*Eagle Mountain Saginaw ISD 2024-2025*

# BENEFITS GUIDE

SCAN ME

ffbenefits.ffga.com/
eaglemountainsaginawisd

FFGA
Benefit Solutions Simplified

EMS ISD
EAGLE MOUNTAIN SAGINAW ISD
Fostering a Culture of Excellence


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# Contents



*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!

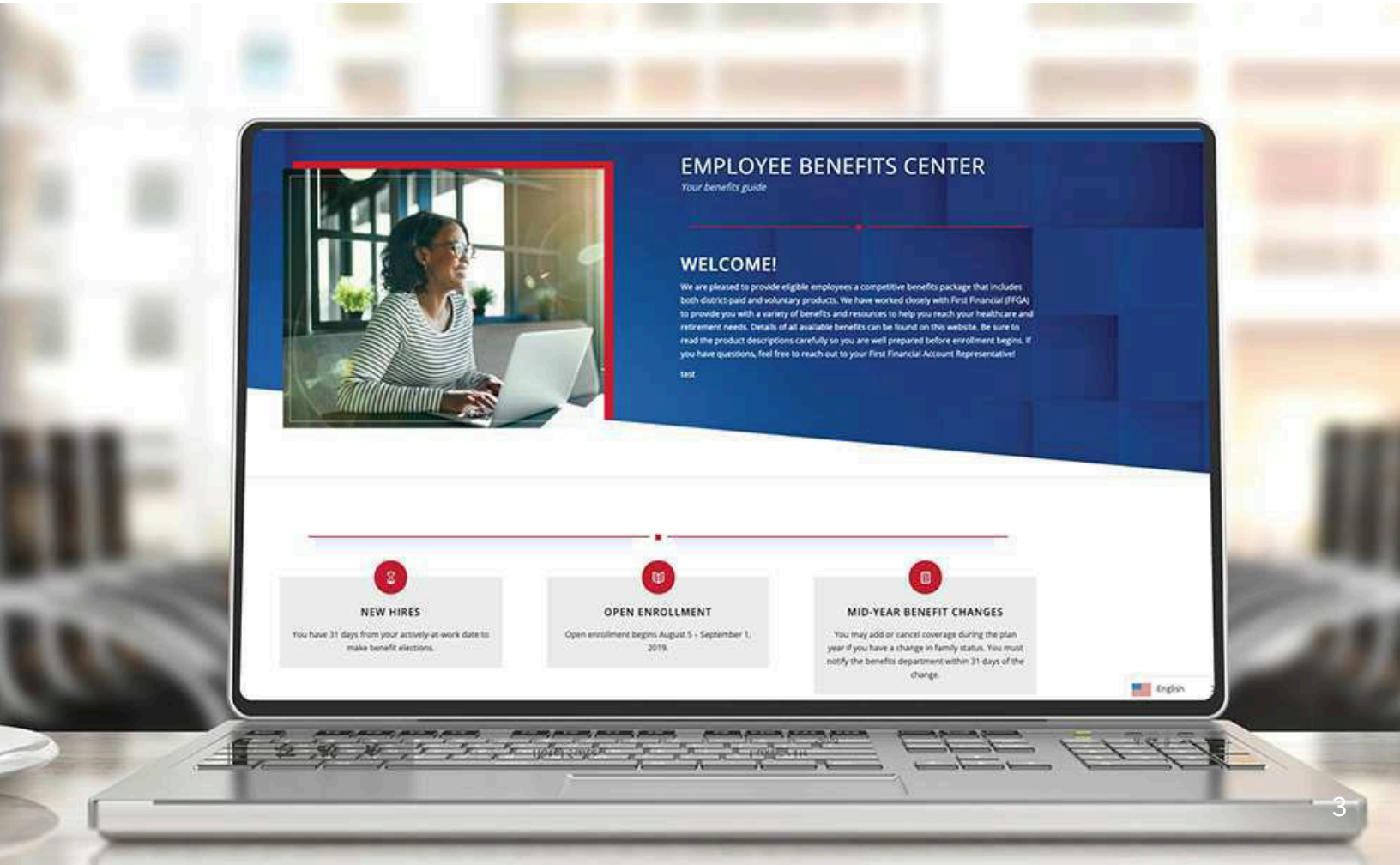
Eagle Mountain Saginaw ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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

SCAN ME!

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

ffbenefits.ffga.com/eaglemountainsaginawisd



# How to Enroll
## Benefits Enrollment

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

### Online Enrollment
To begin online enrollment, visit ffga.benselect.com/Enroll/login.aspx.

**Enroll Now**

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

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

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

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

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

# Benefit Eligibility & Coverage

## Employee Coverage

## Eligibility

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

### New Employees

You have 31 days from your actively-at-work date to make benefit elections. Your New Hire Enrollment elections information will be provided from the benefits coordinator.

### Existing Employees

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

### Mid-year Benefit Changes

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

### Qualifying Life Events Include:

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

### Declining Coverage

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

# Section 125 Plans

## Section 125 Plan Information & Rules

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

### Here's How It Works

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

### Is It Right For Me?

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

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

IRS specified changes in family status include:

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

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

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

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

# Medical Coverage

## TRS-ActiveCare

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

Blue Cross Blue Shield of Texas | www.bcbstx.com/trsactivecare | (866) 355-5999

### TRS-ActiveCare Primary

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

### TRS-ActiveCare HD

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

### TRS-ActiveCare Primary +

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

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

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

### TRS-ActiveCare Plan Prescription Benefits

Express Scripts | info.express-scripts.com/trsactivecare | (844) 367-6108
When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through Express Scripts which gives you access to a large, national network of retail pharmacies.

# Eagle Mountain-Saginaw ISD

## TRS-ActiveCare Medical Rates 2024-2025

*(Effective 09/01/2024- 08/31/2025)*

| | | | 12 Pay | 20 Pay | Bi-Weekly |
|---|---|---|---|---|---|
| **TRS ACTIVECARE Primary** | Total Cost | Employer Contribution | **Your Monthly Cost** | **Your Twenty Pay Cost** | **Your Bi-Weekly Cost** |
| Employee Only | $505 | $300 | $205 | $123.00 | $94.62 |
| Employee & Child(ren) | $859 | $300 | $559 | $335.40 | $258.00 |
| Employee & Spouse | $1,364 | $300 | $1,064 | $638.40 | $491.08 |
| Employee & Family | $1,717 | $300 | $1,417 | $850.20 | $654.00 |
| **TRS ACTIVECARE HD** | Total Cost | Employer Contribution | **Your Monthly Cost** | **Your Twenty Pay Cost** | **Your Bi-Weekly Cost** |
| Employee Only | $519 | $300 | $219 | $131.40 | $101.08 |
| Employee & Child(ren) | $883 | $300 | $583 | $349.80 | $269.08 |
| Employee & Spouse | $1,402 | $300 | $1,102 | $661.20 | $508.62 |
| Employee & Family | $1,765 | $300 | $1,465 | $879.00 | $676.15 |
| **ACTIVECARE Primary +** | Total Cost | Employer Contribution | **Your Monthly Cost** | **Your Twenty Pay Cost** | **Your Bi-Weekly Cost** |
| Employee Only | $592 | $300 | $292 | $175.20 | $134.77 |
| Employee & Child(ren) | $1,007 | $300 | $707 | $424.20 | $326.31 |
| Employee & Spouse | $1,540 | $300 | $1,240 | $744.00 | $572.31 |
| Employee & Family | $1,954 | $300 | $1,654 | $992.40 | $763.38 |
| | | | | | |
| **ACTIVECARE 2** | Total Cost | Employer Contribution | **Your Monthly Cost** | **Your Twenty Pay Cost** | **Your Bi-Weekly Cost** |
| Employee Only | $1,013 | $300 | $713 | $427.80 | $329.08 |
| Employee & Child(ren) | $1,507 | $300 | $1,207 | $724.20 | $557.08 |
| Employee & Spouse | $2,402 | $300 | $2,102 | $1,261.20 | $970.15 |
| Employee & Family | $2,841 | $300 | $2,541 | $1,524.60 | $1,172.77 |

**BSW HMO product will not be offered as a plan option for the upcoming 2024-25 plan year.**

*Where the west begins is where TRS-ActiveCare rides with you on your health care journey.*


# TRS-ActiveCare **Plan Highlights** 2024-25

TRS ACTIVECARE
TEACHER RETIREMENT SYSTEM OF TEXAS

## Learn the Terms.

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



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

TRS ActiveCare

## How to Calculate Your Monthly Premium

Total Monthly Premium
− Your Employer Contribution
= **Your Premium**

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

## Wellness Benefits at No Extra Cost*

**Being healthy is easy with:**

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

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

## Primary Plans & Mental Health

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

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

| | TRS-ActiveCare Primary | TRS-ActiveCare Primary+ | TRS-ActiveCare HD |
|---|---|---|---|
| Plan Summary | • Lowest premium of all three plans<br>• Copays for doctor visits before you meet your deductible<br>• Statewide network<br>• Primary Care Provider referrals required to see specialists<br>• Not compatible with a Health Savings Account<br>• No out-of-network coverage | • Lower deductible than the HD and Primary plans<br>• Copays for many services and drugs<br>• Higher premium<br>• Statewide network<br>• Primary Care Provider referrals required to see specialists<br>• Not compatible with a Health Savings Account<br>• No out-of-network coverage | • Compatible with a Health Savings Account<br>• Nationwide network with out-of-network coverage<br>• No requirement for Primary Care Providers or referrals<br>• Must meet your deductible before plan pays for non-preventive care |

| Monthly Premiums | Total Premium | Employer Contribution | Your Premium | Total Premium | Employer Contribution | Your Premium | Total Premium | Employer Contribution | Your Premium |
|---|---|---|---|---|---|---|---|---|---|
| Employee Only | $505 | - | - | $592 | - | - | $519 | - | - |
| Employee and Spouse | $1,364 | - | - | $1,540 | - | - | $1,402 | - | - |
| Employee and Children | $859 | - | - | $1,007 | - | - | $883 | - | - |
| Employee and Family | $1,717 | - | - | $1,954 | - | - | $1,765 | - | - |

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

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

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

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

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

| TRS-ActiveCare 2 |
|---|
| • Closed to new enrollees<br>• Current enrollees can choose to stay in plan<br>• Lower deductible<br>• Copays for many services and drugs<br>• Nationwide network with out-of-network coverage<br>• No requirement for Primary Care Providers or referrals |

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

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

| | |
|---|---|
| $30 copay | You pay 40% after deductible |
| $70 copay | You pay 40% after deductible |

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

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

# Compare Prices for Common Medical Services

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

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

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

# Employee Health Clinic

Be Well Primary Care | www.bewellprimarycare.com | (682) 593-1211

## What is Be Well Primary Care?

- A doctor's office (not urgent care) staffed by a physician on-site and medical personnel.
- Can act as a primary care physician or supplement your current medical services. Utilizing their services does not commit an employee to any long-term obligation.
- Conveniently located near the intersection of I-35W and North Tarrant Parkway or visit the Azle location off of HWY 199.
- Available Monday – Friday 8:00 a.m. – 5:00 p.m. with extended hours until 7:00 p.m. on Wednesday.
- Focus is on adults, age 16 years and up.
- Same-day or next-day when making a scheduled appointment for EMS ISD!
- Provides access to a network of specialists.

## EMS ISD Liason Adriana Gallegos

Adriana Gallegos is the staff member at Be Well Primary Care dedicated to serving EMS ISD and assigned to support all EMS ISD employees and their needs at the clinic. You can ask for Adriana when you call to book an appointment at (682) 593-1211. You can book your appointment at either the Keller, Azle or Denton clinic locations, and please mention you are an EMS ISD employee. Visit http://www.bewellprimarycare.com for more information.

## Programs and Services:

- ***Note: The benefits listed below are for employees of EMS ISD.***
- ***Benefits start over on 9/1/24.***

**FREE ANNUAL PHYSICAL EXAMS:** All EMS ISD patients are encouraged to have an annual physical exam. The Be Well Primary Care/EMS ISD Partnership provides one annual exam at no out-of-pocket cost to the employee. Insurance, when available will be applied. Employees. EMS employees will receive a $75 gift card upon the completion of their annual physical exam. You must take your employee ID with you to your appointment to receive your gift card.

**FREE TWO SICK VISITS:** * All EMS ISD patients will receive two (2) free office visits per year at no out-of-pocket cost to the employee. * Please note that lab work and treatments may be an additional cost to the employee. Insurance, when available, will be applied. After the first two visits, patients are responsible for any insurance copays, coinsurance and deductibles, or the cash price if uninsured.

# Employee Health Clinic

Be Well Primary Care | www.bewellprimarycare.com | (682) 593-1211

Be Well Primary Care
Compassion. Care. Excellence.
Your health is our priority.

EMS ISD

Now Partnering To Better Your Health Needs!

## **ATTENTION ALL EMSISD EMPLOYEES/PATIENTS**

Eagle Mountain-Saginaw ISD is partnered with Be Well Primary Care to bring wellness support to employees. Same or next day appointments for scheduled appointments. Please identify yourself as an EMS ISD employee to receive benefits.

**PLEASE NOTE:**
BEGINNING **9/01/2023**, A NEW BENEFIT STRUCTURE IS REPLACING THE PRIOR PROGRAM.

- **FREE ANNUAL PHYSICAL EXAMS:**

ALL EMSISD PATIENTS ARE ENCOURAGED TO HAVE AN ANNUAL PHYSICAL EXAM. THE BE WELL PRIMARY CARE/EMSISD PARTNERSHIP PROVIDES FOR ONE ANNUAL PHYSICAL AT NO OUT-OF-POCKET COST TO THE EMPLOYEE. INSURANCE, WHEN AVAILABLE, SHALL BE APPLIED. ONCE COMPLETED, EMPLOYEES WILL RECEIVE THEIR *$75 GIFT CARD AT CHECKOUT*.

- **FREE TWO SICK VISITS: ***

ALL EMSISD PATIENTS WILL RECEIVE TWO (2) FREE SICK VISITS PER YEAR AT NO OUT-OF-POCKET COST TO THE EMPLOYEE. *PLEASE NOTE THAT LAB WORK AND TREATMENTS MAY BE AN ADDITIONAL COST. INSURANCE, WHEN AVAILABLE, SHALL BE APPLIED. AFTER THE FIRST TWO SICK VISITS, PATIENTS ARE RESPONSIBLE FOR ANY INSURANCE COPAYS, COINSURANCES, AND DEDUCTIBLES, OR THE CASH PRICE, IF ININSURED.

**Be Well Azle**
721 Southeast Pkwy,
Azle, TX 76020

**Be Well Keller:**
3800 North Tarrant Parkway, Suite 210,
Fort Worth, TX 76244

**Be Well Denton:**
3200 Colorado Blvd, Ste 202
Denton, TX 76210

**Hours:** Monday-Friday, 8am-5pm
Wednesdays, open until 7pm

**SCHEDULE YOUR APPOINTMENT TODAY!**
**682-593-1211**

# 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.

MASA Medical Transport Solutions®

**$14/MONTH**

## DID YOU KNOW?

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

Insurance companies **may not** cover all air and ground ambulance expenses which can result in max in-network out-of-pocket** costs of:

**$8,700 Individual**
**$17,400 Family**

Ground ambulance **out-of-network transportation costs may be even higher than in-network** since the No Surprises Act does not apply to ground ambulance at this time.

# EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an aff ordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefi ts network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

### Emergency Air Ambulance Coverage[1]

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

### Emergency Ground Ambulance Coverage[1]

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

### Hospital to Hospital Ambulance Coverage[1]

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

### Repatriation to Hospital Near Home Coverage[1]

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

### Contact Your Representative, to learn more:

kloeffler

@masamts.com ☎713-817-3178

MASA Medical Transport Solutions®

**$19/month**

**DID YOU KNOW?**

**28M**
**emergency transports are dispatched by 911 annually.***

MASA MTS steps in where insurance falls short by helping protect families against uncovered costs for emergency transportation.

# NEW! Emergent Premier membership plan

Ensure you and your family are protected from unexpected costs when you use emergency transportation by adding MASA MTS to your benefits. While our critical benefits are included in all core plans, Emergent Premier offers coverage for additional expenses like returning a child or pet to a guardian, medical transport to a non-hospital facility, and pandemic quarantining.

MASA's solution is simple — with us, there is no "out-of-network." We work as a payer, not a provider. You simply call 911 when there is an emergency, and you'll never have to worry about what ambulance provider picks you up. When the ambulance bill arrives, send it to MASA. We'll advocate for you to ensure the ambulance charges are accurate and your insurance company has paid its portion; then we cover the remaining balance including your deductibles and co-pays.

## Our benefits

### Emergency Air Ambulance Coverage[3]

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for the Member and when the Dependents require the same services.

### Emergency Ground Ambulance Coverage[3]

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for the Member and when the Dependents require the same services.

* National Association of EMS Officials, 2020

### Hospital to Hospital Ambulance Coverage[3]

MASA MTS will cover out-of-pocket expenses incurred by the Member associated with a medically necessary hospital-to-hospital transfer by a medically-equipped ground ambulance, rotary (i.e., helicopter) or fixed-wing aircraft when ordered by the treating physician at the medical facility where the Member is presently admitted to the nearest and most appropriate medical facility capable of providing the necessary, specialized level of care required and that is not available at the sending facility.

### Repatriation Near Home Coverage[2]

MASA MTS provides services and covers out-of-pocket expense for the coordination of the Member and the Dependents' non-emergency transportation by a medically equipped air ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' medical director says it is medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

### Minor Return Transport Coverage[2]

MASA MTS provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of Member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, or Mortal Remains Transportation coverages. MASA MTS also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

**Contact your representative to learn more:**

Keith Loeffler

713-817-3178

kloeffler@masamts.com

### Hospital to Rehab, Skilled Nursing, Long Term Care, or Home Coverage[4]

MASA MTS covers the Member for out-of-pocket expenses that result from medically necessary non-emergency ground transportation from a hospital to a rehabilitation facility, skilled nursing facility, long-term care facility, hospice, or the Member's home for up to $500 per year.

### Pet Return Transportation Coverage[2]

MASA MTS provides services and covers out-of-pocket expenses for the return transportation to the Member's home for two (2) pet(s) belonging to the Member that, including either a dog, cat or other small animal(s). This service is available when the Member uses Emergency Air Ambulance or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages.

### Pandemic Quarantine Expense Protection[1]

MASA MTS covers out-of-pocket expenses for hotel, food, and flight changes incurred by the Member in the event the Member contracts a communicable disease while traveling and is required to quarantine more than one hundred (100) statute miles from home for up to $5,000 per year.

#### Coverage Territories

1: Worldwide Coverage – coverage shall automatically extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda (collectively, "Basic Coverage Area") (excluding countries referenced on the Office of Foreign Assets Control ("OFAC") countries, and Antarctica), and extend elsewhere contingent upon ten (10) day prior notice of such travel. Notice may be provided by (i) certified mail, return receipt requested, to the MASA Corporate office; (ii) electronic mail, including delivery confirmation; or (iii) facsimile, including confirmation of delivery, and the MASA's written acknowledgment. Notice must include a travel itinerary of travel destinations and dates. Unless otherwise authorized by MASA MTS in writing, worldwide coverage shall apply to up to ninety (90) days per trip.

2: Basic Coverage Area – benefits, shall extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda.

3: United States and Canada Only – benefits shall only be provided in the United States and Canada.

4: United States Only – benefits shall only be provided in the United States.

MASA Medical Transport Solutions®

$39/MONTH

DID YOU KNOW?

**25 MILLION PEOPLE**

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

Insurance companies **may not** cover all air and ground ambulance expenses which can result in max in-network out-of-pocket** costs of:

**$8,700 Individual**
**$17,400 Family**

Ground ambulance **out-of-network transportation costs may be even higher than in-network** since the No Surprises Act does not apply to ground ambulance at this time.

# PLATINUM MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an aff ordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefi ts network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

## Emergency Air Ambulance Coverage[3]

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

## Emergency Ground Ambulance Coverage[3]

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

## Hospital to Hospital Ambulance Coverage[3]

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

## Repatriation to Hospital Near Home Coverage[1]

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

## Patient Return Transportation Coverage[1]

MASA MTS provides services and covers the out-of-pocket expenses associated with coordinating a Member's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Member's home.

MASAP_CB_FLR_39_032422

MASA Medical Transport Solutions®

$39/MONTH

# PLATINUM MEMBERSHIP BENEFITS

## Companion Transportation Coverage[2]

MASA MTS provides services associated with the coordination of transportation for the Member's spouse, other family member, or companion to accompany the Member's emergency transport by a medically equipped, rotary (i.e., helicopter) or fixed-wing aircraft, giving due priority to the medical personnel and/or equipment and the welfare and safety of the patient.

## Hospital Visitor Transportation Coverage[2]

MASA MTS provides services and covers air transportation expenses associated with coordinating a round-trip, regularly scheduled, commercial airfare for Member's spouse, other family Member or companion to join the Member in the event of in-patient hospitalization more than one hundred (100) statute miles from Member's home.

## Minor Return Transportation Coverage[2]

MASA MTS provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of Member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, or Mortal Remains Transportation coverages. MASA MTS also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

## Vehicle & RV Return Coverage[2]

MASA MTS provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) a safe operational car, truck, van, motorcycle, travel trailer, or motor home to the Member's home. This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages. MASA MTS pays the cost of fuel, oil and driver.

## Pet Return Transportation Coverage[2]

MASA MTS provides services and covers out-of-pocket expenses for the return transportation to a Member's home for up to two (2) pet(s) belonging to the Member that includes either a dog, cat or other small animal(s). This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages.

## Organ Retrieval & Organ Recipient Transportation Coverage[4]

MASA MTS provides services and covers air transportation expenses associated with coordinating transportation for an organ when the Member requires an organ transplant. MASA MTS will also provide service and cover transportation costs of Member and Member's spouse, other family Member or a companion should the Member need to travel to the location where the procedure will occur. If medically necessary, the organ will be transported by a medically equipped fixed-wing aircraft; otherwise, the organ is delivered by a commercial airline to the suitable airport nearest the location of the operation.

## Mortal Remains Transportation Coverage[1]

MASA MTS covers the air transportation expense for a Member's mortal remains in the event of their death when it occurs more than one hundred (100) statute miles from home. Remains are transported by a regularly scheduled commercial airline to the commercial airport nearest a Member's home.

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**Contact Your Representative, to learn more.**

kloeffler

@ masamts.com

☎ 713-817-3178

MASAP_CB_FLR_39_032422

The information provided in this product information sheet is for informational purposes only. The benefits listed and the descriptions thereof do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums and benefits vary depending on the benefits selected. Commercial air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms, conditions, and restrictions, please refer to the applicable member services agreement for your territory. MASA MTS products and services are not available in AK, NY, WA, ND, and NJ. MASA MTS utilizes third-party transportation service providers for all transportation services. MASA Global, MASA MTS and MASA TRS are registered service marks of MASA Holdings, Inc., a Delaware corporation. Void where prohibited by law.

~If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

COVERAGE TERRITORIES:

1. Worldwide Coverage - Repatriation to Hospital Near Home Coverage, Patient Return Transportation Coverage, and Mortal Remains Transportation Coverage benefits shall extend Worldwide. Worldwide Coverage shall automatically extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda (collectively, "Basic Coverage Area") (excluding countries referenced on the Office of Foreign Assets Control ("OFAC") countries, and Antarctica), and extend elsewhere contingent upon ten (10) day prior notice of such travel. Notice may be provided by (i) certified mail, return receipt requested, to the MASA Corporate office; (ii) electronic mail, including delivery confirmation; or (iii) facsimile, including confirmation of delivery, and MASA's written acknowledgment of such notice. Notice must include a travel itinerary of travel destinations and dates. Unless otherwise authorized by MASA MTS in writing, Worldwide coverage shall apply up to ninety (90) days per trip.

2. Basic Coverage Area – Companion Transportation Coverage, Hospital Visitor Transportation Coverage, Minor Return Transportation Coverage, Vehicle & RV Return Coverage, and Pet Return Transportation Coverage benefits shall extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda. Vehicle & RV Return Coverage shall be limited to only rental vehicles in Hawaii, the Caribbean (excluding Cuba), the Bahamas and Bermuda.

3. United States and Canada Only – Emergency Air Ambulance Coverage, Emergency Ground Ambulance Coverage, and Hospital to Hospital Ambulance Coverage benefits shall only be provided in the United States and Canada.

4. United States Only – Organ Retrieval & Organ Recipient Transportation benefits shall only be provided in the United States.

SOURCES:
**ACEP NOW 2014*
*** Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2022 and Pharmacy Benefit Manager Standards. May 5, 2021.*

MASA Medical Transport Solutions®
1250 S. Pine Island Rd., Suite 500,
Plantation, FL 33324

800-643-9023 I www.masamts.com

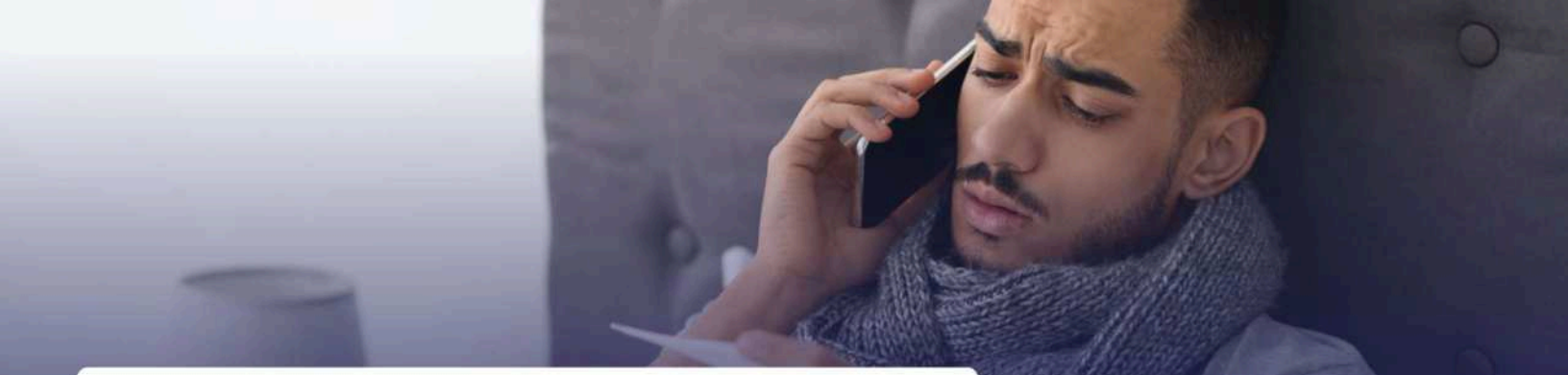
# TeleHealth

Recuro | www.recurohealth.com | (855) 673-2876

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

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

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



RECURO HEALTH

FFGA Benefit Solutions Simplified

# 24/7 On Demand Care Access

Access board-certified physicians 24/7, 365 days a year for you and your family for only **$10/month**! Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

**Consult Fee: $0**

**Call 1.855.6RECURO**

## Common Conditions Treated

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

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

- Visit Us Online
- Speak With an Agent
- Download Our App

RECURO HEALTH

# Easy, Convenient, Affordable

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

- Primary Care
- Pediatrics
- Urgent Care

Phone Call

Online Portal

Mobile App

## Healthcare that makes sense

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

2013 Medical Expenditure Panel Survey / MEPS

### Common Conditions Treated

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

**Call 1.855.6RECURO**

**Visit www.recurohealth.com**

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

# Flexible Spending Accounts

First Financial Administrators, Inc. | www.ffga.com | (866) 853-3539
P.O. Box 161968 | Altamonte Springs, FL 32716

## Medical FSA

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

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

### Medical FSA Highlights

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

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

## Dependent Care FSA

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

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

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

### Dependent Care FSA Highlights

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

# Health Savings Account

First Financial Administrators, Inc. | www.ffga.com | (866) 853-3539
P.O. Box 161968 | Altamonte Springs, FL 32716

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

## Health Savings Account Highlights

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

## Who Can Participate in an HSA?

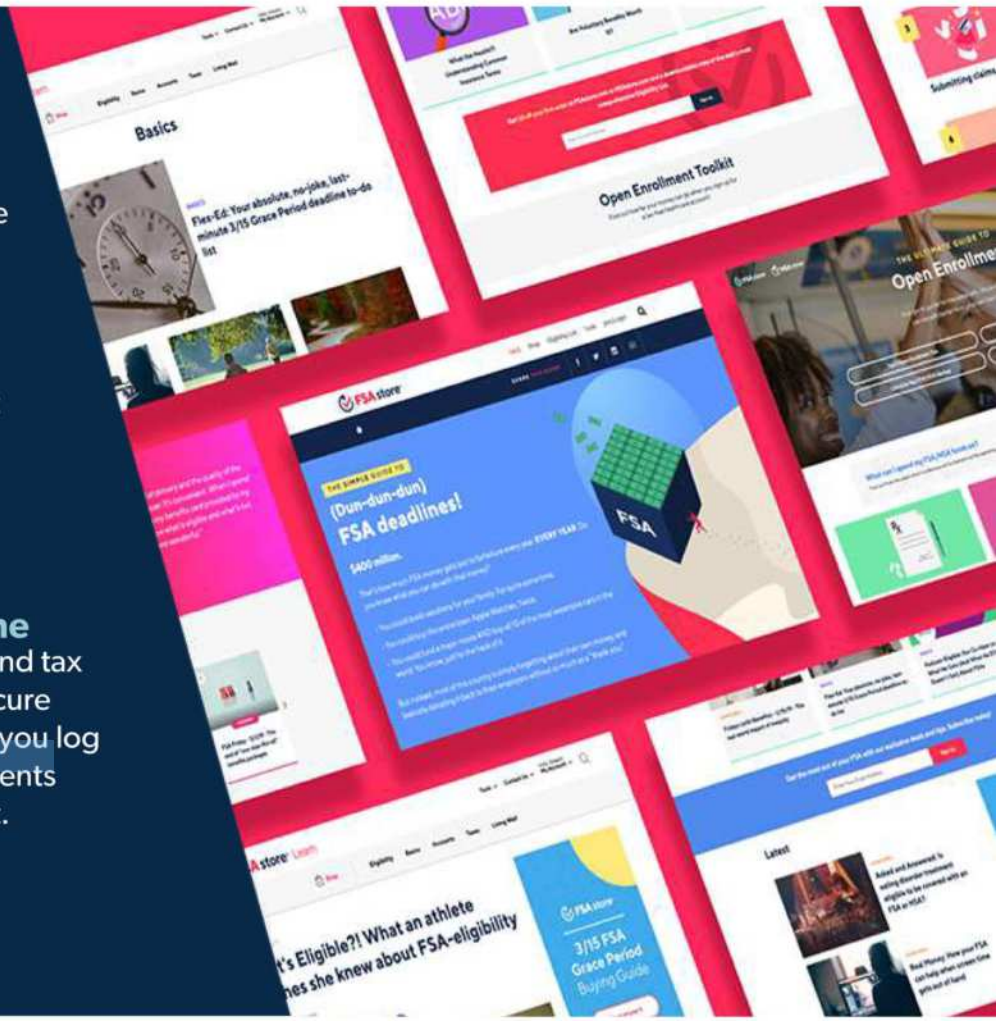
- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.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

| | 2024 | 2025 |
|---|---|---|
| HSA Contribution Limits | • Self: $4,150<br>• Family: $8,300 | • Self Only: $4,300<br>• Family: $8,550 |
| Health Insurance Deductible Limits | • Self Only: $1,600<br>• Family: $3,200 | • Self Only: $1,650<br>• Family: $3,300 |
| $1,000 catch-up contributions (age 55 or older) | | |

# FSA & HSA Resources

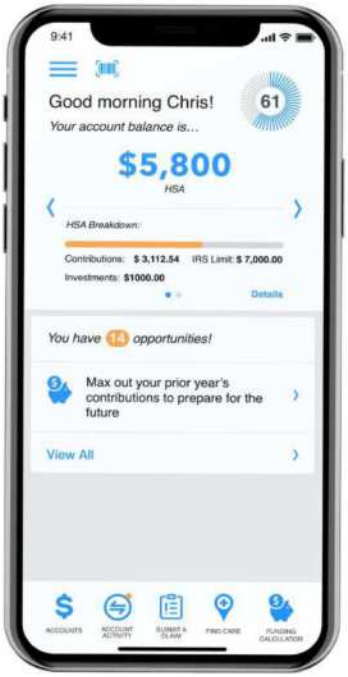
## Benefits Card

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




## View Your Account Details Online

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




## FF Mobile Account App

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

## FSA/HSA Store

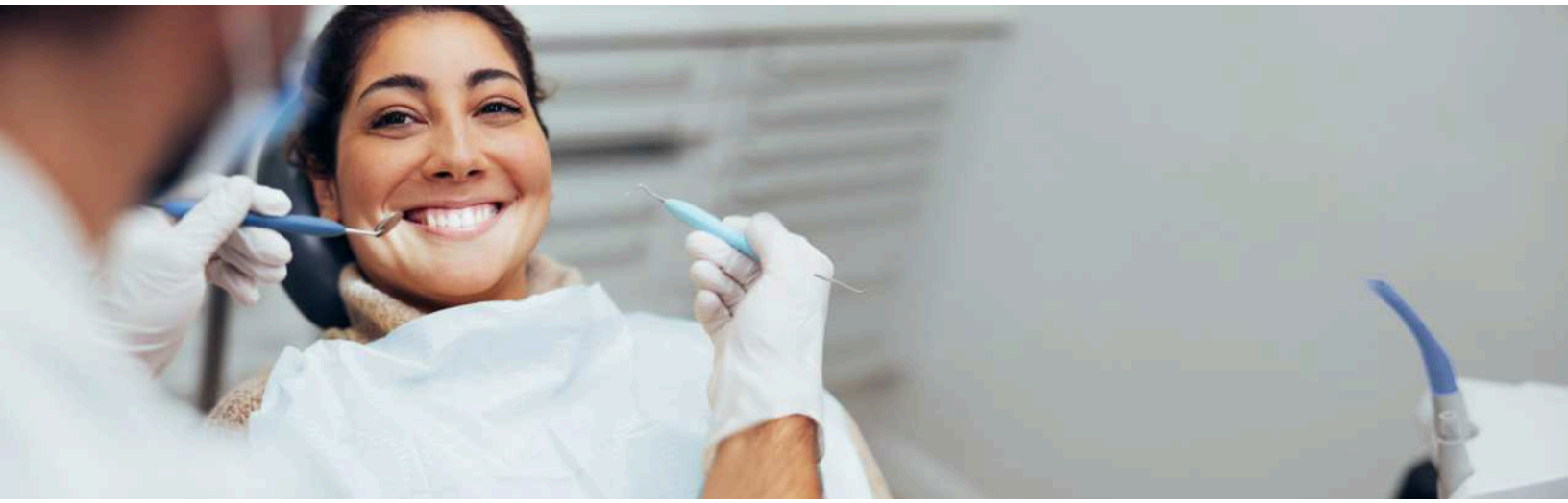
FFGA has partnered with the FSA Store and HSA Store to bring you easy-to-use online stores to better understand and manage your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center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

FSA store® Everything Flex Spending.

HSA store® Health Saving, Simplified.

# Dental Insurance

## Plan Choices



MetLife | www.metlife.com | (800) 942-0854

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 | | |
|---|---|---|
| | Basic | Enhanced |
| Employee Only | $28.00 | $54.04 |
| Employee + ONE | $51.64 | $96.55 |
| Employee + Family | $79.71 | $152.09 |

# Dental Insurance

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

Eagle Mountain Saginaw ISD

## Network: PDP Plus

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

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

[1] "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.
[2]Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
*Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife Low Plan ONLY.
**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife High Plan ONLY.
†Applies only to Type B & C Services.
***Orthodontia excluded for adults Low Plan ONLY. Orthodontia included for adults High Plan ONLY. Available for dependent children up to age 19.

# Dental Insurance

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

Eagle Mountain Saginaw ISD

## List of Primary Covered Services & Limitations*

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

| Plan Type | Plan Option 1: High Plan<br>How Many/How Often | Plan Option 2: Low Plan<br>How Many/How Often |
|---|---|---|
| **Type A — Preventive** | | |
| Prophylaxis (cleanings) | Two per calendar year | Two per calendar year |
| Topical Fluoride Applications | One fluoride treatment per 12 months for dependent children up to his/her 18th birthday | One fluoride treatment per 12 months for dependent children up to his/her 18th birthday |
| X-rays | • Full mouth X-rays; one per 36 months<br>• Bitewings X-rays; Two sets per calendar year | • Full mouth X-rays; one per 36 months<br>• Bitewings X-rays; Two sets per calendar year |
| Sealants | One application of sealant material every 5 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday | One application of sealant material every 5 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday |
| **Type B — Basic Restorative** | | |
| Fillings | Once per 24 months per surface | Once per 24 months per surface |
| Simple Extractions | | |
| Crown, Denture and Bridge Repair/ Recementations | • Repair once per 12 months<br>• Recementations once per 12 months | • Repair once per 12 months<br>• Recementations once per 12 months |
| Oral Surgery | | |
| General Anesthesia | When dentally necessary in connection with oral surgery, extractions or other covered dental services | When dentally necessary in connection with oral surgery, extractions or other covered dental services |
| Space Maintainers | Space maintainers for dependent children up to his/her 14th birthday. Once per tooth area, per lifetime | Space maintainers for dependent children up to his/her 14th birthday. Once per tooth area, per lifetime |
| **Type C — Major Restorative** | | |
| Implants | Replacement once every 5 calendar years | Replacement once every 5 calendar years |
| Bridges and Dentures | • Initial placement to replace one or more natural teeth, which are lost while covered by the plan<br>• Dentures and bridgework replacement; one every 5 calendar years<br>• Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed | • Initial placement to replace one or more natural teeth, which are lost while covered by the plan<br>• Dentures and bridgework replacement; one every 5 calendar years<br>• Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed |

## Dental Insurance

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

Eagle Mountain Saginaw ISD

| | | |
|---|---|---|
| Crowns, Inlays and Onlays | Replacement once every 5 calendar years | Replacement once every 5 calendar years |
| Endodontics | Root canal treatment limited to once per tooth per lifetime | Root canal treatment limited to once per tooth per lifetime |
| Periodontics | • Periodontal scaling and root planning once per quadrant, every 24 months<br>• Periodontal surgery once per quadrant, every 36 months<br>• Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year | • Periodontal scaling and root planning once per quadrant, every 24 months<br>• Periodontal surgery once per quadrant, every 36 months<br>• Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year |
| **Type D — Orthodontia** | | |
| | • You, your spouse and your children, up to age 19, are covered while Dental insurance is in effect<br>• All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia<br>• Payments are on a repetitive basis<br>• 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary<br>• Orthodontic benefits end at cancellation of coverage | • Your children, up to age 19, are covered while Dental insurance is in effect.<br>• All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia<br>• Payments are on a repetitive basis<br>• 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary<br>• Orthodontic benefits end at cancellation of coverage |

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

# Dental Insurance

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

Eagle Mountain Saginaw ISD

## Exclusions

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

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

# Dental Insurance

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

Eagle Mountain Saginaw ISD

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

## Limitations

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

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

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

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

## Questions & Answers

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

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

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

**A.** There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-942-0854 to have a list faxed or mailed to you.

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

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

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

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

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

## Dental Insurance

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

Eagle Mountain Saginaw ISD

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

**Q. How are claims processed?**

**A.** Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854

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

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

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

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

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

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

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

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

### Monthly Cost

The following monthly costs are effective through 09.01.2024. Your premium will be paid through convenient payroll deduction. The monthly costs shown below for "Employee + Spouse and "Employee + Family" include the cost for all eligible children.

| | | | |
|---|---|---|---|
| Employee Only | $56.74/ EE | High Plan/Renewal Rates | |
| Employee + One | $101.38/ EE | Employee + Family | $159.69/ EE |

| | | | |
|---|---|---|---|
| Employee Only | $29.40/EE | Low Plan/Renewal Rates | |
| Employee + One | $54.22/EE | Employee + Family | $83.70/EE |

# Dental Insurance

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

Eagle Mountain Saginaw ISD

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

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

*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.

Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY.

MetLife | Dental Insurance

# Discover dental coverage that keeps you smiling bright

## Why Dental Insurance Makes Sense

Dental problems can be unpredictable and expensive. For example, did you know that a crown can cost up to $1,454?[1] With MetLife Dental Insurance, you can reduce your out-of-pocket expenses and maintain your smile with preventive care.

**Dental insurance not only helps you pay for your dental care, it can also help prevent costly problems in the future.**

When your preventive care is covered, you're more likely to go for cleanings and checkups — this can help you avoid problems before they become too costly or complicated.

## How it works:

While eating dinner, Kathy bit down and broke her crown. A crown in Kathy's area is about **$1,454**.[1] Since Kathy's participating dentist agreed to charge **$895** for covered MetLife enrollees, and her plan covers 50% for this procedure, Kathy's out-of-pocket costs are only **$447.50**. That's a savings of **$1,006**! By using a participating dentist, Kathy maximized her benefits and paid less than a quarter of the typical cost.[2]


Please see your Plan Summary for more information.

**Enroll in Dental Insurance during annual enrollment.**

### Why should I enroll?

- Competitive group rates
- Easy payroll deduction
- Value-added services at no additional cost to you
- Choose from 490,000+ in-network dentist locations nationwide[3]



ADF#D3061.23

# Why MetLife Dental Insurance is the right fit for you.

Visits to the dentist can be expensive. From preventive care to major services, Dental Insurance is a smart way to protect your smile and wallet.

### Extensive provider network

The MetLife dental network includes over 150,000 licensed dentists in more than 490,000 locations nationwide.[3]

### Flexibility to see any dentist

Our plans give you the flexibility to visit providers in or out-of-network.[4]

### Cost savings

As a MetLife member, take advantage of savings up to 35-50% on dentist list prices.[5]

**Know what your plan covers:**

**Preventive care***
**Cleanings and exams**

**Basic care**
**X-rays and fillings**

**Major care**
**Crowns and root canals**

**Subject to frequency limits.*

# Savings[6] to sink your teeth into.

Although costs vary based on a variety of factors, the right coverage can help you manage dental expenses for your whole family.

# Offset the gaps in your healthcare coverage with MetLife Dental Insurance.

| | |
|---|---|
| **Product overview** | Dental Insurance offers coverage that helps with dental expenses that may not be covered under your medical plan. It can protect your health, smile and family budget. |
| **Why needed** | Helps pay for routine cleanings and exams and reduces costs for X-rays and fillings. Plus, it helps lower your out-of-pocket costs for unexpected dental care such as crowns and root canals. |
| **Who is covered** | Choose which plan best suits you and your family. |
| **Covered services** | **Different plans pay different percentages for these services:**[7]<br>• Cleanings, x-rays and exams<br>• Fillings and extractions<br>• Bridges, crowns and dentures<br><br>**Please see your Plan Summary for details.** |
| **Additional value** | • Choose from over 150,000 licensed dentists in more than 490,000 locations nationwide[3] online at metlife.com.<br>• Select any general dentist or specialist. However, you usually save more with a participating dentist. He/she has agreed to accept negotiated fees as payment in full for covered services.<br>• Your dentist can request a pre-treatment estimate for any service that is more than $300 to help you manage your costs and care.[8] Check your personalized rates based on your zip code using our Dental Cost Estimator[9]<br>• In-network discounts apply even after you reach your plan's annual maximum, reducing your out-of-pocket expense.<br>• You can also save on vision care with **MetLife VisionAccess**.[10] This discount plan offers you savings on eye care for the whole family. |

# Discover the benefits of MetLife Dental

Did you know MetLife Dental benefits come with extras designed to help you get even more value out of your employer-sponsored benefits? Brush up on the added benefits listed below that are included when you enroll in MetLife Dental.

## Digital servicing capabilities make dental care easy

MetLife's mobile app[11] puts your ID card, plan details, and claim information at your fingertips. For added convenience, it also includes features like:

- A Find a Dentist tool with easy access to provider ratings
- Online appointment scheduling for select dentists
- Convenient claim status notifications via text messaging

Our digital tools available on MyBenefits also include:

- Access to a Dental Cost Estimator[9] so you can view personalized, plan-specific, and ZIP code-based cost estimates for most common procedures – as well as the deductibles, plan maximums, and frequency limitations that apply.
- A digital virtual assistant that's available 24/7 to help you with common tasks like accessing coverage information, getting personalized estimates, or viewing claims.

## Dental benefits go with you as you travel

Our International Dental Travel Assistance program provides international assistance tied to your out-of-network benefits, including:

- 24/7 help in multiple languages
- Access to dental providers (based on strict credentialing criteria) in approximately 200 countries
- Toll-free calling within the U.S., or collect calling outside the U.S.

## Clear aligner therapy discounts to make you smile

MetLife Dental provides valuable discounts on clear aligner therapy, including Invisalign, Bioliner, Myobrace and Propel.

## Multi-language health history forms enhance communications

Our health history forms, which are available in nearly 40 languages, are designed to help dentists better communicate with non-English speaking patients.

## Teledentistry options offer added convenience

MetLife Dental provides teledentistry options, so you're able to connect with your dentist from home via smartphone, tablet, or computer for problem-focused exams and reevaluations.

## An Oral Health Library provides the information you need

MetLife's Oral Health Library – oralfitnesslibrary.com – offers unlimited online access to articles and videos on a wide range of helpful dental-related topics.

# Frequently Asked Questions

## What types of services does the plan cover?

**A.** A number of dental procedures, including:[7]

- Exams and cleanings
- X-rays
- Fillings
- Root canals
- And much more

## How does the plan save me money?

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

## Who can enroll in the plan?

**A.** You and your eligible family members. For example, your spouse and dependents.

## How are claims processed?

**A.** Dentists may submit claims for you, which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit metlife.com/mybenefits or call 1-800-GET-MET8.

## How can I access my account?

**A.** Go to metlife.com/mybenefits or download the MetLife Mobile App[11] on the App Store and Google Play. You can find a dentist, view your claims, access your ID card, and more.

## Do I need an ID card to schedule an appointment?

**A.** No, you do not need an ID card to schedule an appointment, but you will need your SSN or EE ID.*

*There are two states that require ID cards per legislation, Georgia & New Hampshire.

## Your benefit in action

Take advantage of how simple and easy it is to use Dental Insurance:

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

**Dentists may submit claims for you,** which means you have little or no paperwork. Track claims online and even receive email alerts once claim has been processed. Find claim forms at metlife.com/mybenefits or call 1-800-GET-MET8.

**MetLife's Mobile App[11] is available on the App Store and Google Play.** Scan the QR code to access the Mobile App or visit metlife.com/dental. Enter your ZIP code and select the PDP Plus network.

# Vision Insurance

MetLife | www.metlife.com | 855-638-3931

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 | |
|---|---|
| Employee Only | $9.88 |
| Employee + One | $16.82 |
| Employee + Family | $24.71 |

# Vision Plan Summary

MetLife

Eagle Mountain-Saginaw ISD

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

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians from private practices to retailers like Costco® Optical and Visionworks.
- Take advantage of our service agreement with Walmart and Sam's Club—they check your eligibility and process claims even though they are out-of-network.

### In-network value added features:

Additional lens enhancements:[1] Average 20-25% savings on all other lens enhancements.

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.

Laser vision correction: [2] Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

## We're here to help

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

Download a claim form at www.metlife.com/mybenefits

For general questions go to www.metlife.com/mybenefits or call 1-855-MET-EYE1 (1-855-638-3931)

## In-network benefits

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

| | Frequency |
|---|---|
| **Eye exam** | Once every **12** months |
| • Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a **$10** copay. | |
| • Retinal imaging:[1] Up to a **$39** copay on a routine retinal screening performed by a private practice. | |
| **Frame** | Once every **24** months |
| • Allowance: **$150** | |
| • Costco: **$85** allowance | |
| You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.[1] | |
| **Standard corrective lenses** | Once every **12** months |
| • Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **$25** eyewear copay. | |
| **Standard lens enhancements**[1] | Once every **12** months |
| • Polycarbonate (child up to age 18), and Ultraviolet(UV) coating Covered in full. | |
| • Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits. | |
| **Contact lenses**[1] (instead of eye glasses) | Once every **12** months |
| • Contact fitting and evaluation:[1] Covered in full with a maximum copay of **$60**. | |
| • Elective lenses: **$150** allowance. | |
| • Necessary lenses: Covered in full after **$25** eyewear copay. | |

## Out-of-network reimbursement

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

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

### Exclusions and Limitations of Benefits

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

**SERVICES AND EYEWEAR**

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Plano lenses (lenses with refractive correction of less than ± 0.50 diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

**TREATMENTS**

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

**MEDICATIONS**

- Prescription and non-prescription medications.

[1] All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm your availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
[2] Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

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

## Monthly Cost

The following monthly costs are effective through August 31, 2025. Your premium will be paid through convenient payroll deduction. The monthly costs shown below for "Employee + One" and "Employee + Family" include the cost for all eligible children.

| | |
|---|---|
| Employee Only | **$9.88** |
| Employee + One | **$16.82** |
| Employee + Family | **$24.71** |

**M150D-10/25**

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates. 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.

L0616469686[exp0825][All States]
**Metropolitan Life Insurance Company, New York, NY**

**ADF# V1129.16**

MetLife | Vision Insurance

# Why is having a good vision plan so important?

Because taking good care of your eyes may help you take better care of your body.

Regular visits to your eye care professional do more than just protect your eyesight. They can help protect your overall health. Through a routine exam, eye doctors may often spot serious health problems like diabetes, high blood pressure, heart disease, certain cancers and other conditions.[1]

That's why, even if you have perfect vision, yearly exams are important. Don't let preventable health and vision problems sneak up on you. Vision benefits are there to help you stay on top of your eye care.

## Why should I enroll?

- Competitive group rates
- Convenient payroll deduction

## Set your sights on better vision with MetLife Vision.

**Eye doctor** visits can be expensive and out-of-pocket costs can add up fast.

**11 million**

Americans over the age of 12 need vision correction.[2]

**When it comes to vision care...**

For less than your weekly coffee habit,[3] you can gain coverage for you and your family.

### An example of how Vision Insurance can help.

I never miss my children's games and I chaperone all their dances. One night, as I drove them to the homecoming dance, I noticed they weren't wearing their glasses. I'm happy my vision insurance helps my children feel less self-conscious — and provides a deep discount for contact lenses. Recently, when I had my own eye exam, my doctor caught the early signs of diabetes. Thanks to our vision coverage, I can be there to see my children play every game.*

*This is a fictional example. Vision Service Plan and MetLife do not claim that these are typical results that members will generally achieve. Your costs and savings could vary based on your plan design, where you live, and whether your plan requires a deductible or coinsurance. Please see your Plan Summary for details about your coverage.



ADF# V2650.21

# Advantages of MetLife Vision Insurance with the VSP Choice network

| | |
|---|---|
| **Product overview** | Vision insurance can help minimize your out-of-pocket costs for vision care and eyewear.[4] |
| **Why needed** | Helps you save on vision services,[4] including eye exams, glasses, contact lenses, laser vision correction[5] and much more.<br>This benefit can help you stay on top of your care and can help you avoid costly problems in the future. Regular visits to your eye care professional do more than just protect your eyesight, they can help protect your overall health.[1] |
| **Who is covered** | Choose which plan best suits you:<br>• Employee Only<br>• Employee & Eligible Family Members |
| **Covered services** | • Eye exams<br>• Eyewear<br>**Please see your Plan Summary for details.** |
| **Additional value** | • Savings on laser vision correction[5]<br>• Options to go to any licensed vision care specialist, plus access to a large network of ophthalmologists, optometrists and opticians at private practices[6]<br>• Selection of eyewear from classic styles to the latest designer frames so you can choose what's right for you and your budget<br>• No additional out-of-pocket costs on polycarbonate (shatter-resistant) lenses for children up to age 18 and UV coating<br>• Fixed copayments for scratch-resistant and anti-reflective coatings, progressive lenses[7] and more<br>• Savings on contact lens fittings and evaluations, and non-prescription sunglasses |

## Your benefit in action

Take advantage of how simple and easy it is to use Vision Insurance:

Go to metlife.com and find a licensed vision care specialist. Or choose from a large network of ophthalmologists, optometrists and opticians at private practices or retail locations like Costco Optical, Visionworks[8] and more.

When you go to a participating vision specialist, there are no claims to file. You don't even need an ID card.

Premiums will be conveniently paid through payroll deduction. You don't have to worry about writing a check or missing a payment.

# Frequently Asked Questions

### Why should I enroll?

**A. A vision plan is a competitively priced way to help protect the eyesight of eligible family members.** Even if you don't wear glasses or contacts, regular visits to your eye doctor may be important to your overall health. They may also do more than protect eyes. They can also help protect overall health by catching serious problems, such as diabetes and high blood pressure.[1]

### How can a vision plan help me save money?

**A. Eyeglasses and routine eye exams can be more expensive than you may think.** With MetLife, through low to no copays, you can save up to 60% on vision wear and services.[4] Lens options like polycarbonate (shatter-resistant) lenses for children up to age 18 and ultraviolet (UV) coating are covered in full. You also enjoy fixed copays for scratch-resistant and anti-reflective coatings, progressive lenses,[7] and more.

### Can I choose my own eye care professional?

**A. You can go to any licensed eye care professional.** Choose from the thousands of ophthalmologists, optometrists and opticians at private practices or popular retail locations like Costco Optical, America's Best, Cohen's Fashion Optical, Eyeglass World, For Eyes Optical, Pearle Vision,** Walmart, Sam's Club, Visionworks[8] and more.

### What kinds of frames are covered?

**A. You can choose the eyewear that's right for you and your budget.** Your eye care professional can help you choose from classic styles to the latest designer frames. You can select from hundreds of options for you and your family. Some of the great brands to choose from include Anne Klein, bebe, Flexon, Lacoste, Nike, Nine West, Calvin Klein[8] and more.

### When can I enroll?

**A. You can enroll during your open enrollment period.**

# Term Life

## Employer-Paid & Voluntary

UNUM | www.unum.com | (866) 679-3054

### 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.

unum
Better benefits at work.

# Eagle Mountain Saginaw ISD
## All Full-Time Employees
## Policy #657259

## *Voluntary Term Life Insurance*

Unum's Group Voluntary Term Life Insurance provides employees, spouses and children with the opportunity for an additional safeguard against financial worries.

- As employees, you can purchase from **$10,000 up to 5 times your annual salary to a maximum of $500,000**; spouses can purchase from $5,000 up to $100,000; and child coverage from $1,000 up to $10,000 (not to exceed 100% of the employee amount).
- Guarantee Issue is equal to, **$200,000** for an Employee and **$50,000** for a Spouse
- During your initial enrollment you can purchase up to the guarantee issue amount with **no medical underwriting required**. Benefit amounts can be increased at annual enrollment up to guarantee issue with no medical underwriting.

  If you choose to purchase at the next annual enrollment, all benefit amounts elected are subject to medical underwriting.

| Monthly Rates | | |
|---|---|---|
| **Age** | **Employee Rates per $10,000** | **Spouse Rates per $5,000** |
| 15-24 | $0.60 | $0.30 |
| 25-29 | $0.60 | $0.30 |
| 30-34 | $0.80 | $0.40 |
| 35-39 | $1.10 | $.55 |
| 40-44 | $1.60 | $0.80 |
| 45-49 | $2.70 | $1.35 |
| 50-54 | $4.60 | $2.30 |
| 55-59 | $7.75 | $3.875 |
| 60-64 | $11.25 | $5.625 |
| 65-69 | $18.70 | $9.35 |
| 70-74 | $36.80 | $18.40 |
| 75+ | $36.80 | $18.40 |
| **Child Monthly Rates** | Option 1: $1,000 - $0.20<br>Option 2: $2,000 - $0.39<br>Option 3: $4,000 - $0.78<br>Option 4: $5,000 - $0.98<br>Option 5: $10,000 - $1.96 | |

**Benefit Reduction Schedule –** Coverage amounts will reduce to 65% of original amount at age 70 and 50% of original amount at age 75.

**Delayed Effective Date of Coverage** - Insurance will be delayed if you are not in active employment because of an injury, sickness, temporary layoff or leave of absence on the date that insurance would otherwise become effective.

**Questions ?** - This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

*Underwritten by*: **Unum Life Insurance Company of America**
2211 Congress Street, Portland, ME 04122

www.Unum.com

**Group Life Plan**
**Features Include:**

- Life Planning Financial and Legal Resources
- Accelerated Benefit
- Employee Life Insurance Premium Waiver
- Portability/Conversion

# 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.

# LIFE INSURANCE HIGHLIGHTS
## For the employee

PURELIFE-PLUS

Voluntary permanent life insurance can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

The contract, PURELIFE-PLUS, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** With one of the highest death benefits available at the worksite,[1] PURELIFE-PLUS gives your loved ones peace of mind, knowing there will be life insurance in force when you die.
- **Refund of Premium.** Unique in the marketplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if the premium you pay when you buy the contract ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a $150 ($100 in Florida) administrative fee. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.**[2] Included for employees at a small extra cost, this rider will be triggered by the loss of two activities of daily living[3] or permanent cognitive impairment. It pays the insured 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. *(Conditions apply.) (Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15)*

First Financial Group of America
First in Service and Expertise

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



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Not for use in CA.

# Additional Features

- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURE**LIFE**-PLUS provides peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).

- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).[4]

You may apply for this permanent coverage, not only for yourself, but also for your spouse, children and grandchildren.[5]

## 3 QUICK QUESTIONS

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

### DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

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

[1] Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, December 2018
[2] Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15.
[3] Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.
[4] Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength
[5] Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.



21M066-C FFGA 2009 (exp0523) Not for use in CA.

# MONTHLY NON-TOBACCO PREMIUMS
## EMPLOYEES ONLY *with Accidental Death & Chronic Illness Riders*

TEXASLIFE INSURANCE COMPANY

**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".



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





Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18

# MONTHLY NON-TOBACCO PREMIUMS
## SPOUSE & CHILD *with Accidental Death Rider*

TEXASLIFE INSURANCE COMPANY

**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".





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

21M072-C-M-SPCH-ADB NT 2012 (exp0523)

Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18

# MONTHLY TOBACCO PREMIUMS
## EMPLOYEES ONLY *with Accidental Death & Chronic Illness Riders*

TEXASLIFE INSURANCE COMPANY

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

| Issue Age (ALB) | Monthly Premiums for Life Insurance Face Amounts Shown<br>Includes Added Cost for<br>Accidental Death Benefit (Ages 17-59)<br>and Accelerated Death Benefit for Chronic Illness (All Ages)<br>$10,000 | $25,000 | $50,000 | $75,000 | $100,000 | $150,000 | $200,000 | $250,000 | $300,000 | GUARANTEED PERIOD<br>Age to Which Coverage is Guaranteed at Table Premium |
|---|---|---|---|---|---|---|---|---|---|---|
| 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".



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





Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18

# MONTHLY TOBACCO PREMIUMS
## SPOUSE & CHILD *with Accidental Death Rider*

TEXASLIFE INSURANCE COMPANY

**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 |
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| 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?

# EAGLE MOUNTAIN - SAGINAW ISD

## LONG-TERM DISABILITY INCOME INSURANCE

If you had to miss work because of a covered injury or sickness, how long could you go without your paycheck? **Long-Term Disability Income Insurance** provides a benefit to help replace a portion of your income while you're unable to work due to a covered Disability. This policy can help with expenses like your mortgage, car payment, groceries, medical bills and more.

### When Coverage Begins

Your coverage will begin on the requested effective date following the date you become eligible.

### Monthly Disability Benefit: PLANS 1-6

The available benefit amount is 50% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of $20,000 and the amount for which premium is paid.

### Benefits Begin

| | | |
|---|---|---|
| Plan 1 | On the 8th day of Disability due to a covered injury or sickness | *$1.70 |
| Plan 2 | On the 15th day of Disability due to a covered injury or sickness | *$1.52 |
| Plan 3 | On the 31sh day of Disability due to a covered injury or sickness | *$1.20 |
| Plan 4 | On the 61st day of Disability due to a covered injury or sickness | *$0.98 |
| Plan 5 | On the 91st day of Disability due to a covered injury or sickness | *$0.82 |
| Plan 6 | On the 151st day of Disability due to a covered injury or sickness | *$0.60 |

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

### Monthly Disability Benefit: PLANS 7-12

The available benefit amount is 66⅔% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of $15,000 and the amount for which premium is paid.

### Benefits Begin

| | | |
|---|---|---|
| Plan 7 | On the 8th day of Disability due to a covered injury or sickness. | *$2.26 |
| Plan 8 | On the 15th day of Disability due to a covered injury or sickness. | *$2.02 |
| Plan 9 | On the 31st day of Disability due to a covered injury or sickness. | *$1.60 |
| Plan 10 | On the 61st day of Disability due to a covered injury or sickness. | *$1.30 |
| Plan 11 | On the 8th day of Disability due to a covered injury or sickness. | *$1.10 |
| Plan 12 | On the 151st day of Disability due to a covered injury or sickness. | *$0.80 |

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

### Maximum Benefit Period

Benefits are payable up to the time shown in the chart. This is based on your age as of the date Disability begins.

| Age | Maximum Benefit Period |
|---|---|
| **Less than age 60** | **To Social Security Normal Retirement Age (SSNRA)*** |
| 60 | 60 months, or to SSNRA*, whichever is greater |
| 61 | 48 months, or to SSNRA*, whichever is greater |
| 62 | 42 months, or to SSNRA*, whichever is greater |
| 63 | 36 months, or to SSNRA*, whichever is greater |
| 64 | 30 months, or to SSNRA*, whichever is greater |
| 65 | 24 months, or to SSNRA*, whichever is greater |
| 66 | 21 months, or to SSNRA*, whichever is greater |
| 67 | 18 months, or to SSNRA*, whichever is greater |
| 68 | 15 months, or to SSNRA*, whichever is greater |
| Age 69 or older | 12 months, or to SSNRA*, whichever is greater |

**Age at which you are entitled to unreduced social security benefits based on current Social Security Amendments.*

### Minimum Disability Benefit

The Minimum Disability Benefit is 10% of the monthly Disability benefit or $100, whichever is greater.

**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 to your dependent(s) on account of your Disability;
- State Disability;
- Unemployment compensation; and
- Sick leave or other salary or wage continuance plans provided by the employer which extends beyond 365 calendar days from the date of Disability.

We reserve the right to estimate these deductible sources of income that you may receive as defined in your certificate.

### Disabled Due to a Covered Disability and Not Working

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

### Return to Work Incentive Benefit: Disabled While Working

We will provide a Disability Payment if you are disabled and your monthly Disability Earnings, if any, are less than 20% of your Monthly Compensation due to the same Disability. If you are disabled, and your Disability Earnings are greater than 20% of your Monthly Compensation due to the same Disability, we will calculate your payments as follows:

- During the first 24 months of payments while disabled and working your Disability Payment will not be reduced as long as the Disability Earnings plus the gross Disability benefit do not exceed 80% of your Monthly Compensation.
- If the Disability Earnings plus the gross Disability benefit exceeds 80% of your Monthly Compensation, the Disability Payment will be reduced by the amount exceeding 80% of your Monthly Compensation.
- After 24 months of payments, while disabled and Working, you will receive payments based on the percentage of Monthly Compensation you are losing due to your Disability.

We will stop payments and your claim will end if at any time you are no longer disabled or if your Disability Earnings exceed 80% of your Monthly Compensation. The elimination period cannot be satisfied with days you are Disabled and working.

### Hospital Confinement Benefit

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

If you are hospital confined due to a covered Disability, your Hospital Confinement Benefit will be paid for any days of that confinement occurring before the day your Monthly Disability Benefit would otherwise begin. Only those days during which you are hospital confined will be paid until you have satisfied the elimination period required for Disability.

### Physician Expense Benefit

**Injury** - $150 per injury

If you need personal treatment by a physician due to a Disability, we will pay the amount shown above, provided no other claim has been paid under the policy.

### Waiver of Premium

No premium payments are required while receiving Disability benefits under the plan for 90 consecutive days. We will require proof on an annual basis that you remain disabled during this time.

### 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 beyond the Maximum Benefit Period. If drug addiction is sustained at the hands of or while under the regular and appropriate care of a physician during treatment for injury or sickness, it will be covered the same as any other sickness.

### Mental Illness Limited Benefit

If you are disabled due to a mental illness, regardless of the cause, Disability Payments will be provided for up to 2 years, not to exceed the maximum Disability period.

### Special Conditions Limited Benefit

Pays a benefit up to 2 years due to Special Conditions if you are disabled and under your physician's regular and appropriate care. Special Conditions mean: Chronic Fatigue Syndrome; Fibromyalgia; Any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia or quadriplegia; Environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms the insured tell their physician that are not verifiable using tests, procedures or clinical examinations. Examples include headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or energy loss.

### Family Care Benefit

If you are disabled and working, qualify to receive a Disability Payment from us, and have one or more eligible family members, you may be eligible to receive a Family Care Benefit. This benefit may include payment for the care of an eligible family member by a licensed childcare provider or licensed caregiver who is not related to you by blood or marriage. We will provide a Family Care Benefit of up to 25% of your monthly Disability benefit provided the total of your Disability Earnings, the gross Disability benefit, and the Family Care Benefit do not exceed 100% of your Monthly Compensation. Payment of this benefit will end on the earlier of the following: the date you no longer have family member expenses, the date you no longer qualify as disabled and working, or the date disabled and working benefits have been paid for a total of 24 months.

### Leave of Absence

Your coverage may continue up to 1 year during a leave of absence approved in writing by your employer.

### Termination of Coverage

Your insurance coverage will end on the earliest of these dates: the date you do not meet the eligibility requirements as defined in the eligibility section; the date you retire; the date you cease to be on Active Employment, except as provided for under the Leave of Absence provision; the end of the last period for which premium has been paid; the date the policy is discontinued; or the date your employment ends.

If your coverage ends as a result of your termination of Active Employment, such termination is caused by an injury or sickness for which Disability benefits would be payable, and Disability is established before the termination of Active Employment, then Disability benefits will be paid as if such termination had not occurred.

Termination of the policy will not affect Disability Payments that began before termination. We may end your coverage if you submit a fraudulent claim. 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.

## Limitations

### Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability caused by or resulting from a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician for 12 consecutive months for such condition(s). This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

## Exclusions

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

- Intentionally self-inflicted injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period you are incarcerated in a penal or correctional institution for 30 consecutive days or longer.
- Injury or sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this policy for any period you are entitled to Workers' Compensation benefits.

### Definitions

***Active Employment*** means you are doing in the usual manner all of the regular duties of your employment on a full-time basis on a scheduled work day, and these duties are completed at one of the places of business where you usually do such duties or at some location to which your employment sends you. You are said to be on Active Employment on a day that is not a scheduled work day only if you are not disabled and would be able to perform in the usual manner all of the regular duties of your employment if it were a scheduled work day.

***Disability*** or disabled for the first 24 months of Disability means that you cannot perform your regular occupation's material and substantial duties. 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.

***Disability Payments*** mean your Disability benefits minus any deductible sources of income.

***Disability Earnings*** mean the gross monthly earnings you receive while disabled and working.

***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 geriatric ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients. The definition of a Hospital may vary by state.

***Monthly Compensation*** means for contracted employees, one-twelfth (1/12) of your contract salary through your employer; or for non-contracted employees, it's one-twelfth (1/12) of your annual salary through your employer, in effect on the date Disability began. It excludes any additional compensation, including but not limited to overtime pay, weekend or summer work compensation, bus or other allowances, bonuses or district-funded fringe benefits. If you become disabled while on an approved leave of absence, we will use your gross Monthly Compensation from your employer in effect just before the date your absence began.

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

**Optional Riders** See your Account Representative regarding available riders, including Survivor Benefit Rider, COBRA Funding Rider, Hospital Indemnity Rider, Critical Illness Rider, and Accident Only Spousal Rider.



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Benefit Solutions *Simplified*

Underwritten and administered by:

AMERICAN FIDELITY
a different opinion

American Fidelity Assurance Company

AF-3602(FF)-0624

G120-348 MCH#9952 014621-1, 014623-2, 014625-3, 014626-4, 014627-5, 014628-6, 014645-7, 014647-8, 014649-9, 014650-10, 014651-11, 014652-12

# Cancer Insurance

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.

# AF™ Group Cancer Insurance

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

## 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 the arrival of these advances also comes the continuing rise in the cost of cancer treatment.

AF™ **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 4,626 per day.**

American Cancer Society: Cancer Facts and Figures 2017, pg. 4.

## Plan Highlights

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

## Cancer Insurance Benefits

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

**Example cancer insurance benefits include:**

### Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for our AFQuickClaims®.

### Travel Expenses

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

# Choose Your Coverage

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

| TREATMENT BENEFITS | BASIC | ENHANCED PLUS |
|---|---|---|
| **Donor Benefit** | $1,000/donation | |
| **Drugs and Medicine Benefit**<br>**Inpatient** (payable per confinement)<br>**Outpatient** ($50/prescription/ calendar month up to max shown) | <br>$50<br>$50 | <br>$200<br>$100 |
| **Attending Physician Benefit** (while hospital confined) | $50/day | $50/day |
| **Transportation & Lodging Benefit (Patient & Family Member)**<br>**Transportation** ($1,500 max per round trip; max 12 trips/calendar year)<br>**Lodging** (per day up to 90 days per calendar year) | <br>Coach fare or $.50/ mile by car<br>$50 | <br>Coach fare or $.50/ mile by car<br>$75 |
| **Ambulance Benefit**<br>**Ground** (per trip, up to 2 per confinement)<br>**Air** (per trip, up to 2 per confinement) | <br>$200<br>$2,000 | <br>$200<br>$2,000 |
| **Physical or Speech Therapy Benefit** (per visit up to 4 per calendar month - lifetime max of $1,000) | $50 | $50 |
| **Diagnostic and Prevention Benefit** (one per calendar year) | $25 | $75 |
| **Cancer Screening Follow-Up Benefit** (one per calendar year) | $25 | $75 |
| **Waiver of Premium** (employee only) | After 90 days of continuous disability | |
| **Internal Cancer Diagnosis Benefit** (paid once/Covered Person/Lifetime; Benefits reduce 50% at age 70) | $2,500 | $5,000 |
| **Heart Attack or Stroke Diagnosis Benefit** (paid once/covered person/lifetime; benefits reduce 50% at age 70) | N/A | $5,000 |
| **Hospital Intensive Care Unit Benefit** (per day; max 30 days/confinement; benefits reduce 50% at age 70)<br>**Ambulance** | $600<br>$100 | |

*Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.*

## Monthly Premium

| | BASIC | ENHANCED PLUS |
|---|---|---|
| Individual | $15.80 | $31.62 |
| Family | $26.86 | $53.80 |

*The premium and amount of benefits provided vary depending upon the plan selected.*

**Only loss for cancer** Unless otherwise indicated, benefits are payable only for loss pays 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 or Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

**Cancer** Means a disease which 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 having 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 from 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 charges 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 actually 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 only 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 of 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 when performed at the request of 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 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 prothesis 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.

**Hospital Confinement Benefit** Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. 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 a Hospital confinement.

**Home Health Care Benefit** Pays a daily benefit for physician authorized private nursing care that begins within 14 days of a 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) of at least 8 consecutive hours during a 24 hour period.

**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-Sach's 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 treatment of Cancer. It does not include associated administrative processes or 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 for the Covered Person.

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

**Waiver of Premium** Premium 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.

**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.

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

**Heart Attack or Stroke Diagnosis Benefit** Payable if a physician diagnoses the Covered Person as having a Heart Attack or Stroke after coverage is in force for that person. This benefit is payable only for the first to occur of either the Heart Attack or Stroke.

**Pre-existing condition** Means a Specified Disease for which the Covered Person: (a) had treatment; or (b) received advice from a Physician, during the 12-month period immediately before the Covered Person's Effective Date of coverage.

**Pre-existing condition limitation** No benefit will be payable for any loss which is caused by or resulting from a Pre-Existing Condition which 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 2 years of coverage for confinement caused by any heart condition that was diagnosed or treated prior to 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated prior to 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) war or acts of war, declared or undeclared, while serving in the military or an auxiliary unit thereto;
(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 be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, 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 or premiums may be increased on any premium due date with 60 days advance written notice.

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SB-32483(TX)(FFGA) - 0119

G926 Series

# Critical Illness Insurance

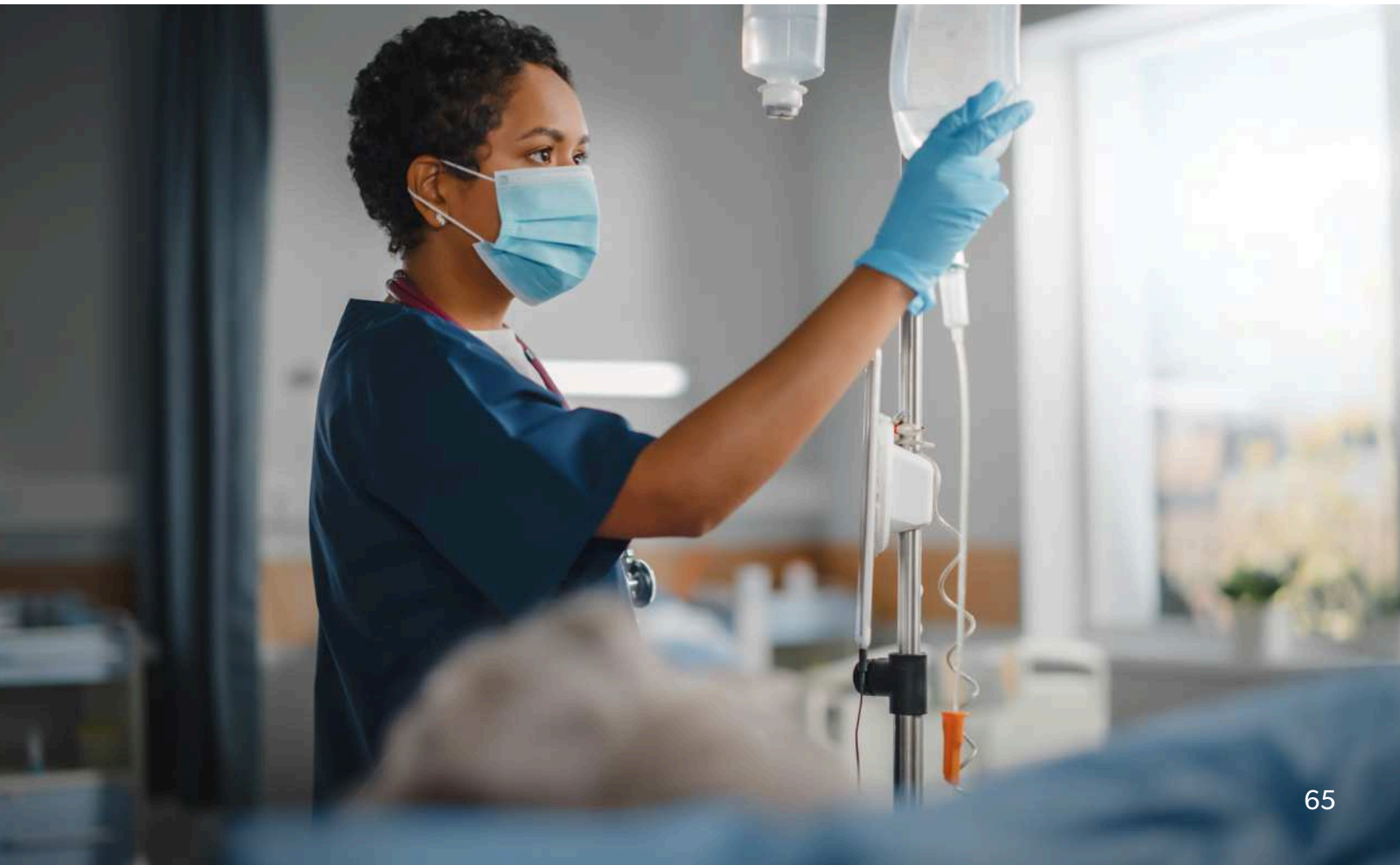
Aetna | www.myaetnasupplemental.com | (800) 872-3862

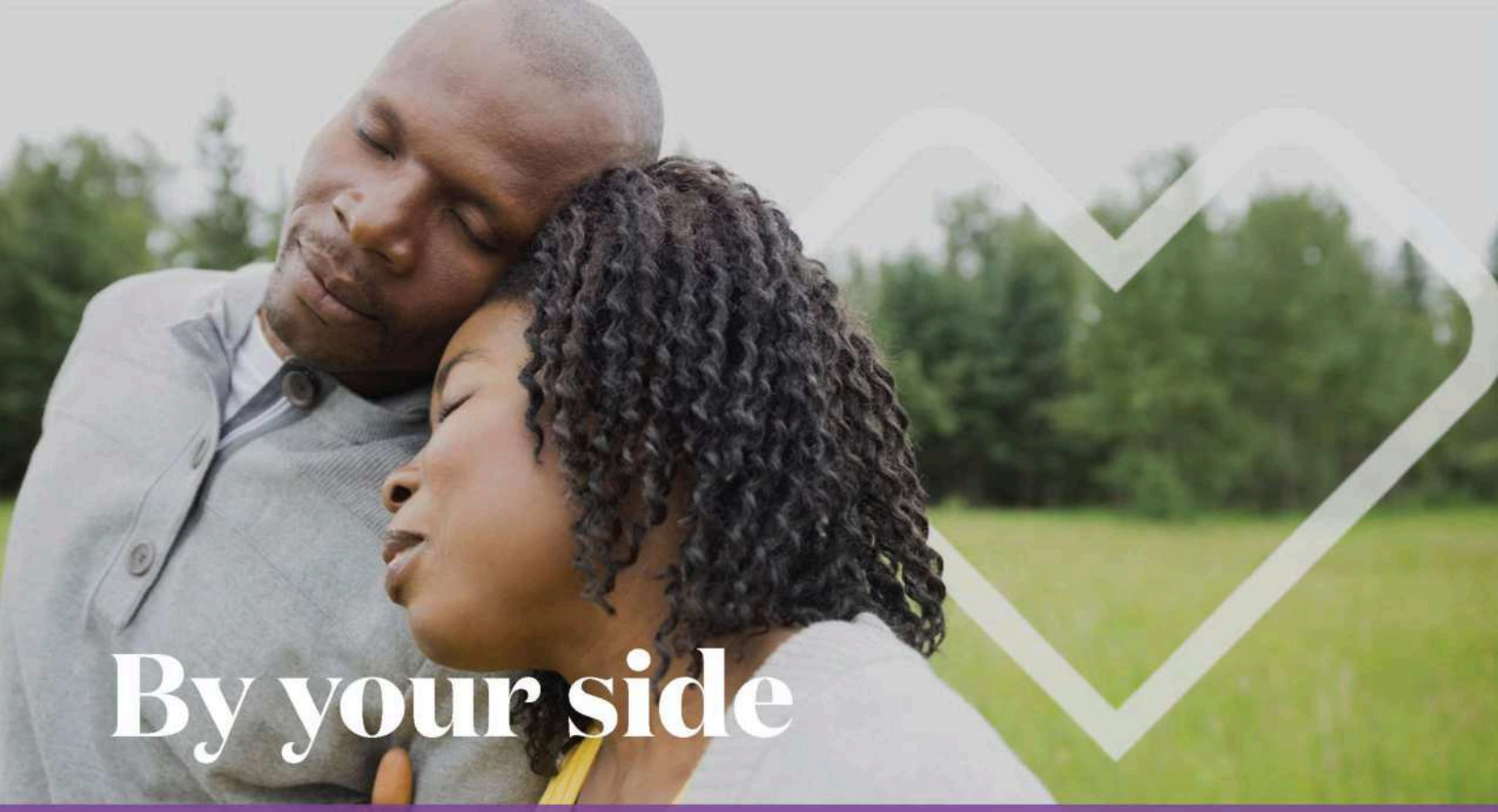
## Prepare For the Unexpected

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.






# Aetna Critical Illness Plan

**Be prepared for what happens next**
Critical illness insurance coverage can keep you focused on your health when it matters most. This extra coverage can help ease some financial worries during a difficult time.

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

**How is this different from a major medical plan?**
Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that can come with a serious illness.

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

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

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

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

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

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

**The Aetna Critical Illness Plan is underwritten by Aetna Life Insurance Company (Aetna).**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## Did you know?

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

### Having less to worry about

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

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

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

## A Simplified Claims Experience™

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

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

[1]WebMD. Top 11 Medical Expenses. November, 2021. Available at: https://www.webmd.com/healthy-aging/ss/slideshow-top-11-medical-expenses. Accessed June 3, 2022.
*This is a fictional example of how the plan could work.

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

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

**Policy forms issued in Oklahoma include:** GR-96843, AL HCOC-VOL CI 01, AL HPOL-VOL CI 01.
**Policy forms issued in Missouri include:** GR-96844 01, AL HCOC-VOL CI 01, AL HPOL-VOL CI 01.

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# BENEFIT SUMMARY

## Eagle Mountain Saginaw Independent School District

**802765**

## Aetna Critical Illness Basic

**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.**

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

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

### Face Amounts

| Covered Benefit | Amount |
|---|---|
| **Employee face amount** | $5,000 |
| | $10,000 |
| | $15,000 |
| | $20,000 |
| | $25,000 |
| | $30,000 |
| | $35,000 |
| | $40,000 |
| | $45,000 |
| | $50,000 |
| **Spouse face amount** | 50% of EE face amount |
| **Spouse benefit amount** | 50% of EE benefit amount |
| **Child(ren) face amount** | 50% of EE face amount |
| **Child(ren) benefit amount** | 50% of EE benefit amount |

## Critical Illness Benefits – Autoimmune

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

## Critical Illness Benefits – Childhood Condition

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

## Critical Illness Benefits - Chronic Condition

| Covered Benefit | Percent of Face Amount / Employee Benefit Amount |
|---|---|
| **Diabetes** | |
| **Type I**<br>Pays a benefit when you are diagnosed with Type I diabetes, in which your pancreas produces little or no insulin. | 100% |
| *Maximum per lifetime* | *1* |
| **Primary sclerosing cholangitis (PSC)**<br>Pays a benefit when you are diagnosed with Primary sclerosing cholangitis (PSC), also known as "Walter Payton's disease" by a physician. | 25% |
| **Systemic sclerosis (scleroderma)**<br>Pays a benefit when you are diagnosed with Systemic sclerosis (scleroderma) by a physician. | 25% |

## Critical Illness Benefits - Infectious Disease

| Covered Benefit | Percent of Face Amount / Employee Benefit Amount |
|---|---|
| **Cholera**<br>Pays a benefit when you are diagnosed with Cholera by a physician. | 25% |
| **Coronavirus**<br>"Pays a benefit when you are diagnosed with Coronavirus. Coronaviruses (CoV) are a large family of viruses that cause illness in people such as:<br>• CoV or SARS-CoV-1 is the coronavirus that causes severe acute respiratory syndrome (SARS).<br>• SARS-CoV-2 is the coronavirus that causes COVID-19.<br>• MERS-CoV is the coronavirus that causes Middle East Respiratory Syndrome (MERS).<br>MIS-C and MIS-A are associated with the COVID-19 coronavirus strain.<br>You must have a stay in a hospital, rehabilitation unit, or skilled nursing facility for at least 5 consecutive days." | 100% |
| **Creutzfeldt-Jakob disease**<br>Pays a benefit when you are diagnosed with Creutzfeldt-Jakob disease (CJD). You must have a stay in a hospital, rehabilitation unit, or skilled nursing facility for at least 5 consecutive days. | 25% |
| **Diphtheria**<br>Pays a benefit when you are diagnosed with Diphtheria by a physician. | 25% |
| **Ebola**<br>Pays a benefit when you are diagnosed with Ebola. You must have a stay in a hospital, rehabilitation unit, or skilled nursing facility for at least 5 consecutive days. | 25% |
| **Encephalitis**<br>Pays a benefit when you are diagnosed with Encephalitis by a physician. Encephalitis does not include encephalitis resulting from any human immuno-deficiency virus (HIV) infection or other ancillary infections resulting from the HIV infection. | 25% |
| **Hepatitis - occupational**<br>Pays a benefit when you are diagnosed with Occupational hepatitis B, C, or D resulting from accidental exposure by contaminated body fluids. | 100% |
| **Human immunodeficiency virus (HIV) - occupational**<br>Pays a benefit when you are diagnosed with Occupational Human immunodeficiency virus (HIV). HIV means the presence of HIV or antibodies to the HIV virus which is caused by an accidental needle stick or sharp injury or by mucous membrane exposure to blood or bloodstained bodily fluid. | 100% |
| **Legionnaire's disease**<br>Pays a benefit when you are diagnosed with Legionnaire's disease by a physician. | 25% |
| **Lyme disease**<br>Pays a benefit when you are diagnosed with Lyme Disease by a physician. | 25% |
| **Malaria**<br>Pays a benefit when you are diagnosed with Malaria by a physician. | 25% |
| **Meningitis - Bacterial , Viral , Fungal , Parasitic , Amebic**<br>Pays a benefit when you are diagnosed with Bacterial meningitis by a physician. | 25% |

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

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

## Critical Illness Benefits – Neurological (Brain)

| Covered Benefit | Percent of Face Amount / Employee Benefit Amount |
|---|---|
| **Amyotrophic lateral sclerosis (ALS)**<br>Pays a benefit when you are diagnosed with Advanced amyotrophic lateral sclerosis (ALS), also known as "Lou Gehrig's disease" by a physician. ALS does not include other motor neuron diseases. This disease is characterized by the progressive degeneration of motor neurons, shown by permanent neurological defect with persisting clinical signs and symptoms such as the inability to perform 3 or more activities of daily living, and or the need for either a feeding tube or non-invasive ventilation. | 100% |
| **Advanced dementia**<br>Pays a benefit when you are diagnosed with *Advanced dementia* that is manifested by memory impairment and other cognitive disturbances. This does not include Alzheimer's disease, schizophrenia or psychoses, any form of Parkinson's disease or any reversible dementias such as those cause by thyroid or other hormonal abnormalities, or vitamin deficiencies. | 25% |
| **Alzheimer's disease**<br>Pays a benefit when you are diagnosed with Alzheimer's disease, diagnosis of the disease by a psychiatrist or neurologist. You must have the inability to independently perform 3 or more of the activities of daily living. | 100% |
| **Benign brain tumor including spinal cord tumor**<br>Pays a benefit when you are diagnosed with a Benign brain tumor by a physician. | 100% |
| **Coma (non-induced)**<br>Pays a benefit when you are diagnosed with Coma, characterized by the absence of eye opening, verbal response and motor response, and the individual requires intubation for respiratory assistance (a medically induced coma is not covered). The Coma must last for a period of 14 or more consecutive days. | 100% |
| **Huntington's disease**<br>Pays a benefit when you are diagnosed with Huntington's Disease by a physician. | 100% |
| **Parkinson's disease**<br>Pays a benefit when you are diagnosed with Parkinson's disease by a psychiatrist or neurologist. | 100% |
| **Persistent vegetative state (PVS)**<br>Pays a benefit when diagnosed with Persistent vegetative state (PVS) by a physician. | 100% |
| **Ruptured aneurysm**<br>Pays a benefit when you are diagnosed with Ruptured aneurysm by a physician. | 50% |
| **Stroke**<br>Pays a benefit when you are diagnosed with a Stroke resulting in paralysis or other measurable objective neurological defect persisting for more than 24 hours. | 100% |
| **Transient ischemic attack (TIA)**<br>Pays a benefit when you are diagnosed with Transient ischemic attack (TIA) by a physician. TIA does not include a stroke. | 25% |
| *Maximum per lifetime* | *1* |

## Critical Illness Benefits – Other

| Covered Benefit | Percent of Face Amount / Employee Benefit Amount |
|---|---|
| **Bone marrow transplant**<br>We will pay the Bone Marrow Transplant Benefit shown on the Schedule of Benefits when a physician determines that the transplant is necessary or would be recommended if the insured person were well enough to undergo the surgery. All Bone Marrow Transplant will use the same base rate. Please create new benefit if base rates will differ. | 100% |
| *Maximum per lifetime* | *1* |
| **End-stage renal or kidney failure**<br>Pays a benefit when you are diagnosed with End stage renal or kidney failure, and the insured person has to undergo regular hemodialysis or peritoneal dialysis at least weekly or your physician determines that complete replacement of the entire organ is necessary, and you are placed on a national transplant list, such as UNOS (United Network for Organ Sharing). | 100% |
| **Idiopathic pulmonary fibrosis**<br>Pays a benefit when you are diagnosed with *Idiopathic pulmonary fibrosis* and such **diagnosis** is confirmed by lung biopsy. This does not include Interstitial pneumonia, Sarcoidosis or Silicosis. | 100% |
| **Loss of hearing**<br>Pays a benefit when you are diagnosed with Loss of hearing in both ears that cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing has to continue for a period of 90 consecutive days. | 100% |
| **Loss of sight (blindness)**<br>Pays a benefit when you are diagnosed with Loss of sight (blindness) that is total and irrecoverable loss of sight in both eyes. Loss of sight (blindness), has to continue for a period of 90 consecutive days. | 100% |
| **Loss of speech**<br>Pays a benefit when you are diagnosed with Loss of speech that cannot be corrected to any functional degree by any procedure, aid or device. Loss of speech has to continue for a period of 90 consecutive days. | 100% |
| **Major organ failure**<br>Pays a benefit when you are diagnosed with a Major organ failure of the heart, liver, lung(s), or pancreas resulting in the insured person being placed on the UNOS (United Network for Organ Sharing) list for a transplant. | 100% |
| **Paralysis**<br>Pays a benefit when you are diagnosed with any of the types of paralysis below, and your physician confirms the paralysis continued for a period of 60 consecutive days. | |
| **Quadriplegia** | 100% |
| **Triplegia** | 100% |
| **Paraplegia** | 100% |
| **Hemiplegia** | 100% |
| **Diplegia** | 100% |
| **Monoplegia** | 100% |
| **Sarcoidosis** | 25% |

| Covered Benefit | Percent of Face Amount / Employee Benefit Amount |
|---|---|
| **Third-degree burns**<br>Pays a benefit when you are diagnosed with a Third degree burn that covers more than 10% of total body surface (also called full-thickness burn). | 100% |

**Note:** The Sarcoidosis require a hospital stay of at least 5 days

## Critical Illness Benefits – Vascular (Heart)

| Covered Benefit | Percent of Face Amount / Employee Benefit Amount |
|---|---|
| **Coronary artery condition requiring bypass surgery**<br>Pays a benefit when you are diagnosed with a Coronary artery condition in which the patient is placed on a cardiac pulmonary bypass machine and a bypass graft is performed. | 100% |
| **Heart attack (myocardial infarction)**<br>Pays a benefit when you are diagnosed with a Heart attack (Myocardial Infarction) resulting from a blockage of one or more coronary arteries. | 100% |
| **Heart arrhythmia**<br>Pays a benefit when you are diagnosed with *Heart arrhythmia* based on an EKG, and your **physician** recommends that you undergo Surgical placement of an internal pacemaker, Implantable or internal cardioverter defibrillator (ICD), or Cardiac resynchronization therapy (CRT). | 25% |
| **Sudden cardiac arrest**<br>Pays a benefit when you are diagnosed with Sudden cardiac arrest by a physician. Sudden cardiac arrest does not include heart attack. The sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by, or contributed to by, a heart attack. | 25% |
| *Maximum per lifetime* | *1* |

## Critical Illness Benefit Features

| Covered Benefit | Percent of Face Amount / Employee Benefit Amount |
|---|---|
| **Subsequent critical illness diagnosis**<br>Subsequent diagnosis of a different covered Critical Illness is payable at the original amount if it occurs after the previous date of diagnosis for which a benefit was paid. | 100% |
| **Recurrence critical illness diagnosis**<br>If an insured person has been initially diagnosed with and received a benefit under this plan for a critical illness and then is diagnosed with the same critical illness again at the number of days specified in the minimum below or later, we will pay the stated percentage of the benefit as shown in the Schedule of Benefits for the recurring critical illness diagnosed. | 100% |
| *Minimum days between diagnosis of same condition*<br>*No benefit payable if the recurrence occurs within a timeframe that is less than the number of days specified* | *90 days* |

## Cancer Benefits

| Covered Benefit | Percent of Face Amount / Employee Benefit Amount |
|---|---|
| **Cancer (invasive)**<br>Pays a benefit when you are diagnosed with Cancer (invasive) that is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells. | 100% |
| **Carcinoma in situ (non-invasive)**<br>Pays a benefit when you are diagnosed with Carcinoma in situ that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue. Skin cancer will not be considered carcinoma in situ for purposes of this Certificate. | 25% |
| **Skin cancer**<br>Pays a benefit when you are diagnosed with Skin Cancer (melanoma of Clark's Level I or II Breslow less than .75mm); basal cell carcinoma; or squamous cell carcinoma of the skin. Skin cancer benefit provides coverage for invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic. | $1,000 |
| *Maximum per lifetime* | *1* |
| **Recurrence cancer (invasive) diagnosis**<br>If an insured person has been initially diagnosed with and received a benefit for cancer (invasive) under this plan and is then diagnosed with any kind of cancer (invasive) again at the number of days specified in the minimum below or later, we will pay the stated percentage of the Cancer Benefit for Cancer (invasive) as shown on the Schedule of Benefits for the cancer (invasive) diagnosed. | 100% |
| *Minimum days between diagnosis of cancer (invasive)***<br>*No benefit payable if the recurrence occurs within a time frame less than the number of days specified* | *90 days* |
| **Recurrence carcinoma in situ diagnosis**<br>If an insured person has been initially diagnosed with and received a benefit for carcinoma in situ (non-invasive) under this plan and is then diagnosed with any kind of carcinoma in situ (non-invasive) again at the number of days specified in the minimum below or later, we will pay the stated percentage of the carcinoma in situ (non-invasive) as shown on the Schedule of Benefits for the carcinoma in situ (non-invasive) diagnosed. | 100% |
| *Minimum days between diagnosis of carcinoma in situ***<br>*No benefit payable if the recurrence occurs within a time frame less than the number of days specified* | *90 days* |

* For those members who were diagnosed with cancer prior to their effective date of coverage under the Aetna plan and then receive another cancer diagnosis (the first time) while covered under the Aetna plan, we will treat their diagnosis as an 'initial' diagnosis under the Aetna plan.

** In addition to the separation period, the insured person must be treatment free during the separation period. Treatment does not include maintenance drug therapy or routine follow-up visits to a physician to confirm the initial cancer or carcinoma in situ has not returned.

## Health Screening Rider

| Covered Benefit | Benefit Amount |
|---|---|
| Health screening | $75 |
| Pays once per member per plan year for covered preventive tests. | |
| *Maximum per plan year* | *1* |

### Covered Health Screenings

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

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

## Waiver of Premium

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

## Critical Illness Plan Exclusions Limitations and Limitations

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

Benefits under the policy will not be payable for a diagnosis related to the following:

1. Act of war, riot, war;
2. Assault, felony, illegal occupation, or other criminal act;
3. Care provided by immediate family members or any household member;
4. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
5. Being under the influence of a stimulant (such as amphetamines), depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the covered person, except when resulting from a diagnosed disorder;

The critical illness date of diagnosis must be on or after the effective date of the certificate and while coverage is in force. The diagnosis must be given or received in the United States or its territories.

## Portability

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

## Questions and Answers about the Critical Illness Plan

### 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.*

### How do I know if I'm considered a tobacco user and should select the tobacco rates?

*You are a Tobacco User if you currently use or have used any tobacco products in the past 12 months. Tobacco products include, but are not limited to, cigarettes, cigars, snuff, dip, chew, pipe and/or any nicotine delivery system.*

### Can I have more than one Critical Illness Plan?

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

### What does Face Amount mean?

*The face amount is the maximum benefit a plan pays for a covered diagnosis for a member. Your benefits are based on a percentage of the face amount, or a specific dollar amount, as shown. Your dependents' benefits are based on a percentage of your benefits.*

### To whom are benefits paid?

*Benefits are paid to you, the member.*

### Is my Aetna Critical Illness policy compatible with a Health Savings Account (HSA)?

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

### How do I submit 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 if I don't understand something I've read here, or have more questions?

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

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

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

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

*Should you lose your job, you are able to continue coverage under the Portability provision. You will need to pay premiums directly to Aetna.*

## Important information about your benefits

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

**In order for benefits to be payable, the date of diagnosis must occur while coverage for the insured person is in force; you must be diagnosed while your coverage is in effect.**

Please review your Cancer buyer's guides:
**http://demo.avpenroll.com/media/1591/maine-nh-prod_serv_consumer_guide_cancer.pdf**
**http://demo.avpenroll.com/media/1590/aetna-utah_ci_buyersguide.pdf**

**Complaints and appeals**

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

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

**We protect your privacy**

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

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

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

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

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

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

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

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

**Si usted necesita asistencia lingüística, por favor llame al Servicios al Miembro a 1-800-607-3366, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.**

**ATTENTION MASSACHUSETTS RESIDENTS:** As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at **1-877-MA-ENROLL (1-877-623-6765)** or visit the Connector website **(www.mahealthconnector.org)**. THIS POLICY, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling **1-617-521-7794** or visiting its website at **www.mass.gov/doi.**

Plans are underwritten by Aetna Life Insurance Company (Aetna). This material is for information only and is not an offer or invitation to contract. Each insurer has sole financial responsibility for its own products.

Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. 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. 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 the website below:

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

Policy forms issued in Idaho, Oklahoma and Missouri include GR-96843, GR-96844.

# RATE SHEET

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

## Critical Illness Plan*

*You may enroll in one option only.*

Non-Tobacco Rates

Employee Face Amount: $5,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $2.20 | $3.80 | $2.20 | $3.80 |
| **30-39** | $3.50 | $6.00 | $3.50 | $6.00 |
| **40-49** | $7.00 | $11.80 | $7.00 | $11.80 |
| **50-59** | $12.00 | $20.20 | $12.00 | $20.20 |
| **60-69** | $17.60 | $29.00 | $17.60 | $29.00 |
| **70+** | $23.00 | $37.70 | $23.00 | $37.70 |

Employee Face Amount: $10,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $4.40 | $7.60 | $4.40 | $7.60 |
| **30-39** | $7.00 | $12.00 | $7.00 | $12.00 |
| **40-49** | $14.00 | $23.60 | $14.00 | $23.60 |
| **50-59** | $24.00 | $40.40 | $24.00 | $40.40 |
| **60-69** | $35.20 | $58.00 | $35.20 | $58.00 |
| **70+** | $46.00 | $75.40 | $46.00 | $75.40 |

Employee Face Amount: $15,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $6.60 | $11.40 | $6.60 | $11.40 |
| **30-39** | $10.50 | $18.00 | $10.50 | $18.00 |
| **40-49** | $21.00 | $35.40 | $21.00 | $35.40 |
| **50-59** | $36.00 | $60.60 | $36.00 | $60.60 |
| **60-69** | $52.80 | $87.00 | $52.80 | $87.00 |
| **70+** | $69.00 | $113.10 | $69.00 | $113.10 |

Employee Face Amount: $20,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $8.80 | $15.20 | $8.80 | $15.20 |
| **30-39** | $14.00 | $24.00 | $14.00 | $24.00 |
| **40-49** | $28.00 | $47.20 | $28.00 | $47.20 |
| **50-59** | $48.00 | $80.80 | $48.00 | $80.80 |
| **60-69** | $70.40 | $116.00 | $70.40 | $116.00 |
| **70+** | $92.00 | $150.80 | $92.00 | $150.80 |



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Employee Face Amount: $25,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $11.00 | $19.00 | $11.00 | $19.00 |
| **30-39** | $17.50 | $30.00 | $17.50 | $30.00 |
| **40-49** | $35.00 | $59.00 | $35.00 | $59.00 |
| **50-59** | $60.00 | $101.00 | $60.00 | $101.00 |
| **60-69** | $88.00 | $145.00 | $88.00 | $145.00 |
| **70+** | $115.00 | $188.50 | $115.00 | $188.50 |

Employee Face Amount: $30,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $13.20 | $22.80 | $13.20 | $22.80 |
| **30-39** | $21.00 | $36.00 | $21.00 | $36.00 |
| **40-49** | $42.00 | $70.80 | $42.00 | $70.80 |
| **50-59** | $72.00 | $121.20 | $72.00 | $121.20 |
| **60-69** | $105.60 | $174.00 | $105.60 | $174.00 |
| **70+** | $138.00 | $226.20 | $138.00 | $226.20 |

Employee Face Amount: $35,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $15.40 | $26.60 | $15.40 | $26.60 |
| **30-39** | $24.50 | $42.00 | $24.50 | $42.00 |
| **40-49** | $49.00 | $82.60 | $49.00 | $82.60 |
| **50-59** | $84.00 | $141.40 | $84.00 | $141.40 |
| **60-69** | $123.20 | $203.00 | $123.20 | $203.00 |
| **70+** | $161.00 | $263.90 | $161.00 | $263.90 |

Employee Face Amount: $40,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $17.60 | $30.40 | $17.60 | $30.40 |
| **30-39** | $28.00 | $48.00 | $28.00 | $48.00 |
| **40-49** | $56.00 | $94.40 | $56.00 | $94.40 |
| **50-59** | $96.00 | $161.60 | $96.00 | $161.60 |
| **60-69** | $140.80 | $232.00 | $140.80 | $232.00 |
| **70+** | $184.00 | $301.60 | $184.00 | $301.60 |

Employee Face Amount: $45,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $19.80 | $34.20 | $19.80 | $34.20 |
| **30-39** | $31.50 | $54.00 | $31.50 | $54.00 |
| **40-49** | $63.00 | $106.20 | $63.00 | $106.20 |
| **50-59** | $108.00 | $181.80 | $108.00 | $181.80 |
| **60-69** | $158.40 | $261.00 | $158.40 | $261.00 |
| **70+** | $207.00 | $339.30 | $207.00 | $339.30 |

Employee Face Amount: $50,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $22.00 | $38.00 | $22.00 | $38.00 |
| **30-39** | $35.00 | $60.00 | $35.00 | $60.00 |
| **40-49** | $70.00 | $118.00 | $70.00 | $118.00 |
| **50-59** | $120.00 | $202.00 | $120.00 | $202.00 |
| **60-69** | $176.00 | $290.00 | $176.00 | $290.00 |
| **70+** | $230.00 | $377.00 | $230.00 | $377.00 |

Tobacco Rates

Employee Face Amount: $5,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $3.20 | $5.30 | $3.20 | $5.30 |
| **30-39** | $5.40 | $9.10 | $5.40 | $9.10 |
| **40-49** | $11.30 | $19.00 | $11.30 | $19.00 |
| **50-59** | $19.90 | $33.40 | $19.90 | $33.40 |
| **60-69** | $29.50 | $48.60 | $29.50 | $48.60 |
| **70+** | $39.30 | $64.50 | $39.30 | $64.50 |

Employee Face Amount: $10,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $6.40 | $10.60 | $6.40 | $10.60 |
| **30-39** | $10.80 | $18.20 | $10.80 | $18.20 |
| **40-49** | $22.60 | $38.00 | $22.60 | $38.00 |
| **50-59** | $39.80 | $66.80 | $39.80 | $66.80 |
| **60-69** | $59.00 | $97.20 | $59.00 | $97.20 |
| **70+** | $78.60 | $129.00 | $78.60 | $129.00 |



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Employee Face Amount: $15,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $9.60 | $15.90 | $1.00 | $7.00 |
| **30-39** | $16.20 | $27.30 | $4.00 | $10.00 |
| **40-49** | $33.90 | $57.00 | $6.00 | $12.00 |
| **50-59** | $59.70 | $100.20 | $8.00 | $14.00 |
| **60-69** | $88.50 | $145.80 | $10.00 | $16.00 |
| **70+** | $117.90 | $193.50 | $12.00 | $18.00 |

Employee Face Amount: $20,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $12.80 | $21.20 | $12.80 | $21.20 |
| **30-39** | $21.60 | $36.40 | $21.60 | $36.40 |
| **40-49** | $45.20 | $76.00 | $45.20 | $76.00 |
| **50-59** | $79.60 | $133.60 | $79.60 | $133.60 |
| **60-69** | $118.00 | $194.40 | $118.00 | $194.40 |
| **70+** | $157.20 | $258.00 | $157.20 | $258.00 |

Employee Face Amount: $25,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $16.00 | $26.50 | $16.00 | $26.50 |
| **30-39** | $27.00 | $45.50 | $27.00 | $45.50 |
| **40-49** | $56.50 | $95.00 | $56.50 | $95.00 |
| **50-59** | $99.50 | $167.00 | $99.50 | $167.00 |
| **60-69** | $147.50 | $243.00 | $147.50 | $243.00 |
| **70+** | $196.50 | $322.50 | $196.50 | $322.50 |

Employee Face Amount: $30,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $19.20 | $31.80 | $19.20 | $31.80 |
| **30-39** | $32.40 | $54.60 | $32.40 | $54.60 |
| **40-49** | $67.80 | $114.00 | $67.80 | $114.00 |
| **50-59** | $119.40 | $200.40 | $119.40 | $200.40 |
| **60-69** | $177.00 | $291.60 | $177.00 | $291.60 |
| **70+** | $235.80 | $387.00 | $235.80 | $387.00 |

Employee Face Amount: $35,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $22.40 | $37.10 | $22.40 | $37.10 |
| **30-39** | $37.80 | $63.70 | $37.80 | $63.70 |
| **40-49** | $79.10 | $133.00 | $79.10 | $133.00 |
| **50-59** | $139.30 | $233.80 | $139.30 | $233.80 |
| **60-69** | $206.50 | $340.20 | $206.50 | $340.20 |
| **70+** | $275.10 | $451.50 | $275.10 | $451.50 |

Employee Face Amount: $40,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $25.60 | $42.40 | $25.60 | $42.40 |
| **30-39** | $43.20 | $72.80 | $43.20 | $72.80 |
| **40-49** | $90.40 | $152.00 | $90.40 | $152.00 |
| **50-59** | $159.20 | $267.20 | $159.20 | $267.20 |
| **60-69** | $236.00 | $388.80 | $236.00 | $388.80 |
| **70+** | $314.40 | $516.00 | $314.40 | $516.00 |

Employee Face Amount: $45,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $28.80 | $47.70 | $28.80 | $47.70 |
| **30-39** | $48.60 | $81.90 | $48.60 | $81.90 |
| **40-49** | $101.70 | $171.00 | $101.70 | $171.00 |
| **50-59** | $179.10 | $300.60 | $179.10 | $300.60 |
| **60-69** | $265.50 | $437.40 | $265.50 | $437.40 |
| **70+** | $353.70 | $580.50 | $353.70 | $580.50 |

Employee Face Amount: $50,000

| Age Band | Yourself only | Yourself and spouse | Yourself plus child(ren) | Yourself and family |
|---|---|---|---|---|
| **<30** | $32.00 | $53.00 | $32.00 | $53.00 |
| **30-39** | $54.00 | $91.00 | $54.00 | $91.00 |
| **40-49** | $113.00 | $190.00 | $113.00 | $190.00 |
| **50-59** | $199.00 | $334.00 | $199.00 | $334.00 |
| **60-69** | $295.00 | $486.00 | $295.00 | $486.00 |
| **70+** | $393.00 | $645.00 | $393.00 | $645.00 |

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

## 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 HCOC-VOL CI 01, AL HPOL-VOL CI 01.




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# Non-Discrimination Notice

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

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

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

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

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

# Availability of Language Assistance Services

TTY: 711

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Accident Insurance

Aetna | www.myaetnasupplemental.com | (800) 872-3862

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

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

# Covering your bases

## Aetna Accident Plan

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

**What is the Accident Plan?**
The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and serious injuries. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

**How is this different from a major medical plan?**
Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with an accidental injury.

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

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

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

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

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

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


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## "What ifs" are everywhere

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

### Because you never know

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

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

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

## A Simplified Claims Experience™

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

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

[1]Average medical cost of fatal and non-fatal injuries by type in the USA. National Library of Medicine. February 27, 2021. Available at: https://pubmed.ncbi.nlm.nih.gov/31888976/ . Accessed June 17, 2022.
[2]About Home Safety. U.S. Department of Housing and Urban Development. 2022. Available at: https://www.hud.gov/program_offices/healthy_homes/healthyhomes/homesafety. Accessed June 17, 2022.
*This is a fictional example of how the plan could work.

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

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

**Policy forms issued in Oklahoma include:** GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01
**Policy forms issued in Missouri include:** GR-96842 01, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01.

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# BENEFIT SUMMARY

## Eagle Mountain Saginaw Independent School District

**802765**

## Aetna Off/On Job Accident Plan

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

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

**The benefits in the table below will be paid when you receive covered treatment for a covered Accident. Unless otherwise indicated, all benefits and limitations are per covered person.**

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

## Initial Care

| Covered Benefit | Low | High |
|---|---|---|
| **Ambulance** | | |
| **Ground ambulance**<br>Pays a benefit for when you are transported by a licensed professional ambulance company by a Ground ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 24 hours after an accidental injury. | $300 | $400 |
| **Air ambulance**<br>Pays a benefit for when you are transported by a licensed professional ambulance company by an Air ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 48 hours after an accidental injury. | $1,500 | $2,000 |
| *Maximum trips per accident, air and ground combined* | *1* | *1* |

| Covered Benefit | Low | High |
|---|---|---|
| **Initial Treatment** | | |
| **Emergency room/Hospital**<br>Pays a benefit if an insured person requires initial examination and treatment in an emergency room as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury. | $175 | $225 |
| **Physician's office/Urgent care facility**<br>Pays a benefit if an insured person requires initial examination and treatment in a physician's office or urgent care center as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury. | $175 | $225 |
| **Walk-in clinic/Telemedicine** | $50 | $50 |
| *Maximum visits per accident, combined for all places of service* | *1* | *1* |
| *Maximum visits per plan year, combined for all places of service* | *3* | *3* |
| **X-ray/Lab**<br>Pays if an insured person receives an X-ray due to an accidental injury. The X-ray(s) must be prescribed by a physician and performed by a licensed facility within 30 days after the accidental injury. | $50 | $75 |
| **Medical imaging**<br>Pays a benefit if an insured person receives a medical imaging test due to an accidental injury. Medical imaging tests include only the following:<br>1. Positron Emission Tomography (PET)<br>2. Computed Tomography Scan (CT)<br>3. Computed Axial Tomography (CAT)<br>4. Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI)<br>5. Electroencephalogram (EEG)<br>The test must be ordered by a physician and performed in a medical facility on an outpatient basis within 180 days after the accidental injury. | $225 | $300 |

# Follow-up Care

| Covered Benefit | Low | High |
|---|---|---|
| **Accident follow-up** | | |
| **Emergency room/Hospital** | $75 | $100 |
| Pays a benefit if an insured person receives follow-up treatment in emergency room or hospital for an accidental injury within one year of the accident. | | |
| **Physician's office/Urgent care facility** | $75 | $100 |
| Pays a benefit if an insured person receives follow-up treatment in a physician's office or urgent care center for an accidental injury within one year of the accident. | | |
| **Walk-in clinic/Telemedicine** | $25 | $25 |
| *Maximum visits per accident, combined for all places of service* | *3* | *4* |
| *Maximum visits per plan year, combined for all places of service* | *9* | *12* |
| **Appliances** | | |
| **Major:** Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair | $1,000 | $1,000 |
| **Minor:** Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement | $100 | $150 |
| **Chiropractic treatment and alternative therapy** | $25 | $35 |
| *Maximum visits per accident* | *10* | *10* |
| *Maximum visits per plan year* | *30* | *30* |
| **Pain management (epidural anesthesia)** | $100 | $150 |
| Pays a benefit if an insured person receives epidural anesthesia as the result of an accidental injury. The epidural anesthesia must be administered within 60 days after the accidental injury. | | |
| **Prescription drugs** | $10 | $10 |
| **Prosthetic device/Artificial limb** | | |
| **One limb** | $750 | $1,500 |
| **Multiple limbs** | $1,500 | $3,000 |
| *Maximum benefit per accident* | *1* | *1* |
| **Repair or replace** | 25% | 25% |
| *Maximum benefit per plan year* | *1* | *1* |
| **Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation** | $25 | $35 |
| *Maximum visits per accident* | *10* | *10* |

# Hospital Care

| Covered Benefit | Low | High |
|---|---|---|
| **Hospital stay – admission (initial day)** | | |
| **Non-ICU admission**<br>Pays a benefit if an insured person is admitted into the hospital due to an accidental injury. We will not pay this benefit if you're admitted into an observation unit, treated in an emergency room or outpatient surgery. The stay must begin within 180 days after an accidental injury. | $1,000 | $2,000 |
| **ICU admission**<br>Pays a benefit if an insured person is admitted directly to ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury. | $2,000 | $4,000 |
| **Hospital stay – daily*** | | |
| **Non-ICU daily**<br>Pays a benefit if an insured person has a stay in a hospital due to an accidental injury. | $250 | $400 |
| **ICU daily**<br>Pays a benefit if an insured person has a stay in an ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury. | $500 | $800 |
| **Step down intensive care unit daily** | $300 | $450 |
| *Maximum days per accident (combined for all stays due to the same accident)* | *365* | *365* |
| **Rehabilitation unit stay – daily**<br>Pays a benefit if an insured person is transferred to a rehabilitation unit immediately after a stay in a hospital due to an accidental injury. | $200 | $300 |
| *Maximum days per accident* | *30* | *30* |
| **Observation unit**<br>Pays a benefit if an insured person requires services in an observation unit as the result of an accidental injury. The Hospital Stay Admission Benefit will not be payable if the Observation Unit Benefit is payable. Observation services must begin within 72 hours after the accidental injury. | $100 | $100 |

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

# Surgical Care

| Covered Benefit | Low | High |
|---|---|---|
| **Blood/Plasma/Platelets** | $400 | $500 |
| Pays a benefit if an insured person receives the transfusion of blood, plasma and/or platelets due to an accidental injury. The transfusion must take place within 90 days after the accidental injury | | |
| **Eye Injury** | | |
| **Surgical repair** | $350 | $450 |
| **Removal of foreign object** | $300 | $400 |
| **Surgery (without repair)** | | |
| **Arthroscopic or exploratory** | $150 | $200 |
| Pays a benefit if an insured person undergoes exploratory or arthroscopic surgery, and no repair is done, within 60 days of the accidental injury. | | |
| **Surgery (with repair)** | | |
| **Cranial, open abdominal or thoracic** | $2,000 | $3,000 |
| Pays a benefit if an insured person undergoes cranial, open abdominal or thoracic surgery, and repair is done, within 72 hours of the accidental injury. | | |
| **Hernia** | $250 | $300 |
| Pays a benefit if an insured person undergoes hernia surgery as the result of an accidental injury. A physician must diagnose the hernia within 30 days after the accidental injury; and perform surgery within 60 days after the accidental injury. | | |
| **Ruptured disc** | $750 | $1,000 |
| Pays a benefit if an insured person sustains a ruptured disc in the spine as the result of an accidental injury. A physician must treat the ruptured disc within 60 days after the accidental injury; and repair it through surgery within one year after the accidental injury. | | |
| **Tendon/Ligament/Rotator cuff** | | |
| **Single repair** | $750 | $1,000 |
| **Multiple repairs** | $1,500 | $2,000 |
| **Torn knee cartilage** | $750 | $1,000 |
| Pays a benefit if an insured person sustains a torn knee cartilage (meniscus) as the result of an accidental injury. A physician must treat the torn knee cartilage within 60 days after the accidental injury; and repair it through surgery within 180 days after the accidental injury. | | |
| **Non-Specified** | | |
| **Inpatient** | $300 | $350 |
| **Outpatient** | $300 | $350 |
| *Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits* | *2* | *2* |

## Transportation/Lodging Assistance

| Covered Benefit | Low | High |
|---|---|---|
| **Lodging** | $225 | $325 |
| Pays for one motel/hotel room for a companion to accompany you for each day of a stay due to an accidental injury. Your stay must be more than 50 miles from your home. | | |
| *Maximum days per accident* | *30* | *30* |
| **Transportation** | $300 | $300 |
| We will pay the Transportation Benefit shown in the Schedule of Benefits for an insured person who must travel from his or her residence more than 50 miles one way on physician's advice for treatment of a payable Accidental injury. | | |

## Dislocations and Fractures

| Covered Benefit | Low | High |
|---|---|---|
| **Dislocations – Closed Reduction*** | | |
| Hip | $4,000 | $6,000 |
| Knee | $2,000 | $3,000 |
| Ankle – bone or bones of the foot (other than toes) | $750 | $1,500 |
| Collarbone (sternoclavicular) | $600 | $1,200 |
| Lower jaw | $600 | $1,200 |
| Shoulder (glenohumeral) | $600 | $1,200 |
| Elbow | $600 | $1,200 |
| Wrist | $600 | $1,200 |
| Bone or bones of the hand (other than fingers) | $600 | $1,200 |
| Collarbone (acromioclavicular and separation) | $150 | $300 |
| Rib | $150 | $300 |
| One toe or one finger | $150 | $300 |
| Partial dislocation | 25% | 25% |
| *Maximum dislocations per accident* | *3* | *3* |

*Open reduction pays 2.0 times the closed reduction benefit value

| Covered Benefit | Low | High |
|---|---|---|
| **Fractures - Closed Reduction*** | | |
| Pays a benefit if an insured person sustains a fracture as the result of an accidental injury. | | |
| A physician must diagnose the fracture within **90 days** after the accidental injury and correct it by **closed reduction**. | | |
| Skull (except bones of the face or nose), depressed | $5,000 | $9,000 |
| Skull (except bones of the face or nose), non-depressed | $5,000 | $9,000 |
| Hip, thigh (femur) | $1,725 | $3,450 |
| Vertebrae, body of (excluding vertebral processes) | $1,125 | $2,250 |
| Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx) | $1,125 | $2,250 |
| Leg (tibia and/or fibula malleolus) | $1,125 | $2,250 |
| Bones of the face or nose (except mandible or maxilla) | $600 | $1,200 |
| Upper jaw, maxilla (except alveolar process) | $600 | $1,200 |
| Upper arm between elbow and shoulder (humerus) | $600 | $1,200 |
| Lower jaw, mandible (except alveolar process) | $600 | $1,200 |
| Collarbone (clavicle, sternum) | $600 | $1,200 |
| Shoulder blade (scapula) | $600 | $1,200 |
| Vertebral process | $600 | $1,200 |
| Forearm (radius and/or ulna) | $450 | $900 |
| Kneecap (patella) | $450 | $900 |
| Hand/foot (except fingers/toes) | $450 | $900 |
| Ankle/wrist | $450 | $900 |
| Rib | $225 | $450 |
| Coccyx | $225 | $450 |
| Finger, toe | $225 | $450 |
| Chip fracture | 25% | 25% |
| *Maximum fractures per accident* | *3* | *3* |

*Open reduction pays 2.0 times the closed reduction benefit value

# Accidental Death & Dismemberment and Paralysis Benefits

| Covered Benefit | Low | High |
|---|---|---|
| **Accidental death** | | |
| Pays a benefit if an insured person sustains an accidental injury which causes the insured person's death within 90 days after an accident. | | |
| Employee | $100,000 | $100,000 |
| Covered dependent spouse | $50,000 | $50,000 |
| Covered dependent children | $50,000 | $50,000 |
| **Accidental death common carrier** | | |
| Pays a benefit if an insured person sustains an accidental injury while the insured person is a fare paying passenger on a common carrier and the accidental injury causes the insured person's death within 90 days after an accident. | | |
| Employee | $200,000 | $200,000 |
| Covered dependent spouse | $100,000 | $100,000 |
| Covered dependent children | $100,000 | $100,000 |
| **Accidental dismemberment** | | |
| Pays a benefit if an insured person sustains one or more limbs due to an accidental injury as classified below and in the schedule of benefits. The loss must occur within 90 days after an accidental injury. | | |
| Loss of arm | $30,000 | $30,000 |
| Loss of hand | $30,000 | $30,000 |
| Loss of leg | $30,000 | $30,000 |
| Loss of foot | $30,000 | $30,000 |
| Loss of sight | $30,000 | $30,000 |
| Loss of ability to speak | $30,000 | $30,000 |
| Loss of hearing | $30,000 | $30,000 |
| *Maximum dismemberments per accident (non-finger, toe)* | *2* | *2* |
| Loss of finger | $1,000 | $1,000 |
| Loss of toe | $1,000 | $1,000 |
| *Maximum dismemberments per accident (finger, toe)* | *4* | *4* |
| **Home and vehicle alteration** | $1,000 | $1,500 |
| **Paralysis (complete, total and permanent loss)** | | |
| Pays a benefit if an insured person sustains paralysis as a result of an accidental injury. A physician must diagnose paralysis within 60 days after the accidental injury; and confirm the paralysis continued for a period of 90 consecutive days. | | |
| Quadriplegia | $10,000 | $20,000 |
| Triplegia | $7,500 | $15,000 |
| Paraplegia | $5,000 | $10,000 |
| Hemiplegia | $5,000 | $10,000 |
| Diplegia | $5,000 | $10,000 |
| Monoplegia | $2,500 | $5,000 |

# Other Accidental Injuries

| Covered Benefit | Low | High |
|---|---|---|
| **Animal bite treatment** | | |
| Tetanus shot | $100 | $100 |
| Anti-venom shot | $200 | $200 |
| Rabies shot | $300 | $300 |
| **Brain injury** | | |
| Concussion/Mild traumatic brain injury | $400 | $600 |
| Moderate/Severe traumatic brain injury | $500 | $750 |
| **Burn** | | |
| Pays a benefit if an insured person receives a second degree burn or third degree burn as a result of an accidental injury. Treatment must be received by a physician within 72 hours after the accidental injury. | | |
| Second degree burn, greater than 5% of total body surface | $1,000 | $1,500 |
| Third degree burn, less than 5% of total body surface | $1,500 | $2,250 |
| Third degree burn, 5-10% of total body surface | $6,000 | $9,000 |
| Third degree burn, greater than 10% of total body surface | $18,000 | $27,000 |
| **Burn skin graft** | 50% of Burn | 50% of Burn |
| Pays a benefit if an insured person receives a skin graft for a burn as a result of an accidental injury. Treatment must be received by a physician within 72 hours after the accidental injury. | | |
| **Coma/Persistent vegetative state (PVS)** | | |
| Coma (non-induced) | $10,000 | $20,000 |
| PVS | $10,000 | $20,000 |
| Coma (induced) | $250 | $250 |
| *Maximum days per accident* | *10* | *10* |
| **Dental treatment** | | |
| Pays a benefit if an insured person sustains a broken tooth as the result of an accidental injury and the tooth is repaired by a dental crown and/or dental extraction. The dental services must begin within 60 days after the accidental injury. | | |
| *Maximum 1 per accident* | | |
| Extractions | $75 | $100 |
| Crown | $225 | $300 |
| **Gunshot wound** | $1,500 | $2,000 |
| **Laceration** | | |
| Pays a benefit if an insured person receives a laceration as the result of an accidental injury. The laceration must be repaired by a physician within 72 hours after the accidental injury. | | |
| Without stitches | $50 | $75 |
| With stitches, less than 7.5 centimeters | $75 | $100 |
| With stitches, 7.6 - 20.0 centimeters | $300 | $300 |
| With stitches, greater than 20.0 centimeters | $600 | $600 |
| **Posttraumatic stress disorder (PTSD)** | $500 | $500 |
| *Maximum diagnoses per lifetime* | *1* | *1* |
| **Service dog** | $1,500 | $1,500 |
| *Maximum service dogs per your lifetime* | *1* | *1* |

## Waiver of Premium

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

## Organized Sports Rider

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

**Excluded benefits for Organized Sports Rider**

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

# Health Screening Rider

| Covered Benefit | Benefit Amount |
|---|---|
| Health screening | $100 |
| Pays once per member per plan year for covered preventive tests. | |
| Maximum 1 test per plan year | |

## Covered Health Screenings

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

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

## Accident Plan: Exclusions and Limitations

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

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

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

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

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

## Portability

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

## Questions and Answers about the Accident Plan

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

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

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

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

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

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

### To whom are benefits paid?

*Benefits are paid to you, the member.*

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

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

### How do I submit a claim?

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

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

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

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

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

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

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

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

### Complaints and appeals

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

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

### We protect your privacy

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

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

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

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

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

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

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

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

**Si usted necesita asistencia lingüística, por favor llame al Servicios al Miembro a 1-800-607-3366, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.**

**ATTENTION MASSACHUSETTS RESIDENTS:**As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at **1-877-MA-ENROLL (1-877-623-6765)** or visit the Connector website **(www.mahealthconnector.org)**. THIS POLICY, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling **1-617-521-7794** or visiting its website at **www.mass.gov/doi.**

Plans are underwritten by Aetna Life Insurance Company (Aetna). This material is for information only and is not an offer or invitation to contract. Each insurer has sole financial responsibility for its own products.

Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. 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. 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
**https://www.treasury.gov/resource-center/sanctions/Pages/default.aspx**.

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

# RATE SHEET

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

## Accident Plan

*You may enroll in one option only.*

| Low | Cost |
|---|---|
| Yourself only | $10.68 |
| Yourself & spouse | $21.36 |
| Yourself plus child(ren) | $22.43 |
| Yourself and family | $32.98 |

| High | Cost |
|---|---|
| Yourself only | $13.34 |
| Yourself & spouse | $26.68 |
| Yourself plus child(ren) | $28.02 |
| Yourself and family | $41.36 |

## 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**: GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01; GR-96842.

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# Non-Discrimination Notice

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

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

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

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

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

# Availability of Language Assistance Services

TTY: 711

| |
|---|
| For language assistance in your language call 1-888-772-9682 at no cost. (English) |
| Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish) |
| 欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese) |
| Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French) |
| Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog) |
| Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German) |
| للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682. (Arabic) |
| Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole) |
| Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian) |
| 日本語で援助をご希望の方は 1-888-772-9682（フリーダイアル）までお電話ください。(Japanese) |
| 본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean) |
| برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (Persian) |
| Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish) |
| Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese) |
| Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian) |
| Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese) |

# Hospital Indemnity Insurance

Aetna | www.myaetnasupplemental.com | (800) 872-3862

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!


# Aetna Hospital Indemnity Plan

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

**What is the Hospital Indemnity Plan?**
The plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

**How is this different from a major medical plan?**
Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with a stay in the hospital.

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

**How can you use the cash benefits?**
It's completely up to you. You can use the money any way you want, like:

- deductibles or copays
- mortgage or rent
- groceries or utility bills

...or for anything else you choose.

**Rest assured**
Enrollment is easy. And, you get benefits paid directly to you by check or direct deposit.

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# BENEFIT SUMMARY

## Eagle Mountain-Saginaw Independent School District

**802765**

# Aetna Hospital Indemnity

Insurance plans are underwritten by Aetna Life Insurance Company.

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


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

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

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

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

# Inpatient Stays

| Covered Benefit | Low | High |
|---|---|---|
| **Hospital stay - Admission**<br>Provides a lump sum benefit for the initial day of your stay in a hospital.<br>*Maximum 1 stay per plan year* | $1,000 | $2,000 |
| **Hospital stay - Daily**<br>Pays a daily benefit, beginning on day one of your stay in a hospital.<br>*Maximum 30 days per plan year* | $200 | $200 |

**Important Note:**
**All daily inpatient stay benefits begin on day one 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.

# 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.*

| Low | Cost |
|---|---|
| Yourself only | $11.42 |
| Yourself & spouse | $23.41 |
| Yourself plus child(ren) | $20.30 |
| Yourself and family | $33.74 |

| High | Cost |
|---|---|
| Yourself only | $17.62 |
| Yourself & spouse | $35.25 |
| Yourself plus child(ren) | $31.40 |
| Yourself and family | $51.65 |

## 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.

aetna™

# Voluntary Retirement Plans

US Omni | www.omni403b.com | (877) 544-6664

## 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 | |
|---|---|
| **2023** | **2024** |
| $22,500 | $23,000 |
| Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional $7,500. | |

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

# 403(b) vs 457(b) Plan Comparison

| Feature | 457(b) | 403(b) |
|---|---|---|
| **Contribution maximum limits (can contribute to both plans)** | 2024: $23,000; $30,500 age 50+ | 2024: $23,000; $30,500 age 50+ |
| **Retirement Contributions Tax Credit** | Up to $1,000 ($2,000 if filing jointly) | Up to $1,000 ($2,000 if filing jointly) |
| **Early withdrawal penalty tax** | None | 10% unless qualified exception |
| **Investment options** | Managed allocations or self-directed mutual funds. | Fixed/Variable interest annuities or mutual funds/custodial accounts |
| **Employer Investment Oversight** | Yes, managed by TCG Advisors and Investment Advisory Committee (comprised of superintendents & CFO's). | No |
| **Distribution restrictions** | Funds can be requested upon:<br>o Age 59 1/2<br>o Separation from employer<br>o Disability<br>o Death<br>o Unforeseeable emergency | Funds can be requested upon:<br>o Age 59 1/2<br>o Age 55 and/or leaving employer<br>o Disability<br>o Death<br>o Financial hardship |
| **Financial Hardship/Unforeseeable Emergency Distributions** | Must be an unforeseeable Emergency. Can include the following criteria is met:<br>o Medical expenses<br>o Funeral expenses<br>o Foreclosure/eviction<br>o Certain hurricanes and natural disasters | Qualified for the following causes:<br>o Medical care<br>o Foreclosure/eviction<br>o Tuition payment<br>o Buying a home<br>o Funeral costs<br>o Home repair costs<br>o Disaster relief |
| **Loans** | Permitted; loans from all qualified plans limited to the lesser of 50,000 or 50% of vested account balance. | Permitted; loans from all qualified plans limited to the lesser of $50,000 or 50% of vested account balance. |
| **Required minimum distributions** | RMD rules apply at age 72 or later, severance from service, or after death. | RMD rules apply at age 72 or later, severance from service, or after death |

## Have questions? We're here to help.

TeleWealth Virtual Assistance is available at www.region10rams.org/telewealth or by calling the TCG Advisor Hotline at 512-600-5204.

**Region 10 RAMS | 900 S. Capital of Texas Hwy, Suite 350, Austin, TX 78746**
**Customer Service: 800.943.9179 | www.region10rams.org**

# 403(b) Retirement Savings Plan

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

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

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

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

## Why Contribute?

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

## 2024 Contribution Limits

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

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

**Get started at www.region10rams.org/403b**

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

Region 10 RAMS | 900 S. Capital of Texas Hwy, Suite 350, Austin, TX 78746 Customer Service: 800.943.9179 | www.region10rams.org

See back page for disclosures.

# How to Register

## Step One: Create an account with an approved vendor

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

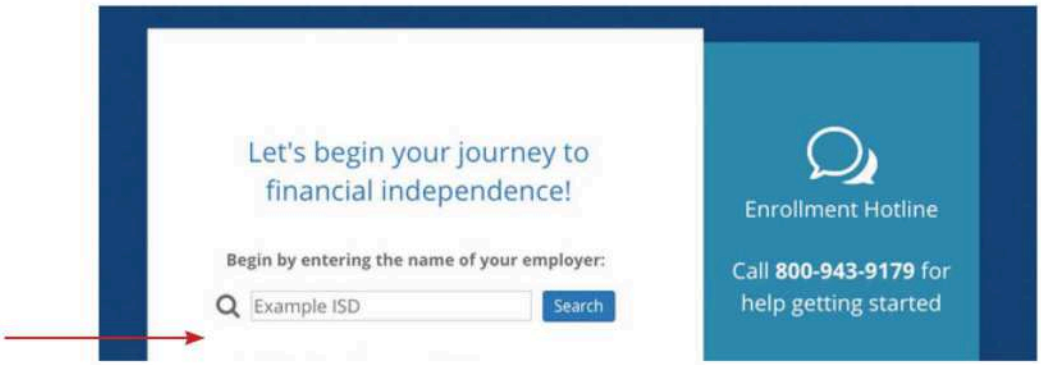

## Step Two: Create an administration account

1.Visit **www.region10rams.org/403b** and click Enroll.

2.Enter the name of your employer and select the 403(b) Admin Plan.

3.Follow each step until you get a completion notice.

4.You're done! Login your account any time you wish to make contribution adjustments.




**Get started at www.region10rams.org/403b**

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Region 10 RAMS | 900 S. Capital of Texas Hwy, Suite 350, Austin, TX 78746 | Customer Service: 800.943.9179 | www.region10rams.org

HUB | TCG TRUSTED CAPITAL GROUP | RAMS Retirement Asset Management Services | Region 10 ESC

# 457(b) Retirement Savings Plan

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

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

### 2024 Contribution Limits

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

### Plan Highlights

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

**Get started at www.region10rams.org/457b**

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

Region 10 RAMS | 900 S. Capital of Texas Hwy, Suite 350, Austin, TX 78746 Customer Service: 800.943.9179 | www.region10rams.org

See back page for disclosures.

# Exclusive RAMS 457(b) Account Holder Perks

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

### FinPath Financial Wellness

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

Here's what you get:

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

### Estate Planning

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

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

### Tax Preparation

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

## Ready to start saving?

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

   *Note: If you're unsure about which investment option to select, please book a TeleWealth** virtual meeting.*
4. Continue until you get a confirmation notice, and you're done!

**Scan QR code to begin enrollment**

### Need help?

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

HUB | TCG ADVISORS

TeleWealth™ Virtual Assistance

# What are your Retirement Numbers?

**What age can I retire?**

**How much will my pension pay me?**

**How much do I need to save?**

Whether retirement is around the corner or decades away, it's important to plan early and know your **three key numbers**. At TCG Advisors, a HUB International company, we are here to help you approach retirement planning with confidence.

## Retirement Plan Specialist Kevin Hull can help you create a plan of action to address your unique retirement goals.

### Convenient meetings from virtually anywhere at no cost to you

Through TeleWealth™ Virtual Meetings, we can provide the assistance you need without disrupting your busy schedule whether it's by phone or live video chat right from your desktop or mobile device.

### We can address topics like:

- Retirement and investment planning
- How your pension and Social Security work together
- Investment and cash flow strategies
- Consolidating old employer plans

**Schedule a TeleWealth™ Meeting with Kevin at**

**www.tcgservices.com/khull**

You may contact Kevin at
kevin.hull@hubinternational.com

Scan code for quick meeting booking access

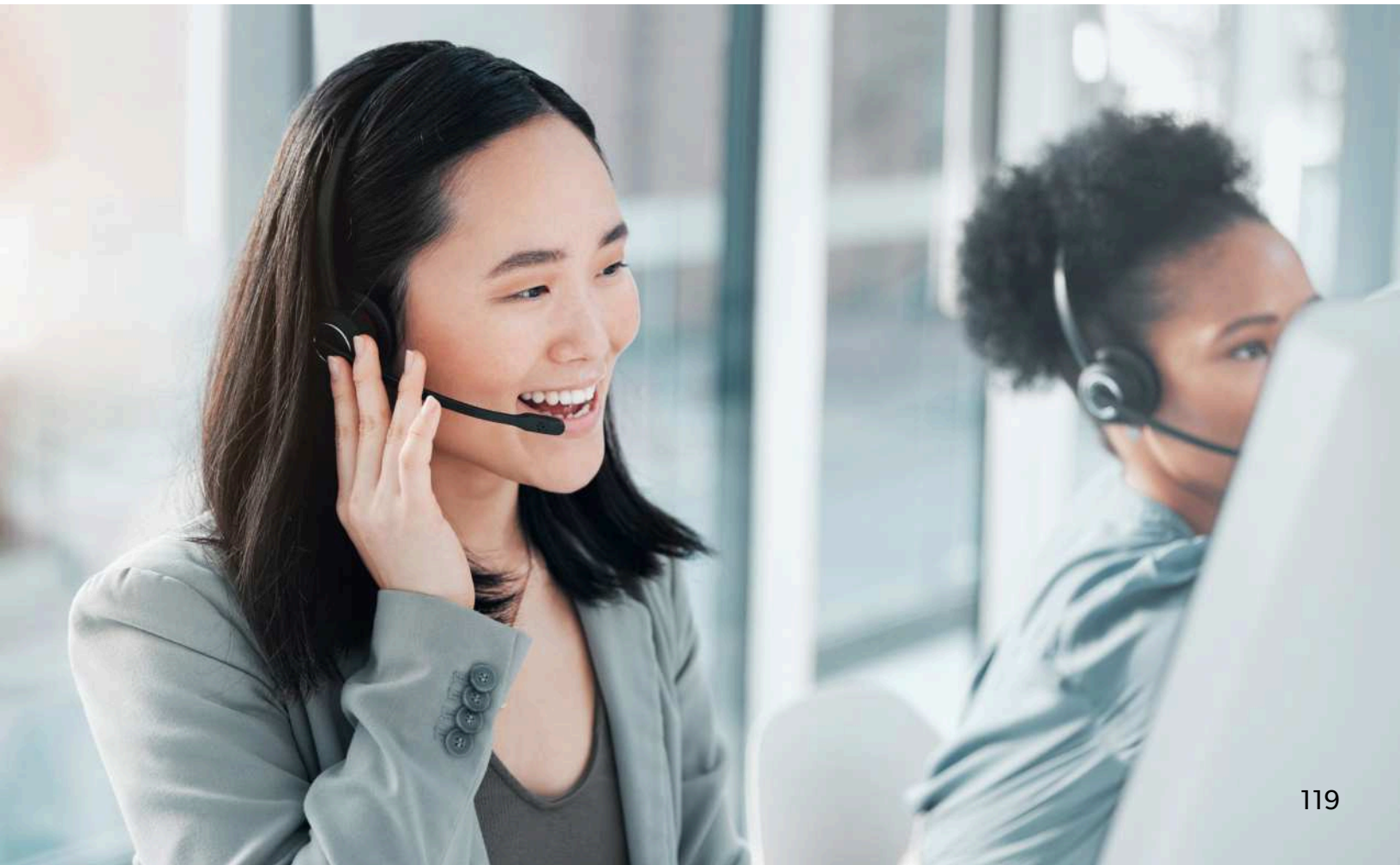
# Employee Assistance Program

Support Linc | www.supportlinc.com | (800) 475-3327

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

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

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



# Back to school success

Preparing for a new school year can be stressful, but you don't have to navigate this transition alone

## Reach out today to access:

- In-the-moment support from a licensed clinician 24/7/365 via mobile or web
- On-demand video training including preparing for school, homeschooling and virtual learning and tech safety for kids
- Referrals for tutors and supplemental learning
- Online resources including a college prep checklist, a database of public/private schools and relevant articles/tip sheets

supportlinc

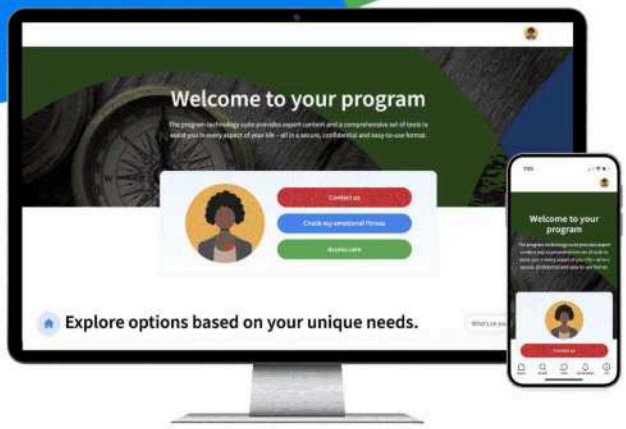
Download the mobile app today!

1-800-475-3327

supportlinc.com
group code: eaglemtnsaginaw

# Emotional wellbeing and work-life balance resources to keep you at your best

SupportLinc offers expert guidance to help you and your family address and resolve everyday issues




### In-the-moment support
Reach a licensed clinician by phone 24/7/365 when you call for assistance.

### Short-term counseling
Access no-cost in-person or virtual (video) counseling sessions to resolve emotional concerns such as stress, anxiety, depression, burnout or substance use.

### Coaching
Get assistance from a Coach to boost your emotional fitness, learn healthy habits, establish new routines, build your resilience and more.

### Work-life benefits
Receive expert consultations for financial and legal issues. Work-life specialists also provide convenience referrals for everyday needs such as child or elder care, pet care, home improvement or auto repair.

### Confidentiality
Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.

### Your web portal and mobile app
- Create a personal profile to quickly access support from a licensed clinician
- Receive recommendations and care options based on your unique needs
- Exchange text messages with a Coach
- Attend anonymous group support sessions on a variety of topics
- Strengthen your mental health and wellbeing at your own pace with self-guided digital therapy
- Discover flash courses, self-assessments, financial calculators, career resources, articles, tip sheets and videos

### Start with Mental Health Navigator
Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator assessment. You'll instantly receive personalized guidance to access care and support.

supportlinc
EMPLOYEE ASSISTANCE

**Download the mobile app today!**

**1-800-475-3327**

**supportlinc.com**
group code: **eaglemtnsaginaw**

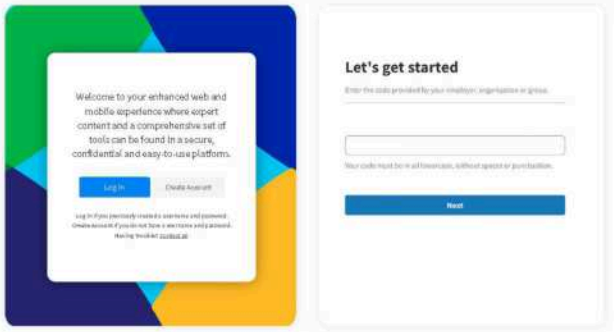
# Mindstream™

## A fitness studio for your mind

This engaging and easy-to-use platform provides live and on-demand sessions to help you strengthen your life skills and emotional health. To get started, follow the simple steps below.

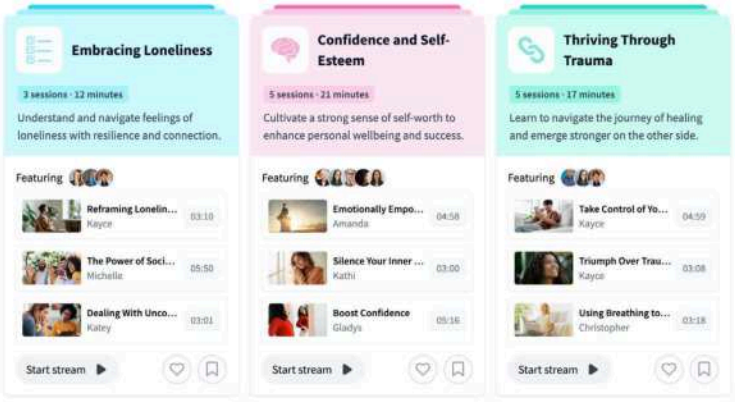
### 1 Visit your web or mobile platform

Visit supportlinc.com or use the mobile app. Click on Create Account, enter your group code and then create a personal profile. Existing users: Simply log into your account.




### 2 Access the Mindstream™ tile on the home page

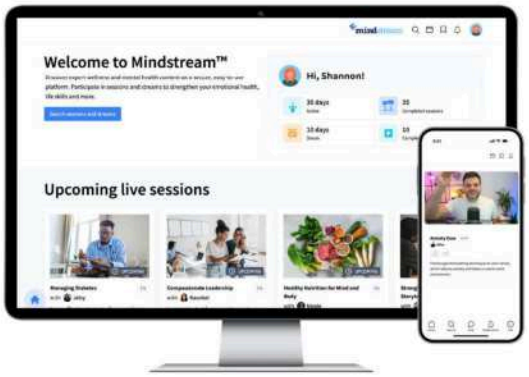
Personalize your experience and find recommended live and on-demand sessions based on your preferred focus areas, or schedule a mindfulness or meditation break with ease.




### 3 Begin your journey today

Engage with a session anytime and anywhere. Return daily to track your progress, explore newly released sessions or revisit your favorites.

Want to learn more? Please see pages 2 and 3 for answers to frequently asked questions.




**Download the mobile app by scanning this QR code.**

# Mindstream™

## Frequently asked questions

1. **What is Mindstream™?**
   Mindstream™ is a fitness studio for your mind that strengthens your emotional health and develops life skills. Just like daily workouts benefit your physical health, exercising your mind is essential for overall wellbeing. This platform offers a wide range of sessions and streams to prepare you for any challenges life may present. Gain knowledge, improve resilience, boost productivity and more. With something for everyone, Mindstream™ is the perfect place to start your journey towards a healthier mind.

2. **How do I start?**
   Select three to five focus areas and instantly receive a list of recommended sessions and streams. You may also browse by focus area, instructor, language, session length or media type.

3. **Is it free?**
   Mindstream™ is free to use whenever you'd like, as are the other resources and care options available to you within the program.

4. **What is the difference between a session and a stream?**
   A session is a video or audio track addressing a specific subject. A stream is a collection of sessions on the same subject that allows you to engage more deeply with a topic.

5. **What media types are available?**
   Sessions are available in audio and video format and are delivered by a diverse group of expert instructors.

6. **How long are the sessions?**
   Sessions range from 3 to 20 minutes to fit into your daily life.

7. **What focus areas are available?**
   From mental health to personal development, work-life balance and leadership skills, Mindstream™ addresses a multitude of topics designed to strengthen emotional wellbeing, including relationships, career development, DEI, sleep, mindfulness, parenting, grief and loss.

8. **Can I change my focus areas?**
   Just like you might alternate between cardio and strength training to improve your physical health, switching things up can also improve your emotional health. When you are ready to change your focus, your preferences can be accessed by clicking on your avatar in the upper right corner.

**Download the mobile app by scanning this QR code.**

supportlinc

# Mindstream™

## Frequently asked questions

9. **Can I save a session or stream to watch later?**
   Yes. Click the bookmark icon on the lower right of the session or stream to add it to your personal library. Visit your profile to find your bookmarked sessions and streams at a day and time that works best for you.

10. **What do I do if I begin a session but can't finish it in one sitting?**
    You can pause a session at any time. If you want to leave and return later, click the bookmark icon to save it to your library.

11. **Is there a limit on how often I can engage with a session?**
    There is no limit. You can participate in as many sessions or streams as you'd like, as many times as you'd like.

12. **How often are new sessions added?**
    Mindstream™ hosts new sessions regularly. Click the button under your session of interest to add it to your calendar. If you miss participating in the live session, it will be added to the vast library. Simply search the topic and engage at a day and time that works best for you. The session you put on your calendar can also be accessed via the calendar link on the profile page.

13. **How do I schedule a mindfulness or meditation break?**
    Click "Schedule a mindfulness or meditation break" under Quick Access to instantly add a daily calendar reminder.

14. **How do I earn certificates and badges?**
    Certificates and badges reward your progress, boost motivation and help you reach your goals. You earn a certificate for each session you complete. You earn a badge when you complete your first session. Continue to earn badges at various milestones along your journey.

15. **What language options are supported for videos?**
    While videos are spoken in English or Spanish, captions populate in the language you select. Click "cc" on the lower portion of the player to choose from 33 different languages.

**Download the mobile app by scanning this QR code.**

supportlinc

# Medicare & Age 65

FFMS | www.ffga.com/medicare-solutions | (281) 889-9382

Questions to Consider Before Retiring

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

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

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

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

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

# Clever RX

Clever RX | partner.cleverrx.com/ffga | (800) 873-1195

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

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



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

## Clever RX Highlights

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

# 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.

# Contact Information

| Product | Carrier | Website | Phone |
|---|---|---|---|
| Medical | BCBS | www.bcbstx.com/trsactivecare | (866) 355-5999 |
| Prescription | Express Scripts | www.express-scripts.com/trsactivecare | (844) 367-6108 |
| Employee Health Clinic | Be Well Primary Care | www.bewellprimarycare.com | (682) 593-1211 |
| Medical Transport | MASA | www.masamts.com | (954) 334-8261 |
| Telehealth | Recuro | www.recurohealth.com | (855) 673-2876 |
| FSA/HSA | FFGA | ffa.wealthcareportal.com | (866) 853-3539 |
| Dental | Metlife | www.metlife.com | (800) 942-0854 |
| Vision | Metlife | www.metlife.com | (855) 638-3931 |
| Term Life | UNUM | www.unum.com | (866) 679-3054 |
| Permanent Life | Texas Life | www.texaslife.com | (800) 283-9233 |
| Disability | American Fidelity | www.americanfidelity.com | (800) 654-8489 |
| Cancer Plan | American Fidelity | www.americanfidelity.com | (800) 654-8489 |
| Critical Illness | Aetna | www.myaetnasupplemental.com | (800) 872-3862 |
| Accident | Aetna | www.myaetnasupplemental.com | (800) 872-3862 |
| Retirement | US Omni | www.omni403b.com | (877) 544-6664 |
| EAP | Support Linc | www.supportlinc.com | (800) 475-3327 |
| Medicare | FFMS | ffga.com/medicare-solutionscare-solutions | (281) 889-9382 |
| COBRA | FFGA | cobrapoint.benaissance.com | (800) 523-8422, Opt. 4 |