

HEALTH INSURANCE & VOLUNTARY BENEFIT ENROLLMENT GUIDE 2022



EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
411 NORTH 8TH AVENUE
EDINBURG, TX 78541

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Non discrimination Statement

It is the policy of Edinburg CISD not to discriminate on the basis of sex, age, handicap, religion, race, color, or national origin in its educational program.

Es la politica del Distrito Escolar de Edinburg el no discriminar por rzaones en base al genero, edad, religion, raza, color, origen nacional, ni discapacidad dentro de sus programas educacionales.

HELPFUL CONTACTS

Carrier Contacts:

Blue Cross Blue Shield of Texas	www.bcbstx.com	
<i>Health Insurance</i>		800-521-2227
Prime Therapeutic	www.primetherapeutics.com	
<i>Pharmacy</i>		855-457-0007
Ameritas	www.ameritasgroup.com	
Dental, Vision		800-487-5553
Eyetopia	www.eyetopia.org	
<i>Vision</i>		800-662-8264
Hartford	www.thehartford.com	
<i>Accident, Critical Illness</i>		866-547-4205
<i>Disability</i>		888-277-4767
VOYA	www.voya.com	
<i>Term Life Insurance</i>		800-955-7736
Texas Republic	www.texaspubliclife.com	
<i>Permanent Life Insurance</i>		512-330-0099
MetLife	www.baybridgeadministrators.com	
<i>Cancer Insurance</i>		800-845-7519
United Healthcare	www.unitedhealthcare.com	
<i>Hospital Indemnity Insurance</i>		800-539-0038
David K. Young	www.dkyoung.com	
<i>Flexible Spending Account</i>		210-558-0999

ECISD Benefit Support Staff Contacts: 956-289-2300

Dustin C. Garza, MSHA	dustin.garza@ecisd.us	Extension 2180
Insurance Manager		
Stephanie M. Ortiz	stephanie.ortiz@ecisd.us	Extension 2131
Administrative Insurance Specialist		
Jasmin C. Rendon	jasmin.rendon@ecisd.us	Extension 2712
Insurance Specialist		
Leticia Marin	l.marin@ecisd.us	Extension 2146
Leave and Absence Specialist		
Miranda Gallo	miranda.gallo@ecisd.us	Extension 2029
Worker's Comp Specialist		
Linda L Benavides	l.benavides@ecisd.us	Extension 2147
Leave Specialist		

LOCAL AGENT CONTACTS

Ameritas Vision	Pierre Newkirk's Office 956-664-0200
Eyetopia Vision	Pierre Newkirk's Office 956-664-0200
The Hartford Accident Insurance	Pierre Newkirk's Office 956-664-0200
The Hartford Critical Illness	Billy Keith's Office 956-540-7003
Hartford Disability	RJGRS' Office 956-380-6475
VOYA Term Life Insurance Insurance/AD&D	RJGRS' Office 956-380-6475
Texas Republic Permanent Life Insurance	Billy Keith's Office 956-540-7003
MetLife Cancer Insurance	RJGRS' Office 956-380-6475
United Healthcare Hospital Indemnity Insurance	Billy Keith's Office 956-540-7003
David K. Young Flexible Spending Account	DK Young Rep Elizabeth Traina 210-572-0109

Welcome to Your Benefits Guide

This booklet has been provided to inform you of all the benefit options available to you. Please take the time to review the various plan designs and coverages and decide which option(s) best fit your needs for the 2022 plan year.

What Do You Need To Enroll?

You will need to have the following items on hand:

- The names, Social Security numbers, dates of birth, and addresses of any/all dependents you wish to enroll in one, or more, of the plans.
- Life Insurance Beneficiary (Primary and Contingent) Information.
- Proof of dependent status, if you are adding a dependent (i.e. marriage certificate, birth certificate, court order, etc.)
- Previous or current medical credible coverage information.

During your enrollment, you will be meeting with a benefits counselor who can answer questions about the benefit plans available to you.

Taking Advantage of Pre-Tax Benefits

Edinburg CISD offers enrollment in a Section 125 Pre-Tax Plan. Certain coverages you contribute to are deducted from your paycheck on a pre-tax basis. The IRS stipulates that when you elect to have your deductions taken out with pre-tax dollars, you also agree to remain in the benefit plan of your selection for one full year, unless you experience a [qualifying event*](#).

Examples of qualifying events include the following:

- Marriage
- Divorce
- Birth of Adoption of a child
- Death of a Spouse or Dependent
- Change from part-time to full-time status
- Leave of absence
- Loss of coverage
- Eligibility of new coverage
- Termination of Spouse's employment
- Commencement of Spouse/Dependent's employment
- Significant change in the cost or coverage of Spouse's health plan

[*Should an employee experience of a qualifying event, notification must be provided to the Insurance Department in writing within 30 days \(appropriate documentation required\).](#)

**EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
ECISD HEALTH CARE BENEFIT PROGRAM**

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Our Company's Pledge to You

This notice is intended to inform you of the privacy practices followed by the Edinburg Health Care Benefit Program (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan.

It is effective on September 23, 2013.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Edinburg Consolidated Independent School District requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease)

without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of Edinburg Consolidated Independent School District for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Edinburg C.I.S.D. Insurance / Risk Management Office
411 N. 8th Avenue
Edinburg, Texas 78539
956-289-2300 x 2180 dustin.garza@ecisd.us

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

Important Notice from Edinburg C.I.S.D. About Your Prescription Drug Coverage and Medicare

Edinburg C.I.S.D. is sending you this notice because you have a Medical policy that includes benefits for prescription drugs. Now that Medicare Part D is available, Medicare Eligible individuals have more choices in prescription drug coverage.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Edinburg C.I.S.D. for people who are Medicare eligible or will become Medicare eligible in 2022. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

No action is required if you and none of your covered dependents are Medicare eligible.

Medicare Eligible Members: Read this notice carefully - it explains the options you have under Medicare prescription drug coverage, and can help you decide whether or not you want to enroll. It has been determined that the prescription drug coverage offered in the Edinburg C.I.S.D. Health Care Benefit Program is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay, and is Creditable Coverage. **Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15, 2021 through December 7, 2021. If you drop your Edinburg C.I.S.D. coverage and you choose to wait to join a Medicare drug plan, you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. In addition, if you lose or decide to leave Edinburg C.I.S.D.'s sponsored coverage; you will be eligible to join a Part D plan at that time using an Edinburg C.I.S.D. Special Enrollment Period. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Stand-alone Medicare prescription drug plan.

If you decide to drop your Edinburg C.I.S.D.'s Medical plan with prescription drug coverage, be aware that you may not be able to get this coverage back.

You should also know that if you drop or lose your coverage with Edinburg C.I.S.D. and don't enroll in Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until next October to enroll.

For more information about this notice or your current prescription drug coverage...

Contact the District's Insurance Department for further information at 956-289-2300 ext. 2180 **NOTE:** You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage will be available in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

- Visit www.medicare.gov for personalized help,
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Aviso Importante de Edinburg CISD Acerca de Su Plan de Prescripción y Medicare

Edinburg C.I.S.D. le participa a usted que tiene una póliza medica que incluye beneficios de prescripción. Ahora que Medicare Parte D está disponible, personas elegibles para Medicare tienen mas opciones para sus prescripciones.

Lea este aviso con cuidado y mantengalo donde lo pueda encontrar. Esta nota tiene información acerca de su plan de prescripción medica con Edinburg CISD y el plan de prescripción disponible para personas con Medicare. Explica también sobre donde puede obtener mas informes para hacer decisions sobre su cubrimiento de prescripciones para el año 2022.

Si usted ó sus dependientes no son elegibles para Medicare no se requiere ninguna acción de su parte

Edinburg C.I.S.D. ha determinado que el nivel de cobertura para prescripciones con el plan de seguro medico con el distrito escolar es para todos los participantes, y espera pagar igual como el plan de prescripción que Medicare pagará y es considerado cobertura acreditada. Su plan existente es por lo menos tan bueno como el plan minimo de Medicare. Usted puede mantenerse en este plan y no pagar mas si acaso decide inscribirse con el plan que Medicare ofrece.

Cuando puede inscribirse en un plan de Medicare?

Individuos pueden inscribirse en el plan de Medicare cuando ellos sean elegibles para Medicare y cada año desde el 15 de Octubre, 2021 hasta el 7 de Diciembre 2021. Beneficiarios que salen de la cobertura de su empleador tienen derecho a un período especial de matriculación para inscribirse con un plan de Medicare. Débe comparar su plan con pleno conocimiento sobre cuáles prescripciones son cubiertas, por los planes que Medicare ofrece.

Que pasa con mi cubrimiento existente si decido inscribirme en un plan de Medicare?

Si usted decide inscribirse en un plan de Medicare y dar de bajo su plan con Edinburg CISD, se le avisa que usted y sus dependientes no podran obtener esta cobertura por medio del distrito de nuevo. Favor de comunicarse con nosotros para más informes acerca de lo que pueda suceder con su cobertura si usted se inscribe en un plan de Medicare para us prescripciones.

Cuando es que se impone una pena para inscribirse en un plan de Medicare?

También, debe saber que si elije dejar su cobertura o pierde su cobertura con ECISD y no se inscribe en uno de los planes de Medicare después de que su cobertura se termine, puede pagar más (una pena) para inscribirse en un plan de Medicare más tarde. Si usted llega a 63 días o más largo sin cobertura de prescripcion medica que es por lo menos tan bueno como el plan de Medicare, su prima mensual subirá por lo menos 1% por mes por todos los meses que usted no tuvo cobertura. Por ejemplo, si usted llega a 19 meses sin cobertura, su prima siempre será por lo menos 19% más alta que lo que otras personas pagan. Tendrá que pagar esta prima más alta mientras que tenga cobertura con Medicare. Además, es posible que tenga que esperarse hasta el Octubre siguiente para volver a inscribirse.

Para más información acerca de esta nota o su plan de prescripcion

Comuniquese con la oficina de Seguros para mas información al (956) 289-2300 ext. 2180 **NOTA:** Recibirá esta nota anualmente y otras veces en el futuro tal como antes el próximo período que usted puede inscribirse en un plan de Medicare. Tambien puede solicitar una copia de la información.

Para más información acerca de sus opciones bajo Medicare

Información más detallada acerca de los planes del cuidado de Medicare se encuentran en el guia "Médicare y Usted ." Puede conseguir una copia de la guía de Medicare por correo. Igualmente puede comunicarse directamente con Medicare por una de estas vias:

- Para asistencia personalizada visite www.medicare.gov en el internet
- Llame a su programa de asistencia de seguro de salud del Estado (vea su copia del guia Médicare y Usted para el número de teléfono)
- **Llame 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar 1-877-486-2048.**

Para personas con ingresos y recursos limitados, hay ayuda para pagar por el alcance del cubrimiento fármaco de Médicare. La información acerca de esta ayuda es disponible por la Administración del Seguro Social (SSA) Por internet visite www.socialsecurity.gov, o favor de llamar al 1-800-772-1213 (TTY 1-800-325-0778).

Guarde este aviso. Si decide inscribirse en un plan de Medicare para su cobertura de prescripcion, sera requerido mostrar este anuncio. El aviso no disculpa la pena de pagar mas mensualidad por no mantener seguro al corriente.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Edinburg Consolidated Independent School District		4. Employer Identification Number (EIN) 74-6000715	
5. Employer address 411 North 8th Avenue		6. Employer phone number 956-289-2300	
7. City Edinburg	8. State TX	9. ZIP code 78541	
10. Who can we contact about employee health coverage at this job? Dustin C. Garza. MSHA - Insurance Manager			
11. Phone number (if different from above) 956-289-2300 x 2180		12. Email address dustin.garza@ecisd.us	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

All employees in Active Service who work an average of 30 or more hours per week

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

If you have had, or are going to have, a mastectomy, you may be entitled to certain benefits under the WHCRA.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses; and
- Treatment of physical complications of the mastectomy, including Lymphedema.

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under this plan.

Therefore, the following deductibles and co-insurance apply:

	Deductible	Co-Insurance
ECISD Health Plan	\$1000	70/30

If you would like more information on WHCRA benefits, please call your Third Party Plan Administrator.



2023 Edinburg C.I.S.D. Health Insurance Benefit Highlights and Rates

Benefits - Basic Medical Care	In-Network Benefits	Out-of-Network Benefits	Blue Cross Blue Shield 2023 Plan Year Rates		
Primary/Specialist Doctor Office Visit/ Telemedicine	\$30 Co-Pay	50% Co-Insurance	Effective 9-1-2022		
Chiropractic Care (Limit 35 visits per calendar year)	\$30 Co-Pay	50% Co-Insurance	Coverage Tier	ECISD Monthly Contribution	Employee Monthly Premium
Diagnostic Testing (Blood Work) At DHR Labs	100%	50% Co-Insurance			
Routine Vision Exam (One per calendar year)	100%	100%	Employee Only	\$514.00	\$60
Diabetic Supplies ** (Requires physician prescription)	100%	100%	Employee/Spouse	\$514.00	\$438
Colonoscopy -Physician charges *Preventive	100%	50% after Deductible	Employee /Children	\$514.00	\$322
Mammogram Screening *Preventive	100%	50% after Deductible	Family	\$514.00	\$574
Osteoporosis Screening *Preventive	100%	50% after Deductible			
Prostate Cancer Screening *Preventive	100%	50% after Deductible			
Well Baby Care	\$30 Co-Pay	50% after Deductible			
Hearing Exams	\$30 Co-Pay	50% after Deductible			
Cardiovascular Disease Screening *Preventive	100%	50% after Deductible			
Papillomavirus(HPV) & Cervical Cancer Screening	100%	50% after Deductible			
Prescription Drugs, Immunizations, and Vaccines					
Preferred and Non Preferred Drug Annual Deductible	\$50 per Calendar Year				
Generic Drug Annual Deductible	Waived				
Retail Prescriptions After Deductible					
Generic Drugs	\$10 Co-Pay	50% Co-Insurance			
Preferred Brand Drugs	\$45 Co-Pay	50% Co-Insurance			
Non-Preferred Brand Drugs	\$65 Co-Pay	50% Co-Insurance			
Compound Drugs (Maximum paid \$300 Per Prescription)	\$45 Co-Pay	50% Co-Insurance			
Specialty Drugs	\$10/\$45/\$65	50% Co-Insurance			
Immunizations for Children & Adults (Deductible Waived; subject to Co-Pay at Doctor's Office)	100%				
Immunizations for Children/Adolescents	Diphtheria, Tetanus, Pertussis, Haemophilus Influenza Type B, Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Influenza (Flu), Measles, Mumps, Rubella, Meningococcal, Inactivated Poliovirus, Rotavirus, Varicella (Chickenpox)				
Immunizations List for Adults	Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Influenza (flu), Measles, Mumps, Rubella, Meningococcal, Diphtheria, Tetanus, Pertussis, Varicella (Chickenpox), Pneumococcal, Zoster, Rabies, Pneumococcal, Meningitis, Tetanus Combo, Flu, HPV, Toxoid Combo				
Immunizations at Participating Pharmacies (100%, Co-Pay Waived)	Hepatitis A, Hepatitis B, Influenza (flu), Measles, Meningococcal, Diphtheria, Tetanus, Pertussis, Varicella (Chickenpox), Pneumococcal, Zoster				
Plan Provisions					
Calendar Year Deductible	\$1,000/\$3,000	\$3,000/\$9,000			
Coverage once Deductible is Met	70%	50%			
Hospital Emergency Room Services	\$150 Co-Pay,	\$150 Co-Pay,			
	then 70% after deductible	then 50% after deductible			
Urgent Care	\$75.00	50% Co-Insurance			
Penalty for Failure to Pre-Certify Services	None	\$250			
Inpatient Hospital Daily Fee	\$300	\$900			
Outpatient Facility/Physician Services	70%	50%			
Out of Pocket Limit- Individual/ Family	\$5,000/\$14,700	Unlimited			

**Once per calendar year allowed*

***Preferred diabetic supplies covered 100%. Non-preferred supplies will be subject to additional cost*

SCHEDULE OF COVERAGE

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
Deductibles <ul style="list-style-type: none"> • Per-Admission Deductible • Calendar Year Deductible <i>Three-month Deductible carryover applies</i> <i>Applies to all Eligible Expenses</i> 	\$300 per-admission Deductible \$1,000 – per individual \$3,000 – per family	\$900 per-admission Deductible \$3,000 – per individual \$9,000 – per family
Co-Share Stop-Loss Amounts <i>Includes Calendar Year Deductible and Copayment Amounts</i>	\$5,000 – per individual \$14,700 – per family	Unlimited – per individual Unlimited – per family
Copayment Amounts Required <ul style="list-style-type: none"> • Physician office visit/consultation • Outpatient Hospital Emergency Room/Treatment Room visit • Urgent Care Center visit • Retail Health Clinic 	\$30 Physician office visit \$150 outpatient Hospital Emergency Room/Treatment Room visit \$75 Urgent Care Center visit \$30 Retail Health Clinic visit	Does Not Apply \$150 outpatient Hospital Emergency Room/Treatment Room visit Does Not Apply Does Not Apply
Inpatient Hospital Expenses All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units.	70% of Allowable Amount after \$300 per-admission Deductible and after Calendar Year Deductible No penalty for failure to preauthorize services	50% of Allowable Amount after \$900 per-admission Deductible and after Calendar Year Deductible \$250 penalty for failure to preauthorize services
Medical-Surgical Expenses <ul style="list-style-type: none"> • Office visit/consultation including lab and x-rays • Radiation Therapy and Chemotherapy in the office setting • Physician surgical services in office setting • Inpatient visits and Certain Diagnostic Procedures • Home Infusion Therapy • Physician surgical services in any setting • Early Detection Tests for Cardiovascular Disease (Limited to 1 test every five years) • Independent Lab & X-ray 	100% of Allowable Amount after \$30 Copayment Amount 70% of Allowable Amount after Calendar Year Deductible 100% of Allowable Amount	50% of Allowable Amount after Calendar Year Deductible 50% of Allowable Amount after Calendar Year Deductible 50% of Allowable Amount after Calendar Year Deductible

SCHEDULE OF COVERAGE

Plan Provisions	In-Network Benefits	Out-of-Network Benefits	
Extended Care Expenses (Certain services will require Preauthorization.) <ul style="list-style-type: none"> • Skilled Nursing Facility 	100% of Allowable Amount	50% of Allowable Amount after Calendar Year Deductible	
	25 days maximum per Calendar Year		
	<ul style="list-style-type: none"> • Home Health Care 	100% of Allowable Amount	50% of Allowable Amount after Calendar Year Deductible
		60 visits maximum per Calendar Year	
	<ul style="list-style-type: none"> • Hospice Care 	100% of Allowable Amount	50% of Allowable Amount after Calendar Year Deductible
Unlimited			
Mental Health Care/Serious Mental Illness/Treatment of Substance Use Disorder (SUD) (Certain services will require Preauthorization.) Inpatient Services <ul style="list-style-type: none"> • Hospital Services (facility) • Behavioral Health Practitioner Services Outpatient Services <ul style="list-style-type: none"> • Behavioral Health Practitioner Expenses (office setting) • Other Outpatient Services 	70% of Allowable Amount after \$300 per-admission Deductible and after Calendar Year Deductible	50% of Allowable Amount after \$900 per-admission Deductible and after Calendar Year Deductible	
	70% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible	
	100% of Allowable Amount after \$30 Copayment Amount	50% of Allowable Amount after Calendar Year Deductible	
	70% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible	
	Emergency Care Accidental Injury & Emergency Care (including Accidental Injury, Emergency and non-emergency Care for Behavioral Health Services) <ul style="list-style-type: none"> • Facility Charges • Lab & X-ray without emergency room or treatment room • Physician Charges 		
	70% of Allowable Amount after \$150 outpatient Hospital emergency room Copayment Amount (waived if admitted)	100% of Allowable Amount	70% of Allowable Amount after Calendar Year Deductible

SCHEDULE OF COVERAGE

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
Emergency Care (Cont'd) Non-Emergency Care <ul style="list-style-type: none"> • Facility Charges • Physician Charges 	70% of Allowable Amount after Calendar Year Deductible and after \$150 outpatient Hospital emergency room Copayment Amount (waived if admitted) 70% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible and after \$150 outpatient Hospital emergency room Copayment Amount (waived if admitted) 50% of Allowable Amount after Calendar Year Deductible
Urgent Care Services <ul style="list-style-type: none"> • Urgent Care Center visit - including lab & x-ray services (excluding Certain Diagnostic Procedures) 	100% of Allowable Amount after \$75 Copayment Amount	50% of Allowable Amount after Calendar Year Deductible
Ambulance Services	70% of Allowable Amount after Calendar Year Deductible	
Retail Health Clinic	100% of Allowable Amount after \$30 Copayment Amount	50% of Allowable Amount after Calendar Year Deductible
Preventive Care Services <ul style="list-style-type: none"> • Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force ("USPSTF") • Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention ("CDC") with respect to the individual involved • Evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration ("HRSA") for infants, children, and adolescents • With respect to women, such additional preventive care and screenings, not described in the first bullet above, as provided for in comprehensive guidelines supported by the HRSA • Routine physical examinations, well baby care, immunizations and Newborn Hearing Test after routine lab 	100% of Allowable Amount	50% of Allowable Amount after Calendar Year Deductible

SCHEDULE OF COVERAGE

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
Preventive Care Services (Cont'd) <ul style="list-style-type: none"> • Routine X-Rays, Routine EKG, Routine Diagnostic Medical Procedures (Independent Lab & X-Ray Provider) • Colonoscopy Professional (physician charges) • Colonoscopy facility charges • Healthy diet counseling and obesity screening/counseling • Immunizations Birth up to age 6 • Mammogram and Family Planning Services 	<p style="text-align: center;">100% of Allowable Amount</p> <p style="text-align: center;">100% of Allowable Amount</p> <p style="text-align: center;">100% of Allowable Amount</p>	<p style="text-align: center;">50% of Allowable Amount after Calendar Year Deductible</p> <p style="text-align: center;">100% of Allowable Amount</p> <p style="text-align: center;">100% of Allowable Amount</p>
Other Routine Services <ul style="list-style-type: none"> • Routine X-Rays, Routine EKG, Routine Diagnostic Medical Procedures, routine digital rectal exam, routine prostate test • Annual Hearing Examination • Annual Vision Examination 	<p style="text-align: center;">100% of Allowable Amount</p> <p style="text-align: center;">100% of Allowable Amount</p>	<p style="text-align: center;">50% of Allowable Amount after Calendar Year Deductible</p> <p style="text-align: center;">100% of Allowable Amount</p>
Speech Therapy* <ul style="list-style-type: none"> • Office visit • All other services 	<p style="text-align: center;">100% of Allowable Amount after \$30 Copayment Amount</p> <p style="text-align: center;">70% of Allowable Amount after Calendar Year Deductible</p>	<p style="text-align: center;">50% of Allowable Amount after Calendar Year Deductible</p> <p style="text-align: center;">50% of Allowable Amount after Calendar Year Deductible</p>
35 visits maximum per Calendar Year combined with Physical Therapy and Occupational Therapy		
*Benefits for Autism Spectrum Disorder will not apply towards and are not subject to any speech services visits maximum.		
Hearing Services <ul style="list-style-type: none"> • Office visit • All other services 	<p style="text-align: center;">100% of Allowable Amount after \$30 Copayment Amount</p> <p style="text-align: center;">70% of Allowable Amount after Calendar Year Deductible</p>	<p style="text-align: center;">50% of Allowable Amount after Calendar Year Deductible</p> <p style="text-align: center;">50% of Allowable Amount after Calendar Year Deductible</p>
1 per ear per 36-month period for hearing aids		
Chiropractic Services <ul style="list-style-type: none"> • Office visit • All other services 	<p style="text-align: center;">100% of Allowable Amount after \$30 Copayment Amount</p> <p style="text-align: center;">70% of Allowable Amount after Calendar Year Deductible</p>	<p style="text-align: center;">50% of Allowable Amount after Calendar Year Deductible</p> <p style="text-align: center;">50% of Allowable Amount after Calendar Year Deductible</p>
35 visits maximum per Calendar Year		

SCHEDULE OF COVERAGE

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
Physical Medicine Services** <ul style="list-style-type: none"> • Office visit/Office services • All other services in the outpatient setting 	100% of Allowable Amount after \$30 Copayment Amount 70% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible 50% of Allowable Amount after Calendar Year Deductible
35 visits maximum per Calendar Year combined with Speech Therapy and Occupational Therapy		
**Benefits for Autism Spectrum disorder will not apply towards and are not subject to any Physical Medicine Services visits maximum.		
Occupational Therapy <ul style="list-style-type: none"> • Office visit/Office services • All other services in the outpatient setting 	100% of Allowable Amount after \$30 Copayment Amount 70% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible 50% of Allowable Amount after Calendar Year Deductible
35 visits maximum per Calendar Year combined with Speech Therapy and Physical Therapy		
Cardiac Rehabilitation Services <ul style="list-style-type: none"> • Office visit/Office services • All other services 	100% of Allowable Amount after \$30 Copayment Amount 70% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible 50% of Allowable Amount after Calendar Year Deductible
35 visits maximum per Calendar Year		
Wigs	100% of Allowable Amount (deductible waived)	
	Limited to \$500 lifetime maximum	
Allergy <ul style="list-style-type: none"> • Allergy injection with an office visit • Allergy injection without an office visit 	100% of Allowable Amount after \$30 Copayment Amount 70% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible 50% of Allowable Amount after Calendar Year Deductible
Anesthesia	70% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible
Autism Applied Behavior Texas State Mandate		
<ul style="list-style-type: none"> • Physician charges • Facility charges 	100% of Allowable Amount after \$30 Copayment Amount 70% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible 50% of Allowable Amount after Calendar Year Deductible

SCHEDULE OF COVERAGE PHARMACY BENEFITS

Plan Provisions	Participating Pharmacy	Non-Participating Pharmacy
Retail Pharmacy 90 day supply with 1 Copayment Amount per 30-day supply at a Participating Pharmacy	\$10 Copayment Amount – (Deductible Waived) Generic Drugs \$45 Copayment Amount* – Preferred Brand Name Drugs \$65 Copayment Amount* – Non-Preferred Brand Name Drugs	50% of Allowable Amount minus Copayment Amount
Specialty Pharmacy Program (Prime Specialty Pharmacy Only) Specialty Drugs limited to a 30-day supply at a Specialty Pharmacy Provider	Specialty Pharmacy Provider \$10 Copayment Amount – (Deductible Waived) Generic Drugs \$45 Copayment Amount* – Preferred Brand Name Drugs \$65 Copayment Amount* – Non-Preferred Brand Name Drugs	Not Covered
Mail Service Prescription	Mail-Order Pharmacy	
Mail-Order Program One Copayment Amount per 90 day supply, up to a 90-day supply only	\$25 Copayment Amount – (Deductible Waived) Generic Drugs \$112.50 Copayment Amount* – Preferred Brand Name Drugs \$162.50 Copayment Amount* – Non-Preferred Brand Name Drugs	Not Covered
Diabetic Supplies (no insulin or diabetic medication purchase required)	\$0 Copayment Amount – (Deductible Waived) Generic Drugs \$0 Copayment Amount* – Preferred Brand Name Drugs \$65 Copayment Amount* – Non-Preferred Brand Name Drugs	Not Covered
Select Vaccinations Obtained through Participating Pharmacies**	Select Participating Pharmacy - 100% of Allowable Amount Any other Participating Pharmacy - 50% of Allowable Amount minus Copayment Amount	50% of Allowable Amount minus Copayment Amount
Pharmacy Deductible	\$50 per Individual each Calendar Year	
Prior Authorization Provision	Applies	
Step Therapy Provision	Applies	
Limitations on Quantities Dispensed	Applies	

Diabetes Supplies are available under the Pharmacy Benefits portion of your Plan. All provisions of this portion of the Plan will apply including any Deductibles, Copayment Amounts, Co-Share Amounts and any pricing differences.



Your health at your fingertips

Get information about the cost of procedures, find a doctor or request an ID card. You can do it all – simply and securely – on Blue Access for MembersSM (BAMSM).

With BAM, you can:

- Find in-network doctors and hospitals.
- View your digital member ID, or order new or replacement IDs.
- Review your benefits and dependent coverage.
- Covered dependents age 18 and over can have their own BAM accounts.



Scan this QR code to visit [bcbstx.com](https://www.bcbstx.com).

Let's get started

1. Go to [bcbstx.com](https://www.bcbstx.com).
2. Click [Register Here](#).
3. Use the information on your member ID card to complete the registration process.

Navigation has never been easier

1 **DASHBOARD** 2 **CLAIMS** 3 **COVERAGE** 4 **SPENDING** 5 **FIND CARE** 6 **WELLNESS** 7 **MY ACCOUNT**

Hello, Alexandria! [Member ID card](#) [Contact us](#)

Recent Claims

Date	Claim Title	Member	Claim Status	You may owe
Aug 24, 2021	Your Hospital	Alex Roberts	Paid	\$0.00
Aug 24, 2021	Your Medical Treatment Center	Chris Roberts	Processed	\$239.99
Aug 24, 2021	Your Pharmacy	Alex Roberts	Not Paid	\$10.00

[View all claims >](#)

Find Care

- Medical**
Doctors and hospitals, nurseline, hearing aids
- Pharmacies**
Pharmacies
- Dental Care**
Dentists of America
- Vision Care**
Eyemed

Spending

Category	Current Amount	Limit	Remaining
Deductible	\$625.00	\$1,000 limit	\$375.00 remaining
Out-of-Pocket	\$1,250.00	\$5,000 limit	\$3,750.00 remaining

[View all spending >](#)

- 1 Dashboard** – See your family's claims and health care spending at a glance, order an ID, navigate the site quickly and easily.
- 2 Claims** – View quick claims summaries or download your Explanation of Benefits (EOB).
- 3 Coverage** – See benefit highlights for your medical, dental and pharmacy plans.
- 4 Spending** – Keep track of your deductible and out-of-pocket expenses.
- 5 Find Care** – Find in-network doctors, hospitals and other health care providers quickly and easily.
- 6 Wellness** – Take control of your well-being with preventive care guidelines, information and health tips for managing health conditions and living a healthier life.
- 7 My Account** – Use this menu for everything else: View your health history, update your profile and preferences, sign up for electronic EOBs, find claim forms, manage privacy preferences and contact us.

This material is only for illustration purposes. Your group's coverage types and benefits may be different.

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

9100697.0821



BlueCross BlueShield
of Texas

Pharmacy Coverage

Edinburg CISD # 219674



Present our current B ID Card to pharmacist

Please call customer service at 1-855-457-0007, if you have any questions about your prescription drug benefits.

RX Balanced Drug List link as of 10-1-21 from www.bcbstx.com website:
<https://www.bcbstx.com › pdf › rx › rx-list-bal-tx-2021.pdf>

Commonly prescribed drugs from www.bcbstx.com website:
<https://www.bcbstx.com/docs/rx-drugs/drug-lists/tx/maintenance-drug-list-tx.pdf>



Core Plan: Dental Plan Summary

Policy #43584 Effective Date: 1/1/2022

Plan Benefit	
Type 1	80%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,500 per calendar year
Allowance	Discounted Fee
Dental Rewards®	Included
Waiting Period	None

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,500
Waiting Period	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under (1 per benefit period) Sealants (age 16 and under) Space Maintainers 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Monthly Rates – ECISD Portion

Employee Only (EE)	\$11.00
EE + Spouse	\$11.00
EE + Children	\$11.00
EE + Spouse & Children	\$11.00

Monthly Rates – Employee Portion

Employee Only (EE)	\$0.00
EE + Spouse	\$21.52
EE + Children	\$55.82
EE + Spouse & Children	\$73.84

Monthly Rates – Total Cost

Employee Only (EE)	\$11.00
EE + Spouse	\$32.52
EE + Children	\$66.82
EE + Spouse & Children	\$84.84

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of EDINBURG CISD. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

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

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

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Dental Rewards[®]

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards

Dental Network Information

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

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Language Services

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

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

Buy Up Plan: Dental Plan Summary

Policy #43584 Effective Date: 1/1/2022

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$5/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum
Maximum (per person)	\$1,500 per calendar year
Allowance	Discounted Fee
Dental Rewards®	Included
Waiting Period	None

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,500
Waiting Period	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under (1 per benefit period) Sealants (age 16 and under) Space Maintainers 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Monthly Rates – ECISD Portion

Employee Only (EE)	\$11.00
EE + Spouse	\$11.00
EE + Children	\$11.00
EE + Spouse & Children	\$11.00

Monthly Rates – Employee Portion

Employee Only (EE)	\$11.12
EE + Spouse	\$34.44
EE + Children	\$74.44
EE + Spouse & Children	\$88.96

Monthly Rates – Total Cost

Employee Only (EE)	\$22.12
EE + Spouse	\$45.44
EE + Children	\$85.44
EE + Spouse & Children	\$99.96

Ameritas Information

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Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

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

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

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Dental Rewards*

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards

Dental Network Information

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

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Language Services

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

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

Low Plan: Focus® Plan Summary

Policy# 31179 Effective Date: 1/1/2022

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$10 Exam	\$10 Exam
Annual Eye Exam	\$20 Eye Glass Lenses or Frames*	\$20 Eye Glass Lenses or Frames
Lenses (per pair)	Covered in full	Up to \$45
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	15% discount	No benefit
	See Additional Focus Features.	
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$130**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

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

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

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
	\$33 adults	
Solid Plastic Dye	\$15	No benefit
	(except Pink I & II)	
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

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

LASIK Advantage®

LASIK Advantage® Plan 1			
Lifetime Benefit Earned (both eyes)	Year One	Year Two	Year Three
	\$350	\$350	\$700

Monthly Rates

Employee Only (EE)	\$8.84
EE + Spouse	\$15.92
EE + Children	\$16.80
EE + Spouse & Children	\$26.52

Additional Focus® Choice Network Features

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

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

Rx Savings

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

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

Retail Chain Affiliate Providers Available With Focus Plans

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

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

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

Locate a VSP provider at: ameritas.com

View plan benefit information at: vsp.com

Section 125

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

Worldwide Support

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

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

Language Services

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

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High Plan: Focus® Plan Summary

Policy# 31179 Effective Date: 1/1/2022

	VSP Network	Out of Network
Deductibles		
	\$5 Exam	\$5 Exam
Annual Eye Exam	\$0 Eye Glass Lenses or Frames*	\$0 Eye Glass Lenses or Frames
Lenses (per pair)	Covered in full	Up to \$52
Single Vision	Covered in full	Up to \$55
Bifocal	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$95
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	15% discount See Additional Focus Features.	No benefit
Elective	Up to \$180	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$180	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

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

Lens Options (member cost)*

	VSP Network	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$25 adults	No benefit
Solid Plastic Dye	\$13 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$15	No benefit
Photochromatic Lenses (Glass & Plastic)	\$27-\$76	No benefit
Scratch Resistant Coating	\$15-\$29	No benefit
Anti-Reflective Coating	\$39-\$75	No benefit
Ultraviolet Coating	\$14	No benefit

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

LASIK Advantage®

Lifetime Benefit Earned (both eyes)	LASIK Advantage® Plan 2		
	Year One	Year Two	Year Three
	\$700	\$700	\$1,400

Monthly Rates

Employee Only (EE)	\$13.32
EE + Spouse	\$23.96
EE + Children	\$26.52
EE + Spouse & Children	\$39.96

Additional Focus® Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
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Eye Care Plan Member Service

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DESCRIPTION	CO-PAYS / ALLOWANCES	
	130/150 Plan (Standard)	180/300H Plan (Gold)
One Exam per year, One Materials option per year or as noted		
Exam Co-pay	\$10	\$5
Material Option (in lieu of Exam)	\$45 Allowance	\$65 Allowance
Materials Co-pay (glasses only)	\$20	No Co-pay
Single Vision Lens	Covered	Covered
Bi-focal Lens	Covered	Covered
Tri-focal Lens	Covered	Covered
Lenticular Lens	Covered	Covered
Standard Progressive Lens	Retail up to \$199 is covered	Retail up to \$199 is covered
Premium Progressive Lens	\$200 Allowance	\$219 Allowance
Polycarbonate material for child dependents	Covered	Covered
Polycarbonate Lenses	\$25 Co-pay	Covered
Trivex Lenses	U&C Upgrade	Covered
1.60 Index Lenses	U&C Upgrade	Covered
1.67 Index Lenses	U&C Upgrade	Covered
Frame Allowance	\$130 Retail	\$180 Retail
Scratch Resistance Coating	Covered	Covered
Ultra-Violet (UV) Protection Coating	Covered	Covered
Blue Light Blocking Lens Or Coating Upgrade	\$105 Co-pay	\$50 Co-pay
Mid-level Anti-Reflective (up to \$99 retail value)	Covered	Covered
Premium Anti-Reflective (AR) Coating	\$130 Co-pay	\$65 Allowance
Lens Tint	\$12 Co-pay	\$12 Co-pay
Photochromatic or Polarize upgrade	\$90 Co-pay	\$90 Co-pay
^Medically Necessary Spectacle Lenses	\$400 Allowance	\$400 Allowance
Contact Lens Co-pay	\$0	\$0
Contact Lens Allowance (including fitting fee)	\$150 Retail	\$300 Retail
Medically Necessary Contacts (including fitting fee)	\$550 Allowance	\$700 Allowance
Refractive Surgery (All FDA Approved Procedures)	\$350/Eye Allowance	\$500/Eye Allowance
Exam/Lens/Frame/Contacts Frequency (Months)	12/12/12/12	12/12/12/12
Hearing Aid every 12 months or	N/A	\$750 Allowance
Hearing Aid every 24 months or	N/A	\$1,600 Allowance
Hearing Aid every 36 months	N/A	\$2,550 Allowance

^ Offered by special arrangement between many Participating Providers for Amblyopia or Aniseikonia treatment.

EDINBURG CISD RATES:

Employee: \$7.00
 Employee + 1: \$13.00
 EE + Children: \$16.00
 Family: \$22.00

Employee: \$17.00
 Employee + 1: \$33.00
 EE + Children: \$36.00
 Family: \$48.00

Eyetopia Benefits		
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.		
BENEFIT ONE ² (choose either one of the following 2 options every 12 months):	Allowance	Co-pay ¹
1. Refractive Exam. One routine Vision Exam.	N/A	\$10.00
2. Coverage towards a medical eye exam copy or other services or materials. ²	\$45.00	None
BENEFIT TWO (choose only one of the following Vision Correction Options): Eyetopia provides you with 3 options for correcting your vision every 12 months. ³		
1. Prescription Lenses ⁴ CR-39 plastic single vision, bifocal, trifocal lenses.	Allowance	Co-pay ¹
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for up to \$199.	N/A	\$20.00
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for more than \$199.	\$200.00	\$20.00
• Polycarbonate material upgrade	N/A	\$25.00
• Polycarbonate material upgrade for child dependents (under age 26)	Covered	None
• Basic Coating (Ultraviolet Protection & Scratch Resistant Coating)	Covered	None
• Mid-Level Anti-Reflective Coatings that retail between \$45 and \$99.	Covered	None
• Premium Anti-Reflective Coatings that retail for \$100 or more copay not to exceed:	N/A	\$130.00
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.	N/A	\$105.00
• Tint (Solid or Gradient)	N/A	\$12.00
• Photochromatic or Polarized Lenses	N/A	\$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵	\$400.00	None
♦ Non-Prescription Gaming/Computer (Anti-Fatigue) lenses (limited materials).	Covered	None
♦ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance.	\$130	None
2. Contact Lens Option: In lieu of spectacles. Allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶	\$150.00	None
♦ Medically necessary contact lenses - \$145.00 evaluation allowance and \$400.00 contact lens allowance. ⁷	\$550.00	None
3. Refractive Surgery Option. ⁸ In lieu of spectacles or contact lenses. A \$350.00 per eye allowance with contracted surgeons or a \$75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	\$350/eye \$75/eye	None

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

⁴ Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ The Shaw Lens coverage includes a premium anti-reflective coating and an upgraded lens material. .

⁶ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁷ Total maximum benefit allowance is \$550.00 the Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia.

In-Network coverage is available through Participating Providers. Out of network services are not covered.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

Employee:	\$7.00
Employee + 1:	\$13.00
EE + Children:	\$16.00
Family:	\$22.00



Find us on [Facebook.com/eyetopiaivision](https://www.facebook.com/eyetopiaivision)

Eyetopia Benefits			
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.			
BENEFIT ONE ² (choose either one of the following 2 options every 12 months):		Allowance	Co-pay ¹
1. Refractive Exam. One routine vision exam.		N/A	\$5.00
2. Coverage toward medical eye exam co-pay or other services or materials. ²		\$65.00	None
BENEFIT TWO (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. ³			
1. Prescription Lenses ^{3,4} Single Vision, Bi-focal or Tri-focal lenses		Allowance	Co-pay ¹
• Progressive (no line multifocal) lenses that retail for up to \$219.		Covered	None
• Progressive (no line multifocal) lenses that retail for more than \$219.		\$200.00	None
• Lens Materials: polycarbonate, Trivex®, 1.60 or 1.67 index plastic.		Covered	None
• Basic Coating (ultraviolet protection and scratch resistant coating)		Covered	None
• Mid-Level Anti-Reflective Coatings that retail between \$45 and \$99.		Covered	None
• Premium Anti-Reflective Coatings that retail for \$100 or more.		\$60.00	None
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.		N/A	\$50.00
• Tint (Solid and Gradient)		N/A	\$12.00
• Photochromic or polarized lens upgrade		N/A	\$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵		\$400.00	None
♦ Non-Prescription Gaming/Computer (Anti-Fatigue) lenses (limited materials).		Covered	None
♦ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance.		\$180.00	None
2. Contact Lens Option in lieu of spectacles. Allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶		\$300.00	None
♦ Medically necessary contact lenses - \$300.00 evaluation allowance and \$400.00 contact lens allowance. ⁷		\$700.00	None
3. Refractive Surgery Option ⁸ in lieu of spectacles or contact lenses. A \$500.00 per eye allowance with contracted surgeons or a \$150.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.		\$500/eye \$150/eye	None
4. Hearing Aid Option. ⁹ If you do not use any of the other Materials options you can elect to apply your benefit toward hearing aids. Current year is a maximum benefit of \$750.00 toward one or both hearing aids. If not used in year 1, the benefit increases to \$1,600.00 in year 2. If not used in Year 2 or Year 1, the benefit increases to \$2,550.00 for Year 3.		See full summary	None

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

⁴ Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ The Shaw Lens coverage includes a premium anti-reflective coating and an upgraded lens material.

⁶ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁷ Total maximum benefit allowance is \$700.00. The Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

⁹ To access your hearing aid benefit, you must call Your Hearing Network at 888-284-8133 for an initial consult. You have access to five levels of hearing aid technology: Standard, Value, Mid-Level, Advanced and Premium. Your out-of-pocket costs will vary based on your choice of hearing aid and your total available allowance.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia plan. In-Network coverage is available through Participating Providers. Out of network services are not covered.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

Employee:	\$17.00
Employee + 1:	\$33.00
EE + Children:	\$36.00
Family:	\$48.00

Welcome to Eartopia[®], a comprehensive hearing aid benefit that can be used when you have no need to use your Eyetopia[®] Benefit 2 for vision correction. See Option 4 of the Eyetopia[®] Gold 150/250H Plan.

You can use this Option each year or roll it over for up to two more years.

- Year 1 \$750 Maximum Benefit Full amount can be rolled over into Year 2 if Eyetopia[®] Benefit 2 is not used.
- Year 2 \$1,600 Maximum Benefit Full amount can be rolled over into Year 3 if Eyetopia[®] Benefit 2 is not used.
- Year 3 \$2,550 Maximum Benefit Must be used before Year 3 Eyetopia[®] eligibility period expires.

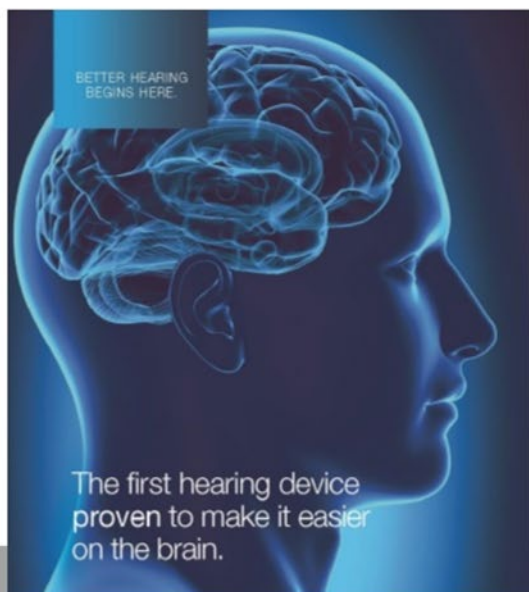
All Hearing Aids must be supplied through a Your Hearing Network Participating Provider. We have negotiated exceptional price reductions to provide Eartopia[®] Members access to a wide array of hearing aids. Eartopia[®] offers five classifications of hearing aids from basic aids to premium aids. The following chart shows your expected out-of-pocket costs after the Eartopia[®] benefit is applied at each classification.

Type:	Standard		Value		Mid Level		Advanced		Premium	
	1 Aid	2 Aids	1 Aid	2 Aids	1 Aid	2 Aids	1 Aid	2 Aids	1 Aid	2 Aids
MSRP	\$1,100	\$2,200	\$1,475	\$2,950	\$1,800	\$3,600	\$2,800	\$5,600	\$4,200	\$8,400
Allowance*	The Following Table shows the out of pocket amount after applying the Allowance									
\$750.00	Covered	\$750.00	\$245.00	\$1,240.00	\$850.00	\$2,450.00	\$1,245.00	\$3,240.00	\$1,800.00	\$4,350.00
\$1,600.00	Covered	Covered	Covered	\$390.00	Covered	\$1,600.00	\$395.00	\$2,390.00	\$950.00	\$3,500.00
\$2,550.00	Covered	Covered	Covered	Covered	Covered	\$650.00	Covered	\$1,440.00	Covered	\$2,550.00

* The allowance is applied at the time of service against a contracted discounted price. All remaining out of pocket costs are due at the time of service. Incremental spending of the allowance is not available.

There are no Out-of-Network benefits, therefore you must call (877) 381-9813 to schedule an appointment with Your Hearing Network’s Participating Providers to exercise your benefit.

Treating Hearing Loss - Hearing aids can help.



- Abundance of research confirms that hearing aids can reverse the consequences of untreated hearing loss
- Better overall health, lessened feelings of depression and isolation, improved cognition
- Increased attentiveness resulting in a decreased risk of personal injury
- Less likely to suffer from depression and anxiety
- Decrease in the risk of onset dementia
- An increase in job performance



Employee:	\$17.00
Employee + 1:	\$33.00
EE + Children:	\$36.00
Family:	\$48.00

BENEFIT HIGHLIGHTS FOR:

Edinburg Consolidated Independent School District

EDUCATOR DISABILITY INSURANCE OVERVIEW

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

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

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

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

²Facts from LIMRA, 2016 Disability Insurance Awareness Month

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

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

ELIGIBILITY AND ENROLLMENT

Eligibility You are eligible if you are an active employee who works at least 30 hours per week on a regularly scheduled basis.

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

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

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



FEATURES OF THE PLAN

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

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

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

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

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

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

Age Disabled	Maximum Benefit Duration
Prior to 60	To Normal Retirement Age
Age 60-64	60 months
Age 65-67	To Age 70
Age 68 and over	24 months

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

Age Disabled	Maximum Benefit Duration
Prior to 65	60 months
Age 65-69	To Age 70, but not less than one year
Age 70 and over	12 months

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

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

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



Other Important Benefits

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

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

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

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

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

PROVISIONS OF THE PLAN

Definition of Disability

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

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

Pre-Existing Condition Limitation

Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 6 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have been insured under this policy for 12 months before your disability begins.

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

Continuity of Coverage

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

Recurrent Disability

What happens if I Recover but become Disabled again?



Periods of Recovery during the Elimination Period will not interrupt the Elimination Period, if the number of days You return to work as an Active Employee are less than one-half (1/2) the number of days of Your Elimination Period.
Any day within such period of Recovery, will not count toward the Elimination Period.

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

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

Your plan includes a minimum benefit the greater of 10% of your elected benefit or \$100.

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

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

Termination Provisions Your coverage under the plan will end if:

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

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



Edinburg Consolidated Independent School District

Premium Option – Monthly Premium Cost (based on 12 payments per year)

Annual Earnings	Monthly Earnings	Monthly Benefit	Accident / Sickness Elimination Period in Days					
			0 / 7	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
\$3,600	\$300	\$200	\$5.92	\$4.98	\$4.26	\$3.22	\$1.94	\$1.38
\$5,400	\$450	\$300	\$8.88	\$7.47	\$6.39	\$4.83	\$2.91	\$2.07
\$7,200	\$600	\$400	\$11.84	\$9.96	\$8.52	\$6.44	\$3.88	\$2.76
\$9,000	\$750	\$500	\$14.80	\$12.45	\$10.65	\$8.05	\$4.85	\$3.45
\$10,800	\$900	\$600	\$17.76	\$14.94	\$12.78	\$9.66	\$5.82	\$4.14
\$12,600	\$1,050	\$700	\$20.72	\$17.43	\$14.91	\$11.27	\$6.79	\$4.83
\$14,400	\$1,200	\$800	\$23.68	\$19.92	\$17.04	\$12.88	\$7.76	\$5.52
\$16,200	\$1,350	\$900	\$26.64	\$22.41	\$19.17	\$14.49	\$8.73	\$6.21
\$18,000	\$1,500	\$1,000	\$29.60	\$24.90	\$21.30	\$16.10	\$9.70	\$6.90
\$19,800	\$1,650	\$1,100	\$32.56	\$27.39	\$23.43	\$17.71	\$10.67	\$7.59
\$21,600	\$1,800	\$1,200	\$35.52	\$29.88	\$25.56	\$19.32	\$11.64	\$8.28
\$23,400	\$1,950	\$1,300	\$38.48	\$32.37	\$27.69	\$20.93	\$12.61	\$8.97
\$25,200	\$2,100	\$1,400	\$41.44	\$34.86	\$29.82	\$22.54	\$13.58	\$9.66
\$27,000	\$2,250	\$1,500	\$44.40	\$37.35	\$31.95	\$24.15	\$14.55	\$10.35
\$28,800	\$2,400	\$1,600	\$47.36	\$39.84	\$34.08	\$25.76	\$15.52	\$11.04
\$30,600	\$2,550	\$1,700	\$50.32	\$42.33	\$36.21	\$27.37	\$16.49	\$11.73
\$32,400	\$2,700	\$1,800	\$53.28	\$44.82	\$38.34	\$28.98	\$17.46	\$12.42
\$34,200	\$2,850	\$1,900	\$56.24	\$47.31	\$40.47	\$30.59	\$18.43	\$13.11
\$36,000	\$3,000	\$2,000	\$59.20	\$49.80	\$42.60	\$32.20	\$19.40	\$13.80
\$37,800	\$3,150	\$2,100	\$62.16	\$52.29	\$44.73	\$33.81	\$20.37	\$14.49
\$39,600	\$3,300	\$2,200	\$65.12	\$54.78	\$46.86	\$35.42	\$21.34	\$15.18
\$41,400	\$3,450	\$2,300	\$68.08	\$57.27	\$48.99	\$37.03	\$22.31	\$15.87
\$43,200	\$3,600	\$2,400	\$71.04	\$59.76	\$51.12	\$38.64	\$23.28	\$16.56
\$45,000	\$3,750	\$2,500	\$74.00	\$62.25	\$53.25	\$40.25	\$24.25	\$17.25
\$46,800	\$3,900	\$2,600	\$76.96	\$64.74	\$55.38	\$41.86	\$25.22	\$17.94
\$48,600	\$4,050	\$2,700	\$79.92	\$67.23	\$57.51	\$43.47	\$26.19	\$18.63
\$50,400	\$4,200	\$2,800	\$82.88	\$69.72	\$59.64	\$45.08	\$27.16	\$19.32
\$52,200	\$4,350	\$2,900	\$85.84	\$72.21	\$61.77	\$46.69	\$28.13	\$20.01
\$54,000	\$4,500	\$3,000	\$88.80	\$74.70	\$63.90	\$48.30	\$29.10	\$20.70
\$55,800	\$4,650	\$3,100	\$91.76	\$77.19	\$66.03	\$49.91	\$30.07	\$21.39
\$57,600	\$4,800	\$3,200	\$94.72	\$79.68	\$68.16	\$51.52	\$31.04	\$22.08
\$59,400	\$4,950	\$3,300	\$97.68	\$82.17	\$70.29	\$53.13	\$32.01	\$22.77
\$61,200	\$5,100	\$3,400	\$100.64	\$84.66	\$72.42	\$54.74	\$32.98	\$23.46
\$63,000	\$5,250	\$3,500	\$103.60	\$87.15	\$74.55	\$56.35	\$33.95	\$24.15
\$64,800	\$5,400	\$3,600	\$106.56	\$89.64	\$76.68	\$57.96	\$34.92	\$24.84
\$66,600	\$5,550	\$3,700	\$109.52	\$92.13	\$78.81	\$59.57	\$35.89	\$25.53
\$68,400	\$5,700	\$3,800	\$112.48	\$94.62	\$80.94	\$61.18	\$36.86	\$26.22
\$70,200	\$5,850	\$3,900	\$115.44	\$97.11	\$83.07	\$62.79	\$37.83	\$26.91
\$72,000	\$6,000	\$4,000	\$118.40	\$99.60	\$85.20	\$64.40	\$38.80	\$27.60
\$73,800	\$6,150	\$4,100	\$121.36	\$102.09	\$87.33	\$66.01	\$39.77	\$28.29
\$75,600	\$6,300	\$4,200	\$124.32	\$104.58	\$89.46	\$67.62	\$40.74	\$28.98
\$77,400	\$6,450	\$4,300	\$127.28	\$107.07	\$91.59	\$69.23	\$41.71	\$29.67
\$79,200	\$6,600	\$4,400	\$130.24	\$109.56	\$93.72	\$70.84	\$42.68	\$30.36
\$81,000	\$6,750	\$4,500	\$133.20	\$112.05	\$95.85	\$72.45	\$43.65	\$31.05
\$82,800	\$6,900	\$4,600	\$136.16	\$114.54	\$97.98	\$74.06	\$44.62	\$31.74
\$84,600	\$7,050	\$4,700	\$139.12	\$117.03	\$100.11	\$75.67	\$45.59	\$32.43
\$86,400	\$7,200	\$4,800	\$142.08	\$119.52	\$102.24	\$77.28	\$46.56	\$33.12
\$88,200	\$7,350	\$4,900	\$145.04	\$122.01	\$104.37	\$78.89	\$47.53	\$33.81
\$90,000	\$7,500	\$5,000	\$148.00	\$124.50	\$106.50	\$80.50	\$48.50	\$34.50
\$91,800	\$7,650	\$5,100	\$150.96	\$126.99	\$108.63	\$82.11	\$49.47	\$35.19
\$93,600	\$7,800	\$5,200	\$153.92	\$129.48	\$110.76	\$83.72	\$50.44	\$35.88
\$95,400	\$7,950	\$5,300	\$156.88	\$131.97	\$112.89	\$85.33	\$51.41	\$36.57
\$97,200	\$8,100	\$5,400	\$159.84	\$134.46	\$115.02	\$86.94	\$52.38	\$37.26
\$99,000	\$8,250	\$5,500	\$162.80	\$136.95	\$117.15	\$88.55	\$53.35	\$37.95
\$100,800	\$8,400	\$5,600	\$165.76	\$139.44	\$119.28	\$90.16	\$54.32	\$38.64
\$102,600	\$8,550	\$5,700	\$168.72	\$141.93	\$121.41	\$91.77	\$55.29	\$39.33
\$104,400	\$8,700	\$5,800	\$171.68	\$144.42	\$123.54	\$93.38	\$56.26	\$40.02
\$106,200	\$8,850	\$5,900	\$174.64	\$146.91	\$125.67	\$94.99	\$57.23	\$40.71
\$108,000	\$9,000	\$6,000	\$177.60	\$149.40	\$127.80	\$96.60	\$58.20	\$41.40
\$109,800	\$9,150	\$6,100	\$180.56	\$151.89	\$129.93	\$98.21	\$59.17	\$42.09
\$111,600	\$9,300	\$6,200	\$183.52	\$154.38	\$132.06	\$99.82	\$60.14	\$42.78
\$113,400	\$9,450	\$6,300	\$186.48	\$156.87	\$134.19	\$101.43	\$61.11	\$43.47
\$115,200	\$9,600	\$6,400	\$189.44	\$159.36	\$136.32	\$103.04	\$62.08	\$44.16
\$117,000	\$9,750	\$6,500	\$192.40	\$161.85	\$138.45	\$104.65	\$63.05	\$44.85
\$118,800	\$9,900	\$6,600	\$195.36	\$164.34	\$140.58	\$106.26	\$64.02	\$45.54
\$120,600	\$10,050	\$6,700	\$198.32	\$166.83	\$142.71	\$107.87	\$64.99	\$46.23
\$122,400	\$10,200	\$6,800	\$201.28	\$169.32	\$144.84	\$109.48	\$65.96	\$46.92
\$124,200	\$10,350	\$6,900	\$204.24	\$171.81	\$146.97	\$111.09	\$66.93	\$47.61
\$126,000	\$10,500	\$7,000	\$207.20	\$174.30	\$149.10	\$112.70	\$67.90	\$48.30
\$127,800	\$10,650	\$7,100	\$210.16	\$176.79	\$151.23	\$114.31	\$68.87	\$48.99
\$129,600	\$10,800	\$7,200	\$213.12	\$179.28	\$153.36	\$115.92	\$69.84	\$49.68
\$131,400	\$10,950	\$7,300	\$216.08	\$181.77	\$155.49	\$117.53	\$70.81	\$50.37
\$133,200	\$11,100	\$7,400	\$219.04	\$184.26	\$157.62	\$119.14	\$71.78	\$51.06
\$135,000	\$11,250	\$7,500	\$222.00	\$186.75	\$159.75	\$120.75	\$72.75	\$51.75
\$136,800	\$11,400	\$7,600	\$224.96	\$189.24	\$161.88	\$122.36	\$73.72	\$52.44
\$138,600	\$11,550	\$7,700	\$227.92	\$191.73	\$164.01	\$123.97	\$74.69	\$53.13
\$140,400	\$11,700	\$7,800	\$230.88	\$194.22	\$166.14	\$125.58	\$75.66	\$53.82
\$142,200	\$11,850	\$7,900	\$233.84	\$196.71	\$168.27	\$127.19	\$76.63	\$54.51
\$144,000	\$12,000	\$8,000	\$236.80	\$199.20	\$170.40	\$128.80	\$77.60	\$55.20

Edinburg Consolidated Independent School District

Select Option – Monthly Premium Cost

(based on 12 payments per year)

Annual Earnings	Monthly Earnings	Monthly Benefit	Accident / Sickness Elimination Period in Days					
			0 / 7	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
\$3,600	\$300	\$200	\$5.44	\$4.52	\$3.36	\$2.36	\$1.58	\$1.08
\$5,400	\$450	\$300	\$8.16	\$6.78	\$5.04	\$3.54	\$2.37	\$1.62
\$7,200	\$600	\$400	\$10.88	\$9.04	\$6.72	\$4.72	\$3.16	\$2.16
\$9,000	\$750	\$500	\$13.60	\$11.30	\$8.40	\$5.90	\$3.95	\$2.70
\$10,800	\$900	\$600	\$16.32	\$13.56	\$10.08	\$7.08	\$4.74	\$3.24
\$12,600	\$1,050	\$700	\$19.04	\$15.82	\$11.76	\$8.26	\$5.53	\$3.78
\$14,400	\$1,200	\$800	\$21.76	\$18.08	\$13.44	\$9.44	\$6.32	\$4.32
\$16,200	\$1,350	\$900	\$24.48	\$20.34	\$15.12	\$10.62	\$7.11	\$4.86
\$18,000	\$1,500	\$1,000	\$27.20	\$22.60	\$16.80	\$11.80	\$7.90	\$5.40
\$19,800	\$1,650	\$1,100	\$29.92	\$24.86	\$18.48	\$12.98	\$8.69	\$5.94
\$21,600	\$1,800	\$1,200	\$32.64	\$27.12	\$20.16	\$14.16	\$9.48	\$6.48
\$23,400	\$1,950	\$1,300	\$35.36	\$29.38	\$21.84	\$15.34	\$10.27	\$7.02
\$25,200	\$2,100	\$1,400	\$38.08	\$31.64	\$23.52	\$16.52	\$11.06	\$7.56
\$27,000	\$2,250	\$1,500	\$40.80	\$33.90	\$25.20	\$17.70	\$11.85	\$8.10
\$28,800	\$2,400	\$1,600	\$43.52	\$36.16	\$26.88	\$18.88	\$12.64	\$8.64
\$30,600	\$2,550	\$1,700	\$46.24	\$38.42	\$28.56	\$20.06	\$13.43	\$9.18
\$32,400	\$2,700	\$1,800	\$48.96	\$40.68	\$30.24	\$21.24	\$14.22	\$9.72
\$34,200	\$2,850	\$1,900	\$51.68	\$42.94	\$31.92	\$22.42	\$15.01	\$10.26
\$36,000	\$3,000	\$2,000	\$54.40	\$45.20	\$33.60	\$23.60	\$15.80	\$10.80
\$37,800	\$3,150	\$2,100	\$57.12	\$47.46	\$35.28	\$24.78	\$16.59	\$11.34
\$39,600	\$3,300	\$2,200	\$59.84	\$49.72	\$36.96	\$25.96	\$17.38	\$11.88
\$41,400	\$3,450	\$2,300	\$62.56	\$51.98	\$38.64	\$27.14	\$18.17	\$12.42
\$43,200	\$3,600	\$2,400	\$65.28	\$54.24	\$40.32	\$28.32	\$18.96	\$12.96
\$45,000	\$3,750	\$2,500	\$68.00	\$56.50	\$42.00	\$29.50	\$19.75	\$13.50
\$46,800	\$3,900	\$2,600	\$70.72	\$58.76	\$43.68	\$30.68	\$20.54	\$14.04
\$48,600	\$4,050	\$2,700	\$73.44	\$61.02	\$45.36	\$31.86	\$21.33	\$14.58
\$50,400	\$4,200	\$2,800	\$76.16	\$63.28	\$47.04	\$33.04	\$22.12	\$15.12
\$52,200	\$4,350	\$2,900	\$78.88	\$65.54	\$48.72	\$34.22	\$22.91	\$15.66
\$54,000	\$4,500	\$3,000	\$81.60	\$67.80	\$50.40	\$35.40	\$23.70	\$16.20
\$55,800	\$4,650	\$3,100	\$84.32	\$70.06	\$52.08	\$36.58	\$24.49	\$16.74
\$57,600	\$4,800	\$3,200	\$87.04	\$72.32	\$53.76	\$37.76	\$25.28	\$17.28
\$59,400	\$4,950	\$3,300	\$89.76	\$74.58	\$55.44	\$38.94	\$26.07	\$17.82
\$61,200	\$5,100	\$3,400	\$92.48	\$76.84	\$57.12	\$40.12	\$26.86	\$18.36
\$63,000	\$5,250	\$3,500	\$95.20	\$79.10	\$58.80	\$41.30	\$27.65	\$18.90
\$64,800	\$5,400	\$3,600	\$97.92	\$81.36	\$60.48	\$42.48	\$28.44	\$19.44
\$66,600	\$5,550	\$3,700	\$100.64	\$83.62	\$62.16	\$43.66	\$29.23	\$19.98
\$68,400	\$5,700	\$3,800	\$103.36	\$85.88	\$63.84	\$44.84	\$30.02	\$20.52
\$70,200	\$5,850	\$3,900	\$106.08	\$88.14	\$65.52	\$46.02	\$30.81	\$21.06
\$72,000	\$6,000	\$4,000	\$108.80	\$90.40	\$67.20	\$47.20	\$31.60	\$21.60
\$73,800	\$6,150	\$4,100	\$111.52	\$92.66	\$68.88	\$48.38	\$32.39	\$22.14
\$75,600	\$6,300	\$4,200	\$114.24	\$94.92	\$70.56	\$49.56	\$33.18	\$22.68
\$77,400	\$6,450	\$4,300	\$116.96	\$97.18	\$72.24	\$50.74	\$33.97	\$23.22
\$79,200	\$6,600	\$4,400	\$119.68	\$99.44	\$73.92	\$51.92	\$34.76	\$23.76
\$81,000	\$6,750	\$4,500	\$122.40	\$101.70	\$75.60	\$53.10	\$35.55	\$24.30
\$82,800	\$6,900	\$4,600	\$125.12	\$103.96	\$77.28	\$54.28	\$36.34	\$24.84
\$84,600	\$7,050	\$4,700	\$127.84	\$106.22	\$78.96	\$55.46	\$37.13	\$25.38
\$86,400	\$7,200	\$4,800	\$130.56	\$108.48	\$80.64	\$56.64	\$37.92	\$25.92
\$88,200	\$7,350	\$4,900	\$133.28	\$110.74	\$82.32	\$57.82	\$38.71	\$26.46
\$90,000	\$7,500	\$5,000	\$136.00	\$113.00	\$84.00	\$59.00	\$39.50	\$27.00
\$91,800	\$7,650	\$5,100	\$138.72	\$115.26	\$85.68	\$60.18	\$40.29	\$27.54
\$93,600	\$7,800	\$5,200	\$141.44	\$117.52	\$87.36	\$61.36	\$41.08	\$28.08
\$95,400	\$7,950	\$5,300	\$144.16	\$119.78	\$89.04	\$62.54	\$41.87	\$28.62
\$97,200	\$8,100	\$5,400	\$146.88	\$122.04	\$90.72	\$63.72	\$42.66	\$29.16
\$99,000	\$8,250	\$5,500	\$149.60	\$124.30	\$92.40	\$64.90	\$43.45	\$29.70
\$100,800	\$8,400	\$5,600	\$152.32	\$126.56	\$94.08	\$66.08	\$44.24	\$30.24
\$102,600	\$8,550	\$5,700	\$155.04	\$128.82	\$95.76	\$67.26	\$45.03	\$30.78
\$104,400	\$8,700	\$5,800	\$157.76	\$131.08	\$97.44	\$68.44	\$45.82	\$31.32
\$106,200	\$8,850	\$5,900	\$160.48	\$133.34	\$99.12	\$69.62	\$46.61	\$31.86
\$108,000	\$9,000	\$6,000	\$163.20	\$135.60	\$100.80	\$70.80	\$47.40	\$32.40
\$109,800	\$9,150	\$6,100	\$165.92	\$137.86	\$102.48	\$71.98	\$48.19	\$32.94
\$111,600	\$9,300	\$6,200	\$168.64	\$140.12	\$104.16	\$73.16	\$48.98	\$33.48
\$113,400	\$9,450	\$6,300	\$171.36	\$142.38	\$105.84	\$74.34	\$49.77	\$34.02
\$115,200	\$9,600	\$6,400	\$174.08	\$144.64	\$107.52	\$75.52	\$50.56	\$34.56
\$117,000	\$9,750	\$6,500	\$176.80	\$146.90	\$109.20	\$76.70	\$51.35	\$35.10
\$118,800	\$9,900	\$6,600	\$179.52	\$149.16	\$110.88	\$77.88	\$52.14	\$35.64
\$120,600	\$10,050	\$6,700	\$182.24	\$151.42	\$112.56	\$79.06	\$52.93	\$36.18
\$122,400	\$10,200	\$6,800	\$184.96	\$153.68	\$114.24	\$80.24	\$53.72	\$36.72
\$124,200	\$10,350	\$6,900	\$187.68	\$155.94	\$115.92	\$81.42	\$54.51	\$37.26
\$126,000	\$10,500	\$7,000	\$190.40	\$158.20	\$117.60	\$82.60	\$55.30	\$37.80
\$127,800	\$10,650	\$7,100	\$193.12	\$160.46	\$119.28	\$83.78	\$56.09	\$38.34
\$129,600	\$10,800	\$7,200	\$195.84	\$162.72	\$120.96	\$84.96	\$56.88	\$38.88
\$131,400	\$10,950	\$7,300	\$198.56	\$164.98	\$122.64	\$86.14	\$57.67	\$39.42
\$133,200	\$11,100	\$7,400	\$201.28	\$167.24	\$124.32	\$87.32	\$58.46	\$39.96
\$135,000	\$11,250	\$7,500	\$204.00	\$169.50	\$126.00	\$88.50	\$59.25	\$40.50
\$136,800	\$11,400	\$7,600	\$206.72	\$171.76	\$127.68	\$89.68	\$60.04	\$41.04
\$138,600	\$11,550	\$7,700	\$209.44	\$174.02	\$129.36	\$90.86	\$60.83	\$41.58
\$140,400	\$11,700	\$7,800	\$212.16	\$176.28	\$131.04	\$92.04	\$61.62	\$42.12
\$142,200	\$11,850	\$7,900	\$214.88	\$178.54	\$132.72	\$93.22	\$62.41	\$42.66
\$144,000	\$12,000	\$8,000	\$217.60	\$180.80	\$134.40	\$94.40	\$63.20	\$43.20

Group Term Life Insurance

Explore Your Benefits & Costs



Group Name: Edinburg Consolidated Independent School District
Group Number: 72493-9

You're committed to caring for your loved ones for a lifetime. If the future doesn't go the way you planned, Group Term Life Insurance can help. After a death, it provides a benefit payment that can be used for funeral expenses, co-signed loan debt, future education, or whatever your beneficiaries would like.

This document includes expanded information about Group Term Life Insurance, such as how much it will cost, details about what's covered and what's excluded, and more. As you explore, keep in mind:



No medical questions or tests are required for basic coverage*



Accidental Death & Dismemberment coverage is also available



Keep your coverage even if you leave your employer


It's difficult to think about loss, but important to be prepared for the unexpected. The Group Term Life Insurance available through your employer is a simple way to stay covered in the coming year.

*If you choose coverage beyond the basic amount, you may need to answer questions about current and past health conditions and receive approval from the insurer. Learn more in the "Guaranteed Issue/Evidence of Insurability" section that follows.

Get basic coverage at no cost

Your employer is providing basic Group Term Life Insurance to you at no cost to you. This means that if you pass away during the “term” (your employer’s benefit year), beneficiaries will receive a benefit payment. Your coverage also includes Accidental Death & Dismemberment Insurance, which provides a benefit payment if you or a covered person pass away or are severely injured in a covered accident.

The coverage being offered to you is:

	Coverage Amount
 For you	\$15,000




Add supplemental coverage based on your needs

In addition to the basic coverage that's being provided at no cost to you, you have the opportunity to elect additional coverage when you enroll. You may also add supplemental Accidental Death & Dismemberment Insurance, which provides the insured person or their beneficiary a payment separate from the life insurance benefit if the insured person dies or is severely injured in a covered accident.



Not sure how much you need? Try the Life Insurance Calculator at go.voya.com/lifecalc to learn more.

When you enroll, you'll have the opportunity to choose up to the following amount(s):

	Coverage Amount	Guaranteed Issue Limit
 For you	\$10,000 to a maximum of \$250,000, not to exceed 5 times basic annual earnings	\$250,000
 Your spouse*	\$10,000 to a maximum of \$50,000, not to exceed 100% of the employee’s combined Basic and Supplemental Life insurance amount	\$50,000
 Your child(ren)*	Live birth to 6 months: \$1,000 6 months to age 26: \$10,000	Live birth to 6 months: \$1,000 6 months to age 26: \$10,000

*“Spouse” also includes domestic partners or civil union partners as defined by the group policy. Children up to age 26. If your spouse or child are eligible for coverage as an employee, they are not eligible for additional coverage as a spouse or child.




Guaranteed-Issue Limit and Evidence of Insurability for Coverage Effective 1/1/2022 (Special One-Time Open Enrollment)

The guaranteed-issue limit is the amount that’s available during this enrollment period without providing evidence of insurability (EOI). To get coverage beyond this limit or add/increase coverage after this enrollment period, you’ll need to complete the EOI form for all applicable family members. This form includes questions about current and

past health conditions. The insurer may request additional information before approving or denying coverage. After this initial enrollment period, this guaranteed-issue amount is only available to new hires during their initial enrollment period. When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.

Accidental Death & Dismemberment Insurance

In addition, you may make a separate election for Accidental Death & Dismemberment Insurance. With this coverage, the insured person or their beneficiary will receive a benefit payment separate from their life insurance benefit payment if a covered accident leads to severe injuries or death. You may choose up to the following amount(s) in 1 times basic annual earning increments:

Coverage Amount	
 For you	Choice of 1 to 10 times basic annual earnings to a maximum of \$500,000
 Your spouse	Spouse Only: 50% of Employee election for Spouse If Spouse and Child(ren): 40% of Employee election for Spouse
 Your child(ren)	Child(ren) only: 15% of Employee election for Child(ren) If Spouse and Child(ren): 10% of Employee election for Child(ren)

Age reductions

Benefit amount reduces to 65% of original coverage when the employee or spouse reaches age 65 and 45% at age 70. Premium amounts are also reduced accordingly, and automatically adjusted for the new benefit amount(s).

How much does it cost?

The cost of Group Term Life and Accidental Death & Dismemberment Insurance varies depending on the coverage amount you select. Use table below to calculate monthly premium amounts. “Age” refers to the employee or spouse’s age as of January 1, 2022. Rates shown are guaranteed until December 31, 2024.

Employee Supplemental Life Insurance Rates	
Employee Age	Monthly rate per \$1,000 of coverage
Under 25	\$0.047
25-29	\$0.047
30-34	\$0.059
35-39	\$0.071
40-44	\$0.100
45-49	\$0.150

Employee Supplemental Life Insurance Rates

Employee Age	Monthly rate per \$1,000 of coverage
50-54	\$0.230
55-59	\$0.430
60-64	\$0.660
65-69	\$1.000
70 +	\$1.700

The rates are per individual

Spouse Supplemental Life Insurance Rates

Age	Monthly rate per \$1,000 of coverage
Under 25	\$0.041
25-29	\$0.041
30-34	\$0.050
35-39	\$0.060
40-44	\$0.100
45-49	\$0.150
50-54	\$0.230
55-59	\$0.430
60-64	\$0.530
65-69	\$0.840
70 +	\$1.410

Children Supplemental Life Insurance Rates

Monthly cost for all eligible children

Coverage	Rates/Unit per Month
Option 1 Children	\$1.45

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

Coverage type	Monthly rate per \$1,000 of coverage
Employee	\$0.018
Family	\$0.025



To calculate your total monthly cost:

Employee

Spouse

Child(ren)

1. Enter the amount of coverage you'd like for you, your spouse, and your child(ren).
2. Divide each amount by 1,000.
3. Using the rate tables above, find the appropriate rate per \$1,000 of coverage for each person.
4. Multiply each answer from Step 2 by the appropriate rate.
5. Add your answers from Step 4 together to find your total monthly cost.

What else is included?



receive a separate benefit for accidental death

Accidental Death Insurance

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



receive a portion of the benefit early

Accelerated Death Benefit

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



continue coverage at no cost

Waiver of Premium benefit

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



keep coverage if employment ends

Continue or convert coverage

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

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

The following non-insurance services are also provided:

Ease the burden during funeral planning

Funeral Planning and Concierge Services

Planning a funeral can be time-consuming and emotionally draining. Funeral Planning and Concierge Services connect employees with professionals who can help with funeral planning for themselves and eligible family members. These services help you navigate all aspects of a funeral, which will help ease the burden on you and your family.

Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX.

Customize essential documents including Wills and more.

Will Preparation

Will Preparation is included as part of Funeral Planning and Concierge Services. A Will is an important piece of planning a secure financial future for your loved ones. Will Prep is an online tool that helps individuals create a basic Will and other essential legal documents such as a Power of Attorney, Health Care Directive, Elder Care Agreement, HIPPA Authorization, and more. The tool asks a series of questions, each with helpful explanations and examples to guide you through the process. Based on your responses, the system drafts and tailors the required clauses to create a document suitable for your unique circumstances.

Will Prep services are provided by Everest Funeral Package, LLC, Houston TX

Get resources for counseling, legal support, and much more.

Employee Assistance Program

Sometimes life gives us a bit more than we can handle. Employee Assistance Program resources are available to support you and your family with counseling, legal support and financial guidance. These resources can help improve your emotional well-being, and address personal, family and life issues.

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

Access extra support the next time you travel.

Voya Travel Assistance

Being in an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your dependents four types of services when traveling more than 100 miles from home, including: pre-trip information, emergency personal services, medical assistance services and emergency transportation services. This provides peace of mind, allowing you to relax and enjoy your trip.

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



Ready to Enroll?

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

- Voya Employee Benefits Customer Service at (877) 236-7564
- Visit your Employee Benefits Resource Center: <https://presents.voya.com/EBRC/Edinburg>

Exclusions and limitations

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

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

This offer is contingent upon participation requirements being met.

If you or your spouse or children were previously declined for Supplemental Life Insurance by the insurance company, you are not eligible for this one-time offer.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

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Acct #72493-9 Date Prepared: 10/15/2021

212572-02152021



TEXAS REPUBLIC LIFE INSURANCE COMPANY



SECURITY MADE EASY

TRUEFLEX

Flexible Premium Life Insurance

“At Texas Republic Life we realize you have choices. I personally want to thank you for choosing Texas Republic Life Insurance Company.”

**- Timothy Miller
President Texas Republic Life**

TEXAS REPUBLIC TRUEFLEX UNIVERSAL LIFE

Texas Republic Life Insurance was founded by a group of industry leaders with one goal in mind, Texans helping Texans. With over 200 years of industry experience consulting together the TrueFlex Universal Life product was developed for the Texas work space.

BENEFITS OF TRUEFLEX

The market today demands efficiency and accuracy. Texas Republic Life accomplishes both with the TrueFlex product. Using state of the art technology, TrueFlex enrollments are both easy and accurate.

When you take a best of class product, add cutting edge technology, years of experience in the worksite space, and a personal Texas touch, you have the ingredients needed for success.



HIGHLIGHTS FOR THE EMPLOYEE

- Permanent Life Insurance coverage to age 121 with no reduction of benefit.
- Available for the whole family; employee, spouse, children and grandchildren.
- Easy qualification with Express Issue Underwriting (only three questions and **NO MEDICAL EXAM!!!**)
- Convenient to enroll in. Offered through your employer as part of your benefits package.
- Funded through the convenience of payroll deduction.
- Portable and easy, TrueFlex transitions from payroll deduction to a bank draft or direct bill when you retire or change jobs.
- Guaranteed premium rate for a significant number of years (average of 30 years across all ages).
- Provides Accelerated Death Benefit, that can be used as a living benefit.
- Flexible options! Including Child Term Rider, Accidental Death Rider, Waiver of Premium Rider, and Accelerated Death Benefit.
- Individual issue policies allows the employee to purchase a policy on family members even if the employee does not participate in the life insurance program.
- Perfect complement to Group Term and Voluntary Term. In your working years you want max protection (Term and Permanent Life). House payment, car payments, kids, college, that is a lot of responsibility. When you retire your exposure to risk can be greatly diminished.

PERMANENT PROTECTION

TrueFlex is permanent life insurance protection. Texas Republic Life can never cancel or reduce coverage if the required premiums are paid, even if your health status changes. Coverage extends to age 121. At age 121 the policy matures, and the cash surrender value shall be paid to the owner of the policy and the coverage terminated.

LOWER PREMIUMS

TrueFlex is designed to have a minimal cash value. It is to be purchased for life insurance protection. Payment of table premium produces a small cash value, used to keep the policy enforce and premiums level. Making loans can affect the performance of the policy.

PORTABLE POLICY

TrueFlex is portable. Continuance of employment is not a condition of continued coverage. When your employment status changes due to retirement or termination you may port your TrueFlex policy. When you retire or terminate employment, you may port your TrueFlex policy by making your premium payment by bank draft or direct bill. Texas Republic Life reserves the right to charge a monthly fee for a direct bill not to exceed \$2.00.

LONG GUARANTEED PERIODS

TrueFlex has long guaranteed periods (an average of over 30 years across all age groups). Texas Republic Life cannot legally predict the premium required to keep the policy in force after the guaranteed period. The premium could go down, stay the same, or go up after the guaranteed period.

INDIVIDUAL POLICIES

TrueFlex individual policies are available for the employee, spouse, children and grandchildren. Please see the underwriting offer for Minimum and Maximum offers for family coverage. TrueFlex policies are individual so the employee does not have to participate to purchase coverage on other family members. Most policies are issued based on three work and health related questions on the application.

UNIVERSAL LIFE CONTRACT

TrueFlex is a Universal Life Contract. The premium has a flexible mechanism but if the table premiums are not paid the policy could lapse before the guaranteed period. The Trueflex life product has a 4% guaranteed credited interest rate and charges an 8% loan interest rate.

CHILD TERM RIDER

TrueFlex has a Child Term Rider available if the employee does not wish to cover the children with individual policies. \$5.00 a month will purchase \$10,000 on all the dependent children of the employee and spouse. Children are eligible from 15 days to 18 years of age, with the option to convert the rider to a permanent policy at age 26. Please see form TRLIC-CTR for more details.

ACCIDENTAL DEATH RIDER

The TrueFlex Accidental Death Rider is used to protect policy owners against an untimely death caused by an accident. The Accidental Death Rider doubles the face amount when the insured is killed in an accident before the insured's 70th birthday. The accident must be the cause of death and the death occurring within 180 days of the accident. Please see form TRLIC-ADB

WAIVER OF PREMIUM RIDER

The TrueFlex Waiver of Premium Rider is used to protect the policy owner against premium exposure while disabled before age 65. After being declared disabled by a physician for more than 3 consecutive months, the premium will be waived for the duration of the physician's diagnosis of the insured as disabled. Please see form TRLIC-WP

ACCELERATED DEATH BENEFIT

The Accelerated Death Benefit Rider is included with every TrueFlex policy at no additional cost. You can Accelerate 50% of your death benefit if you are diagnosed as Terminally Ill. Terminally Ill is defined as having 12 months or less to live by a licensed physician. This benefit is paid in a lump sum and there is a \$100.00 administration charge. (Please see form TRLIC-Chron for full explanation of benefit). You can also Accelerate 45% of your death benefit with a Chronic Care Rider if you are unable to perform 2 of the 6 activities of daily living or have severe cognitive impairment. This benefit is paid out over a 24-month period. There is a \$100.00 administration charge for this acceleration of the death benefit. (Please see form TRLIC-Chron for a full explanation of benefits). These benefits may have tax consequences so please consult your tax advisor. The Accelerated Death Benefit may also affect your eligibility for medical assistance. Please consult your advisor before you make application for the Accelerated Death Benefit.

IMPORTANT DETAILS

Premiums are flexible. The recommended premium payment is the Table Premium during the Guaranteed Period. Paying a lesser premium than the Table Premium can result in negative cash values, and as a result lapse the policy.

This is a summary only. Policy provisions prevail. This information is not a contract or an offer to contract.

Like most life insurance policies, Texas Republic Life Insurance policies contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Republic Life Insurance representative for costs and complete details.

Providing Security and Vision for Tomorrow's Future

In Texas By Texans For Texans

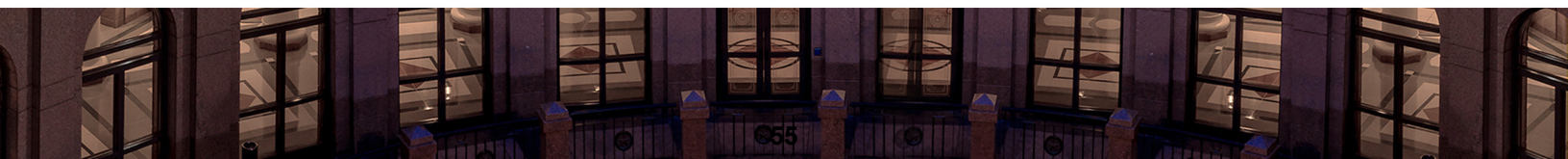
Our goal at Texas Republic Life Insurance Company is to provide financial services and products to the citizens of the great state of Texas.

Texas Republic Life Insurance Company was founded by the state's top business, professional, and agricultural leaders. Our Principles are guided by the conservative values that this state was founded upon. We are committed to providing innovative financial products that meet the needs of today and fulfill the promise of tomorrow.

Strength Security Vision Commitment



13215 Bee Cave Pkwy, Ste A120 Austin, TX 78738
512.330.0099 | www.texasrepubliclife.com



TrueFlex

Class: Non-Tobacco



TEXAS REPUBLIC LIFE INSURANCE COMPANY

Issue Age (ALB)	Monthly Premium with ADB (12 Pay Periods per Year)								Age to Which Coverage is Guaranteed at Table Premium
	25,000	30,000	40,000	50,000	75,000	100,000	125,000	150,000	
17-20	10.29	11.90	15.12	18.33	26.38	34.42	42.46	50.50	66
21	10.52	12.17	15.48	18.79	27.06	35.33	43.60	51.87	66
22	10.52	12.17	15.48	18.79	27.06	35.33	43.60	51.87	65
23	10.75	12.45	15.85	19.25	27.75	36.25	44.75	53.25	63
24	10.75	12.45	15.85	19.25	27.75	36.25	44.75	53.25	63
25	10.75	12.45	15.85	19.25	27.75	36.25	44.75	53.25	63
26	11.00	12.75	16.25	19.75	28.50	37.25	46.00	54.75	63
27	11.23	13.03	16.62	20.21	29.19	38.17	47.15	56.13	63
28	11.23	13.03	16.62	20.21	29.19	38.17	47.15	56.13	62
29	11.46	13.30	16.98	20.67	29.87	39.08	48.29	57.50	62
30	11.69	13.58	17.35	21.13	30.56	40.00	49.44	58.88	60
31	11.69	13.58	17.35	21.13	30.56	40.00	49.44	58.88	60
32	12.15	14.12	18.08	22.04	31.94	41.83	51.73	61.62	61
33	12.63	14.70	18.85	23.00	33.38	43.75	54.13	64.50	62
34	13.08	15.25	19.58	23.92	34.75	45.58	56.42	67.25	62
35	13.79	16.10	20.72	25.33	36.88	48.42	59.96	71.50	64
36	14.25	16.65	21.45	26.25	38.25	50.25	62.25	74.25	64
37	14.71	17.20	22.18	27.17	39.62	52.08	64.54	77.00	64
38	15.42	18.05	23.32	28.58	41.75	54.92	68.08	81.25	65
39	16.33	19.15	24.78	30.42	44.50	58.58	72.67	86.75	66
40	17.27	20.27	26.28	32.29	47.31	62.33	77.35	92.37	67
41	18.44	21.68	28.15	34.63	50.81	67.00	83.19	99.38	68
42	20.06	23.63	30.75	37.88	55.69	73.50	91.31	109.13	70
43	21.69	25.58	33.35	41.13	60.56	80.00	99.44	118.88	72
44	23.31	27.53	35.95	44.38	65.44	86.50	107.56	128.63	73
45	25.17	29.75	38.92	48.08	71.00	93.92	116.83	139.75	74
46	27.04	32.00	41.92	51.83	76.63	101.42	126.21	151.00	75
47	28.67	33.95	44.52	55.08	81.50	107.92	134.33	160.75	76
48	30.52	36.17	47.48	58.79	87.06	115.33	143.60	171.87	77
49	32.63	38.70	50.85	63.00	93.38	123.75	154.13	184.50	78
50	35.17	41.75	54.92	68.08	101.00	133.92	166.83	199.75	79
51	38.19	45.38	59.75	74.13	110.06	146.00	181.94	217.88	80
52	41.92	49.85	65.72	81.58	121.25	160.92	200.58	240.25	82
53	45.63	54.30	71.65	89.00	132.38	175.75	219.13	262.50	83
54	49.35	58.78	77.62	96.46	143.56	190.67	237.77	284.88	85
55	52.60	62.68	82.82	102.96	153.31	203.67	254.02	304.38	86
56	54.94	65.48	86.55	107.63	160.31	213.00	265.69	318.38	85
57	56.56	67.43	89.15	110.88	165.19	219.50	273.81	328.13	84
58	58.42	69.65	92.12	114.58	170.75	226.92	283.08	339.25	84
59	60.75	72.45	95.85	119.25	177.75	236.25	294.75	353.25	84
60	62.23	74.23	98.22	122.21	182.19	242.17	302.15	362.13	84
61	67.58	80.65	106.78	132.92	198.25	263.58	328.92	394.25	85
62	74.08	88.45	117.18	145.92	217.75	289.58	361.42	433.25	87
63	78.50	93.75	124.25	154.75	231.00	307.25	383.50	459.75	89
64	83.00	99.15	131.45	163.75	244.50	325.25	406.00	486.75	93
65	87.75	104.85	139.05	173.25	258.75	344.25	429.75	515.25	94

Children's Policy: \$9.00 per Pay Period [15 days through 25 years]

Grandchildren's Policy: \$9.00 Pay Period [15 days through 25 years]



**TEXAS REPUBLIC LIFE
 INSURANCE COMPANY**

Issue Age (ALB)	Monthly Premium with ADB (12 Pay Periods per Year)								Age to Which Coverage is Guaranteed at Table Premium
	25,000	30,000	40,000	50,000	75,000	100,000	125,000	150,000	
17-20	14.25	16.65	21.45	26.25	38.25	50.25	62.25	74.25	66
21	14.71	17.20	22.18	27.17	39.62	52.08	64.54	77.00	66
22	14.71	17.20	22.18	27.17	39.62	52.08	64.54	77.00	65
23	15.42	18.05	23.32	28.58	41.75	54.92	68.08	81.25	63
24	15.42	18.05	23.32	28.58	41.75	54.92	68.08	81.25	63
25	15.42	18.05	23.32	28.58	41.75	54.92	68.08	81.25	63
26	15.65	18.32	23.68	29.04	42.44	55.83	69.23	82.62	63
27	15.88	18.60	24.05	29.50	43.13	56.75	70.38	84.00	63
28	16.10	18.88	24.42	29.96	43.81	57.67	71.52	85.38	62
29	16.33	19.15	24.78	30.42	44.50	58.58	72.67	86.75	62
30	18.21	21.40	27.78	34.17	50.12	66.08	82.04	98.00	60
31	18.21	21.40	27.78	34.17	50.12	66.08	82.04	98.00	60
32	18.67	21.95	28.52	35.08	51.50	67.92	84.33	100.75	61
33	18.90	22.22	28.88	35.54	52.19	68.83	85.48	102.12	62
34	19.13	22.50	29.25	36.00	52.88	69.75	86.63	103.50	62
35	20.29	23.90	31.12	38.33	56.38	74.42	92.46	110.50	64
36	21.00	24.75	32.25	39.75	58.50	77.25	96.00	114.75	64
37	22.15	26.12	34.08	42.04	61.94	81.83	101.73	121.62	64
38	22.85	26.98	35.22	43.46	64.06	84.67	105.27	125.88	65
39	24.25	28.65	37.45	46.25	68.25	90.25	112.25	134.25	66
40	26.33	31.15	40.78	50.42	74.50	98.58	122.67	146.75	67
41	27.96	33.10	43.38	53.67	79.37	105.08	130.79	156.50	68
42	30.06	35.63	46.75	57.88	85.69	113.50	141.31	169.13	70
43	33.31	39.53	51.95	64.38	95.44	126.50	157.56	188.63	72
44	35.17	41.75	54.92	68.08	101.00	133.92	166.83	199.75	73
45	37.73	44.83	59.02	73.21	108.69	144.17	179.65	215.13	74
46	40.06	47.63	62.75	77.88	115.69	153.50	191.31	229.13	75
47	42.38	50.40	66.45	82.50	122.63	162.75	202.88	243.00	76
48	44.71	53.20	70.18	87.17	129.62	172.08	214.54	257.00	77
49	48.42	57.65	76.12	94.58	140.75	186.92	233.08	279.25	78
50	50.98	60.73	80.22	99.71	148.44	197.17	245.90	294.63	79
51	54.94	65.48	86.55	107.63	160.31	213.00	265.69	318.38	80
52	59.81	71.33	94.35	117.38	174.94	232.50	290.06	347.63	82
53	63.77	76.07	100.68	125.29	186.81	248.33	309.85	371.37	83
54	68.65	81.92	108.48	135.04	201.44	267.83	334.23	400.62	85
55	72.15	86.12	114.08	142.04	211.94	281.83	351.73	421.62	86
56	75.17	89.75	118.92	148.08	221.00	293.92	366.83	439.75	85
57	77.48	92.53	122.62	152.71	227.94	303.17	378.40	453.63	84
58	81.67	97.55	129.32	161.08	240.50	319.92	399.33	478.75	84
59	85.17	101.75	134.92	168.08	251.00	333.92	416.83	499.75	84
60	87.35	104.38	138.42	172.46	257.56	342.67	427.77	512.88	84
61	93.40	111.62	148.08	184.54	275.69	366.83	457.98	549.12	85
62	101.06	120.83	160.35	199.88	298.69	397.50	496.31	595.13	87
63	108.96	130.30	172.98	215.67	322.37	429.08	535.79	642.50	89
64	117.56	140.63	186.75	232.88	348.19	463.50	578.81	694.13	93
65	123.38	147.60	196.05	244.50	365.63	486.75	607.88	729.00	94

Children's Policy: \$9.00 per Pay Period [15 days through 25 years]

Grandchildren's Policy: \$9.00 Pay Period [15 days through 25 years]

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million emergency department visits every year are caused by youth sports.¹

Edinburg Consolidated Independent School District

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

You have a choice of three accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		OPTION 1	OPTION 2	OPTION 3
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)	On and off-job (24 hour)
BENEFITS		OPTION 1	OPTION 2	OPTION 3
EMERGENCY, HOSPITAL & TREATMENT CARE				
Accident Follow-Up	Up to 3 visits per accident	\$50	\$75	\$100
Accident Prevention Benefit	Once per year for each covered person	\$50	\$50	\$50
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$30	\$40	\$50
Ambulance – Air	Once per accident	\$200	\$400	\$600
Ambulance – Ground	Once per accident	\$100	\$200	\$300
Blood/Plasma/Platelets	Once per accident	\$300	\$350	\$400
Child Care	Up to 30 days per accident while insured is confined	\$25	\$35	\$50
Daily Hospital Confinement	Up to 365 days per lifetime	\$100	\$200	\$300
Daily ICU Confinement	Up to 30 days per accident	\$400	\$500	\$600
Diagnostic Exam	Once per accident	\$200	\$300	\$400
Emergency Dental	Once per accident	Up to \$300	Up to \$450	Up to \$600
Emergency Room	Once per accident	\$150	\$200	\$250
Hospital Admission	Once per accident	\$1,000	\$1,250	\$1,500
Initial Physician Office Visit	Once per accident	\$75	\$100	\$150
Lodging	Up to 30 nights per lifetime	\$100	\$125	\$150
Medical Appliance	Once per accident	\$125	\$150	\$175
Rehabilitation Facility	Up to 15 days per lifetime	\$150	\$300	\$450
Transportation	Up to 3 trips per accident	\$300	\$350	\$400
Urgent Care	Once per accident	\$100	\$150	\$200
X-ray	Once per accident	\$50	\$75	\$100
SPECIFIED INJURY & SURGERY		OPTION 1	OPTION 2	OPTION 3
Abdominal/Thoracic Surgery	Once per accident	\$1,000	\$1,250	\$1,500
Arthroscopic Surgery	Once per accident	\$100	\$150	\$200
Burn	Once per accident	Up to \$500	Up to \$1,000	Up to \$2,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit	50% of burn benefit	50% of burn benefit
Concussion	Up to 3 per year	\$100	\$175	\$200
Dislocation	Once per joint per lifetime	Up to \$2,000	Up to \$4,000	Up to \$6,000

Eye Injury	Once per accident	Up to \$200	Up to \$125	Up to \$150
Fracture	Once per bone per accident	Up to \$2,000	Up to \$4,000	Up to \$6,000
Hernia Repair	Once per accident	\$500	\$400	\$600
Joint Replacement	Once per accident	\$500	\$750	\$1,000
Knee Cartilage	Once per accident	Up to \$500	Up to \$750	Up to \$1,000
Laceration	Once per accident	Up to \$75	Up to \$150	Up to \$300
Ruptured Disc	Once per accident	\$500	\$750	\$1,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$750	Up to \$1,000	Up to \$1,500
CATASTROPHIC		OPTION 1	OPTION 2	OPTION 3
Accidental Death	Within 90 days	\$20,000	\$40,000	\$60,000
Common Carrier Death	Within 90 days	2 times death benefit	2 times death benefit	2 times death benefit
Coma	Once per accident	\$15,000	\$17,500	\$20,000
Dismemberment	Once per accident	Up to \$20,000	Up to \$40,000	Up to \$60,000
Home Health Care	Up to 30 days per accident	\$50	\$75	\$100
Paralysis	Once per accident	Up to \$20,000	Up to \$25,000	Up to \$30,000
Prosthesis	Once per accident	Up to \$1,000	Up to \$1,500	Up to \$2,000
FEATURES		OPTION 1	OPTION 2	OPTION 3
Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues		Included	Included	Included
HealthChampion ^{SM3} – Administrative & clinical support following serious illness or injury		Included	Included	Included

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year):⁴

COVERAGE TIER	OPTION 1	OPTION 2	OPTION 3
Employee Only	\$4.41 (\$0.14 per day)	\$6.55 (\$0.22 per day)	\$8.74 (\$0.29 per day)
Employee & Spouse/Partner	\$6.98 (\$0.23 per day)	\$10.34 (\$0.34 per day)	\$13.80 (\$0.45 per day)
Employee & Child(ren)	\$7.92 (\$0.26 per day)	\$11.57 (\$0.38 per day)	\$15.31 (\$0.50 per day)
Employee & Family	\$12.25 (\$0.40 per day)	\$17.95 (\$0.59 per day)	\$23.79 (\$0.78 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 0 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26 (or under age 26 if a full-time student).

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to “spouse” in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family’s health. All you have to do is elect the coverage to become insured.

HOW DO I PAY FOR THIS INSURANCE?

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don’t have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

¹National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: <https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf>, as viewed as of 10/14/2020

²AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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⁴Rates and/or benefits may be changed on a class basis.

The Buck's Got Your Back®

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

The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. 5962g NS 08/21

LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP ACCIDENT INSURANCE LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

THIS POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. **IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

5962g NS 05/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

The Buck's Got Your Back®

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

EDINBURG CONSOLIDATED ISD

Group Cancer Quote - Monthly Rates

Effective Date - 01/01/2022

Situs State - TX

Base Policy

Coverage Tier	Low	Mid	High
Employee	\$16.47	\$26.65	\$27.98
Employee + Spouse	\$33.07	\$53.61	\$56.96
Employee + Child(ren)	\$22.55	\$36.28	\$37.69
Family	\$39.15	\$63.20	\$66.67

Variable Benefit Elections

Benefit	Low	Mid	High
Hospital Confinement	\$100 per day	\$200 per day	\$200 per day
Surgical	up to \$1,500	up to \$3,000	up to \$4,500
Radiation/Chemotherapy	\$500 per day	\$1,000 per day	\$2,500 per month
First Diagnosis	\$2,500	\$5,000	\$5,000
Colony Stimulating Factors	\$500 per month	\$1,000 per month	\$1,000 per month
Wellness	\$50 per year	\$75 per year	\$100 per year

Optional Intensive Care Rider (ICR)

Rider amount selection is the choice of the Employee, and is independent of the option selected above

Coverage Tier	\$325 per day	\$625 per day
Employee	\$2.61	\$5.22
Employee + Spouse	\$5.42	\$10.82
Employee + Child(ren)	\$4.24	\$8.29
Family	\$7.04	\$13.89

Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws.

Underwritten by:
Metropolitan Life Insurance Company

Administered by:



P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, herein called MetLife, enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products (“*Products*”) with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (*each an “Intermediary”*). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (*e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements*).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.



**GROUP CANCER AND SPECIFIED DISEASE EXPENSE INSURANCE
GROUP POLICY FORM NO: GP18-BB-SD
GROUP CERTIFICATE FORM NO: GCERT18-BB-SD/CAN**

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

**THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

RECEIPT OF GROUP CANCER AND SPECIFIED DISEASE EXPENSE INSURANCE BENEFITS MAY AFFECT ELIGIBILITY FOR MEDICAID AND OTHER GOVERNMENTAL BENEFITS AND ENTITLEMENTS. ACCORDINGLY, PERSONS WHO WISH TO MAINTAIN ELIGIBILITY FOR SUCH BENEFITS SHOULD NOT PURCHASE THE COVERAGE MADE AVAILABLE UNDER THE GROUP POLICY.

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY! This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and Metropolitan Life Insurance Company (“MetLife”).

2) CANCER AND SPECIFIED DISEASE INSURANCE COVERAGE. Policies of this category are designed to provide to persons insured, restricted coverage, paying benefits only when certain losses occur as a result of diagnosis of cancer or a specified disease.

3) BENEFITS. The benefits listed in the attached Benefits Summary are primarily payable for certain losses as a result of a diagnosis of cancer or a specified disease covered under the policy. Benefits are payable based on a positive diagnosis of cancer or specified disease made after the covered person’s effective date of insurance.

Please be aware that the Group Policy and Certificate contain specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, “you” and “your” refer to the employee who becomes insured for cancer and specified disease expense insurance. The term “covered person” refers to a person for whom insurance is in effect under the Group Policy.

4) EXCLUSIONS AND LIMITATIONS.

Exceptions and Other Limitations. The Group Policy and Certificate pay benefits only for diagnoses, treatment and services resulting from cancer or specified diseases, as defined in the policy. It does not cover:

- any other disease or sickness;
- injuries;
- unless otherwise defined in the certificate, any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - specified disease or specified disease treatment; or
 - cancer or cancer treatment;
 - care and treatment received outside the United States or its territories; care and treatment performed by You, Your Spouse or any member of Your immediate family including Your and/or Your Spouse’s parents, children (natural, step or adopted); siblings; grandparents; or grandchildren;
 - treatment not prescribed by a physician; or experimental treatment by any program that does not qualify as new and experimental treatment as defined in the policy.

Pre-Existing Condition Limitation. During the first 12 months that coverage under the certificate is in effect for a covered person no benefits will be payable for a loss due to a Pre-Existing Condition.

Pre-Existing Condition - means a disease or physical condition, for which a covered person has received medical advice, treatment, care, services, or for which diagnostic test(s) have been recommended for during the 12 months immediately preceding the effective date of insurance for each covered person.

5) TERMINATION DATES. Your insurance under the Group Policy and Certificate will automatically terminate on the earliest of the following dates:

- the date that the policy terminates;
- the date of termination of any section or part of the policy with respect to insurance under such section or part;
- the premium due date that coincides with or next follows the date that you cease to be a member of an eligible class; or
- any premium due date, if premium remains unpaid by the end of the grace period.

The Certificate also sets forth termination provisions for dependents.

6) PORTABILITY. If your insurance ends, you may keep it in force under certain circumstances as described in the Certificate.

7) ADMINISTRATION OF INSURANCE. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) PREMIUMS. Premium rates are based on your age on the effective date of coverage and are shown in the enclosed materials. Premium rates are subject to change as stated in the policy.

BENEFITS SUMMARY
Low Plan

The term “Incurred Expense” refers to charges that are solely your responsibility, or expenses that are a combination of insurance reimbursement and your responsibility such as deductibles or co-payment. The fee negotiated between your major medical insurer and medical providers, as reflected on an explanation of benefits from such insurer, would be considered the Incurred Expense.

BENEFIT	BENEFIT AMOUNT
Positive Diagnosis Test	The provider’s actual billed charge, up to \$300 per covered person per calendar year
Second and Third Surgical Opinions	The Incurred Expense for the opinion
Non-Local Transportation	(a) The actual billed charges for round trip coach fare on a common carrier; or (b) 50 cents per mile for round-trip personal vehicle transportation for round trips over 60 miles
Adult Companion Lodging and Transportation	(a) For lodging: The actual billed charges up to \$75 per day for a single room in a motel, hotel, or other accommodations, to a maximum stay of 60 days. (b) For transportation: <ul style="list-style-type: none"> • the actual billed charges for a round trip coach fare on a common carrier; or • a personal vehicle allowance of 50 cents per mile for up to 700 miles per hospital stay.
Ambulance	The Incurred Expenses for the ambulance service
Donor Benefit Bone Marrow and Stem Cell Transplant	(a) Two times the hospital confinement benefit shown on the Certificate schedule for each day both the covered person and the donor are hospitalized for the transplant. (b) For transportation: <ul style="list-style-type: none"> • actual billed charges for round trip coach fare on a common carrier to the city where the transplant is performed; or • personal vehicle allowance of 50 cents per mile up to 700 miles per hospital stay; and (c) actual billed charges for lodging and meals for the donor to remain near hospital up to \$50 per day
Bone Marrow and Peripheral Stem Cell Transplant	The Incurred Expense up to a combined lifetime maximum per covered person of \$15,000
Anesthesia	(a) For anesthesia for skin cancer that is not invasive melanoma: \$100 per covered person. (b) For anesthesia for all other surgery: 25% of the amount paid by us for the surgery.
Ambulatory Surgical Center	\$250 per covered person
Drugs and Medicine	\$25 per day per covered person for each day of confinement for a calendar year maximum per covered person of \$600
Outpatient Anti-Nausea Drugs	The actual billed charges, up to \$250 per covered person per calendar year
Miscellaneous Diagnostic Services	The Incurred Expense up to a lifetime maximum of \$10,000 per covered person
Self-Administered Drugs	The Incurred Expense up to \$4,000 per calendar month per covered person
Blood, Plasma, and Platelets	The Incurred Expense up to \$200 per covered person per day

BENEFIT	BENEFIT AMOUNT
Physician's Attendance	\$35 per covered person per day
Private Duty Nursing Services	\$100 per covered person per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit	(a) For the evaluation: The actual billed charges, up to a lifetime maximum per covered person up to \$750 (b) For transportation and lodging: The actual billed charges, up to a lifetime maximum per covered person up to \$350
Breast Prosthesis	The Incurred Expenses
Artificial Limb or Prosthesis	The actual billed charges, up to \$1,500 lifetime maximum per covered person per amputated limb
Physical Therapy or Speech Therapy	\$35 per covered person per day
Extended Benefits	Three times the hospital confinement benefit shown on the Certificate schedule
Extended Care Facility	\$50 per covered person per day, not to exceed the number of days that the hospital confinement benefit was paid
At Home Nursing	\$100 per day per covered person, not to exceed the number of days that the hospital confinement benefit was paid
New and Experimental Treatment	The actual billed charges, up to \$7,500 per covered person per calendar year
Hospice Care	\$50 per covered person per day
Government or Charity Hospital or Outpatient Clinic	\$200 per covered person per day
Hairpiece	The actual billed charges up to the lifetime maximum of \$150 per covered person
Rental or Purchase of Durable Goods	The Incurred Expenses up to \$1,500 per covered person per calendar year
Waiver of Premium	Included
Surgery	Up to \$1,500 per covered person for surgery based on the following: For inpatient surgery: The lesser of: <ul style="list-style-type: none"> • the amount listed on the surgical schedule shown in the Certificate for the applicable surgery; and • the surgeon's actual billed charges for the surgery. For outpatient surgery: 150% of the surgery benefit payable for inpatient surgery. However, we will not pay an amount which exceeds the surgeon's actual billed charges for the surgery.
First Diagnosis Benefit	\$2,500 per covered person
Radiation/Chemotherapy/Immunotherapy	The Incurred Expense up to \$500 per day per covered person
Colony-Stimulating Factors	The Incurred Expense up to \$500 per calendar month per covered person.

BENEFIT	BENEFIT AMOUNT
Hospital Confinement	<p>The daily benefit amount \$100 per day per covered person.</p> <p>For dependent children under the age of 21 the benefit is two (2) times the daily hospital confinement benefit.</p>
Wellness Benefit	\$50 per calendar year per covered person.

BENEFITS PROVIDED BY RIDER

RIDER	BENEFIT
INTENSIVE CARE UNIT BENEFIT RIDER Optional for You	<p>ICU daily benefit amount (used to determine benefits payable): \$325, or \$625 per covered person per day of confinement.</p> <p>Confinement for treatment of Cancer or Specified Disease pays 2 times the ICU daily benefit amount per day of confinement.</p> <p>Payable for up to 45 days of confinement per period of confinement.</p>

BENEFITS SUMMARY
Mid Plan

The term “Incurred Expense” refers to charges that are solely your responsibility, or expenses that are a combination of insurance reimbursement and your responsibility such as deductibles or co-payment. The fee negotiated between your major medical insurer and medical providers, as reflected on an explanation of benefits from such insurer, would be considered the Incurred Expense.

BENEFIT	BENEFIT AMOUNT
Positive Diagnosis Test	The provider’s actual billed charge, up to \$300 per covered person per calendar year
Second and Third Surgical Opinions	The Incurred Expense for the opinion
Non-Local Transportation	(a) The actual billed charges for round trip coach fare on a common carrier; or (b) 50 cents per mile for round-trip personal vehicle transportation for round trips over 60 miles
Adult Companion Lodging and Transportation	(d) For lodging: The actual billed charges up to \$75 per day for a single room in a motel, hotel, or other accommodations, to a maximum stay of 60 days. (e) For transportation: <ul style="list-style-type: none"> • the actual billed charges for a round trip coach fare on a common carrier; or • a personal vehicle allowance of 50 cents per mile for up to 700 miles per hospital stay.
Ambulance	The Incurred Expenses for the ambulance service
Donor Benefit Bone Marrow and Stem Cell Transplant	(a) Two times the hospital confinement benefit shown on the Certificate schedule for each day both the covered person and the donor are hospitalized for the transplant. (b) For transportation: <ul style="list-style-type: none"> • actual billed charges for round trip coach fare on a common carrier to the city where the transplant is performed; or • personal vehicle allowance of 50 cents per mile up to 700 miles per hospital stay; and (f) actual billed charges for lodging and meals for the donor to remain near hospital up to \$50 per day
Bone Marrow and Peripheral Stem Cell Transplant	The Incurred Expense up to a combined lifetime maximum per covered person of \$15,000
Anesthesia	(c) For anesthesia for skin cancer that is not invasive melanoma: \$100 per covered person. (d) For anesthesia for all other surgery: 25% of the amount paid by us for the surgery.
Ambulatory Surgical Center	\$250 per covered person
Drugs and Medicine	\$25 per day per covered person for each day of confinement for a calendar year maximum per covered person of \$600
Outpatient Anti-Nausea Drugs	The actual billed charges, up to \$250 per covered person per calendar year
Miscellaneous Diagnostic Services	The Incurred Expense up to a lifetime maximum of \$10,000 per covered person
Self-Administered Drugs	The Incurred Expense up to \$4,000 per calendar month per covered person
Blood, Plasma, and Platelets	The Incurred Expense up to \$200 per covered person per day

BENEFIT	BENEFIT AMOUNT
Physician's Attendance	\$35 per covered person per day
Private Duty Nursing Services	\$100 per covered person per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit	(c) For the evaluation: The actual billed charges, up to a lifetime maximum per covered person up to \$750 (d) For transportation and lodging: The actual billed charges, up to a lifetime maximum per covered person up to \$350
Breast Prosthesis	The Incurred Expenses
Artificial Limb or Prosthesis	The actual billed charges, up to \$1,500 lifetime maximum per covered person per amputated limb
Physical Therapy or Speech Therapy	\$35 per covered person per day
Extended Benefits	Three times the hospital confinement benefit shown on the Certificate schedule
Extended Care Facility	\$50 per covered person per day, not to exceed the number of days that the hospital confinement benefit was paid
At Home Nursing	\$100 per day per covered person, not to exceed the number of days that the hospital confinement benefit was paid
New and Experimental Treatment	The actual billed charges, up to \$7,500 per covered person per calendar year
Hospice Care	\$50 per covered person per day
Government or Charity Hospital or Outpatient Clinic	\$200 per covered person per day
Hairpiece	The actual billed charges up to the lifetime maximum of \$150 per covered person
Rental or Purchase of Durable Goods	The Incurred Expenses up to \$1,500 per covered person per calendar year
Waiver of Premium	Included
Surgery	Up to \$3,000 per covered person for surgery based on the following: For inpatient surgery: The lesser of: <ul style="list-style-type: none"> • the amount listed on the surgical schedule shown in the Certificate for the applicable surgery; and • the surgeon's actual billed charges for the surgery. For outpatient surgery: 150% of the surgery benefit payable for inpatient surgery. However, we will not pay an amount which exceeds the surgeon's actual billed charges for the surgery.
First Diagnosis Benefit	\$5,000 per covered person
Radiation/Chemotherapy/Immunotherapy	The Incurred Expense up to \$1,000 per day per covered person
Colony-Stimulating Factors	The Incurred Expense up to \$1,000 per calendar month per covered person.

BENEFIT	BENEFIT AMOUNT
Hospital Confinement	<p>The daily benefit amount \$200 per day per covered person.</p> <p>For dependent children under the age of 21 the benefit is two (2) times the daily hospital confinement benefit.</p>
Wellness Benefit	\$75 per calendar year per covered person.

BENEFITS PROVIDED BY RIDER

RIDER	BENEFIT
INTENSIVE CARE UNIT BENEFIT RIDER Optional for You	<p>ICU daily benefit amount (used to determine benefits payable): \$325, or \$625 per covered person per day of confinement.</p> <p>Confinement for treatment of Cancer or Specified Disease pays 2 times the ICU daily benefit amount per day of confinement.</p> <p>Payable for up to 45 days of confinement per period of confinement.</p>

BENEFITS SUMMARY
High Plan

The term “Incurred Expense” refers to charges that are solely your responsibility, or expenses that are a combination of insurance reimbursement and your responsibility such as deductibles or co-payment. The fee negotiated between your major medical insurer and medical providers, as reflected on an explanation of benefits from such insurer, would be considered the Incurred Expense.

BENEFIT	BENEFIT AMOUNT
Positive Diagnosis Test	The provider’s actual billed charge, up to \$300 per covered person per calendar year
Second and Third Surgical Opinions	The Incurred Expense for the opinion
Non-Local Transportation	(a) The actual billed charges for round trip coach fare on a common carrier; or (b) 50 cents per mile for round-trip personal vehicle transportation for round trips over 60 miles
Adult Companion Lodging and Transportation	(g) For lodging: The actual billed charges up to \$75 per day for a single room in a motel, hotel, or other accommodations, to a maximum stay of 60 days. (h) For transportation: <ul style="list-style-type: none"> • the actual billed charges for a round trip coach fare on a common carrier; or • a personal vehicle allowance of 50 cents per mile for up to 700 miles per hospital stay.
Ambulance	The Incurred Expenses for the ambulance service
Donor Benefit Bone Marrow and Stem Cell Transplant	(a) Two times the hospital confinement benefit shown on the Certificate schedule for each day both the covered person and the donor are hospitalized for the transplant. (b) For transportation: <ul style="list-style-type: none"> • actual billed charges for round trip coach fare on a common carrier to the city where the transplant is performed; or • personal vehicle allowance of 50 cents per mile up to 700 miles per hospital stay; and (i) actual billed charges for lodging and meals for the donor to remain near hospital up to \$50 per day
Bone Marrow and Peripheral Stem Cell Transplant	The Incurred Expense up to a combined lifetime maximum per covered person of \$15,000
Anesthesia	(e) For anesthesia for skin cancer that is not invasive melanoma: \$100 per covered person. (f) For anesthesia for all other surgery: 25% of the amount paid by us for the surgery.
Ambulatory Surgical Center	\$250 per covered person
Drugs and Medicine	\$25 per day per covered person for each day of confinement for a calendar year maximum per covered person of \$600
Outpatient Anti-Nausea Drugs	The actual billed charges, up to \$250 per covered person per calendar year
Miscellaneous Diagnostic Services	The Incurred Expense up to a lifetime maximum of \$10,000 per covered person
Self-Administered Drugs	The Incurred Expense up to \$4,000 per calendar month per covered person
Blood, Plasma, and Platelets	The Incurred Expense up to \$200 per covered person per day

BENEFIT	BENEFIT AMOUNT
Physician's Attendance	\$35 per covered person per day
Private Duty Nursing Services	\$100 per covered person per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit	(e) For the evaluation: The actual billed charges, up to a lifetime maximum per covered person up to \$750 (f) For transportation and lodging: The actual billed charges, up to a lifetime maximum per covered person up to \$350
Breast Prosthesis	The Incurred Expenses
Artificial Limb or Prosthesis	The actual billed charges, up to \$1,500 lifetime maximum per covered person per amputated limb
Physical Therapy or Speech Therapy	\$35 per covered person per day
Extended Benefits	Three times the hospital confinement benefit shown on the Certificate schedule
Extended Care Facility	\$50 per covered person per day, not to exceed the number of days that the hospital confinement benefit was paid
At Home Nursing	\$100 per day per covered person, not to exceed the number of days that the hospital confinement benefit was paid
New and Experimental Treatment	The actual billed charges, up to \$7,500 per covered person per calendar year
Hospice Care	\$50 per covered person per day
Government or Charity Hospital or Outpatient Clinic	\$200 per covered person per day
Hairpiece	The actual billed charges up to the lifetime maximum of \$150 per covered person
Rental or Purchase of Durable Goods	The Incurred Expenses up to \$1,500 per covered person per calendar year
Waiver of Premium	Included
Surgery	Up to \$4,500 per covered person for surgery based on the following: For inpatient surgery: The lesser of: <ul style="list-style-type: none"> • the amount listed on the surgical schedule shown in the Certificate for the applicable surgery; and • the surgeon's actual billed charges for the surgery. For outpatient surgery: 150% of the surgery benefit payable for inpatient surgery. However, we will not pay an amount which exceeds the surgeon's actual billed charges for the surgery.
First Diagnosis Benefit	\$5,000 per covered person
Radiation/Chemotherapy/Immunotherapy	The Incurred Expense up to \$2,500 per calendar month per covered person
Colony-Stimulating Factors	The Incurred Expense up to \$1,000 per calendar month per covered person.

BENEFIT	BENEFIT AMOUNT
Hospital Confinement	The daily benefit amount \$200 per day per covered person. For dependent children under the age of 21 the benefit is two (2) times the daily hospital confinement benefit.
Wellness Benefit	\$100 per calendar year per covered person.

BENEFITS PROVIDED BY RIDER	
RIDER	BENEFIT
INTENSIVE CARE UNIT BENEFIT RIDER Optional for You	ICU daily benefit amount (used to determine benefits payable): \$325, or \$625 per covered person per day of confinement. Confinement for treatment of Cancer or Specified Disease pays 2 times the ICU daily benefit amount per day of confinement. Payable for up to 45 days of confinement per period of confinement.

GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS



In the US, an estimated 40 out of 100 men and 39 out of 100 women will develop cancer during their lifetime.¹

Edinburg Consolidated Independent School District

Facing a serious illness can be challenging both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. Critical Illness insurance can provide a lump-sum benefit upon diagnosis of a covered illness that can be used however you choose - from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Critical Illness insurance, visit thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

COVERAGE AMOUNT	
Employee Coverage Amount	\$5,000; \$10,000; \$15,000; \$20,000; \$25,000 or \$30,000
Spouse Coverage Amount	Greater of \$5,000 or 50% of your coverage amount
Child(ren) Coverage Amount	25% of your coverage amount
COVERED ILLNESSES	BENEFIT AMOUNTS
VASCULAR CONDITIONS	
Heart Attack (Myocardial Infarction)*; Heart Failure/Transplant*; Stroke*	100% of coverage amount
Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft	25% of coverage amount
OTHER SPECIFIED CONDITIONS	
Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Failure Transplant*; Paralysis	100% of coverage amount
Bone Marrow Transplant; Other Dread Diseases [†]	25% of coverage amount
ADDITIONAL BENEFITS	
BENEFIT AMOUNTS	
Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	100% of original benefit amount
Health Screening Benefit	\$100 once per year per covered person
FEATURES	DETAILS
Coverage Maximum – Primary Insured & Spouse	500% of coverage amount
Coverage Maximum – Child(ren)	300% of coverage amount
Ability Assist [®] EAP ³ – 24/7/365 access to help for financial, legal or emotional issues	
HealthChampion ^{SM4} – Administrative and clinical support following serious illness or injury	

[†]Other Dread Disease means a covered severe disease that results in a covered person being confined to a Hospital for five (5) or more consecutive days. Covered severe diseases are: Addison's disease (primary adrenal insufficiency/hypocortisolism); bacterial cerebrospinal meningitis; COVID-19, formally SARS-CoV-2/2019-nCoV; diphtheria; encephalitis; Huntington's chorea; Legionnaire's disease; malaria; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis. Please refer to the policy for complete definitions of each covered illness.

PREMIUMS

See the Premium Worksheet.⁵

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 0 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26 (or under age 26 if a full-time student).

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW DO I PAY FOR THIS INSURANCE?

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependents) no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

¹Cancer Facts and Figures, 2020. American Cancer Society: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2020/cancer-facts-and-figures-2020.pdf>, as viewed on October 14, 2020.

³AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

⁴HealthChampionSM services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford doesn't provide basic hospital, basic medical, or major medical insurance. HealthChampionSM specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Health Champion is a service mark of ComPsych. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

⁵Rates and/or benefits may be changed on a class basis. Rates are based on the age of the insured person and increase on January 1 of each year as you enter each new age category.

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

The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding The Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.

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LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP CRITICAL ILLNESS INSURANCE LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the diagnosis of a covered illness, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

Benefit Separation Periods. If a covered person is diagnosed with a covered illness, and is subsequently diagnosed with another covered illness, the following separation periods apply between benefit payments. If the subsequent diagnosis is for: 1) A different, non-related covered illness than the first diagnosis (e.g. a cancer illness then a vascular illness), then a 6 month separation period applies; 2) A covered illness that is related to the first (e.g. two vascular illnesses, like heart attack and stroke), then a 6 month separation period applies; 3) The same covered illness as the first (e.g. two heart attacks) as allowed by the Recurrence Benefit, then a 12 month separation period applies.

Exclusions. This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

General Limitations. Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable benefit separation period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a recurrence provision
- For which a covered person has already received a benefit payment under the recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in your certificate.

NOTICES

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. In addition, NY residents covered by another Critical Illness or specified disease plan are not eligible for coverage. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

5962f NS 05/21 Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.

The Buck's Got Your Back®

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

**Edinburg Consolidated Independent
Summary of Benefits
Hospital Indemnity Protection Plan**



Hospital Indemnity Protection Plan is an insurance plan that pays cash directly to you. It can be used to help pay costs from a hospital stay and related treatment, health plan deductible and other out-of-pocket costs.

Effective Date	January 01, 2022		
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week <i>You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.</i>		
Benefits Payable	Voluntary Coverage		
Plan Design	HIPP HSA Plan		
Coverage Level	Base + Enhanced		
Pre-existing Conditions Exclusion	None		
Waiver of Premium	Included		
Portability	Included		
Plan Benefits	Option 1	Option 2	Option 3
Hospital Admission <i>(1 day/plan year)</i>	\$100	\$500	\$1,000
Hospital Confinement <i>(up to 364 days/plan year)</i>	\$100	\$100	\$100
ICU Confinement <i>(up to 364 days/plan year)</i>	\$100	\$100	\$100
ICU Admission <i>(1 day/plan year)</i>	\$500	\$1,000	\$1,000
Emergency Room <i>(up to 4 days/plan year)</i>	\$100	\$100	\$100
Additional Benefits			
Wellness Benefit Rider	\$100, employee paid for employee and insured spouse.		
Monthly Rates	Option 1	Option 2	Option 3
Base + Enhanced Plan - Voluntary	Includes Rider		
Employee Only	\$7.90	\$10.19	\$12.80
With Spouse	\$15.08	\$19.51	\$24.56
With Children	\$10.84	\$15.00	\$19.73
With Spouse & Children	\$18.72	\$25.47	\$33.14

Note: select only one option that best fits your coverage needs

UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company on policy forms UHIHIP-POL-TX, et al. and UHIHIP-CERT-TX, et al. in Texas and UHIHIP-POL-VA, et al. and UHIHIP-CERT-VA, et al. in Virginia. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

Important Details

This Summary of Benefits sheet is an overview of the Hospital Protection Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

Dependent children are covered to age 26

Exclusions and Renewal Provisions


Exclusions and Limitations

This Policy does not cover any loss caused by or resulting from (directly or indirectly):

1. an act or Accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature;
2. loss sustained while on active duty as a member of the armed forces of any nation [except during any time period coverage is extended under the Continuation during Leave of Absence provision];
3. any intentionally self-inflicted Injury;
4. active participation in a riot;
5. committing or attempting to commit a felony, or participating or attempting to participate in a felony;
6. taking part in the commission of an assault or being engaged in an illegal activity;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a Physician; this exclusion does not apply to the Drug and Alcohol Treatment Benefit (Inpatient) if covered under this Policy;
8. cosmetic or elective surgery; or
9. treatment received outside the United States or its territories;
10. the reversal of a tubal ligation or vasectomy;
11. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician services, unless required by law;
12. participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports;
13. a newborn child's routine nursing or routine well baby care during the initial Confinement in a Hospital;
14. driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway;
15. mental and Nervous Disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this Policy;
16. dental or plastic surgery for Cosmetic purposes except when such surgery is required to:
(a) treat an Injury; or (b) correct a disorder of normal bodily function; and
17. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail

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Don't lose the chance to put up to \$800 back into your pocket this year!

Participating in a healthcare flexible spending account (FSA) is like receiving a 30% discount from your medical providers.

How does a healthcare FSA work?

A healthcare FSA is a flexible spending account that allows you to set aside pre-tax dollars for eligible medical, dental, and vision expenses for you and your dependents, even if they are not covered under your primary health plan.

You choose an annual election amount, up to \$2,750. At the beginning of the plan year, your account is pre-funded and your full contribution is immediately available for use. Your election amount is then deducted from your paychecks in equal installments throughout the year.

Why should I enroll in a healthcare FSA?

Almost everyone has some level of predictable and non-reimbursable medical needs.

If you expect to incur medical expenses that won't be reimbursed by another plan, you'll want to take advantage of the savings this plan offers. Money contributed to a healthcare FSA is free from federal and state taxes and remains tax-free when it is spent on eligible expenses. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving up to \$800 per year on healthcare expenses!



How do I use my FSA to pay for healthcare expenses?

You can use your David K. Young Consulting Debit Card to pay your providers for eligible healthcare expenses, or pay with your personal funds and submit a claim for reimbursement.

Qualifying expenses

What qualifies?

Healthcare FSA funds can cover costs for:

- Copays, deductible payments, coinsurance
- Doctor office visits, exams, lab work, x-rays
- Hospital charges
- Prescription drugs
- Dental exams, x-rays, fillings, crowns, orthodontia
- Vision exams, frames, contact lenses, contact lens solution, laser vision correction
- Physical therapy
- Chiropractic care
- Medical supplies and first aid kits
- Over-the-counter medications
- And much more...

What doesn't qualify?

Certain expenses are not eligible, for instance:

- Expenses incurred in a prior plan year
- Cosmetic procedures or surgery
- Dental products for general health
- Hygiene products
- Insurance premiums
- Late payment fees charged by healthcare providers

A comprehensive list of eligible expenses can be found at <https://dkyoung.wealthcareportal.com>.

Online & mobile access

Get instant access to your account with the **David K. Young Consulting Member Portal** and **DKYoung Mobile**.

- View your account balance and transaction history
- Submit and view claims
- Upload and store receipts
- View important alerts and communications
- Sign up for direct deposit
- Sign up for text message alerts



Register for the David K. Young Consulting Member Portal at <https://dkyoung.wealthcareportal.com>



Download the DKYoung Mobile at the App Store or Google Play.

Helpful hints

- Your full election amount is available on the first day of the plan year, which means you'll have access to the money you need, when you need it.
- You can't change your election amount during the plan year, unless you experience a change in status or qualifying event.
- Save your receipts when you spend your healthcare FSA dollars. You may need itemized invoices to verify the eligibility of expenses or for reimbursement requests.
- The easiest way to manage your account is online at <https://dkyoung.wealthcareportal.com> or through the DKYoung Mobile.
- Any unused funds that remain in your account at the end of the year will be forfeited. Plan carefully and use all the money in your healthcare FSA by the end of the plan year.
- After the plan year ends, you'll have an extra two and a half months to spend your healthcare FSA dollars, allowing you to enjoy tax savings without risk.



Don't lose the chance to put up to \$1,500 back into your pocket this year!

Participating in a dependent care flexible spending account (FSA) is like receiving a 30% discount from your care provider.

How does a dependent care FSA work?

A dependent care FSA is a flexible spending account that allows you to set aside pre-tax dollars for dependent care expenses, such as daycare, that allow you to work or look for work.

You choose an annual election amount, up to \$5,000 per family. The money is placed in your account via payroll deduction, in equal installments, and then used to pay for eligible dependent care expenses incurred during the plan year.

Why should I enroll in a dependent care FSA?

Child and dependent care is a large expense for many families. Millions of people rely on child care to be able to work, while others are responsible for older parents or disabled family members.

If you pay for care of dependents in order to work, you'll want to take advantage of the savings this plan offers. Money contributed to a dependent care account is free from federal and state taxes and remains tax-free when it is spent on eligible expenses. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving up to \$1,500 per year on dependent care expenses!



How do I use my FSA to pay for dependent care expenses?

You can use your David K. Young Consulting benefit card to pay your provider for eligible dependent care expenses, or pay with your personal funds and submit a claim for reimbursement.

Qualifying expenses

What qualifies?

Dependent care FSA funds can cover costs for:

- Before school or after school care for children 12 and younger
- Custodial care for dependent adults
- Licensed day care centers
- Nanny / Au Pair
- Nursery schools or preschools
- Late pick-up fees
- Summer or holiday day camps

A comprehensive list of eligible expenses can be found at www.dkyoung.com.

What doesn't qualify?

Certain expenses are not eligible, for instance:

- Expenses incurred in a prior plan year
- Expenses for non-disabled children 13 and older
- Educational expenses including kindergarten or private school tuition fees
- Food, clothing, sports lessons, field trips, and entertainment
- Overnight camp expenses
- Late payment fees for child care

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- Upload and store receipts
- View important alerts and communications
- Sign up for direct deposit
- Sign up for text message alerts



Register for the David K. Young Consulting Member Portal at <https://dkyoung.wealthcareportal.com>



Download the DKYoung Mobile at the App Store or Google Play.

Helpful hints

- You must have funds in your dependent care FSA before you can spend them.
- You can't change your election amount during the plan year, unless you experience a change in status or qualifying event.
- Keep your receipts, you will need an itemized invoice for all reimbursement requests.
- The easiest way to manage your account is online at <https://dkyoung.wealthcareportal.com> or through the DKYoung Mobile.
- Any unused funds that remain in your account at the end of the year will be forfeited. Plan carefully and use all the money in your dependent care FSA by the end of the plan year.

To help you pursue your financial goals, your employer is sponsoring a 457(b) deferred compensation program.

How does the 457(b) deferred compensation plan work?

With a 457(b) deferred compensation plan, you postpone receiving (defer) a portion of your salary. It works like this:

- You decide, within certain Internal Revenue Code (IRC) limits, how much of your income you want to defer.
- Your employer will reduce your paycheck before withholding federal and, if applicable, state income tax by that amount and forward it to Voya® on a regular basis.
- You decide how your contributions are invested, utilizing one or more investment options available in the plan.
- The contributions and any earnings that accumulate over the years are not taxed until you receive them. (Money distributed from the plan will be taxed as ordinary income in the year the money is distributed). That's usually at retirement when you may be in a lower tax bracket.

- Your employer's 457(b) deferred compensation plan has no effect on the benefits you will receive from Social Security. Your Social Security contributions and benefits (if applicable) will be based on your total pay, including the amounts paid into the deferred compensation plan.

Deferred compensation plans are authorized under Section 457 of the Internal Revenue Code. This section permits the tax-favored treatment of contributions for eligible employees of eligible governmental and tax-exempt employers. In order to maintain this tax-favored treatment, legislation requires that plans maintained by government employers hold all assets and income in trust, in custodial accounts, or in annuity contracts for the exclusive benefit of participants and beneficiaries.



RJG Retirement Services

1524 S. 7th Avenue Edinburg, TX 78539

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Your employer's 457(b) deferred compensation plan offers important benefits.

Tax-deferred contributions and accumulation

By deferring compensation, you have the opportunity to:

- Lower your current federal and, if applicable, state income taxes because you postpone paying taxes on contributions and investment earnings until you withdraw them at retirement – a time when you may be in a lower tax bracket;
- Enjoy the opportunity for tax-deferred compounding of your assets (see examples on the next page); and
- Potentially accumulate more for retirement than you would with an after-tax retirement savings plan, because more of your money has the opportunity to work for you.



To illustrate how contributing toward retirement on a pre-tax basis affects your paycheck, let's assume you earn \$30,000 in taxable income annually and you want to defer \$75 from each paycheck to a deferred compensation plan. You're paid every other week – 26 times a year.

	Before joining plan	After joining plan
Income after adjustments	\$1,154.00	\$1,154.00
457(b) contribution	-0.00	-75.00
Net taxable income	1,154.00	1,079.00
Federal income tax (25%)	-288.50	-269.75
Take-home pay	\$865.50	\$809.25

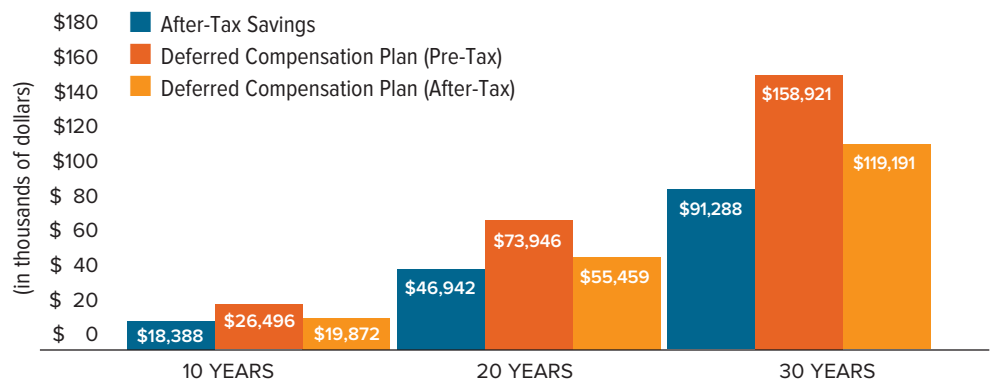
With deferred compensation, your current federal income tax is reduced, so it only costs you \$56.25 out-of-pocket to invest \$75.00.

The power of long-term savings

Now, compare how the \$75 biweekly contributions could accumulate over time when federal income taxes are assumed to be assessed at 25%, and the investments earn an assumed 6.0% annual rate of return. By contributing on a tax-deferred basis and leaving earnings to compound over a long period of time, more value could accrue with deferred compensation than if taxes were paid every year with an after-tax savings plan.

	After-Tax Savings Plan	Deferred Compensation Plan
Biweekly contribution	\$75.00	\$75.00
Less income tax (25%)	- 18.75	- 0.00
Net biweekly contribution	56.25	75.00
Net yearly contribution	\$1,462.50	\$1,950.00
After 10 Years		
Total contribution	\$14,625	\$19,500
Investment earnings at 6.0%	+ \$5,017	+ 6,996
Less income tax on earnings (25%)	- 1,254	- 0
Total	\$ 18,388	\$26,496
After 20 Years		
Total contribution	\$29,250	\$39,000
Investment earnings at 6.0%	+ 23,590	+ 34,946
Less income tax on earnings (25%)	- 5,898	- 0
Total	\$ 46,942	\$73,946
After 30 Years		
Total contribution	\$43,875	\$58,500
Investment earnings at 6.0%	+ 63,217	+ 100,421
Less income tax on earnings (25%)	- 15,804	- 0
Total	\$91,288	\$158,921
After-tax value following a lump-sum distribution	\$91,288	\$119,191

This chart does not reflect any record keeping, administrative or contract fees. Had they been reflected, the return of the variable annuity would be lower. Lower maximum tax rates on capital gains and dividends would make the investment return for the taxable investment more favorable, thereby reducing the difference in the performance between the accounts posted above. Consider your personal investment horizon; current and anticipated income bracket when making an investment decision as those may further impact the results of this illustration. Bear in mind that changes in tax rates and tax treatment of investment earnings may impact the comparative results. Income tax is due upon withdrawal of deferred compensation amounts. The returns are hypothetical, are not guaranteed and do not reflect the performance of any specific investment. Systematic investing does not assure a profit and does not protect against loss in declining markets. Investors should consider their financial ability to continue their purchases through periods of low price levels.



Your biweekly contribution amount is important to your retirement accumulations over time. Compare these notable results when we increase the deferred compensation biweekly contribution by \$5 and keep all previous assumptions, including the 6.0% annual rate of return, the same.

457(b) Accumulation amount

Accumulation Years	\$75	\$80
	Accumulated Value	Accumulated Value
1 year	\$ 2,010	\$ 2,144
10 years	26,496	28,262
20 years	73,946	78,875
30 years	158,921	169,516

This illustration is hypothetical, is not guaranteed, and is not intended to reflect the performance of any specific investment. There is no assurance that increasing contributions will generate investment success. In addition, these figures do not reflect taxes or any fees or charges that may be assessed by the investments. The tax-deferred investment will be subject to taxes upon withdrawal. Systematic investing does not ensure a profit nor guarantee against loss. Investors should consider their financial ability to continue investing consistently in up as well as down markets.

Meaningful contribution limit

Generally, you may defer up to \$18,000 for the year 2016 (thereafter adjusted annually), or 100% of includible compensation, whichever is less. (Includible compensation is the amount of compensation of the participant from the employer for the year, and includes deferrals to the employer's 457(b), 403(b), 401(k), SARSEP, SIMPLE, and 125 Cafeteria plans. As with 403(b), 457(b) includible compensation does not include 414(h) pick-ups.) When you attain age 50, or near your plan's normal retirement age, you may be able to defer more of your income under one of the special catch-up provisions.

Your plan allows you to change the amount of compensation you defer as your retirement planning needs change. You may:

- Increase the amount you defer up to the IRC maximum; and
- Reduce, stop, or restart deferrals according to the plan's administrative procedures.

Designated roth contributions

Your employer may choose to permit employees to irrevocably designate some or all of his or her participant contributions under the plan as designated Roth contributions. Unlike pre-tax elective deferral contributions, designated Roth contributions are currently includible in gross income. Designated Roth contributions are treated the same as pre-tax elective contributions for most purposes, including the annual contributions limits. In addition, a 457(b) plan that has a Roth account feature may permit a participant or spousal beneficiary who has a distributable event to directly roll over eligible amounts to the plan's Roth account. A qualified distribution of designated Roth contributions is excludable from gross income. The following criteria must be met to ensure a tax-free qualified distribution: 5-year holding period and the participant has experienced one of these events:

- Attainment of age 59½ (assuming you have separated from service)
- Disability
- Death

Professionally managed investment options

Plan assets are held for you in an account and your employer is responsible for making future payments to you. You can select the investment options to suit your individual needs or objectives. You may be able to:

- Customize your own portfolio to match your individual needs;
- Diversify or spread your contributions over different options, thereby potentially reducing investment risk*; and
- Change the mix of your current contributions and transfer past deposits among the various options.

Dollar cost averaging

This is a system for investing a fixed amount of money at regular intervals over a period of time.

Since the values of investments in the variable investment options and mutual funds go up and down with the financial markets, there is a risk in investing large sums of money all at once. If, for example, you invest a large sum of money when the market is at a "high" and, soon after, the market takes a downturn, you could have a significant loss...and this risk is even more pronounced in a volatile market environment. Dollar cost averaging is a strategy designed to help reduce market timing risk. It means investing smaller amounts of money in the market at regular intervals rather than large amounts all at once. Dollar cost averaging does not insure a profit or guarantee against loss. Investors should consider their financial ability to continue their purchases through periods of low price levels.

For more information on dollar cost averaging, ask your representative.

* While using diversification as part of your investment strategy neither assures nor guarantees better performance and cannot protect against loss in declining markets, it is a well-recognized risk management strategy.

You should consider the investment objectives, risks, and charges and expenses of the variable product and its underlying fund options, or mutual funds offered through a retirement plan, carefully before investing. The prospectuses/prospectus summaries/information booklets contain this and other information, and can be obtained by contacting your local representative. Please read the information carefully before investing.

Portability

Please Note: This feature is not available to all plans. Please see your plan documents to determine if your plan contains this provision.

A 457(b) deferred compensation plan sponsored by a governmental entity (which would include a public school) is “portable.” This means that if you go to work for another employer, you may be able to roll over your account balance to your new employer’s eligible retirement plan, such as a governmental 457(b), 403(b), or 401(a)/(k), if the plan permits. Account assets may also be rolled over into a traditional or Roth IRA. You may also, if the plan permits, leave your assets in your former employer’s plan. If you do so, your assets will continue to accumulate tax-deferred until the IRC requires that you begin receiving Required Minimum Distributions (RMDs) triggered when you attain age 70½ or retire, whichever comes later.

Plan assets rolled from another plan type into a governmental 457(b) deferred compensation plan would still remain subject to an IRS 10% premature distribution penalty tax if distributed prior to age 59½, unless another exemption applies. Furthermore, any amounts rolled from a governmental 457(b) deferred compensation plan to another plan type (e.g., 401(a)/(k), 403(b), traditional IRA, etc.) would then become subject to the same IRC 10% premature distribution penalty tax if, again, distributed prior to age 59½ unless another exemption applies.

If you choose to take your account balance, the distribution will be taxable in the year you receive the money. However, if your account balance is paid out in a series of payments over a period of time, you will only pay federal income taxes on the amount received each year.

A governmental 457(b) plan may also include provisions allowing for additional access to your account balance. Your account balance may be withdrawn by an alternate payee under a qualified domestic relations order, once your account is divided in accordance with the court order. You may also be able to transfer the account balance from your governmental 457(b) plan directly to a governmental defined benefit plan, for the purchase of service credit under that defined benefit plan. A governmental 457(b) plan may allow a participant to receive a loan from the plan assets. While taking a loan from your retirement plan may not be the best option, it is something for you to consider. A governmental 457(b) plan may also include a provision allowing the in-service distribution of accounts that do not exceed \$5,000, if certain conditions are met. In addition, a 457(b) plan must also provide that the account balance be distributed to satisfy RMDs.

Access to your money for a financial emergency

Generally, withdrawals from a 457(b) plan are not allowed unless you retire, attain age 70½, sever employment, or die. However, a withdrawal can generally be made to meet an “unforeseeable emergency” as defined by the IRC, if your employer’s 457(b) plan allows. An unforeseeable emergency means a severe financial hardship to you resulting from:

- an illness or accident of you or your spouse or dependent;
- loss of your property due to casualty; or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond your control.

Note: if permitted by the 457(b) plan document, an unforeseeable emergency means a severe financial hardship of you resulting from an illness or accident of your primary beneficiary designated by you under the 457(b) plan. In addition, a 457(b) plan may permit a beneficiary of a deceased participant or alternate payee to take an unforeseeable emergency distribution.

In addition, if permitted under a 457(b) plan document, you may be eligible to receive an unforeseeable emergency withdrawal, based on a severe financial hardship resulting from an accident or illness of a primary beneficiary designated by you under the 457(b) plan.

The purchase of an automobile, or except under extraordinary circumstances, the purchase of a home and the payment of college tuition are not considered unforeseeable emergencies.

Transferring benefits to another 457(b) plan

After severance from employment with your current employer sponsoring the 457(b) plan, you may transfer your plan assets to another governmental 457(b) plan, if both your current plan and the plan to which you would like your assets transferred, permit such a transfer.

Payment choices

You can receive your benefits in any one of the following ways, subject to the terms of your employer’s plan document. Remember, taxes are due at distribution, so we suggest you discuss your federal and, if applicable, state income tax liability with your accountant or attorney before choosing an option:

- Distribution over your lifetime;
- Distribution over your lifetime and the lifetime of your designated beneficiary;
- Distribution over a set time period not extending beyond your life expectancy;
- Distribution over a set time period not extending beyond the joint and last survivor life expectancy of both you and your designated beneficiary;
- Lump sum, or partial lump sum distribution in combination with one of the other options;

- An estate conservation option that allows you to receive only the minimum amount required by law at either age 70½ or retirement, whichever comes later; and
- A systematic withdrawal option that provides periodic income for either a specific dollar amount or a specified time period at retirement or separation from service.

Please note: Variable annuities and mutual funds offered through a retirement plan are intended as long-term investments designed for retirement purposes. Early withdrawals from a variable annuity may be subject to a deferred sales charge. Money distributed from the plan will be taxed as ordinary income in the year the money is distributed. Investments are not guaranteed and are subject to investment risk including the possible loss of principal. Account values fluctuate with market conditions, and when surrendered the principal may be worth more or less than its original amount invested. An annuity does not provide any additional tax deferral benefit, as tax deferral is provided by the plan. Annuities may be subject to additional fees and expenses to which other tax-qualified funding vehicles may not be subject. However, an annuity does provide other features and benefits, such as lifetime income payments and death benefits, which may be valuable to you.

Death benefits

Upon your death, your designated plan beneficiary will receive benefits according to options/time frames outlined in the plan. If you die before benefits commence and your plan beneficiary is also your spouse, he or she is not required to begin receiving payments any earlier than when you would have reached age 70½.

If you die after benefits have commenced, the balance of your account must be distributed at least as rapidly as under the method in effect at your death.

Personalized, prompt account service

Your local representative, well-trained and experienced in retirement education, is eager to help you:

- Understand retirement concepts;
- Formulate retirement goals with hypothetical computer illustrations; and
- Establish and periodically review your investment objectives.

In addition, our state-of-the-art communication program places information and your account status at your fingertips with these services:

Internet access allows you to make account inquiries and investment transfers, obtain fund unit values, and more. Our website offers an informational, interactive guide to help you consider financial and investment alternatives, while a state-of-the-art security system ensures that you alone have access to your account.

Account statements summarize your investment account activity and reflect your account balance. Your report will specify any changes in value and/or transfers you've made among the investment options. These reports are mailed quarterly; however, for some transactions (such as investment changes), a confirmation statement is sent to you immediately. You can also speak with your representative to find out how to "go green" and receive online statements.

Toll-Free telephone services are available seven days a week, 24 hours a day, for account information and investment option changes.

Newsletters include communications and updates from our technical and investment staffs.

With Voya, you won't get lost in the crowd. You can count on your local representative and our personalized customer services to help you answer any questions you may have regarding your account.

It's easy to get started

To begin participating in the plan, complete the appropriate participation/enrollment materials. This booklet provides only an overview of deferred compensation. Please see your representative on how deferred compensation can help you pursue your financial goals.