

HARLINGEN CISD 2025-2026 BENEFITS GUIDE



SCAN ME



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

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

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

Employee Benefits Center

A guide to your benefits!

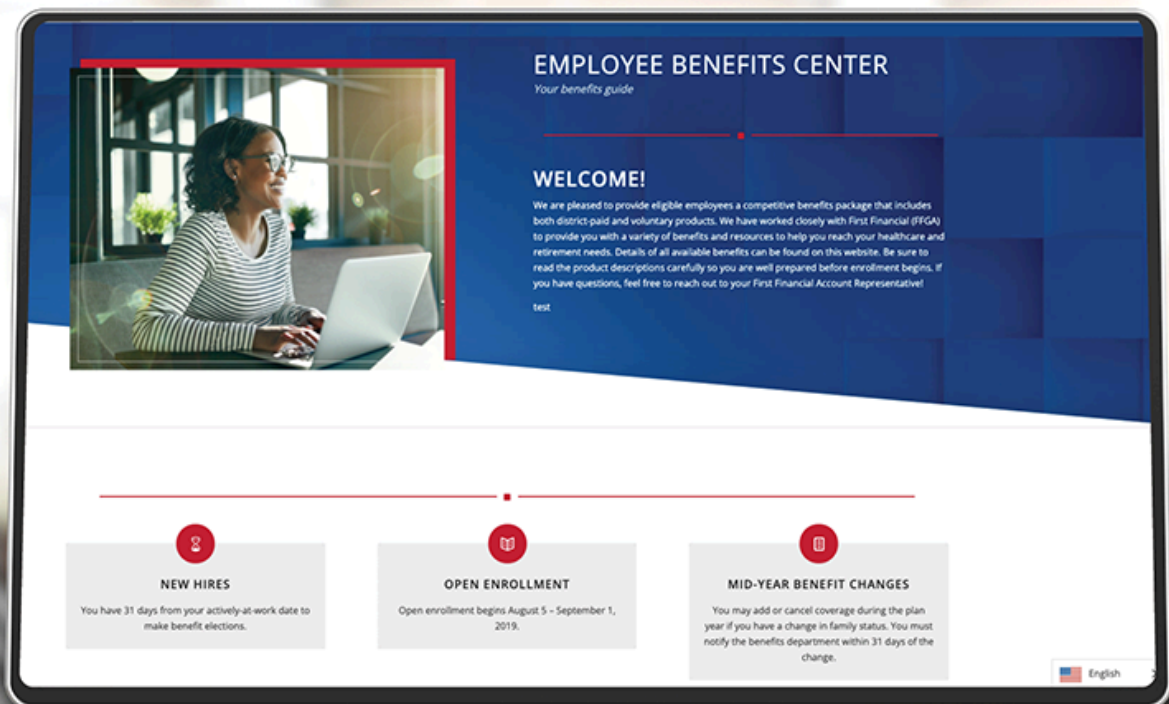
Harlingen CISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

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



Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

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

Existing Employees

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

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here’s How It Works

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

Is It Right For Me?

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

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

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

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

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

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



BlueCross BlueShield of Texas

Blue Access for MembersSM

Get all the advantages your health plan

Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Texas (BCBSTX) secure member website, Blue Access for Members (BAM).

With BAM, you can:

- Check the status or history of a claim View or print
- Explanation of Benefits statements Locate a doctor or
- hospital in your plan's network Find Spanish-speaking
- providers Request a new ID card – or print a temporary one
- Visit [Health Care School](#) to see articles and videos to help
- you make the most of your benefits

It's easy to get started

- 1 Go to bcbstx.com/member
- 2 Click **Register Now**
- 3 Use the information on your BCBSTX ID card to complete the registration process.



Text* BCBSTXAPP to 33633 to get the BCBSTX app that lets you use BAM while you're on the go.

*Message and data rates may apply



BlueCross BlueShield of Texas



Harlingen CISD EFFECTIVE 1/1/2026

Medicaland PharmacyProvider:

BlueCross andBlueShieldofTexas / Prime Therapeutics

LOW PPO PLAN

Coverage tier	Employer Monthly Premium	Employee Monthly Deduction
EMPLOYEE ONLY	\$502.18	\$0.00
EMPLOYEE AND SPOUSE	\$1,058.78	\$ 556.59
EMPLOYEE AND 1 CHILD *	\$909.57	\$ 407.39
EMPLOYEE AND CHILDREN	\$957.58	\$ 455.40
EMPLOYEE AND FAMILY	\$1,261.18	\$ 758.99
BOTH SPOUSES EMPLOYED	\$ 1,261.18	\$ 256.82
DISTRICT (full-time)		

LOWPPO PLAN In-Network

OFFICE VISITS - PCP	\$30 CO-PAY
OFFICE VISITS - SPECIALISTS	\$45 CO-PAY
MDLIVE Virtual Visits	\$0 CO-PAY
CONTRACT YEAR DEDUCTIBLE	\$1,750 Individual \$3,500 Per Family
OUT- OF- POCKET MAXIMUM	\$5,000 Individual \$10,000 Per Family
EMERGENCY CARE	\$150 Copay then 70% of allowable amount
PHARMACY MAIL	\$25-\$45-\$75
ORDER (90 DAYS)	\$50-\$90-\$150

TeleHealth



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

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

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

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



VIRTUAL VISITS:

Speak with a doctor — anytime, anywhere

Powered by
MDLIVE

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

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

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

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

Talk Therapy

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

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

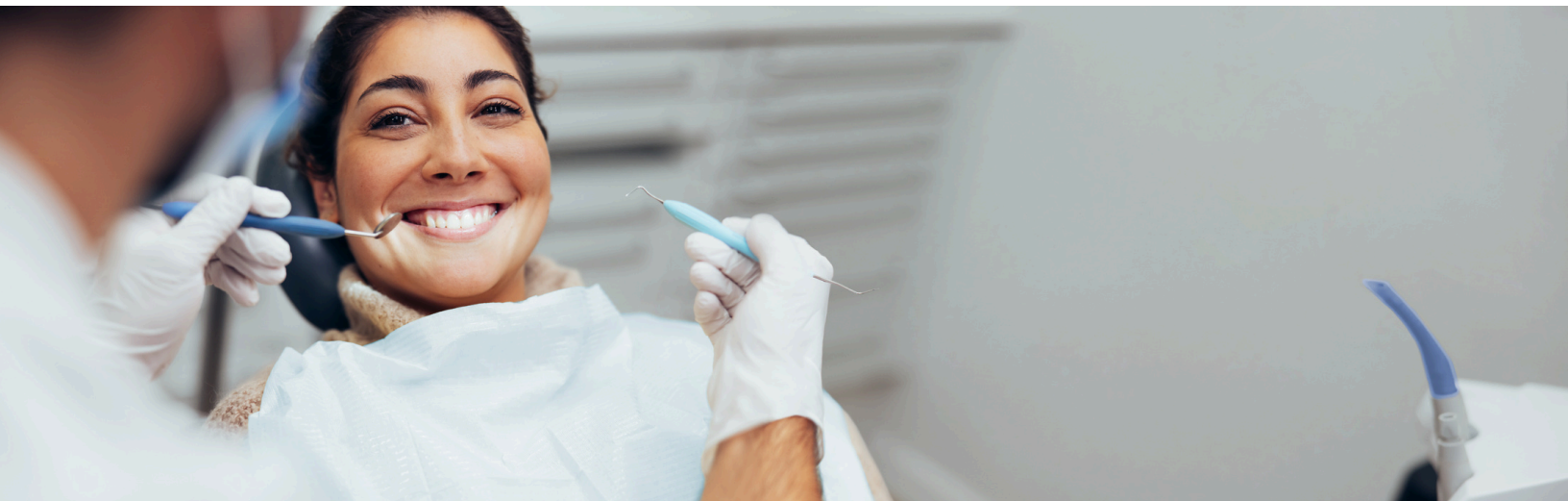
Activate your MDLIVE account or schedule a virtual visit:

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

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

Dental Insurance

Plan Choices



AMERITAS | www.ameritas.com | 800-487-5553

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

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

Dental Monthly Premiums	
Coverage Type	Basic Monthly Rate
Employee Only	\$23.12
Employee + Family	\$61.76

Dental Plan Summary

Effective Date: 01/01/2026

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$10/visit Type 1
	\$50 Calendar Year Type 2,3
	No Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	Discounted Fee
Dental Rewards®	Included
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

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

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

Type 1	Type 2	Type 3
• Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (1 in 6 months) • Fluoride for Children 13 and under (1 in 12 months) • Sealants (age 13 and under)	• Space Maintainers • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia	• Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

Monthly Rates

Employee Only (EE)	\$23.12
EE + Family	\$61.76

Ameritas Information

Our customer relations associates will be pleased to assist you at 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

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

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance. To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas planmembers may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Dental Rewards®

Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

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

Dental Network Information

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

Pretreatment As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance covers and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

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

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

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

Dental Cost Estimator Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal. Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area.

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

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

Vision Insurance

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

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

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

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

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



Vision Care Plan for Harlingen CISD

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



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

(based on date of service)

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



Exams

Eye exam copay (High / Low):

\$10 / \$15

Contact lens fitting² copay (standard and specialty):

\$25 / \$35

Specialty In-network allowance:

\$50



Frames

In-network allowance (High / Low):

\$150 / \$100



Materials¹

Materials copay (High / Low):

\$25



Contacts⁴ in lieu of glasses

In-network allowance (High / Low):

\$120 / \$100

Premiums

High plan Low plan

Monthly

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

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

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

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

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

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

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



LASIK Discounts⁵

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit superiorvision.com or contact your benefits coordinator.



Hearing Aid Discounts⁵

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit superiorvision.com or contact your benefits coordinator.



Free Mobile App

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

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

Flexible Spending Accounts

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

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$660 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$660 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$660 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2026 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 \$7,500 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is \$3,750.

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.

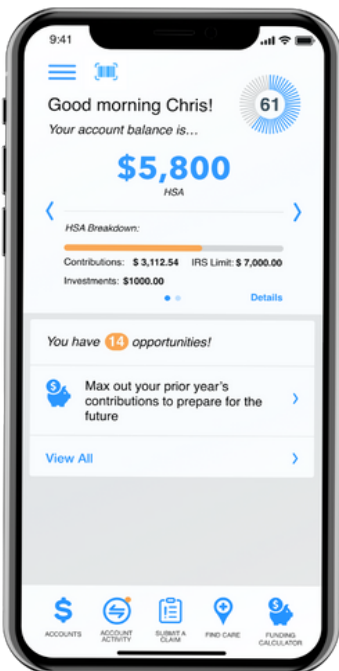
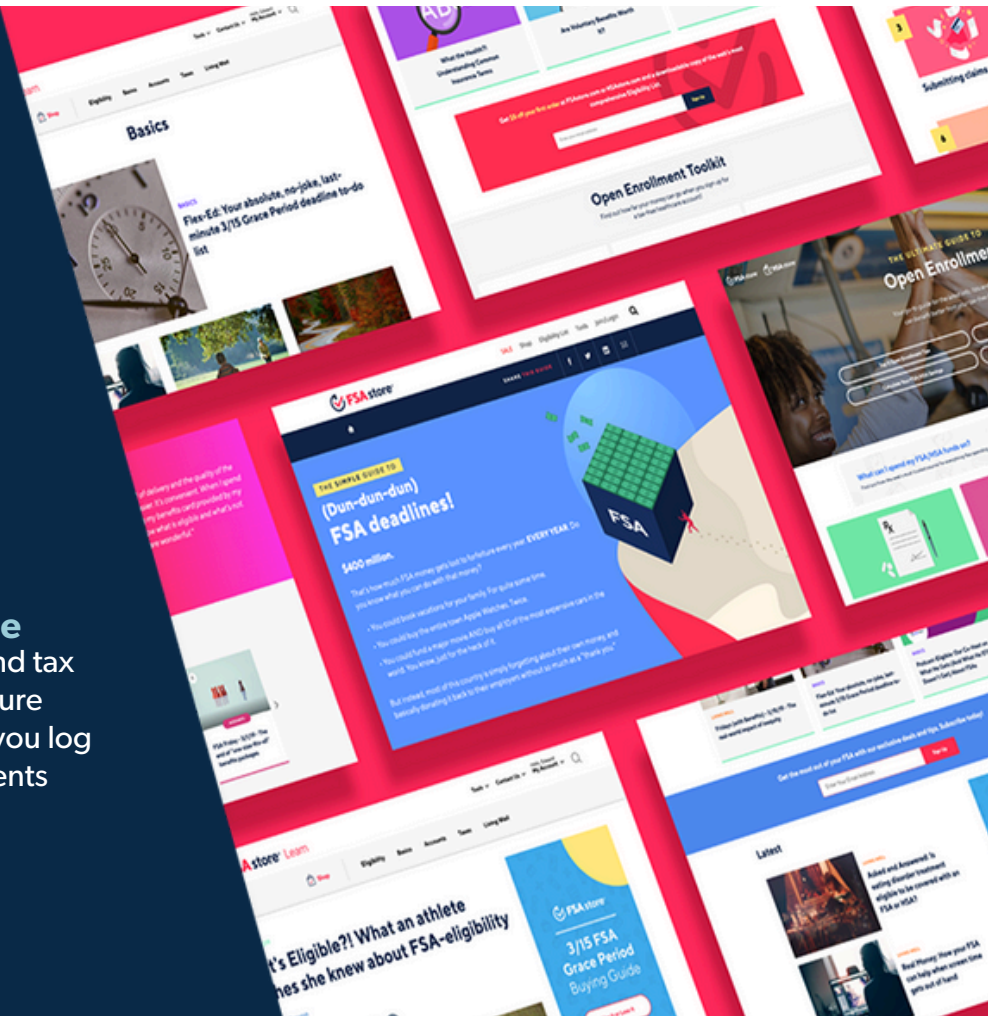
FSA Resources

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 Store

FFGA has partnered with the FSA Store and HSA Store to bring you easy-to-use online stores to better understand and manage your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the stores at

<http://www.ffga.com/individuals/#stores> for more details and special deals.



Term Life & AD&D

Employer-Paid & Voluntary

The Standard | www.standard.com | 800-552-2137

Employer-Paid Term Life Insurance

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

Voluntary Term Life Insurance

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





Group Basic Life and Accidental Death and Dismemberment Insurance

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

The cost of this insurance is paid by Harlingen CISD.

Eligibility

Definition of a Member	You are a member if you are a regular employee of Harlingen CISD and actively working at least 20 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the first day of the month that follows the date you become a member.

Benefits

BasicLifeCoverage Amount	Your Basic Life coverage amount is \$10,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount.
Age Reductions	Basic Life and AD&D insurance coverage amounts reduce to 65% at age 70, to 40% at age 75, to 25% at age 80 and to 15% at age 85.

Other Basic Life Features and Services

- Accelerated Death Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Adaptive Home and Vehicle
- Air Bag and Seat Belt Benefit
- Assault Benefit
- Family Benefits Package (includes Career Adjustment, Child Care and Higher Education Benefits)
- Helmet Benefit
- Public Transportation Benefit
- Third Degree Burn Benefit

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



Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

standard.com

SI 21907

174524
(10/25)



Group Additional Life Insurance

We can help provide for your family when you can't.

Group Additional Life insurance can help protect your family's finances if something happens to you. This coverage can help provide financial support and stability to your family if you pass away.

Additional Life insurance can help make things easier for the people you care about.

Life insurance helps protect the people who depend on your income by paying them an amount of money specified in the policy if you die.

Life insurance is an easy, responsible way to help your loved ones during a difficult time — and into the future.

What's at stake.

A death might leave your family facing expenses they couldn't pay without your income. That could include extra costs for medical care or a funeral.

You're covered under Basic Life insurance if you take no action, provided you meet the eligibility requirements. But if Basic Life insurance doesn't meet your needs, you can apply for additional coverage. **Plan now to help your family cover future expenses, such as:**



Tuition



Child Care



Housing Costs



Daily Living Expenses

Life Insurance

How Much Can I Apply For?

Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 7 times your annual earnings.

Note: You cannot buy more coverage for your spouse or child(ren) than you buy for yourself.

The coverage amount for your spouse cannot exceed 100% of your Additional Life coverage.

The coverage amount for your child(ren) cannot exceed 100% of your Additional Life coverage.

For You:

\$20,000–\$500,000 in increments of \$10,000

For Your Spouse:

\$10,000–\$25,000 in increments of \$5,000

For Your Child(ren):

Choice of \$2,500, \$5,000 or \$10,000

What Is The Guarantee Issue Amount?

Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.

For You:

Up to \$200,000

For Your Spouse:

The full amount

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

Open Enrollment

During Your Open Enrollment Period From Sept. 30, 2025 Through Nov. 6, 2025:

For You. If you are currently enrolled in Additional Life insurance for an amount less than \$200,000, you may elect to increase your coverage up to, but not to exceed, the guarantee issue amount of \$200,000 without having to answer health questions. If you are not currently enrolled in Additional Life insurance, you may elect \$200,000 of coverage without having to answer health questions.

For Your Spouse. If your spouse is currently enrolled in Dependent Life insurance for an amount less than \$25,000, you may elect to increase coverage up to, but not to exceed, the guarantee issue amount of \$25,000 without having to answer health questions. If your spouse is not currently enrolled in Dependent Life insurance, you may elect up to \$25,000 of coverage without having to answer health questions.

For Your Child(ren). Evidence of Insurability is not required for your child(ren).

Prior Declines. If you and/or your spouse were previously declined coverage by The Standard, you and/or your spouse will need to submit a Medical History Statement in order to apply for any amount of coverage during the open Enrollment period.

Visit the following link to complete and submit a Medical History Statement online for amounts above the guarantee issue amount or any prior declines: myeoi.standard.com/174524.

Additional Feature

Accelerated Death Benefit

If you become terminally ill, you may be eligible to receive up to 80% of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Your Coverage Costs

Your Basic Life insurance is paid for by Harlingen CISD. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck.

For You:

How much your premium costs depends on your age and benefit amount. Use the formula and rate table below to calculate the monthly premium for your Additional Life coverage.

Age (As of Jan. 1)	Your Rate (Per \$1,000 of Total Coverage)
<30	\$0.050
30–34	\$0.060
35–39	\$0.088
40–44	\$0.100
45–49	\$0.150
50–54	\$0.230
55 – 59	\$0.430
60–64	\$0.660
65–69	\$1.230
70 –74	\$1.990
75+	\$1.990

How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses.

Your benefits could help your family pay for:

- Outstanding debt
- Your child(ren)'s education
- Burial expenses
- Daily expenses
- Medical bills

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at standard.com/life/needs.

For Your Spouse:

If you buy coverage for your spouse, your monthly rate is \$0.132 per \$1,000. Use the same formula to calculate the premium that you used for yourself, but use your spouse's rate.

For Your Child(ren):

If you buy Dependents Life for your child(ren), your monthly rate is \$0.084 per \$1,000, no matter how many children you're covering. Use the same formula below to calculate the premium, but use your child(ren)'s rate.

Use this formula to estimate your semimonthly premium payments for you and your dependents:

$\div 1,000 =$	$\times$	$=$	$\rightarrow$
Enter the amount of coverage you are requesting (see benefit amounts on page 2).	Enter your rate from the rate table, or the rate listed in the sentences above for each of your dependents.	This amount is an estimate of how much you would pay each month.	To get a sense of your semimonthly premium, take your monthly premium, multiply by 12 months, and divide by 24 pay periods. This is your semimonthly premium.

Important Details

Here's where you'll find the details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- Insured for Basic Life insurance through The Standard
- A regular employee of Harlingen CISD actively working at least 20 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life insurance for yourself, you may also buy Life coverage for your eligible child(ren) and/or spouse. This is called Dependent Life insurance.

You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law.

You may also choose to cover your child. Child means your child from live birth through age 25.

Please note:

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be a full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue amount
- All late applications for employee and spouse (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements, if required
- Employees eligible, but not insured, under the prior life insurance plan

Medical underwriting is not required for child(ren).

Visit the following link to complete and submit a Medical History Statement online for amounts above the guarantee issue amount or any prior declines: myeoi.standard.com/174524.

Note: If your family status changes, you may have the ability to apply for coverage or increase your coverage for a limited time without having to submit a Medical History Statement.

Please see your human resources representative or plan administrator for more information.

Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections
- Serve an eligibility waiting period*
- Receive medical underwriting approval (if applicable)
- Apply for coverage and agree to pay premium
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective

*If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the first day of the month that follows the date you become member.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance, including any Dependent Life insurance, will not become effective until the day after you complete one full day of active work as an eligible employee. You may have a different effective date for Life coverage below and above the guarantee issue amount.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including Dependent Life insurance.

Age Reductions

Under this plan, your coverage amount reduces to 65% at age 70, to 40% at age 75, to 25% at age 80 and to 15% at age 85. Your spouse's coverage amount does not reduce due to age. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your premiums may be waived if you:

- Become totally disabled while insured under this plan
- Are under age 70
- Complete a waiting period of 180 days

If you qualify and are under age 60, your Life insurance coverage may continue without cost until age 70, provided you give us satisfactory proof that you remain totally disabled.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting a Medical History Statement.

Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

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

In addition to the above requirements, your Dependent Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

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

Group Insurance Certificate

If you become insured, contact your human resources representative for a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information presented in this summary does not modify the group policy, certificate or the insurance coverage in any way.

Texas Life

Permanent Life



Texas Life | www.texaslife.com | 800-283-9233

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				9.25					16.25	81
2-4				9.50					16.75	80
5-8				9.75					17.25	79
9-10				10.00					17.75	79
11-16				10.25					18.25	77
17-20				12.25	14.25	16.25	18.25	20.25	22.25	75
21-22				12.50	14.55	16.60	18.65	20.70	22.75	74
23				12.75	14.85	16.95	19.05	21.15	23.25	75
24-25				13.00	15.15	17.30	19.45	21.60	23.75	74
26				13.50	15.75	18.00	20.25	22.50	24.75	75
27-28				13.75	16.05	18.35	20.65	22.95	25.25	74
29				14.00	16.35	18.70	21.05	23.40	25.75	74
30-31				14.25	16.65	19.05	21.45	23.85	26.25	73
32				15.00	17.55	20.10	22.65	25.20	27.75	74
33				15.50	18.15	20.80	23.45	26.10	28.75	74
34				16.25	19.05	21.85	24.65	27.45	30.25	75
35		11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	76
36		11.55	14.65	17.75	20.85	23.95	27.05	30.15	33.25	76
37		12.00	15.25	18.50	21.75	25.00	28.25	31.50	34.75	77
38		12.45	15.85	19.25	22.65	26.05	29.45	32.85	36.25	77
39		13.20	16.85	20.50	24.15	27.80	31.45	35.10	38.75	78
40	10.05	13.95	17.85	21.75	25.65	29.55	33.45	37.35	41.25	79
41	10.75	15.00	19.25	23.50	27.75	32.00	36.25	40.50	44.75	80
42	11.55	16.20	20.85	25.50	30.15	34.80	39.45	44.10	48.75	81
43	12.25	17.25	22.25	27.25	32.25	37.25	42.25	47.25	52.25	82
44	12.95	18.30	23.65	29.00	34.35	39.70	45.05	50.40	55.75	83
45	13.65	19.35	25.05	30.75	36.45	42.15	47.85	53.55	59.25	83
46	14.45	20.55	26.65	32.75	38.85	44.95	51.05	57.15	63.25	84
47	15.15	21.60	28.05	34.50	40.95	47.40	53.85	60.30	66.75	84
48	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	85
49	16.75	24.00	31.25	38.50	45.75	53.00	60.25	67.50	74.75	85
50	17.75	25.50	33.25	41.00						86
51	18.95	27.30	35.65	44.00						87
52	20.25	29.25	38.25	47.25						88
53	21.25	30.75	40.25	49.75						88
54	22.25	32.25	42.25	52.25						88
55	23.35	33.90	44.45	55.00						89
56	24.35	35.40	46.45	57.50						89
57	25.55	37.20	48.85	60.50						89
58	26.65	38.85	51.05	63.25						89
59	27.85	40.65	53.45	66.25						89
60	28.55	41.70	54.85	68.00						90
61										90
62										90
63										90
64										90
65										90
66										90
67										91
68										91
69										91
70										91

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				17.25	20.25	23.25	26.25	29.25	32.25	71
21-22				18.00	21.15	24.30	27.45	30.60	33.75	71
23				18.75	22.05	25.35	28.65	31.95	35.25	72
24-25				19.25	22.65	26.05	29.45	32.85	36.25	71
26				19.75	23.25	26.75	30.25	33.75	37.25	72
27-28				20.25	23.85	27.45	31.05	34.65	38.25	71
29				20.50	24.15	27.80	31.45	35.10	38.75	71
30-31				23.00	27.15	31.30	35.45	39.60	43.75	72
32				23.75	28.05	32.35	36.65	40.95	45.25	72
33				24.00	28.35	32.70	37.05	41.40	45.75	72
34				24.25	28.65	33.05	37.45	41.85	46.25	71
35		16.50	21.25	26.00	30.75	35.50	40.25	45.00	49.75	72
36		16.95	21.85	26.75	31.65	36.55	41.45	46.35	51.25	72
37		18.00	23.25	28.50	33.75	39.00	44.25	49.50	54.75	73
38		18.45	23.85	29.25	34.65	40.05	45.45	50.85	56.25	73
39		19.65	25.45	31.25	37.05	42.85	48.65	54.45	60.25	74
40	14.95	21.30	27.65	34.00	40.35	46.70	53.05	59.40	65.75	76
41	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	77
42	16.95	24.30	31.65	39.00	46.35	53.70	61.05	68.40	75.75	78
43	18.35	26.40	34.45	42.50	50.55	58.60	66.65	74.70	82.75	80
44	19.05	27.45	35.85	44.25	52.65	61.05	69.45	77.85	86.25	80
45	20.05	28.95	37.85	46.75	55.65	64.55	73.45	82.35	91.25	81
46	20.85	30.15	39.45	48.75	58.05	67.35	76.65	85.95	95.25	81
47	21.85	31.65	41.45	51.25	61.05	70.85	80.65	90.45	100.25	82
48	22.75	33.00	43.25	53.50	63.75	74.00	84.25	94.50	104.75	82
49	24.05	34.95	45.85	56.75	67.65	78.55	89.45	100.35	111.25	83
50	25.15	36.60	48.05	59.50						83
51	26.25	38.25	50.25	62.25						83
52	27.85	40.65	53.45	66.25						84
53	29.25	42.75	56.25	69.75						85
54	30.55	44.70	58.85	73.00						85
55	31.95	46.80	61.65	76.50						85
56	33.55	49.20	64.85	80.50						85
57	35.15	51.60	68.05	84.50						86
58	36.85	54.15	71.45	88.75						86
59	38.55	56.70	74.85	93.00						86
60	39.55	58.20	76.85	95.50						86
61										86
62										87
63										87
64										87
65										87
66										88
67										88
68										88
69										88
70										89

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

Disability Insurance

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

Why Do I Need Disability Insurance?

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

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

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





AF™ Long-Term Disability Income Insurance

Harlingen CISD

Focus on Recovery, Not Expenses

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

Plan Highlights



Benefits are Payable Directly to You

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



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

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

Choose the Right Plan for You

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

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



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



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



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



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

AMERICAN FIDELITY 
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Benefit Policy Schedule

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

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

Benefit Policy Schedule (continued)

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

Plan Benefit Highlights

Maximum Benefit Period

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

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

Social Security Filing Assistance

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

When Coverage Begins

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

Physician Expense Benefit

Accidental Injury - \$100.00

Sickness - \$50.00

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

Accidental Death Benefit

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

Hospital Confinement Benefit

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

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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



Minimum Disability Benefit

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

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

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

Return To Work Incentives: Disabled and Working

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

• Worksite Accommodation

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Pre-Existing Condition Limitation

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

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

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

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

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

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

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



Spousal Accident Only Disability Benefit Rider

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

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

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

COBRA Funding Rider

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

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

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

Survivor Benefit Rider

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

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

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

Critical Illness Benefit Rider

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

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

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

Hospital Indemnity Limited Benefit Rider

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

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

Critical Illness Benefit Rider

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

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

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

COBRA Funding Benefit Rider

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

Spousal Accident Only Disability Benefit Rider

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

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

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

Survivor Benefit Rider

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

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

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

Policy Exclusions

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

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

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



Your benefits, all in one place.

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

Pre-Existing Conditions may apply.

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



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

Cancer Insurance

Plan Options



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

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

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

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

Cancer Insurance		
Monthly Premium	Basic	Enhanced Plus
Employee	\$15.80	\$31.62
Employee + Family	\$26.86	\$53.80



Group Cancer Insurance

Focus on the fight.

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

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

Did You Know?

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

American Cancer Society: Cancer Facts and Figures 2022, P4

Plan Benefit Highlights

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

Benefits designed to help cover costs.

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

Examples:



Diagnostic and Prevention

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



Travel Expenses

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

Plan Benefit Highlights

BENEFITS	BASIC	ENHANCED PLUS
Radiation Therapy/Chemotherapy/Immunotherapy Actual charges per 12 month period	\$10,000	\$15,000
Administrative/Lab Work Per calendar month	\$50	\$75
Hormone Therapy Per treatment per calendar month up to a max of 12 per calendar year	\$50	\$50
Experimental Treatment	Paid in the same manner and under the same maximums as any other treatment	
Blood, Plasma, and Platelets Basic: Per day, up to \$10,000 per calendar year Enhanced Plus: Per day, up to \$15,000 per calendar year	\$200	\$300
Medical Imaging Per image up to 2 per calendar year	\$200	\$300
Surgical	\$20 surgical unit/ Max per operation: \$2,000	\$40 surgical unit/ Max per operation: \$4,000
Anesthesia	25% of the amount paid for covered surgery	
Second and Third Surgical Opinion Per diagnosis	\$300	\$300
Outpatient Hospital or Ambulatory Surgical Center Per day of surgery	\$200	\$600
Bone Marrow or Stem Cell Transplant Patient Provided Per calendar year	\$500	\$1,500
Donor Provided Per calendar year	\$1,500	\$4,500
Prosthesis and Orthotic and Related Services Surgical 1 per site, lifetime max of 2 devices per covered person Non-surgical 1 per site, lifetime max of 3 devices per covered person	\$1,000 \$100 \$100	\$2,000 \$200 \$200
Hair Prosthesis Once per life		
Hospital Confinement Per day Day 1-30 Day 31+	\$10 0 0	\$30 0 0
U.S. Government/Charity Hospital Paid in lieu of most benefits per day Inpatient and outpatient	\$20 0 \$100	\$60 0 \$300
Extended Care Facility Per day, up to the same number of days of paid hospital confinement	\$100	\$300
Home Health Care Per day, up to the same number of days of paid hospital confinement	\$100	\$300
Hospice Care Basic: Per day, up to \$18,000 lifetime max Enhanced Plus: Per day, up to \$54,000 lifetime max	\$100	\$300
Inpatient Special Nursing Services Per day	\$100	\$300

BENEFITS	BASIC	ENHANCED PLUS
Dread Disease Per day while hospital confined Day 1-30 Day 31+	\$100 \$200	\$300 \$600
Donor	\$1,000/donation	
Drugs and Medicine Inpatient Per confinement Outpatient \$50 per prescription up to maximum shown per calendar month	\$50 \$50	\$200 \$100
Attending Physician While hospital confined, per day	\$50	\$50
Transportation & Lodging (Patient & Family Member) Transportation \$1,500 max per round trip, max 12 trips per calendar year Lodging Per day, up to 90 days per calendar year	Coach fare or \$.50/ mile by car \$50	Coach fare or \$.50/ mile by car \$75
Ambulance Ground Per trip, up to 2 per confinement Air Per trip, up to 2 per confinement	\$200 \$2,000	\$200 \$2,000
Physical or Speech Therapy Per visit, up to 4 per calendar month, lifetime max of \$1,000.	\$50	\$50
Diagnostic and Prevention One per calendar year	\$25	\$75
Cancer Screening Follow-Up One per calendar year	\$25	\$75
Waiver of Premium Employee only	After 90 days of continuous disability	
Internal Cancer Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	\$2,500	\$5,000
Heart Attack or Stroke Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	N/A	\$5,000
Hospital Intensive Care Unit Per day, up to 30 days per confinement; benefits reduced 50% at age 70 Ambulance		\$600 \$100

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

MONTHLY PREMIUMS	BASIC	ENHANCED PLUS
Individual	\$15.80	\$31.62
Family	\$26.86	\$53.80

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

Plan Benefit Highlights

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

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

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

Radiation Therapy, Chemotherapy or Immunotherapy Benefit

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Hospital Confinement Benefit Pays when the Covered Person requires

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

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

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

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

Plan Benefit Highlights (cont.)

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

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

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

Donor Benefit Blood donor expenses are not covered.

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

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

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

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

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

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

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

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

Marketed by:



Underwritten and administered by:



American Fidelity Assurance Company
americanfidelity.com

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

Limitations and Exclusions

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

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

Hospital intensive care unit benefit limitations No benefits will

be payable during the first two years of coverage for confinement caused by any heart condition diagnosed or treated before 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated before the Effective Date).

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

- (a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (b) alcoholism or drug addiction;
- (c) any act of war, declared or undeclared, or any act related to war;
- (d) military service for any country at war;
- (e) participation in any activity or event while intoxicated or under the

influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or

- (f) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place).
- Benefits are also not payable for services performed by a Physician who is related to the Covered Person.

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

Critical Illness Insurance

Cigna | www.cigna.com | 800-997-1654

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.





Insured by Cigna Health and Life Insurance Company

Employee-Paid

CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: Harlingen Consolidated Independent School District

Critical Illness insurance provides a cash benefit when a Covered Person is diagnosed with a covered critical illness or event after coverage is in effect. See State Variations (marked by *) below.

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 20 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens or non-United States citizens legally working and living in the United States (Inpats) and their Spouse, Domestic Partner, or Civil Union Partner and Dependent Children who are United States citizens or permanent resident aliens or Spouse, Domestic Partner, or Civil Union Partner or Dependent Child Inpats and who are legally residing in the United States.

You will be eligible for coverage the first of the month following date of hire or Active Service.

Your Spouse/Domestic Partner: Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, are automatically enrolled as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in this Summary and your Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or sickness.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$5,000, \$10,000, \$15,000, \$20,000, \$25,000 \$30,000, \$35,000, \$40,000, \$45,000, \$50,000	Up to \$50,000
Spouse	\$5,000, \$10,000, \$15,000, \$20,000, \$25,000 \$30,000, \$35,000, \$40,000, \$45,000, \$50,000	Up to \$50,000
Children	50% of employee amount, including Childhood Conditions.	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Conditions	Benefit Amount
Cancer Conditions	
Skin Cancer*	\$250 1x per lifetime

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Vascular Conditions	100%	100%
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Aortic & Cerebral Aneurysm	25%	Not Available
Advanced Heart Failure	25%	

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Nervous System Conditions	25%	Not Available
Advanced Stage Alzheimer's Disease	100%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	25%	Not Available
Parkinson's Disease	100%	Not Available
Multiple Sclerosis	25%	Not Available
Mild Stage Alzheimer's Disease	25%	Not Available
Huntington's Disease	25%	Not Available
Myasthenia Gravis	25%	25%
Infectious Conditions		
Severe Sepsis	100%	Not Available
Childhood Conditions*	100%	Not Available
Cerebral Palsy	100%	Not Available
Cystic Fibrosis	100%	Not Available
Muscular Dystrophy	100%	Not Available
Poliomyelitis	100%	Not Available
Sickle Cell Anemia	100%	Not Available
Heart Wall Malformation	100%	100%
Other Specified Conditions	100%	Not Available
Benign Brain Tumor	100%	100%
Blindness	100%	100%
Coma	100%	100%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	25%	25%
Advanced Obesity	25%	Not Available
Crohn's Disease	25%	25%
Pulmonary Embolism	25%	25%

For Childhood Conditions please refer to the beginning of the Available Coverage section above for details on how much coverage is available for covered children.

Wellness Treatment, Health Screening Test and Preventive Care Benefit*	Benefit Amount
The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. <i>Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.</i>	\$100 1 per year

Benefits	
Initial Critical Illness Benefit	Benefit for a diagnosis made after the effective date of coverage for each Covered Condition shown above. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage shown. Each Covered Condition will be payable one time per Covered Person. A 180 day separation period between the dates of diagnosis is required.*
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same Covered Condition for which an Initial Critical Illness Benefit has been paid, payable after a 6 month separation period from diagnosis of a previous Covered Condition.
Skin Cancer Benefit	Pays benefit stated above.

Additional Benefits	
Accidental Benefit Provides a lump sum benefit when a Covered Person incurs a Covered Accident that results in one of the following: loss of hearing, loss of speech, blindness, paralysis, coma, and Severe Burns. The Spouse and Child benefit is 50% and 25% respectively, of the benefit. A Covered Accident is a sudden, unforeseeable and external event that results directly, and independently of all other causes, in a Covered Loss.	\$15,000

Spouse										
	\$5,000		\$10,000		\$15,000		\$20,000		\$25,000	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<29	\$2.98	\$3.67	\$5.95	\$7.34	\$8.93	\$11.01	\$11.90	\$14.68	\$14.88	\$18.35
30 to 39	\$4.06	\$5.64	\$8.12	\$11.27	\$12.18	\$16.91	\$16.24	\$22.54	\$20.30	\$28.18
40 to 49	\$6.73	\$9.87	\$13.46	\$19.74	\$20.19	\$29.61	\$26.92	\$39.48	\$33.65	\$49.35
50 to 59	\$11.95	\$18.51	\$23.89	\$37.02	\$35.84	\$55.53	\$47.78	\$74.04	\$59.73	\$92.55
60 to 69	\$21.74	\$33.22	\$43.47	\$66.44	\$65.21	\$99.66	\$86.94	\$132.88	\$108.68	\$166.10
70 to 79	\$21.74	\$33.22	\$43.47	\$66.44	\$65.21	\$99.66	\$86.94	\$132.88	\$108.68	\$166.10
80 to 89	\$21.74	\$33.22	\$43.47	\$66.44	\$65.21	\$99.66	\$86.94	\$132.88	\$108.68	\$166.10
90+	\$21.74	\$33.22	\$43.47	\$66.44	\$65.21	\$99.66	\$86.94	\$132.88	\$108.68	\$166.10

Spouse										
	\$30,000		\$35,000		\$40,000		\$45,000		\$50,000	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<29	\$17.85	\$22.02	\$20.83	\$25.69	\$23.80	\$29.36	\$26.78	\$33.03	\$29.75	\$36.70
30 to 39	\$24.36	\$33.81	\$28.42	\$39.45	\$32.48	\$45.08	\$36.54	\$50.72	\$40.60	\$56.35
40 to 49	\$40.38	\$59.22	\$47.11	\$69.09	\$53.84	\$78.96	\$60.57	\$88.83	\$67.30	\$98.70
50 to 59	\$71.67	\$111.06	\$83.62	\$129.57	\$95.56	\$148.08	\$107.51	\$166.59	\$119.45	\$185.10
60 to 69	\$130.41	\$199.32	\$152.15	\$232.54	\$173.88	\$265.76	\$195.62	\$298.98	\$217.35	\$332.20
70 to 79	\$130.41	\$199.32	\$152.15	\$232.54	\$173.88	\$265.76	\$195.62	\$298.98	\$217.35	\$332.20
80 to 89	\$130.41	\$199.32	\$152.15	\$232.54	\$173.88	\$265.76	\$195.62	\$298.98	\$217.35	\$332.20
90+	\$130.41	\$199.32	\$152.15	\$232.54	\$173.88	\$265.76	\$195.62	\$298.98	\$217.35	\$332.20

Children										
Child coverage at no additional cost.										

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

The policy's rate structure is based on attained age, which means the premium can increase due to the increase in your age.

Important Policy Provisions and Definitions:

Covered Person: An eligible person who is enrolled for coverage under the Policy.

Covered Loss: A loss that is specified in the Policy in the Schedule of Benefits section and suffered by the Covered Person within the applicable time period described in the Policy.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the first of the month following the date your completed enrollment form is received, or if evidence of insurability is required, the first of the month after we have approved you (or your dependent) for coverage in writing, unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all other Covered Persons will not begin on the effective date if the covered person is confined to a hospital, facility or at home, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate about when coverage may continue.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate of Insurance for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Reductions, Common Exclusions and Limitations:

Exclusions: In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss that is caused directly or indirectly, in whole or in part by any of the following: • intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; • commission or attempt to commit a felony or an assault; • declared or undeclared war or act of war; • a Covered Loss that results from active duty service in the military, naval or air force of any country or international organization (upon our receipt of proof of service, we will refund any premium paid for this time; Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days); • voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant ("Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred) • a diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

Specific Definitions, Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied. Only one Initial Benefit will be paid for each Covered Condition per person and benefits will be subject to separation periods. **Skin Cancer**, basal cell/squamous cell carcinoma or certain forms of melanoma. **Invasive Cancer**, uncontrolled/abnormal growth or spread of invasive malignant cells. Excludes pre-malignant conditions or conditions with malignant potential. **Carcinoma in Situ**, non-invasive malignant tumor. Excludes premalignant conditions or conditions with malignant potential, skin cancers, invasive cancer (basal/squamous cell carcinoma or melanoma/melanoma in situ). **Heart Attack**, includes the following that confirms permanent loss of heart muscle function: 1) EKG; 2) elevation of cardiac enzyme. **Stroke**, cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging studies and neurological deficits lasting 96 hours or more. Excludes transient ischemic attack (TIAs), brain injury related to trauma or infection, brain injury associated with hypoxia or anoxia, vascular disease affecting eye or optic nerve or ischemic disorders of the vestibular system. **Coronary Artery Disease**, heart disease/angina requiring coronary artery bypass surgery, as prescribed by a Physician. Excludes angioplasty (percutaneous coronary intervention) and stent implantation. **Aortic and Cerebral Aneurysm**, expansion of blood vessel(s), which if not treated, can rupture. Excludes surgical repair of complications resulting from prior repair for an aneurysm. **Advanced Heart Failure**, inadequate blood flow to meet the body's demands resulting in the inability to carry on any physical activity without intervention. Excludes heart attack, coronary artery disease, pulmonary embolism, and arrhythmias. **Advanced Stage Alzheimer's Disease**, progressive degenerative disorder that attacks the brain's nerve cells resulting in cognitive deficits interfering with independence in completion of instrumental activities of daily living and may also require the inability to perform at least 2 physical activities of daily living. **Amyotrophic Lateral Sclerosis (ALS aka Lou Gehrig's Disease)**, motor neuron disease resulting in muscular weakness and atrophy. **Parkinson's Disease**, progressive, degenerative neurologic disease with indicated signs of the disease. **Multiple Sclerosis**, disease involving damage to brain and spinal cord cells with signs of motor or sensory deficits confirmed by MRI. Includes Neuromyelitis Optica and Transverse Myelitis. **Mild Stage Alzheimer's Disease**, progressive degenerative disorder that attacks the brain's nerve cells resulting in cognitive deficits that interfere with independence in everyday activities that require assistance with at least 2 instrumental activities of daily living. **Huntington's Disease**, progressive disorder causing breakdown of the nerve cells in the brain leading 1) Chorea; or 2) two of the following: involuntary/impaired movement, cognitive or psychiatric disorders. **Myasthenia Gravis**, autoimmune, neuromuscular disease causing loss of muscle control. **Severe Sepsis**, Infection that spreads into the blood which results in organ dysfunction and low blood pressure. Excludes relapse of the underlying bacterial infection causing the Severe Sepsis. Must be treatment free for Invasive Cancer and Carcinoma in Situ and have an inpatient admission. **Cerebral Palsy**, brain injury or abnormality occurring within 24 hours of birth resulting in developmental brain disorder. **Cystic Fibrosis**, progressive disorder that affects exocrine glands. **Muscular Dystrophy**, progressive disorder that interferes with formation of healthy muscles. **Poliomyelitis**, acute, infectious disease caused by the poliovirus with indicated signs of the disease. Excludes non-paralytic polio or post-polio syndrome. **Sickle Cell Anemia**, Blood disorder which produces distorted (sickled) red blood cells. Excludes the sickle cell trait. **Heart Wall Malformation**, A congenital malformation of the heart for which a physician has prescribed surgery or catheter based treatment within 1 year of birth. **Benign Brain Tumor**, non-cancerous abnormal cells in the brain. **Blindness**, irreversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 20 degrees or less. May require loss be due to specific illness. **Coma**, unconscious state lasting at least 96 continuous hours. Excludes any state of unconsciousness intentionally or medically induced from unconsciousness intentionally which the Covered Person is able to be aroused. May require loss be due to specific illness. **End-Stage Renal (Kidney) Disease**, chronic, irreversible function of both kidneys. Requires hemo or peritoneal dialysis. **Major Organ Failure**, includes: liver, lung, pancreas, kidney, heart or bone marrow. Happens when transplant is prescribed or recommended and placed on UNOS registry. If the Covered Person has a combination transplant (i.e. heart and lung), a single benefit amount will be payable. Recurrence Benefit not payable for same organ for which a benefit was previously paid. **Paralysis**, complete, permanent loss of use of two or more limbs due to a disease. Excludes loss due to Stroke and Multiple Sclerosis. May require loss be due to specific illness. **Advanced Obesity**, condition whereas excess body fat results in a physician prescribing bariatric surgery consistent with evidence based medical standards.

Specific Definitions, Benefit Exclusions and Limitations:

Crohn's Disease, chronic inflammatory disease of the digestive tract. Excludes irritable bowel syndrome or ulcerative colitis.

Pulmonary Embolism, obstruction of the arteries that carries blood to the lungs. Excludes blood clot confined to the lower extremities or pelvis.

***Benefits-Specific Conditions, Exclusions and Limitations (Additional Benefits):

Accidental Benefit: In addition to the Common Exclusions, benefits will not be paid for any Covered accident, directly or indirectly, in whole or in part, is caused by or results from any of the following (unless otherwise provided for in the policy): Bungee jumping; parachuting; skydiving; parasailing; hang-gliding; Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface except as a fare-paying passenger on a regularly scheduled commercial airline; being flown by the Covered Person or in which the Covered Person is a member of the crew; being used for crop dusting, spraying or seeding, giving and receiving flying instruction, fire-fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on); designed for flight above or beyond the earth's atmosphere; an ultra-light or glider; being used for the purpose of parachuting or skydiving; being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent; travel in any aircraft owned, leased or controlled by the Policyholder/Subscriber, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder/Subscriber if the Aircraft may be used as the Policyholder/Subscriber wishes for more than 10 straight days, or more than 15 days in any year; injuries that occur in the workplace or during the course of any employment for pay, benefit, or profit. Not available to residents of ID, OR.

Guaranteed Issue:

If you are a new hire you are not required to provide proof of good health if you enroll during your employer's eligibility waiting period and you choose an amount of coverage up to and including the Guaranteed Issue Amount. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. Guaranteed Issue coverage may be available at other specified periods of time. Your employer will notify you when these periods of time are available. Your Spouse must be age 18 or older to apply if evidence of insurability is required.

*State Variations

Spouse definition includes civil union partners in New Hampshire and Vermont, but excludes civil union partners for Idaho residents. Heart Attack benefits available for residents of AK. Not all shown covered conditions may be available and the **Specific Definitions, Benefit Exclusions and Limitations** for some of the conditions may vary for residents of ID, MD, NH, OR, WA. **Portability** in TX and VT is referred to as Continuation due to loss of eligibility. Portability conditions may differ for residents of UT, TX and VT. **Exclusions** may vary for residents of ID, LA, MN, NC, NH, SC, SD, VT, TX and WA. **Wellness Treatment and Preventive Care Benefit** is referred to as Health Screening Test or Preventive Care Benefit in WA and Wellness Treatment and Health Screening Test Benefit Rider in OR. Healthy Living Preventive Care Benefits may not be available to NC residents. Wellness Treatment, Health Screening Test or Preventive Care Benefit dental and ophthalmological exam benefits are not available to residents of NH and WA. **Hospital Chronic Admission Only** benefits are not available to residents of ID. Covid-19 Test and Screening benefits are not available to residents of NH. The coverage effective date will not be deferred for residents of TX if receiving chemotherapy or radiation treatment and deferring due to disability or ADLS only applies to the Spouse. For residents of ID, NH, WA the effective date won't be deferred due to ability to perform ADLS. Accidental Death and Dismemberment Benefits - no benefits are payable for paralysis for GA residents.

Series 1.0

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. C1112812. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions, policy provisions and/or features may vary by state. Please keep this material as a reference.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE

AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE. .

Accident Insurance

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

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

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



Accident Insurance

Explore Your Benefits & Costs

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

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



No medical questions or tests are required for Accident coverage.



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



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

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

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

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

PLAN | INVEST | PROTECT

VOYA
FINANCIAL

How much does it cost?

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

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

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

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

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

What's covered?

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



ER treatment



X-rays



Physical therapy



Stitches



Follow-up doctor treatment(s)

Sample payment amounts

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

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

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

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

Additional non-insurance service(s)

Access **extra support** next time you travel

Voya Travel Assistance

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

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

Schedule of Benefits

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

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

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

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

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

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

Laceration benefits are a total of all lacerations per accident.

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

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

Accidental Death & Dismemberment

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

	Option 1	Option 2
Accidental Death Benefits		
Common carrier accident		
Employee	\$100,000	\$200,000
Spouse	\$50,000	\$100,000
Children	\$25,000	\$50,000
Other accident		
Employee	\$50,000	\$100,000
Spouse	\$20,000	\$40,000
Children	\$10,000	\$20,000

Accidental Dismemberment Benefits		
Loss of both hand or both feet or sight in both eyes	\$28,000	\$40,000
Loss of one hand or one foot AND the sight of one eye	\$22,000	\$30,000
Loss of one hand AND one foot	\$22,000	\$30,000
Loss of one hand OR one foot	\$12,500	\$15,000
Loss of two or more fingers or toes	\$1,800	\$2,500
Loss of one finger or one toe	\$1,250	\$1,500

Exclusions and limitations

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

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

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

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

*Definition and limitations/exclusions may vary by state.



Ready to Enroll?

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

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

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

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

1222304

ACC2 Only

Date Prepared: 08/15/2022

212309-08152020

Identity Theft Protection

ILock360 | www.ilock360.com | 855-287-8888

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

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

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



Your identity is your most valuable asset.

Is yours protected?

iLOCK360



39 seconds is how often cyber-attacks to occur

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

17% increase in data breaches 2018 to 2019

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

How iLOCK360 helps



Defend

Your personal information is monitored 24/7/365



Protect

Alerts inform you of potential threats for immediate action



Restore

iLOCK360 does the work to restore your identity

Take advantage of special
EDUCATOR PRICING
during open enrollment!

Monthly payroll deduction

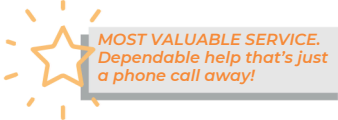
Coverage plan	Basic	Plus	Premium
Employee	District-Paid	\$8	\$15
Employee + Spouse		\$15	\$22
Employee + Children		\$13	\$20
Employee + Family		\$20	\$27

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

Protect your identity **TODAY!**

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

Learn more about the protections that iLOCK360 offers:

Plan features	Service description	Basic	Plus	Premium
Identity theft resolution services				
Full-Service Identity Theft Restoration & Lost Wallet Protection 	If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will work with you and on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with. Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.		✓ ✓	✓ ✓
\$1M Identity Theft Insurance	If you incur expenses associated with your identity theft recovery, you will be covered up to \$1M reimbursement (\$0 deductible). Covered costs include: • Lost wages or income • Attorney and legal fees • Expenses incurred for refinancing of loans, grants and other lines of credit • Costs of childcare and/or elderly care incurred as a result of identity restoration		✓	✓
Comprehensive identity monitoring				
CyberAlert™ monitors: * one Social Security Number * two Phone Numbers * two Email Addresses * five Credit/Debit Cards * two Medical ID Numbers * five Bank Accounts * one Drivers License Number * one Passport	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	✓	✓ ✓	✓ ✓
Change of Address Monitoring	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected through the USPS National Change of Address (NCOA) Registry.		✓	✓
Court/Criminal Records Monitoring	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.		✓	✓
Sex Offender Alerts	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area. As well as notifying you if someone registers as a sex offender in your name.		✓	✓
Payday Loan Monitoring	Often times, these types of loans don't show up on your credit report until they have gone through collections which will be damaging to your credit report. High-interest, easy-to-obtain payday loans can negatively impact your credit score. We alert you if a non-credit loan been opened using your identity at a payday or quick cash loan provider.		✓	✓
Social Security Number Trace	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.		✓ ✓	✓ ✓
Credit monitoring services				
Daily Monitoring of Experian Credit Bureau	Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.		✓	✓
Daily Monitoring of Three Credit Bureaus	Provides higher-level credit protection with monitoring from all three credit bureaus: Experian, Equifax & TransUnion. Receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.			✓
VantageScoreTracker	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.			✓
✓ adults ✓ children to age 18				

Medical Transport

MASA | www.masamts.com | 954-334-8261

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

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

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



How to access MASA

Getting the most from your membership benefits is simple. Typically, your ambulance bill is what you'll use to begin your payment request following the emergency. We understand that some emergencies can lead to added challenges in the immediate days that follow — this is when the MASA Member Services team can provide compassionate, real-time assistance when you need it most.



How to request payment

1

Submission

Submit your ambulance bill through the online member portal or by email within 180 days of the emergency. Be sure to include:

- Your member number within the email or on the ambulance bill
- Your health insurance EOB (explanation of benefits), if available

2

Review

- After submission, you'll receive an auto-reply confirmation of receipt and basic details.
- Next, a Member Services Specialist will review your case and reach out if they need any additional information.

3

Resolution

- Once your request is closed, you'll receive a letter notifying you of the resolution.

How to access support

You can verify membership benefits in your member portal, through the member app, or by calling Member Services.

The MASA Transport Team is available 24/7/365 to assist with specialized transports like repatriation, or returning pets, vehicles, and children home. In some cases, your attending medical team will be required to confirm your condition for transport.

Member Services

(800) 643-9023

Member portal

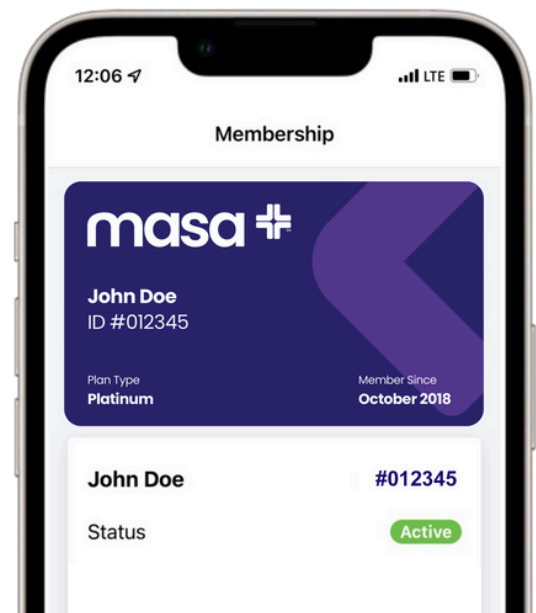
masaaccess.com/member

Claims email

ambulanceclaims@masaglobal.com

Smartphone app

MASA Global



When to access MASA

Refer to the table below to understand when and how to utilize your protections and services.

Benefit	Request payment after the event	Optional support during the event	Support required during the event
Emergency Ground Ambulance Coverage	=		
Emergency Air Ambulance Coverage	=		
Hospital to Hospital Ambulance Coverage	=		
Repatriation to a Hospital Near Home Coverage			=
Minor Return Transportation Coverage			=
Pet Return Transportation Coverage			=
Post-Admission Continued Care Transportation Coverage	=		
Sick While Away from Home Expense Protection	=		
Patient Return Transportation Coverage	=	=	
Companion Emergency Transportation Coverage	=		
Hospital Visitor Transportation Coverage	=	=	
Mortal Remains Transportation Coverage	=	=	
Vehicle & RV Return Coverage			=
Organ Retrieval Transportation Coverage	=		
Organ Recipient Transportation Coverage			=



\$14/month

Stay prepared with MASA® AccessSM

Comprehensive coverage and
care for emergency transport.

Our Emergent Plus membership plan includes:

Emergency Ground Ambulance Coverage¹

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

Emergency Air Ambulance Coverage¹

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

Hospital to Hospital Ambulance Coverage¹

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

Repatriation Near Home Coverage¹

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

Coverage territories

1: United States and Canada.

Disclaimers

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



Did you know?

51.3 million

emergency responses
occur each year

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

Source: NEMSIS, National EMS Data Report, 2023

About MASA

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

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



\$39 / month

Stay prepared with MASA[®] AccessSM

Comprehensive coverage and
care for emergency transport.

Our Platinum membership plan includes:

Emergency Ground Ambulance Coverage²

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

Emergency Air Ambulance Coverage²

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

Hospital to Hospital Ambulance Coverage²

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

Repatriation to Hospital Near Home Coverage⁴

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

Patient Return Transportation Coverage⁴

Once you're discharged from medical care and able to travel without medical transport, MASA coordinates and covers the costs associated with your commercial airline transport home.



Did you know?

51.3 million

emergency responses
occur each year

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

Source: NEMSIS, National EMS Data Report, 2023

About MASA

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

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

Companion Transportation Coverage³

MASA coordinates services and covers the cost for a companion to accompany you during your emergency air ambulance transport.

Hospital Visitor Transportation Coverage³

Should you be hospitalized more than 100 miles from home, MASA coordinates and covers the cost of round-trip air transportation for a companion to join you.

Minor Return Transportation Coverage³

In the event your minor child traveling with you is left unattended due to your emergency transport, MASA coordinates services and covers expenses to return your child safely home.

Pet Return Transportation Coverage³

If you are traveling with your pets and an emergency occurs requiring your medical transport, MASA coordinates services and covers expenses for returning up to two pets to your home.

Mortal Remains Transportation Coverage⁴

In the event that you pass away more than 100 miles from home, MASA coordinates services and covers the cost of air transport for your remains to be returned home.

Vehicle & RV Return Coverage³

Should a travel emergency occur requiring you to leave your vehicle or RV by ambulance, MASA provides services and covers expenses associated with returning your vehicle or RV to your home.

Organ Retrieval & Organ Recipient Transportation Coverage¹

Should you need an organ transplant, MASA coordinates and covers the cost of getting you or the organ to the transplant location.



Coverage territories

1: United States only.

2: United States and Canada.

3: United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda.

4: Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or under certain U.S. travel advisories as long as the member has provided ten (10) day notice.

Disclaimers

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

Hospital Indemnity Insurance

Aetna | www.aetna.com | 800-607-3366

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

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

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





Less stress

Aetna Hospital Indemnity Plan

Be prepared for what lies ahead

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

What is the Hospital Indemnity Plan?

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

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But the 90-day covered hospital stay in a hospital might come with a stay in the hospital.

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

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

How can you use the cash benefits?

Not completely sure how you can use the money any way you want, like:

Deductibles or copays

Mortgage or rent

Credit card or utility bills

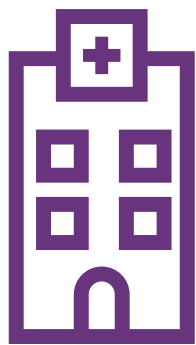
For anything medical or personal

Easy to use

Online tools make it easy to manage your plan. File a claim by the 90-day covered hospital stay in a hospital. And, benefits get paid directly to you by check or direct deposit.

Because it happens

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



Ready...or not

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

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

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

A Simplified Claims Experience^M

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

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



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

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

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

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

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

Aetna.com.

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



BENEFIT SUMMARY

Harlingen Consolidated Independent School District

802946

Aetna Hospital Indemnity

Insurance plans are underwritten by Aetna Life Insurance Company.

Here's how the plan works:



You have an unexpected event and have to go to the hospital.



You are admitted into the hospital and spend two days there.



You submit your hospital claim to Aetna.



Aetna pays benefits directly to you.

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

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

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

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

Inpatient Stays

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

Waiver of premium

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

Portability

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

Exclusions and Limitations

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

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

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

Questions and Answers

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

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

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

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

What is considered a hospital stay?

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

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

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

How do I file a claim?

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

What should I do in case of an emergency?

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

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

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



RATE SHEET

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



Hospital Indemnity Plan *You may enroll in one option only.*

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

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

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

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

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

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



Life & AD&D Insurance



The Standard | www.standard.com | 800-552-2137

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

Life & AD&D Highlights

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



Group Accidental Death and Dismemberment Insurance

Plan for extra protection when it's needed most.

Accidents can happen to anyone, anywhere. Accidental Death and Dismemberment insurance can provide extra protection if an accident happens to you. It pays benefits if you die due to an accident, or experience a severe physical loss, such as a limb, mobility, sight or hearing.

AD&D insurance can help protect your loved ones' finances.

AD&D insurance pays an amount of money, specified in the policy, if a covered accident results in your death or a severe physical loss, such as a limb, mobility or your eyesight.

If an accident left you with a serious injury, you might need to pay for special care and modified living arrangements.

Benefits for accidental death or serious loss.

AD&D insurance pays a benefit to your loved ones if you die due to a covered accident. This benefit is in addition to any life insurance.

If you survive an accident with a covered loss, the benefits from AD&D insurance can help you adjust your lifestyle and focus on your future.

Being ready for difficult times is an important piece of the financial planning puzzle. AD&D insurance can help strengthen your loved ones' economic security. **Add an extra layer of financial security to help pay for unexpected expenses, such as:**



Extra Medical Costs



Caregiving



Home Modifications



Funeral Costs

AD&D Insurance

How Much Can I Apply For?

Your AD&D amount can't exceed 7 times your annual earnings.

The amount for your child may not exceed \$50,000.

For You:

\$20,000–\$500,000 in increments of \$10,000

For Your Family:

Spouse Only:

50% of your AD&D coverage amount

Child Only:

15% of your AD&D coverage amount for each child

Spouse and Children:

40% of your AD&D coverage amount

10% of your AD&D coverage amount for each child

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

Additional Features

Seat Belt and Air Bag Benefits

The Standard may pay an additional benefit if you die while wearing a seat belt, provided certain conditions are met. If the car's air bags deploy during an accident, an air bag benefit may also be payable.

Family Benefits Package

This package is designed to help surviving family members maintain their standard of living and pursue their dreams. Included in the package are benefits to help with child care, career adjustment for your spouse and higher education for your children.

Public Transportation

The Standard may pay an additional benefit if you die as a result of an accident that occurs while you're riding as a fare-paying passenger on public transportation.

Occupational Assault

The Standard may pay a benefit if you die or are dismembered as a result of an act of workplace violence that is punishable by law.

How Much Will Your Coverage Cost?

Because this insurance is offered through Harlingen CISD, you'll have access to competitive group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

How much your premium costs depends on the benefit amount you elect.

If you buy coverage for your family (spouse and children), your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use the appropriate rate for the premium you are calculating.

Coverage for...	Cost Per \$1,000 of Coverage
You	\$0.017
Your spouse	\$0.025
Your children, regardless of how many	\$0.025
You and your family	\$0.025

Use this formula to calculate your semimonthly premium payment:

÷ 1,000 =

x

=

--->

Enter the amount of AD&D coverage you're requesting (see benefit amounts on page 2.)

Enter your rate from the rate table.

This amount is an estimate of how much you would pay each month.

To get a sense of your semimonthly premium, take your monthly premium, multiply by 12 months, and divide by 24 pay periods. This is your semimonthly premium.

ImportantDetails

Here’s where you’ll find the details about the plan.

EligibilityRequirements

To be eligible for coverage, you must be:

- An active employee of Harlingen CISD regularly working at least 20 hours each week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy AD&D insurance for yourself, you can also buy AD&D coverage for your family — your spouse and child(ren).

You can choose to cover your spouse, meaning a person to whom you are legally married or your domestic partner as recognized by law.

You can also choose to cover your child. Child means your child from live birth through age 25.

Please note:

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be a full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

CoverageEffectiveDate

To become insured you must:

- Meet the eligibility requirements listed in the previous sections
- Serve an eligibility waiting period*
- Apply for coverage and agree to pay premium
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective

*If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the first day of the month that follows the date you become a member.

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

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage, including AD&D insurance for your dependents.

Age Reductions

The Standard

Under this plan, your coverage amount reduces to 65% at age 70, to 40% at age 75, to 25% at age 80 and to 15% at age 85. Your spouse’s coverage amount does not reduce due to age. If you are age 65 or over, ask your human resources representative or plan administrator for the amount of coverage available.

AD&D Benefits

The amount of your or your dependent’s AD&D benefit for losses covered under this plan is a percentage of the amount of your or your dependent’s AD&D insurance in effect on the date of the covered accident as shown below. No more than 100% of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life. All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered Loss	Percentage of AD&D Benefit Payable
Life ¹	100%
One hand or one foot ²	100%
Sight in one eye, speech or hearing in both ears	100%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	50%

¹ Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.

² Even if the severed part is surgically re-attached. This benefit is not payable if an AD&D benefit is payable for quadriplegia, hemiplegia, paraplegia involving the same hand or foot.

³ This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or act of war (declared or undeclared), whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above
- Boarding, leaving or being in or on any kind of aircraft, unless you are a fare-paying passenger on a commercial aircraft

When Your Insurance Ends

Your AD&D Insurance ends automatically on the earliest of the following:

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

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

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

Group Insurance Certificate

If you become insured, contact your human resources representative for a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information presented in this summary does not modify the group policy, certificate or the insurance coverage in any way.



Empowering the shift from **surviving** to **thriving**

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

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



Meet FinPath

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

Here's what you get:



Unlimited 1:1 Coaching

Personalized, confidential coaching sessions tailored to your financial needs



Financial Health Tools

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



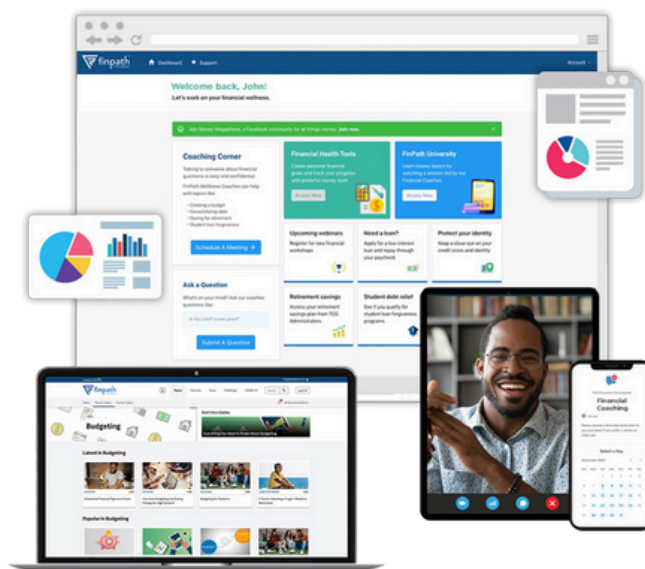
FinPath University

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



FinPath Perks

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



Activate your free account in 3 easy steps!

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

Have Questions?
Get Answers.

833-777-6545



finpathwellness.com/support



COBRA

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

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

COBRA Highlights

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

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



Voluntary Retirement Plans



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

403(b) Retirement Plan

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

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

457(b) Retirement Plan

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

Contribution Limits	
2024	2025
\$23,000	\$23,500
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500.	

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

MEANINGFUL NOTICE / PLAN SUMMARY INFORMATION

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

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

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

ELIGIBILITY

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

EMPLOYEE CONTRIBUTIONS

Traditional 403(b) and 457(b)

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

Roth 403(b) & 457(b) Contributions

Contributions made to a Roth account are after-tax deductions from your paycheck and are subject to limited coordination with traditional accounts. Income taxes are not reduced by contributions you make to your account. All qualified distributions from Roth accounts are tax-free. Any earnings on your deposits are not taxed as long as they remain in your account for five years from the date that your first Roth contribution was made. Roth 403(b) and Roth 457(b) distributions may be taken if you are 59½ (subject to plan document provisions) or at separation from service. The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. OMNI/TSACG monitors 403(b) and 457(b) plan contributions and notifies the employer in the event of an excess contribution.

THE BASIC CONTRIBUTION LIMIT FOR 2025 IS \$23,500.

Additional provisions allowed:

2025 AGE-BASED ADDITIONAL AMOUNT

Participants who are age 50 to 59 or 64 or older by 12/31/2025 qualify to make an additional contribution of up to \$7,500 to their 403(b) and/or 457(b) accounts. Participants aged 60, 61, 62, or 63 on 12/31/2025 can contribute an additional amount of up to \$11,250.

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The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available at <https://www.tsacg.com>.

2025

INVESTMENT PROVIDER INFORMATION

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

PLAN DISTRIBUTION TRANSACTIONS

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

PLAN-TO-PLAN TRANSFERS

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

ROLLOVERS

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

DISTRIBUTIONS

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

EXCHANGES

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

403(b) and 457(b) PLAN LOANS

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

HARDSHIP WITHDRAWALS

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

UNFORESEEN FINANCIAL EMERGENCY WITHDRAWAL

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

EMPLOYEE INFORMATION STATEMENT

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

PLAN ADMINISTRATOR CONTACT INFORMATION

Transactions

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

For overnight deliveries

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



HELPFUL WEBSITES

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

U.S. OMNI & TSACG Compliance Services

<https://www.tsacg.com>

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

A.M. Best Company

<https://web.ambest.com>

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

Administration on Aging

<https://acl.gov>

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

Choose to Save

American Savings Education Council

<https://www.asec.org>

Valuable information about financial security.

Employee Benefit Research Institute

<https://www.ebri.org>

Provides information on employee benefit programs.

Employee Benefits Security Administration

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

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

Internal Revenue Service

<https://www.irs.gov>

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

Morningstar

<https://www.morningstar.com>

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

Social Security Administration

<https://www.ssa.gov>

Find answers to all your questions concerning Social Security.

Standard and Poors Company

<https://www.spglobal.com>

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

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

Contact Information

Harlingen CISD Benefits Office

407 N. 77 Sunshine Strip Harlingen Tx 78550
956-430-9553/ 956-430-9766/956-430-9551
www.harlingencisd.org

FFGA

Nick Sullenger | Account Manager
956-998-8117

Product	Carrier	Website	Phone
Medical	Blue Cross Blue Shield	www.bcbstx.com	800-531-4456
Dental	Ameritas	www.ameritas.com	800-487-5553
Vision	Superior	www.superiorvision.com	800-507-3800
Telehealth	Blue Cross Blue Shield	www.mdlive/bcbstx.com	888-680-8646
Flexible Spending Accounts	FSA Department	www.ffga.com	866-853-3539
Term Life and AD&D	The Standard	www.standard.com	800-552-2137
Permanent Life Insurance	Texas Life	www.texaslife.com	800-283-9233
Disability	American Fidelity	www.americanfidelity.com	800-654-8489
Cancer Insurance	American Fidelity	www.americanfidelity.com	800-654-8489
Critical Illness	Cigna	www.cigna.com	800-997-1654
Accident Insurance	Voya	www.voya.com	888-238-4840
Identity Theft Protection	Ilock360	www.ilock360.com	855-287-8888
Medical Transport	Masa	www.masamts.com	954-334-8261

Contact Information

Harlingen CISD Benefits Office
407 N. 77 Sunshine Strip Harlingen Tx 78550
956-430-9553/956-430-9766/956-430-9551
www.harlingencisd.org

FFGA
Nick Sullenger | Account Manager
956-998-8117

Product	Carrier	Website	Phone
Hospital Indemnity	Aetna	www.aetna.com	800-607-3366
Fin Path	Omnia	www.finpathwellness.com	833-777-6545
COBRA Vision and Dental	FFGA	www.ffga.com	866-853-3539
Teacher Retirement System	TRS	www.trs.texas.gov	800-223-8778