coverage |
|----------------------------|--------------------------------------|
| Employee Supplemental AD&D | \$0.015 |
| Spouse Supplemental AD&D | \$0.015 |
| Children Supplemental AD&D | \$0.015 |

Children Life Insurance Rates

Monthly cost for all eligible children

| Coverage levels | Monthly cost |
|-----------------|--------------|
| \$10,000 | \$1.22 |

What else is included?

Accelerated Death Benefit If you have a medical condition that requires permanent, continuous confinement in an institution or are diagnosed with a terminal illness with limited life expectancy, this living benefit may pay you a portion of the benefit while you are still living. Receipt of this living benefit may be taxable or may adversely affect your eligibility for Medicaid or other government benefits. You should consult with your personal tax advisor before using the Accelerated Death Benefit.

Accidental Death Insurance pays a benefit (in addition to the life insurance benefit) to your beneficiary if you die as the result of a covered accident.

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

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

Non-insurance services

Bereavement Support, including Funeral Planning & Will Preparation offers an impactful solution to you and your family after the loss of a loved one from planning a funeral to the logistics of winding down an estate. Empathy's bereavement support is also fully accessible to your loved ones, and various family members can share and join your account.

Bereavement Support, including Funeral Planning & Will Preparation services are provided by The Empathy Project, Inc., New York, NY.

Employee Assistance Program resources are available to support you and your family with counseling, legal support and financial guidance. These resources can help improve your emotional well-being, and address personal, family and life issues.

Employee Assistance Program services are provided by ComPsych® Corporation, Chicago, IL.

Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, travel assistance services such as pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.

A complete description of benefits, limitations, exclusions and terms of coverage will be provided in the certificate of insurance and riders.

Exclusions and limitations

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

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

Age reductions

Benefit amount reduces to 50% of original coverage when the employee or spouse reaches employee age 70. Premium amounts are also reduced for the new benefit amount(s).

Questions?

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

- Voya Employee Benefits Customer Service at (877) 236-7564
- Your human resources representative or department

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your coverage effective date.

<https://presents.voya.com/EBRC/GooseCreek>



This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination.

Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

For employees of Goose Creek Consolidated Independent School District

Acct # 747963, Date Prepared: 10/22/2024

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Texas Life

Permanent Life

» LEARN MORE



Texas Life | www.texaslife.com | 800.283.9233

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

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



WOW!

LIFE INSURANCE YOU CAN KEEP!

LIFE INSURANCE HIGHLIGHTS

For the employee



You can take it with you when you change jobs or retire, as long as premiums are paid



You can cover your spouse, children and grandchildren, too¹



You pay for it through convenient payroll deductions: No checks to write or links to click



You can get a living benefit if you become terminally ill²



You can qualify by answering just 3 questions - no exam or needles (see inside for more details)



You can get cash to cover living expenses if you become chronically ill³



TEXASLIFE INSURANCE COMPANY
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

1 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
2 Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07
3 Chronic Illness Rider included in the life contract for employees and their spouses at an additional cost. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

ADDITIONAL POLICY BENEFITS

Accelerated Death Benefit Due to Chronic Illness Rider

Included with the life contract for employees and their spouses at an additional cost, this valuable living benefit can help offset the unplanned expense of care should the insured be faced with a qualifying disabling chronic illness or severe cognitive impairment.

Here's how it works:

- If you're no longer able to perform any two of the six Activities of Daily Living or if you suffer severe cognitive impairment, you can receive a living benefit.⁴
 - Example: You own a \$100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform two of the six Activities of Daily Living or have suffered serious cognitive impairment. You can apply for a lump sum of \$92,000 minus a \$150 processing fee.⁵
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

*A death benefit for your family,
or a living benefit should you need it.*

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Form ICC18-PR state but New York.

- 4 Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.
- 5 The Accelerated Death Benefit Rider for Chronic Illness pays 92% of the insurance proceeds less a \$150 administration fee (\$100 in FL) in lieu of the benefit payable at death. Any outstanding loans will reduce the cash value and death benefit. Contract form series ULABR-CI-15 or ICC15-ULABR-CI-15. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died.

Accidental Death Benefit Rider

Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.⁶ This rider costs \$0.08 per thousand of face amount per month and pays the insured's beneficiary double the death benefit⁷ if the insured dies within 180 days of an accident from injuries incurred in that accident (90 days in FL, ND, and SD)⁸. The benefit is payable through the insured's age 65. Maximum in-force limits and exclusions apply. See the complete list of exceptions to coverage on the following page.

According to the Centers for Disease Control, accidents continue to be a leading cause of death in the U.S.⁹



You can qualify by answering just 3 questions¹⁰ – no exams or needles.

During the last six months, has the proposed insured:

1. Been actively at work on a full time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them -NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO. Texas Life is licensed to do business in the District of Columbia and every

⁶ Available to children at issue age 17-26, and grandchildren ages 17-18.

⁷ The accidental death benefit is paid in addition to and for the same amount as the contract's death benefit.

⁸ Rider details may vary by state. Conditions apply. See contract for complete coverage description. Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07.

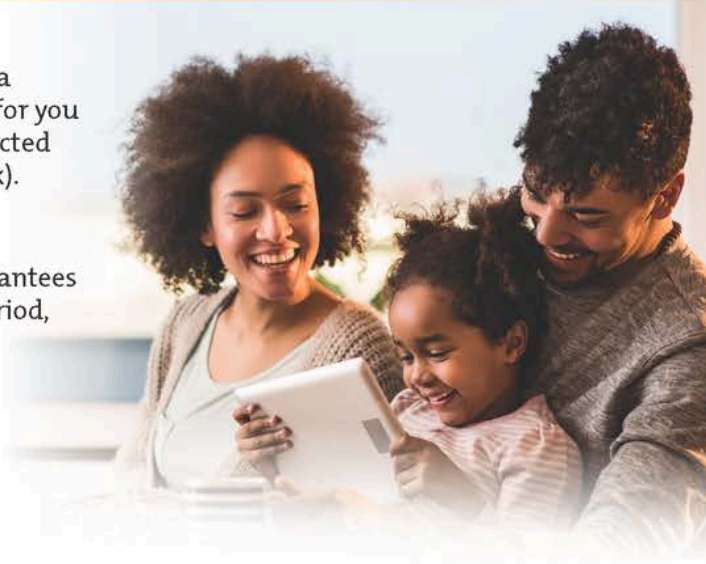
⁹ Mortality in the United States, 2020. HCHS Data Brief, No. 427, December 2021.

¹⁰ Issuance of coverage will depend on answers to these questions.

Additional Features

- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-PLUS helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).³

You may apply for this permanent coverage, not only for yourself, but also for your spouse, children and grandchildren.⁴



You can qualify by answering just 3 questions⁵ – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

- 1 Been actively at work on a full time basis, performing usual duties?
- 2 Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
- 3 Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

Important Note: Texas Life does not offer legal or financial advice. Contact an attorney and a financial advisor in your state for legal and financial information on wills, estates and trusts.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the Purelife-plus brochure for costs and complete details. Contract Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO.

¹ Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022

² Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in; (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

³ As long as you pay the necessary premium. Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength. 45 years average for all ages based on our actuarial review.

⁴ Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

⁵ Issuance of coverage will depend on the answer to these questions.

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

| Issue Age (ALB) | Semi-Monthly Premiums for Life Insurance Face Amounts Shown | | | | | | | | | GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium |
|-----------------|--|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|---|
| | Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages) | | | | | | | | | |
| | \$10,000 | \$25,000 | \$50,000 | \$75,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 | \$300,000 | |
| 17-20 | | 6.53 | 11.93 | 17.33 | 22.73 | 33.53 | 44.33 | 55.13 | 65.93 | 75 |
| 21-22 | | 6.67 | 12.20 | 17.74 | 23.28 | 34.35 | 45.43 | 56.50 | 67.58 | 74 |
| 23 | | 6.80 | 12.48 | 18.15 | 23.83 | 35.18 | 46.53 | 57.88 | 69.23 | 75 |
| 24-25 | | 6.94 | 12.75 | 18.57 | 24.38 | 36.00 | 47.63 | 59.25 | 70.88 | 74 |
| 26 | | 7.22 | 13.30 | 19.39 | 25.48 | 37.65 | 49.83 | 62.00 | 74.18 | 75 |
| 27-28 | | 7.35 | 13.58 | 19.80 | 26.03 | 38.48 | 50.93 | 63.38 | 75.83 | 74 |
| 29 | | 7.49 | 13.85 | 20.22 | 26.58 | 39.30 | 52.03 | 64.75 | 77.48 | 74 |
| 30-31 | | 7.63 | 14.13 | 20.63 | 27.13 | 40.13 | 53.13 | 66.13 | 79.13 | 73 |
| 32 | | 8.04 | 14.95 | 21.87 | 28.78 | 42.60 | 56.43 | 70.25 | 84.08 | 74 |
| 33 | | 8.32 | 15.50 | 22.69 | 29.88 | 44.25 | 58.63 | 73.00 | 87.38 | 74 |
| 34 | | 8.73 | 16.33 | 23.93 | 31.53 | 46.73 | 61.93 | 77.13 | 92.33 | 75 |
| 35 | | 9.28 | 17.43 | 25.58 | 33.73 | 50.03 | 66.33 | 82.63 | 98.93 | 76 |
| 36 | | 9.55 | 17.98 | 26.40 | 34.83 | 51.68 | 68.53 | 85.38 | 102.23 | 76 |
| 37 | | 9.97 | 18.80 | 27.64 | 36.48 | 54.15 | 71.83 | 89.50 | 107.18 | 77 |
| 38 | | 10.38 | 19.63 | 28.88 | 38.13 | 56.63 | 75.13 | 93.63 | 112.13 | 77 |
| 39 | | 11.07 | 21.00 | 30.94 | 40.88 | 60.75 | 80.63 | 100.50 | 120.38 | 78 |
| 40 | 5.38 | 11.75 | 22.38 | 33.00 | 43.63 | 64.88 | 86.13 | 107.38 | 128.63 | 79 |
| 41 | 5.76 | 12.72 | 24.30 | 35.89 | 47.48 | 70.65 | 93.83 | 117.00 | 140.18 | 80 |
| 42 | 6.20 | 13.82 | 26.50 | 39.19 | 51.88 | 77.25 | 102.63 | 128.00 | 153.38 | 81 |
| 43 | 6.59 | 14.78 | 28.43 | 42.08 | 55.73 | 83.03 | 110.33 | 137.63 | 164.93 | 82 |
| 44 | 6.97 | 15.74 | 30.35 | 44.97 | 59.58 | 88.80 | 118.03 | 147.25 | 176.48 | 83 |
| 45 | 7.36 | 16.70 | 32.28 | 47.85 | 63.43 | 94.58 | 125.73 | 156.88 | 188.03 | 83 |
| 46 | 7.80 | 17.80 | 34.48 | 51.15 | 67.83 | 101.18 | 134.53 | 167.88 | 201.23 | 84 |
| 47 | 8.18 | 18.77 | 36.40 | 54.04 | 71.68 | 106.95 | 142.23 | 177.50 | 212.78 | 84 |
| 48 | 8.57 | 19.73 | 38.33 | 56.93 | 75.53 | 112.73 | 149.93 | 187.13 | 224.33 | 85 |
| 49 | 9.06 | 20.97 | 40.80 | 60.64 | 80.48 | 120.15 | 159.83 | 199.50 | 239.18 | 85 |
| 50 | 9.61 | 22.34 | 43.55 | 64.77 | 85.98 | | | | | 86 |
| 51 | 10.27 | 23.99 | 46.85 | 69.72 | 92.58 | | | | | 87 |
| 52 | 10.99 | 25.78 | 50.43 | 75.08 | 99.73 | | | | | 88 |
| 53 | 11.54 | 27.15 | 53.18 | 79.20 | 105.23 | | | | | 88 |
| 54 | 12.09 | 28.53 | 55.93 | 83.33 | 110.73 | | | | | 88 |
| 55 | 12.69 | 30.04 | 58.95 | 87.87 | 116.78 | | | | | 89 |
| 56 | 13.24 | 31.42 | 61.70 | 91.99 | 122.28 | | | | | 89 |
| 57 | 13.90 | 33.07 | 65.00 | 96.94 | 128.88 | | | | | 89 |
| 58 | 14.51 | 34.58 | 68.03 | 101.48 | 134.93 | | | | | 89 |
| 59 | 15.17 | 36.23 | 71.33 | 106.43 | 141.53 | | | | | 89 |
| 60 | 15.59 | 37.29 | 73.45 | 109.62 | 145.78 | | | | | 90 |
| 61 | 16.31 | 39.08 | 77.03 | 114.98 | 152.93 | | | | | 90 |
| 62 | 17.19 | 41.28 | 81.43 | 121.58 | 161.73 | | | | | 90 |
| 63 | 18.07 | 43.48 | 85.83 | 128.18 | 170.53 | | | | | 90 |
| 64 | 19.00 | 45.82 | 90.50 | 135.19 | 179.88 | | | | | 90 |
| 65 | 20.05 | 48.43 | 95.78 | 143.03 | 190.33 | | | | | 90 |
| 66 | 21.20 | | | | | | | | | 90 |
| 67 | 22.47 | | | | | | | | | 91 |
| 68 | 23.84 | | | | | | | | | 91 |
| 69 | 25.22 | | | | | | | | | 91 |
| 70 | 26.65 | | | | | | | | | 91 |

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)
 Accidental Death Benefit included for ages 17 and older.
 Grandchild coverage available through age 18.

| Issue Age | Premium | | Guaranteed Period |
|-----------|----------|----------|-------------------|
| | \$25,000 | \$50,000 | |
| 15D-1 | 4.63 | 8.13 | 81 |
| 2-4 | 4.75 | 8.38 | 80 |
| 5-8 | 4.88 | 8.63 | 79 |
| 9-10 | 5.00 | 8.88 | 79 |
| 11-16 | 5.13 | 9.13 | 77 |
| 17-20 | 6.13 | 11.13 | 75 |
| 21-22 | 6.25 | 11.38 | 74 |
| 23 | 6.38 | 11.63 | 75 |
| 24-25 | 6.50 | 11.88 | 74 |
| 26 | 6.75 | 12.38 | 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
 23M014-C-SM FFGA-NT R0124 1012 (exp0325)

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

| Issue Age (ALB) | Semi-Monthly Premiums for Life Insurance Face Amounts Shown | | | | | | | | | GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium |
|-----------------|---|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|---|
| | \$10,000 | \$25,000 | \$50,000 | \$75,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 | \$300,000 | |
| 17-20 | | 9.28 | 17.43 | 25.58 | 33.73 | 50.03 | 66.33 | 82.63 | 98.93 | 71 |
| 21-22 | | 9.69 | 18.25 | 26.82 | 35.38 | 52.50 | 69.63 | 86.75 | 103.88 | 71 |
| 23 | | 10.10 | 19.08 | 28.05 | 37.03 | 54.98 | 72.93 | 90.88 | 108.83 | 72 |
| 24-25 | | 10.38 | 19.63 | 28.88 | 38.13 | 56.63 | 75.13 | 93.63 | 112.13 | 71 |
| 26 | | 10.65 | 20.18 | 29.70 | 39.23 | 58.28 | 77.33 | 96.38 | 115.43 | 72 |
| 27-28 | | 10.93 | 20.73 | 30.53 | 40.33 | 59.93 | 79.53 | 99.13 | 118.73 | 71 |
| 29 | | 11.07 | 21.00 | 30.94 | 40.88 | 60.75 | 80.63 | 100.50 | 120.38 | 71 |
| 30-31 | | 12.44 | 23.75 | 35.07 | 46.38 | 69.00 | 91.63 | 114.25 | 136.88 | 72 |
| 32 | | 12.85 | 24.58 | 36.30 | 48.03 | 71.48 | 94.93 | 118.38 | 141.83 | 72 |
| 33 | | 12.99 | 24.85 | 36.72 | 48.58 | 72.30 | 96.03 | 119.75 | 143.48 | 72 |
| 34 | | 13.13 | 25.13 | 37.13 | 49.13 | 73.13 | 97.13 | 121.13 | 145.13 | 71 |
| 35 | | 14.09 | 27.05 | 40.02 | 52.98 | 78.90 | 104.83 | 130.75 | 156.68 | 72 |
| 36 | | 14.50 | 27.88 | 41.25 | 54.63 | 81.38 | 108.13 | 134.88 | 161.63 | 72 |
| 37 | | 15.47 | 29.80 | 44.14 | 58.48 | 87.15 | 115.83 | 144.50 | 173.18 | 73 |
| 38 | | 15.88 | 30.63 | 45.38 | 60.13 | 89.63 | 119.13 | 148.63 | 178.13 | 73 |
| 39 | | 16.98 | 32.83 | 48.68 | 64.53 | 96.23 | 127.93 | 159.63 | 191.33 | 74 |
| 40 | 8.07 | 18.49 | 35.85 | 53.22 | 70.58 | 105.30 | 140.03 | 174.75 | 209.48 | 76 |
| 41 | 8.57 | 19.73 | 38.33 | 56.93 | 75.53 | 112.73 | 149.93 | 187.13 | 224.33 | 77 |
| 42 | 9.17 | 21.24 | 41.35 | 61.47 | 81.58 | 121.80 | 162.03 | 202.25 | 242.48 | 78 |
| 43 | 9.94 | 23.17 | 45.20 | 67.24 | 89.28 | 133.35 | 177.43 | 221.50 | 265.58 | 80 |
| 44 | 10.33 | 24.13 | 47.13 | 70.13 | 93.13 | 139.13 | 185.13 | 231.13 | 277.13 | 80 |
| 45 | 10.88 | 25.50 | 49.88 | 74.25 | 98.63 | 147.38 | 196.13 | 244.88 | 293.63 | 81 |
| 46 | 11.32 | 26.60 | 52.08 | 77.55 | 103.03 | 153.98 | 204.93 | 255.88 | 306.83 | 81 |
| 47 | 11.87 | 27.98 | 54.83 | 81.68 | 108.53 | 162.23 | 215.93 | 269.63 | 323.33 | 82 |
| 48 | 12.36 | 29.22 | 57.30 | 85.39 | 113.48 | 169.65 | 225.83 | 282.00 | 338.18 | 82 |
| 49 | 13.08 | 31.00 | 60.88 | 90.75 | 120.63 | 180.38 | 240.13 | 299.88 | 359.63 | 83 |
| 50 | 13.68 | 32.52 | 63.90 | 95.29 | 126.68 | | | | | 83 |
| 51 | 14.29 | 34.03 | 66.93 | 99.83 | 132.73 | | | | | 83 |
| 52 | 15.17 | 36.23 | 71.33 | 106.43 | 141.53 | | | | | 84 |
| 53 | 15.94 | 38.15 | 75.18 | 112.20 | 149.23 | | | | | 85 |
| 54 | 16.65 | 39.94 | 78.75 | 117.57 | 156.38 | | | | | 85 |
| 55 | 17.42 | 41.87 | 82.60 | 123.34 | 164.08 | | | | | 85 |
| 56 | 18.30 | 44.07 | 87.00 | 129.94 | 172.88 | | | | | 85 |
| 57 | 19.18 | 46.27 | 91.40 | 136.54 | 181.68 | | | | | 86 |
| 58 | 20.12 | 48.60 | 96.08 | 143.55 | 191.03 | | | | | 86 |
| 59 | 21.05 | 50.94 | 100.75 | 150.57 | 200.38 | | | | | 86 |
| 60 | 21.64 | 52.42 | 103.70 | 154.99 | 206.28 | | | | | 86 |
| 61 | 22.91 | 55.58 | 110.03 | 164.48 | 218.93 | | | | | 86 |
| 62 | 24.12 | 58.60 | 116.08 | 173.55 | 231.03 | | | | | 87 |
| 63 | 25.33 | 61.63 | 122.13 | 182.63 | 243.13 | | | | | 87 |
| 64 | 26.54 | 64.65 | 128.18 | 191.70 | 255.23 | | | | | 87 |
| 65 | 27.86 | 67.95 | 134.78 | 201.60 | 268.43 | | | | | 87 |
| 66 | 29.29 | | | | | | | | | 88 |
| 67 | 30.83 | | | | | | | | | 88 |
| 68 | 32.42 | | | | | | | | | 88 |
| 69 | 34.13 | | | | | | | | | 88 |
| 70 | 35.94 | | | | | | | | | 89 |

CHILDREN AND GRANDCHILDREN (TOBACCO)
 Accidental Death Benefit included for ages 17 and older.
 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

23M014-C-SM FFGA-T R0124 1012 (exp0325)

| Issue Age | Premium | | Guaranteed Period |
|-----------|----------|----------|-------------------|
| | \$25,000 | \$50,000 | |
| 17-20 | 8.63 | 16.13 | 71 |
| 21-22 | 9.00 | 16.88 | 71 |
| 23 | 9.38 | 17.63 | 72 |
| 24-25 | 9.63 | 18.13 | 71 |
| 26 | 9.88 | 18.63 | 72 |

Indicates Spouse Coverage Available

Disability Insurance



The Hartford | www.thehartford.com | 866.547.9124
Group# 681973

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?

You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$8,000 that cannot exceed 66 2/3% of your gross monthly earnings (your before tax earnings)

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



EDUCATOR DISABILITY INSURANCE OVERVIEW

What is Educator Disability Income Insurance? Educator Disability insurance combines the features of a short-term and long-term disability plan into one policy. The coverage pays you a portion of your earnings if you cannot work because of a disabling illness or injury. The plan gives you the flexibility to choose a level of coverage to suit your need.

You have the opportunity to purchase Disability Insurance through your employer. This highlight sheet is an overview of your Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

Why do I need Disability Insurance Coverage? **More than half** of all personal bankruptcies and mortgage foreclosures are a consequence of disability¹
¹ Facts from LIMRA, 2016 Disability Insurance Awareness Month

The average worker faces a **1 in 3 chance** of suffering a job loss lasting 90 days or more due to a disability²

²Facts from LIMRA, 2016 Disability Insurance Awareness Month

Only 50% of American adults indicate they have enough savings to cover three months of living expenses in the event they're not earning any income³

³Federal Reserve, Report on the Economic Well-Being of U.S. Households in 2018

ELIGIBILITY AND ENROLLMENT

Eligibility You are eligible if you are an active employee who works at least 20 hours per week on a regularly scheduled basis.

Enrollment You can enroll in coverage within 31 days of your date of hire or during your annual enrollment period.

Effective Date Coverage goes into effect subject to the terms and conditions of the policy. You must satisfy the definition of Actively at Work with your employer on the day your coverage takes effect.

Actively at Work You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.

FEATURES OF THE PLAN

Benefit Amount You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$8,000 that cannot exceed 66 2/3% of your current monthly earnings. Earnings are defined in The Hartford's contract with your employer.

Elimination Period You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a Disability benefit payment. The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.

For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of hospitalization.

Maximum Benefit Duration Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the age at which disability occurs, the maximum duration may vary. Please see the applicable schedules below based on the **Premium** benefit option.

Premium Option: For the **Premium** benefit option – the table below applies to disabilities resulting from sickness or injury.

| Age Disabled | Maximum Benefit Duration |
|------------------|--|
| Prior to 63 | To Normal Retirement Age or 48 months if greater |
| Age 63 | To Normal Retirement Age or 42 months if greater |
| Age 64 | 36 months |
| Age 65 | 30 months |
| Age 66 | 27 months |
| Age 67 | 24 months |
| Age 68 | 21 months |
| Age 69 and older | 18 months |

Mental Illness, Alcoholism and Substance Abuse, Self-Reported or Subjective Illness You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 12 months for all disability periods during your lifetime.

Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 12 month lifetime limit.

Partial Disability Partial Disability is covered provided you have at least a 20% loss of earnings and duties of your job.

Other Important Benefits **Survivor Benefit** - If you die while receiving disability benefits, a benefit will be paid to your spouse or child under age 26, equal to three times your last monthly gross benefit.

The Hartford's **Ability Assist** service is included as a part of your group Long Term Disability

Benefit Integration Your benefit may be reduced by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance
- State Teacher Retirement Disability Plans
- Workers' Compensation
- Other employer-based disability insurance coverage you may have
- Unemployment benefits
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)

Your plan includes a minimum monthly benefit of \$100.

General Exclusions You cannot receive Disability benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
 - Military service for any country engaged in war or other armed conflict
 - The commission of, or attempt to commit a felony
 - An intentionally self-inflicted injury
 - Any case where Your being engaged in an illegal occupation was a contributing cause to your disability
 - You must be under the regular care of a physician to receive benefits
-

Termination Provisions Your coverage under the plan will end if:

- The group plan ends or is discontinued
 - You voluntarily stop your coverage
 - You are no longer eligible for coverage
 - You do not make the required premium payment
 - Your active employment stops, except as stated in the continuation provision in the policy
-

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights Sheet explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this Benefit Highlights Sheet and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

(LTD) insurance program. You have access to Ability Assist services both prior to a disability and after you've been approved for an LTD claim and are receiving LTD benefits. Once you are covered you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more. In addition, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial and legal issues that may result from a disability. Ability Assist services are provided through ComPsych®, a leading provider of employee assistance and work/life services.

Travel Assistance Program – Available 24/7, this program provides assistance to employees and their dependents who travel 100 miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services.

Identity Theft Protection – An array of identity fraud support services to help victims restore their identity. Benefits include 24/7 access to an 800 number; direct contact with a certified caseworker who follows the case until it's resolved; and a personalized fraud resolution kit with instructions and resources for ID theft victims.

Workplace Modification provides for reasonable modifications made to a workplace to accommodate your disability and allow you to return to active full-time employment.

PROVISIONS OF THE PLAN

Definition of Disability Disability is defined as The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings.

One you have been disabled for 24 months, you must be prevented from performing one or more essential duties of any occupation, and as a result, your monthly earnings are 66 2/3% or less of your pre-disability earnings.

Pre-Existing Condition Limitation Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have been insured under this policy for 12 months before your disability begins.

If your disability is a result of a pre-existing condition, we will pay benefits for a maximum of 4 weeks.

Continuity of Coverage If you were insured under your district's prior plan and not receiving benefits the day before this policy is effective, there will not be a loss in coverage and you will get credit for your prior carrier's coverage.

Recurrent Disability *What happens if I Recover but become Disabled again?*
Periods of Recovery during the Elimination Period will not interrupt the Elimination Period, if the number of days You return to work as an Active Employee are less than one-half (1/2) the number of days of Your Elimination Period.
Any day within such period of Recovery, will not count toward the Elimination Period.

Cancer Insurance

» LEARN MORE



Guardian | www.guardianlife.com | 800.541.7846
Group# 00072075

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.

Benefits are paid directly to you! Some of the key benefits include:

- Pays up to \$10,000 annually for chemotherapy, radiation, and immunotherapy
- Pays Initial cancer diagnosis of \$7,500
- Wellness Screening Benefit - \$100 per year
- Pays for Hospital confinement, extended care facilities, hospice care, surgery etc.

Cancer Semi-Monthly Premiums

| | |
|-----------------------|---------|
| Employee | \$8.91 |
| Employee + Spouse | \$17.35 |
| Employee + Child(ren) | \$11.39 |
| Employee + Family | \$19.83 |



Welcome to

Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Your coverage options



Cancer
insurance

Financial support after a
cancer diagnosis

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1 Read through this information.

2 Find out more about your benefits.

3 Talk to your employer if you need help or have any questions.



Your cancer coverage

| CANCER | |
|--|---|
| COVERAGE - DETAILS | |
| Your Semi-monthly premium | \$8.91 |
| You and Spouse | \$17.35 |
| You and Child(ren) | \$11.39 |
| You, Spouse and Child(ren) | \$19.83 |
| INITIAL DIAGNOSIS BENEFIT - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan. | |
| Benefit Amount(s) | Employee \$7,500 Spouse \$7,500 Child \$7,500 |
| Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable. | 30 Days |
| CANCER SCREENING | |
| Benefit Amount | \$50; \$50 for Follow-Up screening |
| RADIATION THERAPY OR CHEMOTHERAPY | |
| Benefit | Schedule amounts up to a \$10,000 benefit year maximum. |
| Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. | 3 months prior/ 6 months treatment free/ 12 months after. |
| Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70. | Included |
| Child(ren) Age Limits | Children age birth to 26 years |
| FEATURES | |
| Air Ambulance | \$2,000/trip, limit 2 trips per hospital confinement |
| Alternative Care | \$50/visit up to 20 visits |
| Ambulance | \$250/trip, limit 2 trips per hospital confinement |
| Anesthesia | 25% of surgery benefit |
| Anti-Nausea | \$50/day up to \$250 per month |
| Attending Physician | \$25/day while hospital confined. Limit 75 visits. |
| Blood/Plasma/Platelets | \$200/day up to \$10,000 per year |
| Bone Marrow/Stem Cell | Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2nd transplant. \$1,500 benefit if a donor |
| Experimental Treatment | \$200/day up to \$2,400/month |
| Extended Care Facility/Skilled Nursing care | \$150/day up to 90 days per year |
| Government or Charity Hospital | \$400 per day in lieu of all other benefits |
| Home Health Care | \$100/visit up to 30 visits per year |
| Hormone Therapy | \$50/treatment up to 12 treatments per year |



Your cancer coverage

FEATURES (Cont.)

| | |
|---|--|
| Hospice | \$100/day up to 100 days/lifetime |
| Hospital Confinement | \$400/day for first 30 days; \$800/day for 31st day thereafter per confinement |
| ICU Confinement | \$600/day for first 30 days; \$800/day for 31st day thereafter per confinement |
| Immunotherapy | \$500 per month, \$2500 lifetime max |
| Inpatient Special Nursing | \$150/day up to 30 days per year |
| Medical Imaging | \$200/image up to 2 per year |
| Outpatient and family member lodging - Lodging must be more than 50 miles from your home. | \$100/day, up to 90 days per year |
| Outpatient or Ambulatory Surgical Center | \$350/day, 3 days per procedure |
| Physical or Speech Therapy | \$50/visit up to 4 visits per month, \$1,000 lifetime max |
| Prosthetic | Surgically Implanted: \$3,000/device, \$6,000 lifetime max Non-Surgically: \$300/device, \$600 lifetime max |
| Reconstructive Surgery | Breast TRAM \$3,000 Breast reconstruction \$700 Breast Symmetry \$350 Facial reconstruction \$700 |
| Reproductive Benefit | \$1,500 egg harvesting, \$500 egg or sperm storage, \$2,000 lifetime max |
| Second Surgical Opinion | \$300/surgery procedure |
| Skin Cancer | Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600 |
| Surgical Benefit | Schedule amount up to \$5,500 |
| Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer. | \$0.50/mile up to \$1,500 per round trip/equal benefit for companion |
| Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled. | Included |

UNDERSTANDING YOUR BENEFITS :

- **Alternative Care** – Benefit is paid for palliative care (bio-feedback or hypnosis) or lifestyle benefits such as visits to an accredited practitioner for smoking cessation, yoga, meditation, relaxation techniques and nutritional counseling.
- **Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.



Your cancer coverage

UNDERSTANDING YOUR BENEFITS (Cont.):

- **Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the initial enrollment period or annual open enrollment period.

This plan will not pay benefits for: Services or treatment not included in the Features. Services or treatment provided by a family member. Services or treatment rendered for hospital confinement outside the United States. Any cancer diagnosed solely outside of the United States. Services or treatment provided primarily for cosmetic purposes. Services or treatment for premalignant conditions. Services or treatment for conditions with malignant potential. Services or treatment for non-cancer sicknesses.

Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country.

If Cancer insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

Contract # GP-1-CAN-IC-12

Guardian's Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.
Policy Form # GP-1-CAN-IC-12, et al, GP-1-LAH-12R



Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

Critical Illness Insurance

» LEARN MORE

Aetna | www.myaetnasupplemental.com | 800.607.3366

Group# 6501357

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.

Guaranteed Issue — no medical questions are required for coverage to be issued! No benefits will be paid for a date of diagnosis that occurs prior to the coverage effective date. There are no pre-existing conditions limitations.

Highlights include but not limited to:

- Pays lump-sum benefit amount of \$30,000 for 40 covered conditions including heart attack and stroke
- Wellness Screening Benefit - \$50 per year

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





By your side

Aetna Critical Illness Plan

Be prepared for what happens next

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

What is the Aetna Critical Illness Plan?

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

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But those plans usually don't cover all of the medical costs or unexpected out-of-pocket expenses that can come with a serious illness.

The Aetna Critical Illness Plan pays benefits directly to **you**. You'll get extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **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 illness. We will pay benefits directly to you by check or direct deposit.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96844.

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



Did you know?

More than **1 in 3** Americans have heart disease, making it the most expensive health condition in the U.S. at a combined \$555 billion¹.

Less stress



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

He filed his claim online and since he had signed up for direct deposit, his benefits went directly into his bank account. He was able to use the money to help pay his out-of-pocket medical costs and other bills, like his son's day care tuition.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com) to view plan documents, submit and track claims, access discounts, and sign up for direct deposit. You can also access the portal from [Aetna.com](https://aetna.com).

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM. to 6 PM.



¹WebMD. Top 11 Medical Expenses. November, 2021. Available at: <https://www.webmd.com/healthy-aging/ss/slideshow-top-11-medical-expenses>. Accessed June 3, 2023.

* For illustrative purposes only; does not reflect events experienced by an actual participant.



Benefit Summary



Aetna Critical Illness Plan

Goose Creek CISD

6501357

The critical illness plan helps financially



- You'll get guaranteed enrollment, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Financial support in your time of need.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. See the plan documents for a complete description of the benefits, exclusions, limitations, and conditions of coverage.

Note: The Aetna Critical Illness Plan pays benefits for the diagnosis of a covered illness, condition, or treatment. The plan doesn't pay benefits for diagnoses that occur before your plan's effective date. If you or a covered dependent are diagnosed with two or more critical illnesses on the same day, we will pay the diagnosis with the highest benefit amount.



Critical illness plan



Face amount

| Coverage by member | Percentage | Benefit amount |
|--|------------|----------------|
| Your — face amount | 100% | \$30,000 |
| Spouse — percent of employee face amount or benefit amount | 100% | \$30,000 |
| Child(ren) — percent of employee face amount or benefit amount | 50% | \$15,000 |

Note: The face amount is the maximum benefit a plan pays for a covered diagnosis for a member. Your benefits are based on a percentage of the face amount, or a specific dollar amount, as shown. Your dependents' benefits are based on a percentage of your benefits. See the plan documents for complete details, including limitations and exclusions that apply.

Critical illness benefits — autoimmune

| Covered benefit | Percentage of face amount |
|---|---------------------------|
| Addison's disease (<i>adrenal hypofunction</i>) | 100% |
| Lupus | 100% |
| Multiple sclerosis | 100% |
| Myasthenia gravis | 100% |
| Muscular dystrophy | 100% |

Critical illness benefits — childhood conditions

| Covered benefit | Percentage of face amount |
|--|---------------------------|
| Anal atresia | 100% |
| Andersen disease | 100% |
| Anencephaly | 100% |
| Autism spectrum disorder (<i>type I, II & III</i>) | 100% |
| Biliary atresia | 100% |
| Canavan disease | 100% |
| Cerebral palsy | 100% |
| Cleft lip or cleft palate | 100% |
| Congenital heart defect | 100% |
| Cystic fibrosis | 100% |
| Diaphragmatic hernia | 100% |
| Down syndrome | 100% |
| Ehlers-Danlos syndrome | 100% |
| Fragile X syndrome | 100% |
| Gastroschisis | 100% |
| Gaucher disease (<i>type II & III</i>) | 100% |
| Glutaric acidemia | 100% |
| Hexosaminidase activator deficiency | 100% |
| Hirschsprung's disease | 100% |
| Infantile-onset ascending spastic paralysis | 100% |
| Infantile Tay-Sachs | 100% |
| Juvenile primary lateral sclerosis | 100% |
| Lesch-Nyham syndrome | 100% |

Critical illness plan



| Covered benefit | Percentage of face amount |
|--------------------------------------|---------------------------|
| Mucopolysaccharidoses (<i>MPS</i>) | 100% |
| Niemann-Pick disease (<i>NPD</i>) | 100% |
| Omphalocele | 100% |
| Osteogenesis imperfecta | 100% |
| Phenylketonuria (<i>PKU</i>) | 100% |
| Pompe disease | 100% |
| Pyloric stenosis | 100% |
| Sandhoff disease | 100% |
| Sickle cell anemia | 100% |
| Spina bifida | 100% |
| Spinal muscular atrophy | 100% |
| Zellweger syndrome | 100% |

Critical illness benefits — chronic condition

| Covered benefit | Percentage of face amount |
|---|---------------------------|
| Diabetes — type I | 100% |
| Primary sclerosing cholangitis (<i>PSC</i>) | 25% |
| Systemic sclerosis (<i>scleroderma</i>) | 100% |

Note: Diabetes benefits are subject to a 1 benefit per lifetime maximum.

Critical illness plan



Critical illness benefits — infectious disease

| Covered benefit | Percentage of face amount |
|---|---------------------------|
| Cholera | 25% |
| Coronavirus | 100% |
| Creutzfeldt-Jakob disease | 25% |
| Diphtheria | 25% |
| Ebola | 25% |
| Encephalitis | 25% |
| Hepatitis — occupational | 100% |
| Human immunodeficiency virus (HIV) - occupational | 100% |
| Legionnaire's disease | 100% |
| Lyme disease | 25% |
| Malaria | 100% |
| Meningitis — amebic, bacterial, fungal, parasitic, viral | 100% |
| Methicillin-resistant staphylococcus aureus (<i>MRSA</i>) | 100% |
| Necrotizing fasciitis | 100% |
| Osteomyelitis | 100% |
| Pneumonia | 25% |
| Poliomyelitis | 100% |
| Rabies | 100% |
| Rocky mountain spotted fever (<i>RMSF</i>) | 25% |
| Septic shock and severe sepsis | 25% |
| Tetanus | 100% |
| Tuberculosis (<i>TB</i>) | 100% |
| Tularemia | 25% |
| Typhoid Fever | 25% |
| Variant influenza virus (<i>swine flu in humans</i>) | 25% |

Note: Infectious disease benefits are available 1 per disease, per year, per person.

Note: Coronavirus, Creutzfeldt-Jakob disease, Ebola, pneumonia, septic shock and severe sepsis, and variant influenza virus (swine flu in humans) benefits require a hospital stay of **at least 5 days** to be eligible for benefits.

Critical illness plan



Critical illness benefits — neurological (*brain*)

| Covered benefit | Percentage of face amount |
|--|---------------------------|
| Advanced dementia | 25% |
| Amyotrophic lateral sclerosis (<i>ALS</i>) | 100% |
| Alzheimer's disease | 100% |
| Benign brain or spinal cord tumor | 100% |
| Coma (<i>non-induced</i>) | 100% |
| Huntington's disease | 100% |
| Parkinson's disease | 100% |
| Persistent vegetative state (<i>PVS</i>) | 100% |
| Ruptured aneurysm | 100% |
| Stroke | 100% |
| Transient ischemic attack (<i>TIA</i>) | 25% |

Note: Maximum 1 TIA diagnosis per lifetime.

Critical illness benefits — other

| Covered benefit | Percentage of face amount |
|---|---------------------------|
| End-stage renal or kidney failure | 100% |
| Hemophilia | 100% |
| Idiopathic pulmonary fibrosis | 100% |
| Loss of hearing | 100% |
| Loss of sight (<i>blindness</i>) | 100% |
| Loss of speech | 100% |
| Major organ failure (<i>heart, liver, lung(s), or pancreas</i>) | 100% |
| Paralysis — quadriplegia | 100% |
| Paralysis — triplegia | 100% |
| Paralysis — paraplegia | 100% |
| Paralysis — hemiplegia | 100% |
| Paralysis — diplegia | 100% |
| Paralysis — monoplegia | 100% |
| Sarcoidosis | 25% |
| Burns (<i>third degree</i>) | 100% |

Note: Sarcoidosis requires a hospital stay of at least 5 days to be eligible for benefits.

Critical illness benefits — vascular (*heart*)

| Covered benefit | Percentage of face amount |
|--|---------------------------|
| Coronary artery condition requiring bypass surgery | 25% |
| Heart attack (<i>myocardial infarction</i>) | 100% |
| Sudden cardiac arrest | 100% |

Note: No maximum sudden cardiac arrest benefit.

Critical illness plan



Critical illness plan features

| Covered benefit | Percentage of face amount |
|--|---------------------------|
| Subsequent (<i>other</i>) critical illness diagnosis | 100% |
| Recurrence (<i>same</i>) critical illness diagnosis | 100% |

Note: Recurrence (*same*) illness diagnoses must occur at least 90 days after initial diagnosis.

Additional plan benefits

| Covered benefit | Benefit amount |
|-------------------|----------------|
| Waiver of premium | Included |

Critical illness plan



Additional plan benefits

| Covered benefit | Benefit Amount |
|--|----------------|
| Health screening benefit (<i>pays once per member per plan year for covered preventive tests</i>) | \$50 |

Covered health screenings

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

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

Aetna Critical Illness Plan rates



Semimonthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Rates are based on your (the subscriber's) age and will increase as you move into a higher age-band.

Uni-tobacco rates

face amount: \$30,000

| Age | You only | You + spouse | You + children | You + family |
|---------------|-----------------|---------------------|-----------------------|---------------------|
| <25 | \$1.47 | \$2.94 | \$1.47 | \$2.94 |
| 25-29 | \$1.77 | \$3.54 | \$1.77 | \$3.54 |
| 30-34 | \$2.37 | \$4.74 | \$2.37 | \$4.74 |
| 35-39 | \$3.27 | \$6.54 | \$3.27 | \$6.54 |
| 40-44 | \$4.32 | \$8.64 | \$4.32 | \$8.64 |
| 45-49 | \$6.27 | \$12.54 | \$6.27 | \$12.54 |
| 50-54 | \$8.37 | \$16.74 | \$8.37 | \$16.74 |
| 55-59 | \$11.67 | \$23.34 | \$11.67 | \$23.34 |
| 60-64 | \$15.87 | \$31.74 | \$15.87 | \$31.74 |
| 65-69 | \$28.47 | \$56.94 | \$28.47 | \$56.94 |
| 70+ | \$52.47 | \$104.94 | \$52.47 | \$104.94 |



Aetna Critical Illness Plan exclusions and limitations

This plan has exclusions and limitations. Refer to the actual booklet certificate and Schedule of Benefits to determine which services are covered and to what extent. 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.

Exclusions: Benefits under the Policy will not be payable for any critical illness that is diagnosed or for which care was received outside the United States and its territories, or for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Act of war, riot, war;
2. Care provided by immediate family members or any household member;
3. 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;
4. Being under the influence of a stimulant (such as amphetamines), depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the covered person, except when resulting from a diagnosed disorder;

The critical illness date of diagnosis must be on or after the effective date of the certificate and while coverage is in force. The diagnosis must be given or received 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. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.



Accident Insurance



Aetna | www.myaetnasupplemental.com | 800.607.3366
Group# 6501357

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.

Highlights include but not limited to:

- Emergency Care Treatment
- Hospitalization Benefits
- Fractures and Dislocations
- Sports Accident Benefit
- Wellness Screening Benefit- \$75 per year

| Accident Semi-Monthly Premiums | |
|--------------------------------|--------|
| Employee | \$3.02 |
| Employee + Spouse | \$6.04 |
| Employee + Child(ren) | \$7.24 |
| Employee + Family | \$8.59 |





Cover your bases

Aetna Accident Plan

Prepare for the unexpected

Would you be financially ready if you had an accidental injury? The Aetna Accident Plan can help supplement your medical coverage.

What is the Aetna 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 more 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 pay **doctors and hospitals** directly for treatment related to your care. But these plans usually don't cover 100 percent of the costs until you meet deductibles and co-insurance, and you have to come up with the rest. Medical plans also don't cover other expenses health events might impact, like day care, rent and more, if you're out of work.

The Aetna Accident Plan pays benefits directly to **you**. You'll get extra cash when you need it most. The plan can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **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. We will pay benefits directly to you by check or direct deposit.

Accident insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96842, AL HPOL-VOL Acc01.



“What ifs” are everywhere

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



Because you never know

Miguel* didn't expect to get hit from behind in the middle of rush hour. But it happened. Now his back and his car need some work.

Luckily, he had the Aetna Accident Plan. He filed his claim online and, since he had signed up for direct deposit, 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 toward getting his car back into shape.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com) to view plan documents, submit and track claims, and sign up for direct deposit. You can also access the portal from [Aetna.com](https://aetna.com).

Filing a claim is easy! Click “Report New Claim” and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.



¹Average 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.

²About Home Safety. U.S. Department of Housing and Urban Development. 2022. Available at: https://www.hud.gov/program_offices/healthy_homes/healthyhomes/homesafety. Accessed June 17, 2022.

* For illustrative purposes only; does not reflect events experienced by an actual participant.



Benefit Summary

Aetna Off-Job Accident Plan



Goose Creek CISD

6501357

The accident plan helps financially



- Your enrollment is guaranteed, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Be ready for when real life happens.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. Limits apply to the number of times a benefit is paid, as specified in your Certificate of Coverage. If a service or injury falls in more than one category, the plan will pay only one benefit, and the highest benefit that applies. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage. This policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Note: The Aetna Accident Plan pays benefits for specific care, treatment and services related to a covered accident. The plan doesn't pay benefits for care, treatment or services related to an accident that occurs before the plan's coverage effective date.



Accident plan



Initial care

| Covered benefit | Benefit amount |
|---|----------------|
| Ground ambulance | \$350 |
| Air ambulance | \$1,250 |
| <i>Max trips per accident, air and ground combined</i> | <i>1</i> |
| Emergency room/Hospital | \$175 |
| Physician's office/Urgent care facility | \$100 |
| Walk-in clinic/Telemedicine | \$50 |
| <i>Max visits for all places of service per accident</i> | <i>1</i> |
| <i>Max visits for all places of service per plan year</i> | <i>3</i> |
| X-ray | \$75 |
| Lab | \$75 |
| Medical Imaging | \$150 |

Follow-up care

| Covered benefit | Benefit amount |
|---|----------------|
| Emergency room/Hospital | \$85 |
| Physician's office/Urgent care facility | \$85 |
| Walk-in clinic/Telemedicine | \$25 |
| <i>Max visits for all places of service per accident</i> | <i>3</i> |
| <i>Max visits for all places of service per plan year</i> | <i>9</i> |
| Major appliances | \$200 |
| Minor appliances | \$100 |
| <i>Maximum appliances per accident, major & minor combined</i> | <i>1</i> |
| Chiropractic treatment/Alternative therapy | \$40 |
| <i>Max combined visits per accident</i> | <i>10</i> |
| <i>Max combined visits per plan year</i> | <i>30</i> |
| Pain management (<i>epidural anesthesia</i>) | \$100 |
| Prescription drugs | \$10 |
| One prosthetic device/Artificial limb | \$750 |
| Multiple prosthetic devices/Artificial limbs | \$1,500 |
| <i>Max prosthetic benefit per accident</i> | <i>1</i> |
| Repair or replace (<i>percentage of Prosthetic device/Artificial limb benefit amount</i>) | 25% |
| <i>Max repair or replace per plan year</i> | <i>1</i> |
| Therapy services | \$40 |
| <i>Max therapy services per accident</i> | <i>10</i> |
| <i>Max therapy visits per plan year</i> | <i>30</i> |

Note: Major appliances include: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair.

Note: Minor appliances include: Brace, cane, crutches, walker, walking boot, other medical devices to aid in physical movement.

Accident plan



Hospital care

Hospital and all other stays related to a covered accident.

| Covered benefit | Benefit amount |
|--|----------------|
| Non-ICU hospital admission (<i>initial day</i>) | \$1,250 |
| ICU hospital admission (<i>initial day</i>) | \$2,500 |
| Non-ICU hospital stay — daily | \$250 |
| Step down intensive care unit hospital stay— daily | \$300 |
| ICU hospital stay — daily | \$500 |
| <i>Max days per accident (combined for all stays due to the same accident)</i> | 365 |
| Rehabilitation unit stay — daily | \$100 |
| <i>Max days for rehabilitation stay per accident</i> | 30 |
| Observation unit (<i>one day per plan year</i>) | \$100 |

Note: Hospital daily stay begins on day 1, and all daily stays (except rehabilitation) add up to a maximum combined 365 days per person, per accident.

Surgical care

| Covered benefit | Benefit amount |
|--|----------------|
| Blood/Plasma/Platelets | \$400 |
| Eye injury — surgical repair | \$300 |
| Eye injury — removal of foreign object | \$150 |
| Surgery (<i>without repair</i>) — arthroscopic or exploratory | \$150 |
| Cranial, open abdominal & <i>thoracic (surgery with repair)</i> | \$1,500 |
| Hernia (<i>surgery with repair</i>) | \$250 |
| Ruptured disc (<i>surgery with repair</i>) | \$750 |
| Tendon/Ligament/Rotator cuff — single repair (<i>surgery with repair</i>) | \$750 |
| Tendon/Ligament/Rotator cuff — multiple repairs (<i>surgery with repair</i>) | \$1,500 |
| Torn knee cartilage (<i>surgery with repair</i>) | \$750 |
| Inpatient surgery (<i>non-specified with repair</i>) | \$250 |
| Outpatient surgery (<i>non-specified with repair</i>) | \$250 |
| <i>Max benefits per accident, combined for all surgery (with and without repair)</i> | 2 |

Note: Surgical benefits must be related to a covered accident.

Lodging/Transportation

| Covered benefit | Benefit amount |
|--------------------------------------|----------------|
| Lodging | \$200 |
| <i>Max lodging days per accident</i> | 30 |
| Transportation | \$300 |
| <i>Max trips per accident</i> | 1 |

Note: Lodging and transportation must be related to a covered accident, and member, or companion must travel over 50 miles from home for care.

Accident plan



Dislocations- closed reduction (*non-surgical*)

| Covered benefit | Benefit amount |
|--|----------------|
| Hip | \$4,500 |
| Knee | \$1,500 |
| Ankle — bone or bones of the foot other than toes | \$750 |
| Collarbone — sternoclavicular | \$600 |
| Lower jaw | \$600 |
| Shoulder — glenohumeral | \$600 |
| Elbow | \$600 |
| Wrist | \$600 |
| Bone or bones of the hand other than fingers | \$600 |
| Collarbone — acromioclavicular and separation | \$150 |
| Rib | \$150 |
| One toe or one finger | \$150 |
| Partial dislocation (<i>percentage of named dislocation</i>) | 25% |
| <i>Max dislocations per accident</i> | 3 |

Note: Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.

Fractures- closed reduction (*non-surgical*)

| Covered benefit | Benefit amount |
|--|----------------|
| Skull except bones of the face or nose, depressed | \$4,500 |
| Skull except bones of the face or nose, non-depressed | \$4,125 |
| Hip or thigh (<i>femur</i>) | \$1,725 |
| Vertebrae — excluding vertebral processes | \$1,125 |
| Pelvis — including ilium, ischium, pubis, acetabulum except coccyx | \$1,125 |
| Leg — tibia and/or fibula malleolus | \$1,125 |
| Bones of the face or nose except mandible or maxilla | \$600 |
| Upper jaw, maxilla (<i>except alveolar process</i>) | \$600 |
| Upper arm between elbow and shoulder (<i>humerus</i>) | \$600 |
| Lower jaw, mandible (<i>except alveolar process</i>) | \$600 |
| Collarbone (<i>clavicle, sternum</i>) | \$600 |
| Shoulder blade (<i>scapula</i>) | \$600 |
| Vertebral process | \$600 |
| Forearm (<i>radius and/or ulna</i>) | \$450 |
| Kneecap (<i>patella</i>) | \$450 |
| Hand/Foot (<i>except fingers, toes</i>) | \$450 |
| Ankle/Wrist | \$450 |
| Rib | \$225 |
| Coccyx | \$225 |
| Finger, toe | \$225 |
| Chip fracture (<i>percentage of named fracture</i>) | 25% |
| <i>Max fractures per accident</i> | 3 |

Note: Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.

Accident plan



Accidental death

| Covered benefit | Benefit amount |
|----------------------------|----------------|
| Employee | \$25,000 |
| Covered dependent spouse | \$25,000 |
| Covered dependent children | \$25,000 |

Accidental death common carrier

| Covered benefit | Benefit amount |
|----------------------------|----------------|
| Employee | \$75,000 |
| Covered dependent spouse | \$75,000 |
| Covered dependent children | \$75,000 |

Note: Accidental death common carrier benefit pays when you or a covered dependent have an accidental injury as a fare paying passenger on a public airline, railroad, bus line, taxicab, etc. that results in death.

Accidental dismemberment

| Covered benefit | Benefit amount |
|--|----------------|
| Loss of arm | \$10,000 |
| Loss of hand | \$10,000 |
| Loss of leg | \$10,000 |
| Loss of foot | \$10,000 |
| Loss of sight | \$10,000 |
| Loss of ability to speak | \$10,000 |
| Loss of hearing | \$10,000 |
| <i>Max dismemberments per accident (non-finger, toe)</i> | <i>2</i> |
| Loss of finger | \$1,000 |
| Loss of toe | \$1,000 |
| <i>Max dismemberments per accident (finger, toe)</i> | <i>4</i> |

Paralysis (complete, total & permanent loss)

| Covered benefit | Benefit amount |
|-----------------|----------------|
| Quadriplegia | \$10,000 |
| Triplegia | \$7,500 |
| Paraplegia | \$5,000 |
| Hemiplegia | \$5,000 |
| Diplegia | \$5,000 |
| Monoplegia | \$2,500 |

Accident plan



Other benefits

| Covered benefit | Benefit amount |
|--|----------------|
| Home and Vehicle Alteration | \$1,000 |
| Animal bite treatment — tetanus shot | \$100 |
| Animal bite treatment — anti-venom shot | \$200 |
| Animal bite treatment — rabies shot | \$300 |
| Brain injury — concussion/mild traumatic brain injury | \$350 |
| Brain injury — moderate/severe traumatic brain injury | \$450 |
| Burn — second degree burn (<i>greater than 5% of total body surface</i>) | \$1,000 |
| Burn — third degree burn (<i>less than 5% of total body surface</i>) | \$1,500 |
| Burn — third degree burn (<i>between 5% and 10% of total body surface</i>) | \$6,000 |
| Burn — third degree burn (<i>greater than 10% of total body surface</i>) | \$18,000 |
| Burn skin graft (<i>percentage of the named burn benefit</i>) | 50% of Burn |
| Coma (<i>non-induced</i>) | \$10,000 |
| Persistent vegetative state (<i>PVS</i>) | \$10,000 |
| Coma (<i>induced</i>) | \$250 |
| Dental extractions | \$75 |
| Dental crown | \$225 |
| Gunshot wound | \$1,500 |
| Laceration without stitches | \$25 |
| Laceration with stitches (<i>less than 7.5cm</i>) | \$75 |
| Laceration with stitches (<i>between 7.6cm and 20cm</i>) | \$500 |
| Laceration with stitches (<i>greater than 20cm</i>) | \$600 |
| Posttraumatic stress disorder (<i>PTSD</i>) | \$500 |
| Service dog | \$1,500 |
| Waiver of premium | Included |

Note: Max 10 days per accident for coma/PVS benefits.

Note: Posttraumatic stress disorder benefit is limited to 1 per person, per lifetime.

Note: Service dog benefit is limited to 1 dog, per lifetime.

Other benefits

Organized sports benefit

The **organized sports benefit** pays an additional **50** percent of benefits if a covered member is injured while participating as a registered member of an organized sporting activity.

Note: Organized sport benefit excludes the following benefits:

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

Accident plan



Health screening benefit

Covered benefit

Benefit amount

Health screening benefit (pays once per member per plan year for covered preventive tests)

\$75

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
- Hemoccult 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 an eligible health screening benefit.

Aetna Accident Plan rates



Semimonthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

| Coverage | You only | You + spouse | You + child(ren) | You + family |
|---------------|----------|--------------|------------------|--------------|
| Accident plan | \$3.02 | \$6.04 | \$7.24 | \$8.59 |



Aetna Accident plan exclusions and limitations

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

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

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

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

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

Portability

Your plan includes a portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option if your employment ceases for any reason. Refer to your certificate for additional portability provisions. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.



Hospital Indemnity Insurance

» LEARN MORE

Aetna | www.myaetnasupplemental.com | 800.607.3366

Group# 6501357

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.

Pre-existing conditions are waived! The plan pays a lump sum benefit in a previously specified amount.

Highlights include but not limited to:

- First Hospitalization Benefit- \$500
- Hospital Admission Benefit -\$2,500
- Hospital Confinement Benefit- \$100 per day up to 30 days

Hospital Indemnity Semi-Monthly Premiums

| | |
|-----------------------|---------|
| Employee | \$11.81 |
| Employee + Spouse | \$23.24 |
| Employee + Child(ren) | \$13.62 |
| Employee + Family | \$26.95 |



Aetna Hospital Indemnity Plan
administered by Aetna Life Insurance Company
Federal Disclosure

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: **1-855-889-4325**) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).





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, it's good to plan ahead. And to give yourself an extra financial cushion.

What is the Aetna Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or an unplanned hospital stay. It can be for an illness, injury, surgery or to deliver a baby. The Aetna Hospital Indemnity Plan pays a lump-sum benefit for admission and daily benefits for a covered hospital stay. You can use these benefits to help pay your part of medical costs or for ongoing bills.

How is this different from a major medical plan?

Medical plans help pay **doctors and hospitals** for services and treatment. But they don't cover everything, including unexpected costs that might result from a hospital stay.

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

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **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 hospital stay. We will pay benefits directly to you by check or direct deposit.

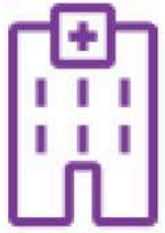
Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01.



Because it happens

\$1.24 trillion was spent on hospital services in 2020. 60%-65% of all bankruptcies are related to medical expenses¹.

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 online and, since he had signed up for direct deposit, his benefits went directly into his bank account. He used the cash to help make up for the earnings he lost from the time he missed work while recovering and to help pay some of his deductible. Now, he can focus more on his health.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com) to view plan documents, submit and track claims, access discounts and sign up for direct deposit. You can also access the portal from [Aetna.com](https://aetna.com).

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.



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

* For illustrative purposes only; does not reflect events experienced by an actual participant.



Benefit Summary



Aetna Hospital Indemnity Plan

Goose Creek CISD

6501357

The hospital indemnity plan helps financially



- Your enrollment is guaranteed, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Make your hospital stay a bit easier.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage.

Note: The Aetna Hospital Indemnity Plan pays benefits when you have a covered hospital stay and other covered services. This plan doesn't pay for any stays or other services that happen before your effective date of coverage.

This plan is compatible with a Health Savings Account (HSA).



Hospital indemnity plan



A **stay** is a period during which you are inpatient and confined in a hospital, or other covered facility, and are charged for room, board, and general nursing services.

A stay does not include time in the hospital due to custodial or personal needs that do not require medical skills or training. A stay does not include time in the hospital in the emergency room unless this leads to a stay. A stay only covers the specific benefits listed below.

Inpatient benefits

| Covered benefit | Benefit amount |
|---|----------------|
| Hospital admission — non-ICU (<i>initial day</i>) | \$2,500 |
| Hospital daily stay — non-ICU | \$100 |
| Hospital daily stay — ICU | \$400 |
| Substance abuse daily stay | \$50 |
| Mental disorder daily stay | \$50 |
| Rehabilitation unit daily stay | \$500 |
| Observation unit | \$500 |
| Waiver of premium | Included |

Note for hospital admission benefits: Max 5 admissions per plan year. Admissions must be separated by at least 30 days in a row.

Note for inpatient daily stay benefits: All inpatient stay benefits begin on day two and count toward the plan year 30-day combined max days.

Note for observation benefits: Max 2 days lump sum daily benefit per member per year for hospital observation visit. (*Non-admission into hospital.*) *Observation unit stays 24 hours or longer will be treated as an admission.*

Newborn benefits

| Covered benefit for newborn | Benefit amount |
|-----------------------------|----------------|
| Newborn routine care | \$1,000 |

Note for newborn routine care benefits: Max lump sum benefit once per birth per year for delivery in a hospital. This will not pay for an outpatient birth.

Additional benefits

| Covered benefit | Benefit amount |
|--|----------------|
| Hospital admission —ICU (<i>initial day</i>) | \$5,000 |

Note for ICU admission benefits: Max 5 admissions per plan year. Admissions must be separated by at least 30 days in a row. This pays instead of, not in addition to, the benefits for non-ICU hospital admission benefits.

Hospital indemnity plan



Other benefits

| Covered benefit | Benefit amount |
|--|----------------|
| Health screening benefit (<i>pays once per member per plan year for covered preventive tests</i>) | \$50 |

Covered health screenings

- 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 an eligible health screening benefit.

Aetna Hospital Indemnity Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

| Coverage | You only | You + spouse | You + child(ren) | You + family |
|-------------------------|----------|--------------|------------------|--------------|
| Hospital indemnity plan | \$23.62 | \$46.48 | \$27.23 | \$53.89 |



Aetna Hospital Indemnity Plan exclusions and limitations

This plan has exclusions and limitations. Refer to the actual policy and booklet certificate to determine which health care services are covered and to what extent. 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 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. Experimental or investigational drugs, devices, treatments, or procedures;
14. Education, training or retraining services or testing;
15. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant;
16. Exams except as specifically provided in the Benefits under your plan section of the certificate;
17. Dental and orthodontic care and treatment;
18. Family planning services;
19. Any care, prescription drugs and medicines related to infertility;
20. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins;
21. Outpatient cognitive rehabilitation, physical therapy, occupational therapy or speech therapy for any reasons;
22. Vision-related care

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. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.



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

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

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan. This 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. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members may have.

Policies are insured by Aetna Life Insurance Company (Aetna). Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Policies may not be available in all states, and rates and benefits may vary by location.

If you require language assistance, please call the Member Services number on your Aetna ID card, and an Aetna representative will connect you with an interpreter. You can also get interpretation assistance for utilization management issues or for registering a complaint or appeal. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you're calling.

Si usted necesita asistencia lingüística, por favor llame al número de Servicios al Cliente que figura en su tarjeta de identificación de Aetna, y un representante de Aetna lo pondrá en contacto con un intérprete. También puede obtener la asistencia de un intérprete para tratar problemas de manejo de utilización o para registrar una queja o una apelación. Si usted es sordo o tiene dificultades de audición, use su TTY y marque 711 para comunicarse con el servicio de retransmisión de telecomunicaciones. Una vez conectado, ingrese o brinde el número de teléfono de Aetna al que está llamando.

ATTENTION MASSACHUSETTS RESIDENTS: As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at **1-877-MA-ENROLL (1-877-623-6765)** or visit the Connector website (mahealthconnector.org). If you have questions about this notice, you may contact the Division of Insurance by calling **1-617-521-7794** or visiting its website at mass.gov/doi.

Financial Sanctions Exclusion

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

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

Policy forms issued in Washington include: GR-96172 01, AL VOL HPOL-Hosp 01.





Recuro Health | www.recurohealth.com | 855.673.2876

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.

Medical insurance isn’t required and you can receive care on your time.

This voluntary telemedicine plan has no co-pay and can be utilized whether or not, you and/or your spouse and child(ren), are enrolled on the district medical plan.

| Telemedicine Semi-Monthly Premium | |
|-----------------------------------|--------|
| Employee/Family | \$5.00 |



24/7 On-Demand Care Access

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

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

 **Call 1.855.6RECURO**

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



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Speak With an Agent



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Common Conditions Treated

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







Easy, Convenient, Affordable

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


- ➔ **Primary Care**
- ➔ **Pediatrics**
- ➔ **Urgent Care**



Phone
Call




Online
Portal



Mobile
App

Healthcare that makes sense

| Type of Visit | Average Cost |
|--|--------------|
| Primary Care | \$100 |
| Urgent Care | \$150 |
| Emergency Room | \$1400 |
|  \$0 | |

2013 Medical Expenditure Panel Survey / MEPS

Common Conditions Treated

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

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



Call 1.855.6RECURO



Visit www.recurohealth.com



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

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

COBRA Highlights

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

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



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



Manage your benefits anytime, anywhere.

All your benefits info in one place! My FFGA Benefits is your new benefits companion, right at your fingertips.

FIND OUR APP HERE



www.ffga.com/my-ffga-benefits

**Goose Creek CISD
GROUP ID: 98765**



View Available Benefits & Enroll

Navigate to your Employee Benefits Center to enroll and access product brochures, videos, claim forms and carrier contact info.



FSA/HSA Login

Download the FF Mobile Account App and access your FSA/HSA administered through First Financial.



My Wallet

Save provider information, family and health details and carrier cards so that you can quickly access when needed.



Contact Us

Find contact information for your First Financial account manager and local branch office for additional support.

Employee Assistance Program



Voya Financial | www.voya.com | 800.955.7736

An employee assistance program, or EAP, is a free, voluntary program offered by your employer.

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.

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.



Financial Wellness



FinPath | finpathwellness.com | 833.777.6545

Approach Your Finances with Confidence

FinPath combines advanced technology and personal Wellness Coaches to empower stronger financial health in our communities.

The FinPath software program provides personalized financial analysis and provides recommendations to assist employees with:

- Budgeting savings
- Credit scores
- Investments
- Wills
- Taxes
- Retirement planning
- Debt management (student loans/credit cards)
- Insurance

**The Financial Wellness Program is a paid service provided by
Goose Creek CISD for ALL employees!**



Empowering the shift from surviving to thriving

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

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



Meet FinPath

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

Here's what you get:



Unlimited 1:1 Coaching

Personalized, confidential coaching sessions tailored to your financial needs



Financial Health Tools

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



FinPath University

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



FinPath Perks

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



Program Focus

✓ Budgeting & Spending

Financial success doesn't require a lot of money, just a little extra planning. We help give each dollar a purpose.

✓ Debt Management

Piling debt can make it hard to move forward. We can help you create a plan to pay down debt.

✓ Emergency Savings

A little goes a long way. We'll help you prepare for the next financial shock with an emergency savings strategy.

✓ Credit Score Improvement

Credit scores are crucial to your financial success. We work to identify how you can improve your score.

✓ Retirement

Unclear about your retirement plans? We focus on your goals today so you can have better tomorrows.

✓ Student-Debt Relief

Millions of Americans suffer with student loan debt every year. We'll help you explore your options.

✓ Security & Protection

Safety always comes first. We help identify areas of need and encourage individuals to seek coverage.

✓ Smart Borrowing

It's likely you'll need to borrow money down the road. We'll help explore options and avoid bad loans.



Real coaches, real advice, real solutions.

FinPath isn't a product, it's a process. Discussing finances is a pivotal part of the process, but it's one people tend to avoid. Whether from anxiety or fear, people refer to their loved ones for financial advice rather than trusted experts.

Our Financial Coaches know how nerve-wracking it is to talk about money, which is why every conversation is 100% confidential. We approach every person with the utmost care and respect. We're here for you every step of the way.



Activate your free account in three easy steps!

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

Have Questions? Get Answers.

833-777-6545 

finpathwellness.com/support 



Student Loan Freedom



America's student loan debt crisis is postponing the American Dream for 46 million borrowers. On top of it, the rules to reduce payments and forgive debt are so confusing that experts say the system is truly broken with a staggering \$1.7 trillion pile of debt added up.

That's why FinPath is partnering with Savi to provide relief and savings to student loan borrowers! While there is no one-size-fits-all solution for providing student debt relief, the Savi platform focuses on helping borrowers find the best option for them, focusing on forgiveness programs and repayment plans that could help lower their monthly payments and potentially eliminate their debt.

Join tens of thousands of borrowers taking control of their debt.

\$28,308

Average Lifetime Savings

\$156/mo

Avg. Monthly Payment Reduction

Member Benefits



Intuitive online dashboard



1:1 support with loan experts



Paperwork e-filing & proofing



Alerts for News & Policy Changes



Annual recertification & Reminders



Educational Resources

Get started at www.finpathwellness.com/student-loans

Customer service: (833) 777-6545

Email: finpath@tcgservices.com

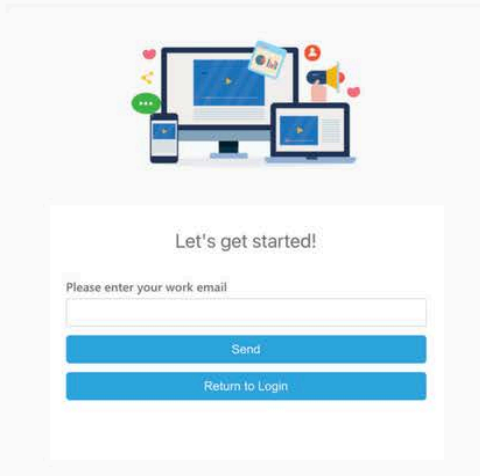
1. Head to FinPath's homepage

Visit www.finpathwellness.com and click the Register button on the top right corner.



2. Input your work email address

Type in the email address your employer has on file.



3. Go to your email inbox

Head to your email inbox for an email with your registration link. Click the Register Now button to continue.

If you do not see an email, be sure to check spam.

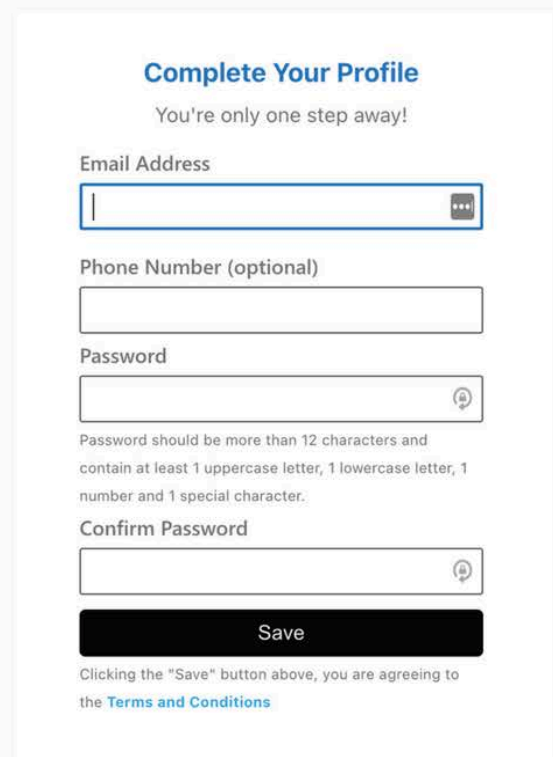


4. Fill out your profile information

Next, you'll need to fill out some personal information:

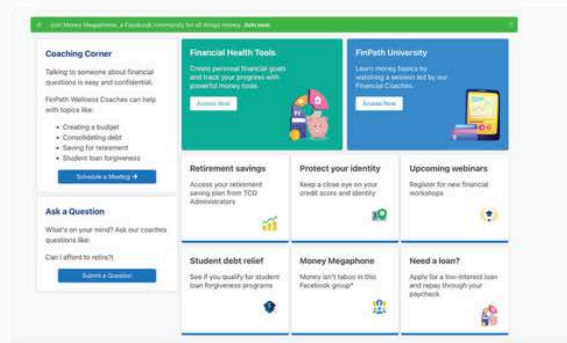
- Enter your email address
- Enter your phone number (optional)
- Enter a password for your account that meets the security conditions

Click save and continue



5. You're done!

Now you can log in and begin using FinPath!



Voluntary Retirement Plans

» LEARN MORE



TCG Services | www.tcgsercives.com | 800.943.9179

403(b) Retirement Plan

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

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

457(b) Retirement Plan

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

If you would like to speak with a Retirement Plan Specialist or need assistance enrolling in TCG Retirement Benefits, please call the TCG Advisors Hotline at 512.600.5204 or visit www.region10rams.org/telewealth.

Contribution Limits

| 2024 | 2025 |
|----------|------|
| \$23,000 | TBD |

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

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



403(b) Retirement Savings Plan

A 403(b) plan is a special type of employer-sponsored retirement plan designed for eligible public education, religious, and other tax-exempt organizations.

Saving with a 403(b) plan gives you the ability to defer a portion of your paycheck and invest funds in a portfolio of your choosing. By participating, you can take advantage of tax savings, reduce your retirement income gap, and get one step closer to achieving financial independence.

To establish a 403(b) account, you must first select an investment provider from a list of approved vendors, and then elect contributions on a pre-tax or Roth basis.

Please note that early withdrawals from a 403(b) account are subject to a 10% early withdrawal penalty unless a qualifying event takes place.



Why Contribute?

- o Avoid a gap in your income during retirement
- o Take advantage of tax benefits
- o Improve your financial wellbeing
- o Automatic payroll deductions take stress out of planning
- o Decrease your dependency on government-funded pension plans

2024 Contribution Limits

You can contribute 100% of your compensation up to \$23,000, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,500.

You can contribute to both 403(b) and 457(b) plans simultaneously.

Get started at www.region10rams.org/403b

Enrollment assistance is available at www.region10rams.org/telewealth or by calling the Enrollment Hotline at 800-943-9179.



How to Register

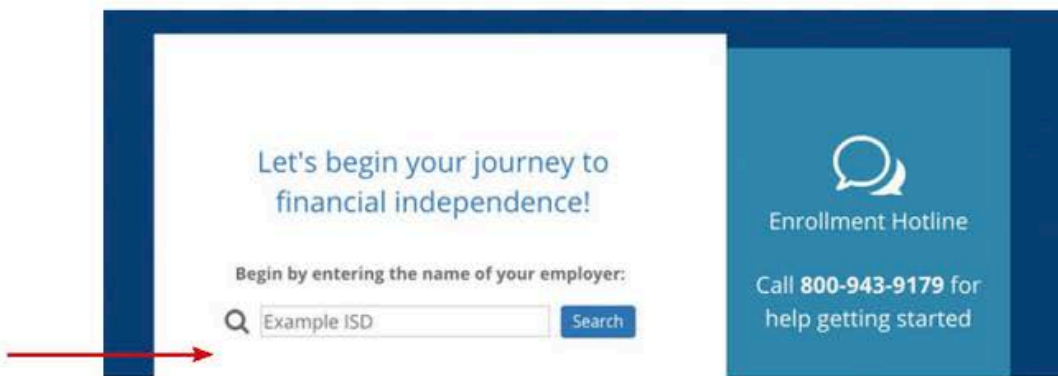
Step One: Create an account with an approved vendor

1. Visit www.region10rams.org/documents.
2. Search for your employer and open the 403(b) Approved Vendor list.
3. Do your research and contact a vendor on the list directly to establish your retirement account.



Step Two: Create an administration account

1. Visit www.region10rams.org/403b and click Enroll.
2. Enter the name of your employer and select the 403(b) Admin Plan.
3. Follow each step until you get a completion notice.
4. You're done! Login your account any time you wish to make contribution adjustments.



Get started at www.region10rams.org/403b

Enrollment assistance is available at www.region10rams.org/telewealth or by calling the Enrollment Hotline at 800-943-9179.





457(b) Retirement Savings Plan

A Section 457(b) plan is a special type of employer-sponsored retirement plan that certain governmental employers, and other tax-exempt organizations can establish for their employees.

Your employer offers the **RAMS 457(b)** plan as a way to help you save for life beyond your full-time working years. Contributing regularly to a 457(b) can help give you the power and confidence to retire with more in your pocket to cover housing, health care, vacations, bills, and other expenses upon retirement.



2024 Contribution Limits

You can contribute 100% of your compensation up to \$23,000, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,500. You can contribute to both 403(b) and 457(b) plans simultaneously.



Plan Highlights

- Oversight by Superintendents, HR Directors, and Chief Financial Officers—bringing peace of mind public employee interests are represented
- Low, transparent fees
- Wide range of investments to choose from including managed portfolios, target date funds, and self-directed options
- No 10% early distribution tax/penalty
- No surrender charges or hidden fees
- No product commissions
- Full control on starting/pausing contributions
- Access to financial education through **FinPath Wellness**, including 1:1 financial coaching, online financial health tools and monthly opportunities to win prizes**
- Access to no-cost W-2 tax preparation and complimentary creation of a personal will†

Get started at www.region10rams.org/457b

Enrollment assistance is available at www.region10rams.org/telewealth or by calling the Enrollment Hotline at 800-943-9179.



Exclusive RAMS 457(b) Account Holder Perks

As a benefit of having your retirement dollars managed by the RAMS program, you're automatically eligible for exclusive financial resources for you and your family. This is just another way saving for retirement can benefit you now and in the long run.



FinPath Financial Wellness

FinPath is a financial wellness program* designed to help you build better financial habits and help your dollars can go farther.

Here's what you get:

- o Unlimited 1:1 confidential financial coaching
- o Financial health tools to help you budget, reduce debt, plan for emergencies, explore student loan forgiveness, and more!
- o FinPath University financial education workshops and courses
- o Monthly giveaways, including a \$1,000 sweepstakes



Estate Planning

Spending a bit of time creating a solid estate plan can help you prepare for the expected and unexpected.

Redeem a complimentary will† (valued at \$259) to help you secure your legacy and your loved ones.



Tax Preparation

We can help you take the stress away from your tax bill. Our team can assist with **filing your W-2 tax returns at no cost to you** and or a \$250 credit towards complex preparation services.‡

Ready to start saving?

1. Visit www.region10rams.org/457b and click **Enroll Now**.
2. Enter your employer's name and choose the **457(b) Savings Plan**.
3. Follow the steps on screen to select your salary contribution and investment selection. Don't forget to designate a beneficiary!

*Note: If you're unsure about which investment option to select, please book a TeleWealth** virtual meeting.*

4. Continue until you get a confirmation notice, and you're done!



Scan QR code to begin enrollment



Need help?

Enrollment assistance is available at www.region10rams.org/telewealth or by calling 800-943-9179.

Contact Information

4544 Interstate 10 East
Baytown, TX 77521

www.ffbenefits.ffga.com/goosecreekcisid

Valeria Clinkscales
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281.272.7618
valeria.clinkscales@ffga.com

| Product | Carrier | Website | Phone |
|----------------------------|---|--|--------------|
| Medical | Blue Cross Blue Shield of Texas HMO Blue Essentials | www.bcbstx.com | 800.521.2227 |
| Medical | Blue Cross Blue Shield of Texas Blue Choice PPO HDHP | www.bcbstx.com | 877.299.2377 |
| Pharmacy | Prime Therapeutics HMO Blue Essentials | www.myprime.com | 800.521.2227 |
| Pharmacy | Prime Therapeutics Blue Choice PPO HDHP | www.myprime.com | 877.299.2377 |
| Prescription Savings Card | Clever RX | partner.cleverrx.com/ffga | 844.367.6108 |
| Flexible Spending Accounts | First Financial Administrators, Inc. | www.ffga.com | 866.853.3539 |
| Health Savings Accounts | First Financial Administrators, Inc. | www.ffga.com | 866.853.3539 |
| Telehealth | Recuro | www.recurohealth.com | 855.673.2876 |
| Dental | MetLife | www.metlife.com/dental | 800.438.6388 |
| Vision | MetLife | www.metlife.com/vision | 800.438.6388 |
| Accident | Aetna | www.myaetnasupplemental.com | 800.607.3366 |
| Disability Insurance | The Hartford | www.thehartford.com | 866.547.9124 |
| Hospital Indemnity | Aetna | www.myaetnasupplemental.com | 800.607.3366 |
| EAP | Voya Financial | www.voya.com | 800.955.7736 |
| Cancer | Guardian | www.guardianlife.com | 800.541.7846 |
| Critical Illness | Aetna | www.myaetnasupplemental.com | 800.607.3366 |
| Group Term Life | Voya Financial | www.voya.com | 800.955.7736 |
| Permanent Life | Texas Life | www.texaslife.com | 800.283.9233 |
| 403(b)/457(b) Retirement | TCG Services | www.tcgservices.com | 800.943.9179 |
| Financial Wellness | FinPath | www.finpathwellness.com | 833.777.6545 |
| Medicare | FFMS | www.ffga.com/medicare-solutions | 800.523.8422 |
| COBRA | First Financial Administrators, Inc. | www.cobrapoint.benaissance.com | 800.523.8422 |