



**2024**

**Employee Benefits Handbook**

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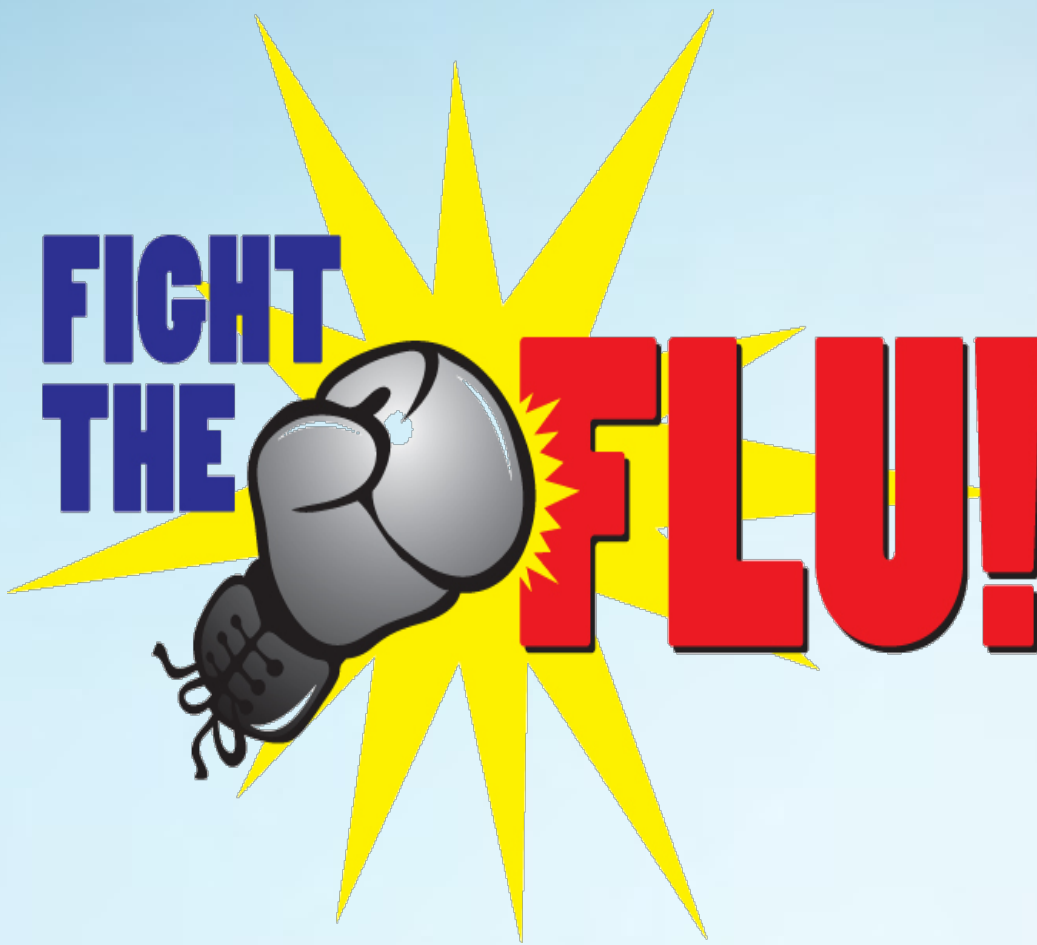
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**★ Free Flu Shots for Employees ★**

**Flu Clinics held Annually  
at your location in the Fall**

**A schedule with dates and times will be  
distributed via email and postings in advance  
of the first scheduled site.**

Flu shots for active employees participating on either the Basic, High or State Plan only. **Must show proof of eligibility (McAllen ISD Health Plan ID card.)**

Flu vaccine to be administered is the Quadrivalet.

Questions? Contact Employee Benefits 618-6007



# Get the most from your benefits

A **Benefits Value Advisor** is like a tour guide, helping to point you in the right direction.

### What can a Benefits Value Advisor (BVA) do?\*

Tell you about online educational tools, lower cost options and quality care. When needed, a BVA can also:

- Simplify complex benefit options, making them easier to understand
- Help you use your benefits more wisely and get better value

You'll get guidance for benefits such as medical, dental, pharmacy and other available coverage so you only need one call to get support. BVAs can also help you:

- Maximize your benefits
- Get cost estimates for various providers and procedures
- Help to schedule appointments
- Assist with referrals to clinical staff/programs
- Help with preauthorization

### Want to know more? See a video.

You may text keywords (MYBVA) to 33633 on your mobile phone to get more information and be directed to a video.

After texting the number, you'll receive a text that says, "BCBSTX: Get the most out of your health care with Benefits Value Advisor. You may save on out-of-pocket costs. More at <https://mp.vibescm.com/c/siift5>.

### Which provider will you choose?

The same procedure performed in the same area by different providers can vary greatly in cost.

Estimated cost comparison for brain MRI	
Provider A: \$457**	Provider B: \$3,474**
Estimated cost comparison for a knee replacement	
Provider A: \$29,169**	Provider B: \$67,278**
Estimated cost comparison for a C-section	
Provider A: \$11,106**	Provider B: \$17,440**

\* Benefits Value Advisors offer cost estimates for various providers, facilities and procedures. Lower pricing and cost savings are dependent on the provider or facility of your choosing.

Member communications and information from Benefits Value Advisors are not meant to replace the advice of health care professionals. Members are encouraged to seek the advice of their doctors to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers. Cost estimates are just an estimate. In addition to your usual deductibles, copayments and/or coinsurance, the actual cost of the services may vary based on a number of factors including the date of service, the actual procedure performed and what services were billed by the provider and your particular benefit plan. Coverage is subject to the limitations, exclusions and terms of your plan.

\*\* Allowable in-network cost data from Dallas County. Costs are examples and may not be the same for every member's situation.

[bcbstx.co](http://bcbstx.co)

One call can put you on a course for getting the most from your benefits.  
Call the number on the back of your member ID card before your next procedure.

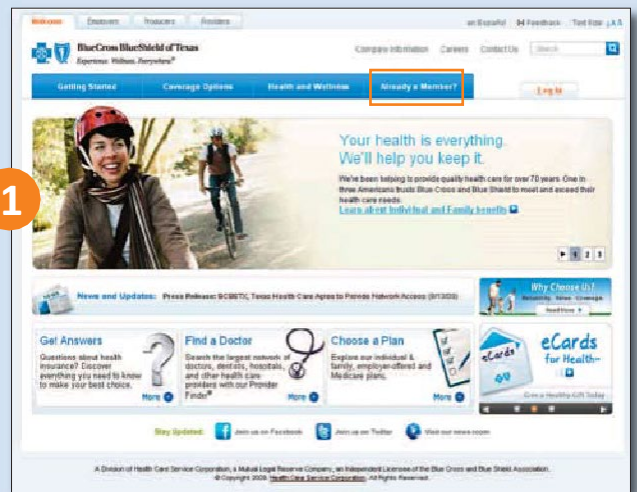
# Log in to Blue Access<sup>®</sup> for Members

Blue Access for Members (BAM) provides you with immediate and secure access to your claims activity, health and wellness information and much more. Explore the online resources and tools available to you through BAM.

Registration is simple. Follow these steps:

**1** Go to [www.bcbstx.com](http://www.bcbstx.com). Click the **Already a Member?** tab. Then click on the **Register Now** button in the Blue Access for Members section. Use the information on your BCBSTX ID Card to complete the registration process.

**2** Welcome to your Blue Access for Members home page! Use the information and tools to help make more informed health care decisions, view benefit highlights, locate a network doctor or hospital and much more!



**BlueCross BlueShield of Texas**  
*Experience. Wellness. Everywhere.<sup>™</sup>*

[www.bcbstx.com](http://www.bcbstx.com)

# Life Points Rewards for Healthy Living

Well onTarget understands how hard it can be to maintain a healthy lifestyle. Sometimes you may need a little motivation. That's why we offer Life Points<sup>1</sup> to keep you climbing toward your wellness goals.

With the Life Points program, you will be able to earn points by regularly participating in a range of healthy activities. You can then redeem your points for popular health and wellness merchandise and services.

Life Points offers you many new features:

### **Instant recognition of points**

Real-time granting of points<sup>2</sup> gives you instant notice of your healthy efforts.

### **Easily manage your points**

The interactive portal makes it easier to understand how many points are available to be earned. You can also track the total number of points earned year-to-date. All of your point data will be displayed on one screen.

### **Get more Life Points**

The Life Points program gives you the option to supplement your Life Points balance using a credit card to redeem your points for a larger reward.

### **Expanded selection of rewards**

Redeem your hard-earned points in an expanded online Shopping Mall. Reward categories include Apparel, Books, Health & Personal Care, Jewelry, Electronics, Music and Sporting Goods. In addition, check out the "Rewards on Sale" section for discounted merchandise including electronics, games, luggage and more.



Life Points and Well onTarget feature convenient online tools and personalized services that help support, inform and motivate you on a journey to wellness.

[wellontarget.com](http://wellontarget.com)

<sup>1</sup> Life Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for further information. Your company may have additional reward programs in place to encourage you to take advantage of certain preventive care and wellness activities or for making healthy changes. Check your employee benefits.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), A independent Licensee of the Blue Cross and Blue Shield Association

# Rewarding Healthy Behavior

Look how quickly your Life Points can add up! Sample activities that help you earn Life Points include:

<b>Completing the onmyway<sup>TM3</sup> Health Assessment (once every six months)</b>	2,500 points every 6 months
<b>Taking all 12 lessons of a Self-directed Course</b>	1,000 points per quarter
<b>Tracking progress in the online tools on the Well onTarget Member Wellness Portal</b>	10 points
<b>Enrolling in the Fitness Program<sup>4</sup></b>	2,500 points
<b>Adding weekly Fitness Program visits to your routine</b>	up to 500 points each week
<b>Completing any Self-directed Course Milestone Assessment</b>	up to 300 points per month
<b>Participating in a Biometric Screening through the Well onTarget program</b>	2,500 points per year

Log on to [wellontarget.com](http://wellontarget.com) to access all the interactive tools and programs you need to start racking up Life Points. Check out the online Shopping Mall with an expanded array of rewards to help motivate you to earn more points.

[wellontarget.com](http://wellontarget.com)

<sup>2</sup> Does not include Life Points earned from the Fitness Program and Biometric Screenings activities.

<sup>3</sup> onmyway is registered mark of Onlife Health.

<sup>4</sup> Healthways, Inc. is an independent contractor which administers the Prime Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers. Onlife Health is an independent company that provides wellness services for the Well onTarget program.





# Take Your Health Personally. Take the Health Assessment!

What do you take personally in life? Your family? Your work? Sports? A hobby? Add your health to the list by taking the Well onTarget Health Assessment (HA).

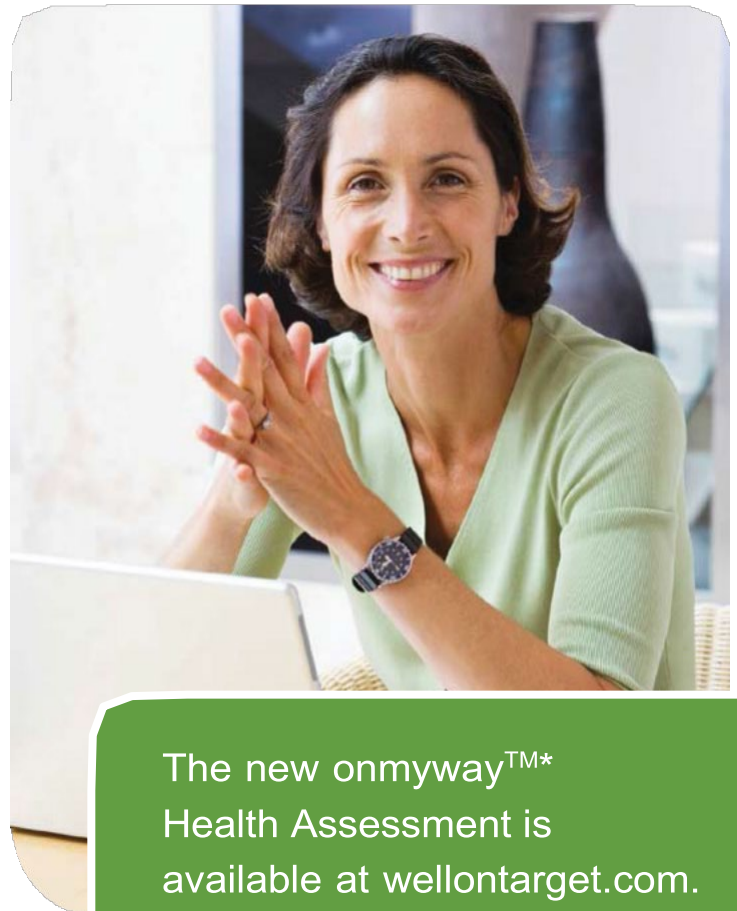
Just a few minutes and a few personal details—how you eat, how you sleep, how you live your life—can give you a personalized map to your best health. You can know your risks and your best options to avoid them. Your customized Personal Wellness Report can tell you how to go from good to better.

The new Health Assessment consists of nine modules that can be completed all at once or by section. These modules include questions regarding your:

- Diet
- Tobacco use
- Physical activity
- Emotional health
- Health at work and on the road

It would be helpful—but not a must—to have a few personal details on hand when you begin the HA:

- Current height and weight
- Systolic (top number) and Diastolic (bottom number) of your blood pressure reading
- Total cholesterol level
- HDL cholesterol level
- Triglyceride level
- Blood sugar level
- Waist measurement in inches



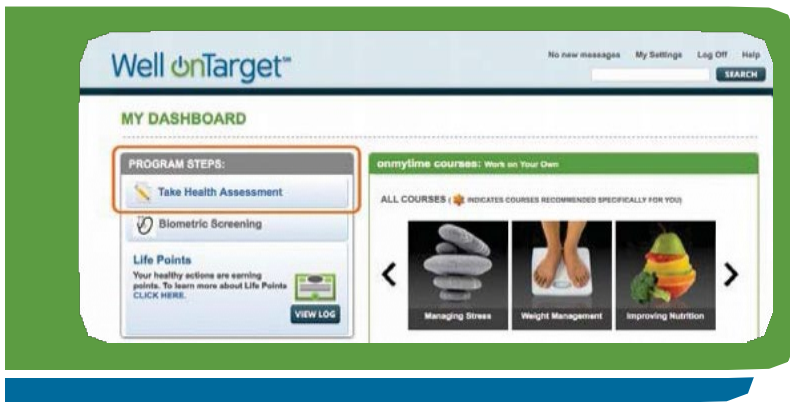
The new onmyway™\* Health Assessment is available at [wellontarget.com](http://wellontarget.com).  
Log in today and earn 2,500 Life Points for taking your HA.

[wellontarget.com](http://wellontarget.com)

\* onmyway is registered mark of Onlife Health.

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

Well onTarget is a registered mark of HCSC.



## Take Your HA Today

Follow these simple steps to find the new HA:

1. Go to [wellontarget.com](http://wellontarget.com) and log in. If you have an existing Blue Access for Members<sup>SM</sup> (BAM) account, use the same username and password. If you are not yet a registered user, click “Register Now” to create a new account.
2. Once you’re logged in, click on **My Dashboard**. Under Program Steps, click **Take Health Assessment**.

## How Will the HA Be Personalized?

You will begin by answering a set of basic questions. Then, the HA asks more detailed questions based on your first answers. Your health status and lifestyle control which questions you answer, customizing your assessment to your individual needs.

Your answers will help tailor the Well onTarget portal for you with programs that will help you reach your health goals. You can check your progress and earn Life Points twice a year.

## What Should I Do with My Results?

After completing the HA, you will receive a confidential Personal Wellness Report. It will help take the guess work out of wellness. The report will show you how you are doing and give you healthy tips. You can also print a Provider Report to share with your doctor.

When you know your risks, you can choose your best options to avoid them. When you know your strengths, you can decide to build on them.



Have questions about the Health Assessment or the Well onTarget program? Call 877-806-9380.

[wellontarget.com](http://wellontarget.com)

**MCALLEN INDEPENDENT SCHOOL DISTRICT  
Health Plan Contribution & Rates  
Effective 01/01/2024**

**Administered by Blue Cross Blue Shield of Texas (BCBS)-Medical & Araya (Pharmacy)**

Monthly Rates	Basic Plan <sup>1</sup>		High Plan <sup>1</sup>		State Plan <sup>1</sup>		Alternate Plan <sup>1</sup>	
	2022-2023	2023-2024	2022-2023	2023-2024	2022-2023	2023-2024	2022-2023	2023-2024
<b>Employee Only</b>	\$ 65.00	\$ 65.00	\$ 146.00	\$ 146.00	\$ 284.00	\$ 284.00	\$0 <sup>2</sup>	\$0 <sup>2</sup>
<b>Employee &amp; 1 Child</b>	\$ 244.00	\$ 244.00	\$ 330.00	\$ 330.00	\$ 572.00	\$ 572.00	N/A	N/A
<b>Employee &amp; Spouse</b>	\$ 543.00	\$ 543.00	\$ 762.00	\$ 762.00	\$ 723.00	\$ 723.00	N/A	N/A
<b>Employee &amp; Children (3) Max</b>	\$ 436.00	\$ 436.00	\$ 532.00	\$ 532.00	N/A	N/A	N/A	N/A
<b>Employee &amp; Family</b>	\$ 733.00	\$ 733.00	\$ 918.00	\$ 918.00	\$ 1,112.00	\$ 1,112.00	N/A	N/A
<b>2 Persons Employed-Family<sup>3</sup></b>	\$ 335.00	\$ 335.00	\$ 511.00	\$ 511.00	\$ 919.00	\$ 919.00	N/A	N/A

<sup>1</sup>Represents the monthly employee rate. Additionally, the District contributes \$466.50 per employee per month toward the total cost of providing medical and \$18 per employee per month toward the cost of providing dental benefits.

<sup>2</sup>The District provides an Alternate Plan and Employee Only Dental Coverage at no cost to the Employee. Alternate Plan option is available only to employees that waive medical coverage. The Alternate Plan is not a medical Plan. It is a limited, reimbursement-based benefit with a cap for eligible medical, pharmacy or other expenses.

<sup>3</sup>Represents the family rate when employee & spouse are both MISD employees.

**Spousal Surcharge - A \$100 monthly surcharge will be applied for any spouse that is enrolled in any of the District's Medical Plans that has an offer of coverage through their own employer (regardless of whether they accepted the employer's coverage or not). The surcharge is in addition to the regular monthly cost of the applicable Plan.**

# SCHEDULE OF COVERAGE - BASIC PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Deductibles</b> <ul style="list-style-type: none"> <li>• Per-Admission Deductible</li> <li>• Calendar Year Deductible <i>Three-month Deductible carryover applies</i> <i>Applies to all Eligible Expenses</i></li> </ul>	None  \$1,000 – per individual \$3,000 – per family	\$500 per-admission Deductible  \$3,000 – per individual \$9,000 – per family
<b>Co-Share Stop-Loss Amounts</b> <i>Includes Calendar Year Deductible and Copayment Amounts</i>	\$5,000 – per individual \$14,700 – per family	\$9,000 – per individual \$27,000 – per family
<b>Copayment Amounts Required</b> <ul style="list-style-type: none"> <li>• Physician office visit/consultation</li> <li>• Outpatient Hospital Emergency Room/Treatment Room visit</li> <li>• Retail Health Clinic</li> </ul>	\$30 Physician office visit  \$200 outpatient Hospital Emergency Room/Treatment Room visit  \$30 Retail Health Clinic visit	Does Not Apply  \$200 outpatient Hospital Emergency Room/Treatment Room visit  Does Not Apply
<b>Inpatient Hospital Expenses</b>  All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units.	70% of Allowable Amount after Calendar Year Deductible  No penalty for failure to preauthorize services	50% of Allowable Amount after \$500 per-admission Deductible and Calendar Year Deductible  \$500 penalty for failure to preauthorize services
<b>Medical-Surgical Expenses</b> <ul style="list-style-type: none"> <li>• Office visit/consultation</li> <li>• Lab and X-Rays (office setting)</li> <li>• Inpatient visits</li> <li>• Home Infusion Therapy</li> <li>• Physician surgical services in any setting</li> <li>• Allergy Injections (without office visit)</li> </ul>	100% of Allowable Amount after \$30 Copayment Amount  70% of Allowable Amount  70% of Allowable Amount after Calendar Year Deductible  70% 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
<b>Certain Diagnostic Procedures</b> <ul style="list-style-type: none"> <li>• Physician office visits</li> <li>• All other outpatient settings</li> </ul>	100% of Allowable Amount after \$30 Copayment Amount  70% of Allowable Amount	50% of Allowable Amount after Calendar Year Deductible  50% of Allowable Amount after Calendar Year Deductible
<b>Lab &amp; X-Ray</b> <ul style="list-style-type: none"> <li>• Labs in any outpatient setting</li> <li>• X-Ray in any outpatient setting</li> </ul>	100% of Allowable Amount  70% of Allowable Amount	50% of Allowable Amount after Calendar Year Deductible  50% of Allowable Amount after Calendar Year Deductible

# SCHEDULE OF COVERAGE - BASIC PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Services Performed at Preventative Care Institute (PCI)</b>	100% of Allowable Amount after \$5 Copayment Amount	Does Not Apply
<b>Extended Care Expenses</b> <ul style="list-style-type: none"> <li>• Skilled Nursing Facility 25 days maximum per Calendar Year</li> <li>• Home Health Care 60 visits maximum per Calendar Year</li> <li>• Hospice Care Unlimited</li> </ul>	<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;">50% of Allowable Amount after Calendar Year Deductible</p> <p style="text-align: center;">50% of Allowable Amount after Calendar Year Deductible</p>
<b>Mental Health Care/Serious Mental Illness/Treatment of Substance Use Disorder (SUD)</b> (Certain Services will require Preauthorization) <b>Inpatient Services</b> <ul style="list-style-type: none"> <li>• Hospital Services (facility)</li> <li>• Behavioral Health Practitioner Services</li> </ul> <b>Outpatient Services</b> <ul style="list-style-type: none"> <li>• Behavioral Health Practitioner Expenses (office setting)</li> <li>• Other Outpatient Services</li> </ul>	<p style="text-align: center;">70% of Allowable Amount after Calendar Year Deductible</p> <p style="text-align: center;">70% of Allowable Amount after Calendar Year Deductible</p> <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 \$500 per-admission Deductible and 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> <p style="text-align: center;">50% of Allowable Amount after Calendar Year Deductible</p>
<b>Emergency Care</b> Accidental Injury & Emergency Care (including Accidental Injury & Emergency Care for Behavioral Health Services) <ul style="list-style-type: none"> <li>• Facility Charges</li> <li>• Lab without emergency room or treatment room</li> <li>• X-ray without emergency room or treatment room</li> <li>• Physician Charges</li> </ul>	<p style="text-align: center;">70% of Allowable Amount after \$200 outpatient Hospital emergency room Copayment Amount (waived if admitted)</p> <p style="text-align: center;">100% of Allowable Amount</p> <p style="text-align: center;">70% of Allowable Amount</p> <p style="text-align: center;">70% of Allowable Amount</p>	

# SCHEDULE OF COVERAGE - BASIC PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Emergency Care (Cont'd)</b> Non-Emergency Care (including Non-Emergency Care for Behavioral Health Services) <ul style="list-style-type: none"> <li>• Facility Charges</li> <li>• Physician Charges</li> </ul>	70% of Allowable Amount after \$200 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 \$200 outpatient Hospital emergency room Copayment Amount (waived if admitted)  50% of Allowable Amount after Calendar Year Deductible
<b>Urgent Care Services</b> <ul style="list-style-type: none"> <li>• Urgent Care Center visit including Lab &amp; X-Ray services (excluding Certain Diagnostic Procedures)</li> </ul>	70% of Allowable Amount	50% of Allowable Amount
<b>Ambulance Services</b>	70% of Allowable Amount	
<b>Retail Health Clinic</b>	100% of Allowable Amount after \$30 Copayment Amount	50% of Allowable Amount after Calendar Year Deductible
<b>Preventive Care Services</b> <ul style="list-style-type: none"> <li>• 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")</li> <li>• Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention ("CDC") with respect to the individual involved</li> <li>• 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</li> <li>• 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</li> <li>• Routine physical examinations, well baby care, immunizations and routine lab</li> </ul>	100% of Allowable Amount	50% of Allowable Amount after Calendar Year Deductible

# SCHEDULE OF COVERAGE - BASIC PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Preventive Care Services (Cont'd)</b> <ul style="list-style-type: none"> <li>• Routine X-Rays, Routine EKG, Routine Diagnostic Medical Procedures (Independent Lab &amp; X-Ray Provider)</li> </ul>	100% of Allowable Amount	50% of Allowable Amount after Calendar Year Deductible
<ul style="list-style-type: none"> <li>• Immunizations Birth up to age 6</li> </ul>	100% of Allowable Amount	100% of Allowable Amount
<ul style="list-style-type: none"> <li>• Colonoscopy Professional (physician charges)</li> <li>• Colonoscopy facility charges</li> <li>• Healthy diet counseling and obesity screening/counseling</li> </ul>	Paid same as any other Preventive Care service	Paid same as any other Preventive Care service
<b>Other Routine Services</b> <ul style="list-style-type: none"> <li>• Routine X-Rays, Routine EKG, Routine Diagnostic Medical Procedures, routine digital rectal exam, routine prostate test</li> <li>• Annual Vision Examination</li> <li>• Annual Hearing Examination</li> </ul>	100% of Allowable Amount after \$30 Copayment Amount	50% of Allowable Amount after Calendar Year Deductible
<b>Speech and Hearing Services, excluding hearing aids*</b>	70% of Allowable 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
*Benefits for Autism Spectrum Disorder will not apply towards and are not subject to any speech services visits maximum.		

# SCHEDULE OF COVERAGE - BASIC PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Chiropractic Services</b> <ul style="list-style-type: none"> <li>• Office visit</li> <li>• All other office services</li> <li>• All other outpatient services</li> </ul>	100% of Allowable Amount after \$30 Copayment Amount  70% 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  50% of Allowable Amount after Calendar Year Deductible
35 visits maximum per Calendar Year		
<b>Physical Medicine Services</b> <ul style="list-style-type: none"> <li>• Office visit</li> <li>• All other services in the office and outpatient setting</li> </ul>	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
<b>Temporomandibular Joint (TMJ) and Craniomandibular Services</b>	70% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible
\$750 Lifetime Maximum		



# SCHEDULE OF COVERAGE - HIGH PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Deductibles</b> <ul style="list-style-type: none"> <li>• Per-Admission Deductible</li> <li>• Calendar Year Deductible <i>Three-month Deductible carryover applies</i> <i>Applies to all Eligible Expenses</i></li> </ul>	None  \$500 – per individual \$1,500 – per family	\$250 per-admission Deductible  \$3,000 – per individual \$6,000 – per family
<b>Co-Share Stop-Loss Amounts</b> <i>Includes Calendar Year Deductible and Copayment Amounts</i>	\$3,500 – per individual \$10,500 – per family	\$6,500 – per individual \$19,500 – per family
<b>Copayment Amounts Required</b> <ul style="list-style-type: none"> <li>• Physician office visit/consultation</li> <li>• Outpatient Hospital Emergency Room/Treatment Room visit</li> <li>• Retail Health Clinic</li> </ul>	\$20 Physician office visit  \$150 outpatient Hospital Emergency Room/Treatment Room visit  \$20 Retail Health Clinic visit	Does Not Apply  \$150 outpatient Hospital Emergency Room/Treatment Room visit  Does Not Apply
<b>Inpatient Hospital Expenses</b> All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units.	80% of Allowable Amount after Calendar Year Deductible  No penalty for failure to preauthorize services	60% of Allowable Amount after \$250 per-admission Deductible and Calendar Year Deductible  \$500 penalty for failure to preauthorize services
<b>Medical-Surgical Expenses</b> <ul style="list-style-type: none"> <li>• Office visit/consultation</li> <li>• Lab and X-Rays (office setting)</li> <li>• Inpatient visits</li> <li>• Home Infusion Therapy</li> <li>• Physician surgical services in any setting</li> <li>• Allergy Injections (without office visit)</li> </ul>	100% of Allowable Amount after \$20 Copayment Amount  80% of Allowable Amount  80% of Allowable Amount after Calendar Year Deductible  80% of Allowable Amount	60% of Allowable Amount after Calendar Year Deductible  60% of Allowable Amount after Calendar Year Deductible  60% of Allowable Amount after Calendar Year Deductible
<b>Certain Diagnostic Procedures</b> <ul style="list-style-type: none"> <li>• Physician office visits</li> <li>• All other outpatient settings</li> </ul>	100% of Allowable Amount after \$20 Copayment Amount  80% of Allowable Amount	60% of Allowable Amount after Calendar Year Deductible  60% of Allowable Amount after Calendar Year Deductible
<b>Lab &amp; X-Ray</b> <ul style="list-style-type: none"> <li>• Labs in any outpatient setting</li> <li>• X-Ray in any outpatient setting</li> </ul>	100% of Allowable Amount  80% of Allowable Amount	60% of Allowable Amount after Calendar Year Deductible  60% of Allowable Amount after Calendar Year Deductible

# SCHEDULE OF COVERAGE - HIGH PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Services Performed at Preventative Care Institute (PCI)</b>	100% of Allowable Amount after \$5 Copayment Amount	Does Not Apply
<b>Extended Care Expenses</b> <ul style="list-style-type: none"> <li>• Skilled Nursing Facility 25 days maximum per Calendar Year</li> <li>• Home Health Care 60 visits maximum per Calendar Year</li> <li>• Hospice Care Unlimited</li> </ul>	100% of Allowable Amount  100% of Allowable Amount  100% of Allowable Amount	60% of Allowable Amount after Calendar Year Deductible  60% of Allowable Amount after Calendar Year Deductible  60% of Allowable Amount after Calendar Year Deductible
<b>Mental Health Care/Serious Mental Illness/Treatment of Substance Use Disorder (SUD)</b> (Certain Services will require Preauthorization)		
<b>Inpatient Services</b> <ul style="list-style-type: none"> <li>• Hospital Services (facility)</li> <li>• Behavioral Health Practitioner Services</li> </ul>	80% of Allowable Amount after Calendar Year Deductible  80% of Allowable Amount after Calendar Year Deductible	60% of Allowable Amount after \$250 per-admission Deductible and Calendar Year Deductible  60% of Allowable Amount after Calendar Year Deductible
<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>• Behavioral Health Practitioner Expenses (office setting)</li> <li>• Other Outpatient Services</li> </ul>	100% of Allowable Amount after \$20 Copayment Amount  80% of Allowable Amount after Calendar Year Deductible	60% of Allowable Amount after Calendar Year Deductible  60% of Allowable Amount after Calendar Year Deductible
<b>Emergency Care</b> Accidental Injury & Emergency Care (including Accidental Injury & Emergency Care for Behavioral Health Services)		
<ul style="list-style-type: none"> <li>• Facility Charges</li> <li>• Lab without emergency room or treatment room</li> <li>• X-ray without emergency room or treatment room</li> <li>• Physician Charges</li> </ul>	80% of Allowable Amount after \$150 outpatient Hospital emergency room Copayment Amount (waived if admitted)  100% of Allowable Amount  80% of Allowable Amount  80% of Allowable Amount	

# SCHEDULE OF COVERAGE - HIGH PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<p><b>Emergency Care (Cont'd)</b></p> <p>Non-Emergency Care (including Non-Emergency Care for Behavioral Health Services)</p> <ul style="list-style-type: none"> <li>• Facility Charges</li> <li>• Physician Charges</li> </ul>	<p>80% of Allowable Amount after \$150 outpatient Hospital emergency room Copayment Amount (waived if admitted)</p> <p>80% of Allowable Amount after Calendar Year Deductible</p>	<p>60% of Allowable Amount after Calendar Year Deductible and \$150 outpatient Hospital emergency room Copayment Amount (waived if admitted)</p> <p>60% of Allowable Amount after Calendar Year Deductible</p>
<p><b>Urgent Care Services</b></p> <ul style="list-style-type: none"> <li>• Urgent Care Center visit including Lab &amp; X-Ray services (excluding Certain Diagnostic Procedures)</li> </ul>	<p>80% of Allowable Amount</p>	<p>60% of Allowable Amount</p>
<p><b>Ambulance Services</b></p>	<p>80% of Allowable Amount</p>	
<p><b>Retail Health Clinic</b></p>	<p>100% of Allowable Amount after \$20 Copayment Amount</p>	<p>60% of Allowable Amount after Calendar Year Deductible</p>
<p><b>Preventive Care Services</b></p> <ul style="list-style-type: none"> <li>• 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")</li> <li>• Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention ("CDC") with respect to the individual involved</li> <li>• 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</li> <li>• 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</li> </ul>	<p>100% of Allowable Amount</p>	<p>60% of Allowable Amount after Calendar Year Deductible</p>

# SCHEDULE OF COVERAGE - HIGH PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Preventive Care Services (Cont'd)</b> <ul style="list-style-type: none"> <li>• Routine physical examinations, well baby care, immunizations and routine lab</li> <li>• Routine X-Rays, Routine EKG, Routine Diagnostic Medical Procedures (Independent Lab &amp; X-Ray Provider)</li> <li>• Immunizations Birth up to age 6</li> <li>• Colonoscopy Professional (physician charges)</li> <li>• Colonoscopy facility charges</li> <li>• Healthy diet counseling and obesity screening/counseling</li> </ul>	<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;">60% of Allowable Amount after Calendar Year Deductible</p> <p style="text-align: center;">60% of Allowable Amount after Calendar Year Deductible</p> <p style="text-align: center;">100% of Allowable Amount</p>
	<p>Paid same as any other Preventive Care service</p> <p>Paid same as any other Preventive Care service</p> <p>Paid same as any other Preventive Care service</p>	
<b>Other Routine Services</b> <ul style="list-style-type: none"> <li>• Routine X-Rays, Routine EKG, Routine Diagnostic Medical Procedures, routine digital rectal exam, routine prostate test</li> <li>• Annual Vision Examination</li> <li>• Annual Hearing Examination</li> </ul>	<p style="text-align: center;">100% of Allowable Amount after \$20 Copayment Amount</p> <p style="text-align: center;">80% of Allowable Amount</p>	<p style="text-align: center;">60% of Allowable Amount after Calendar Year Deductible</p> <p style="text-align: center;">60% of Allowable Amount after Calendar Year Deductible</p>
<b>Speech and Hearing Services, excluding hearing aids*</b>	<p>80% of Allowable Amount after Calendar Year Deductible</p>	<p>60% of Allowable Amount after Calendar Year Deductible</p>
<p>*Benefits for Autism Spectrum Disorder will not apply towards and are not subject to any speech services visits maximum.</p>		
<b>Chiropractic Services</b> <ul style="list-style-type: none"> <li>• Office visit</li> <li>• All other office services</li> <li>• All other outpatient services</li> </ul>	<p style="text-align: center;">100% of Allowable Amount after \$20 Copayment Amount</p> <p style="text-align: center;">80% of Allowable Amount after \$20 Copayment Amount</p> <p style="text-align: center;">80% of Allowable Amount after Calendar Year Deductible</p>	<p style="text-align: center;">60% of Allowable Amount after Calendar Year Deductible</p> <p style="text-align: center;">60% of Allowable Amount after Calendar Year Deductible</p> <p style="text-align: center;">60% of Allowable Amount after Calendar Year Deductible</p>
<p>35 visits maximum per Calendar Year</p>		
<b>Physical Medicine Services</b> <ul style="list-style-type: none"> <li>• Office visit</li> <li>• All other services in the office and outpatient setting</li> </ul>	<p style="text-align: center;">100% of Allowable Amount after \$20 Copayment Amount</p> <p style="text-align: center;">80% of Allowable Amount after Calendar Year Deductible</p>	<p style="text-align: center;">60% of Allowable Amount after Calendar Year Deductible</p> <p style="text-align: center;">60% of Allowable Amount after Calendar Year Deductible</p>

# SCHEDULE OF COVERAGE - HIGH PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Temporomandibular Joint (TMJ) and Craniomandibular Services</b>	80% of Allowable Amount after Calendar Year Deductible	60% of Allowable Amount after Calendar Year Deductible
	\$750 Lifetime Maximum	
<b>Foot Orthotics and Foot Care</b>  <ul style="list-style-type: none"> <li>• Office Visit/Non-surgical foot care</li> <li>• All other outpatient services</li> <li>• Foot orthotics</li> </ul>	100% of Allowable Amount after \$20 Copayment Amount	60% of Allowable Amount after Calendar Year Deductible
	80% of Allowable Amount after Calendar Year Deductible	60% of Allowable Amount after Calendar Year Deductible
	\$250 Calendar Year Maximum	

# SCHEDULE OF COVERAGE - STATE PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Deductibles</b> <ul style="list-style-type: none"> <li>• Calendar Year Deductible <i>Three-month Deductible carryover applies</i> <i>Applies to all Eligible Expenses</i></li> </ul>	None	\$500 – per individual \$1,500 – per family
<b>Co-Share Stop-Loss Amounts</b> <i>Includes Calendar Year Deductible and Copayment Amounts</i>	\$500 – per individual \$2,500 – per family	\$3,500 – per individual \$10,500 – per family
<b>Copayment Amounts Required</b> <ul style="list-style-type: none"> <li>• Physician office visit/consultation</li> <li>• Physician office visit/consultation for Specialty Care Providers</li> <li>• Outpatient Hospital Emergency Room/Treatment Room visit</li> <li>• Retail Health Clinic</li> </ul>	\$20 Physician office visit  \$30 Physician office visit  \$75 outpatient Hospital Emergency Room/Treatment Room visit  \$20 Retail Health Clinic visit	Does Not Apply  Does Not Apply  \$75 outpatient Hospital Emergency Room/Treatment Room visit  Does Not Apply
<b>Inpatient Hospital Expenses</b> All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units.	85% of Allowable Amount  No penalty for failure to preauthorize services	65% of Allowable Amount after Calendar Year Deductible  \$250 penalty for failure to preauthorize services
<b>Medical-Surgical Expenses</b> <ul style="list-style-type: none"> <li>• Office visit/consultation (Primary Care Providers) including Lab and X-Rays</li> <li>• Office visit/consultation (Specialty Care Providers) including Lab and X-Rays</li> <li>• Inpatient visits</li> <li>• Home Infusion Therapy</li> <li>• Physician surgical services in any setting</li> <li>• Allergy Injections (without office visit)</li> </ul>	100% of Allowable Amount after \$20 Copayment Amount  100% of Allowable Amount after \$30 Copayment Amount  85% of Allowable Amount	65% of Allowable Amount after Calendar Year Deductible  65% of Allowable Amount after Calendar Year Deductible  65% of Allowable Amount after Calendar Year Deductible
<b>Certain Diagnostic Procedures</b> <ul style="list-style-type: none"> <li>• Physician Office Visit</li> <li>• All other outpatient settings</li> </ul>	100% of Allowable Amount after \$20/\$30 Copayment Amount  85% of Allowable Amount	65% of Allowable Amount after Calendar Year Deductible  65% of Allowable Amount after Calendar Year Deductible

# SCHEDULE OF COVERAGE - STATE PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Lab &amp; X-Ray</b> <ul style="list-style-type: none"> <li>• Physician's office</li> <li>• All other outpatient settings including independent Lab &amp; X-Ray</li> </ul>	100% of Allowable Amount after \$20/\$30 Copayment Amount  85% of Allowable Amount	65% of Allowable Amount after Calendar Year Deductible  65% of Allowable Amount after Calendar Year Deductible
<b>Services Performed at Preventative Care Institute (PCI)</b>	100% of Allowable Amount after \$5 Copayment Amount	Does Not Apply
<b>Extended Care Expenses</b> <ul style="list-style-type: none"> <li>• Skilled Nursing Facility 25 days maximum per Calendar Year</li> <li>• Home Health Care 60 visits maximum per Calendar Year</li> <li>• Hospice Care Unlimited</li> </ul>	100% of Allowable Amount  100% of Allowable Amount  100% of Allowable Amount	65% of Allowable Amount after Calendar Year Deductible  65% of Allowable Amount after Calendar Year Deductible  65% of Allowable Amount after Calendar Year Deductible
<b>Mental Health Care/Serious Mental Illness/Treatment of Substance Use Disorder (SUD)</b> (Certain Services will require Preauthorization)		
<b>Inpatient Services</b> <ul style="list-style-type: none"> <li>• Hospital Services (facility)</li> <li>• Behavioral Health Practitioner Services</li> </ul>	85% of Allowable Amount  85% of Allowable Amount	65% of Allowable Amount after Calendar Year Deductible  65% of Allowable Amount after Calendar Year Deductible
<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>• Behavioral Health Practitioner Expenses (office setting)</li> <li>• Other Outpatient Services</li> </ul>	100% of Allowable Amount after \$20 Copayment Amount  85% of Allowable Amount	65% of Allowable Amount after Calendar Year Deductible  65% of Allowable Amount after Calendar Year Deductible
<b>Emergency Care</b> Accidental Injury & Emergency Care (including Accidental Injury & Emergency Care for Behavioral Health Services)		
<ul style="list-style-type: none"> <li>• Facility Charges</li> <li>• Lab &amp; X-ray without emergency room or treatment room</li> <li>• Physician Charges</li> </ul>	85% of Allowable Amount after \$75 outpatient Hospital emergency room Copayment Amount (waived if admitted)  85% of Allowable Amount  85% of Allowable Amount	

# SCHEDULE OF COVERAGE - STATE PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<p><b>Emergency Care (Cont'd)</b></p> <p>Non-Emergency Care (including Non-Emergency Care for Behavioral Health Services)</p> <ul style="list-style-type: none"> <li>• Facility Charges</li> <li>• Physician Charges</li> </ul>	<p>85% of Allowable Amount after \$75 outpatient Hospital emergency room Copayment Amount (waived if admitted)</p> <p>85% of Allowable Amount</p>	<p>65% of Allowable Amount after Calendar Year Deductible and \$75 outpatient Hospital emergency room Copayment Amount (waived if admitted)</p> <p>65% of Allowable Amount after Calendar Year Deductible</p>
<p><b>Urgent Care Services</b></p> <ul style="list-style-type: none"> <li>• Urgent Care Center visit including Lab &amp; X-Ray services (excluding Certain Diagnostic Procedures)</li> </ul>	<p>85% of Allowable Amount</p>	<p>65% of Allowable Amount</p>
<p><b>Ambulance Services</b></p>	<p>85% of Allowable Amount</p>	
<p><b>Retail Health Clinic</b></p>	<p>100% of Allowable Amount after \$20 Copayment Amount</p>	<p>65% of Allowable Amount after Calendar Year Deductible</p>
<p><b>Preventive Care Services</b></p> <ul style="list-style-type: none"> <li>• 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")</li> <li>• Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention ("CDC") with respect to the individual involved</li> <li>• 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</li> <li>• 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</li> <li>• Routine physical examinations, well baby care, immunizations and routine lab</li> </ul>	<p>100% of Allowable Amount</p>	<p>65% of Allowable Amount after Calendar Year Deductible</p>



# SCHEDULE OF COVERAGE - STATE PLAN

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Preventive Care Services (Cont'd)</b> <ul style="list-style-type: none"> <li>• Routine X-Rays, Routine EKG, Routine Diagnostic Medical Procedures (Independent Lab &amp; X-Ray Provider)</li> <li>• Immunizations Birth up to age 6</li> <li>• Colonoscopy Professional (physician charges)</li> <li>• Colonoscopy facility charges</li> <li>• Healthy diet counseling and obesity screening/counseling</li> </ul>	100% of Allowable Amount  100% of Allowable Amount	65% of Allowable Amount after Calendar Year Deductible  100% of Allowable Amount
	Paid same as any other Preventive Care service  Paid same as any other Preventive Care service  Paid same as any other Preventive Care service	
<b>Other Routine Services</b> <ul style="list-style-type: none"> <li>• Routine X-Rays, Routine EKG, Routine Diagnostic Medical Procedures, routine digital rectal exam, routine prostate test in the office setting</li> <li>• Annual Hearing Examination</li> <li>• Annual Vision Examination</li> <li>• Routine X-Rays, Routine EKG, Routine Diagnostic Medical Procedures, routine digital rectal exam, routine prostate test in the outpatient setting</li> </ul>	100% of Allowable Amount after \$20/\$30 Copayment Amount  85% of Allowable Amount	65% of Allowable Amount after Calendar Year Deductible  65% of Allowable Amount after Calendar Year Deductible
<b>Speech and Hearing Services*</b> <ul style="list-style-type: none"> <li>• Office visit/Office services</li> <li>• Hearing Aids</li> </ul>	85% of Allowable Amount  85% of Allowable Amount	65% of Allowable Amount after Calendar Year Deductible  85% of Allowable Amount after Calendar Year Deductible
	1 per ear per 36-month period for hearing aids	
*Benefits for Autism Spectrum Disorder will not apply towards and are not subject to any speech services visits maximum.		
<b>Chiropractic Services</b> <ul style="list-style-type: none"> <li>• Office visit</li> <li>• All other services in the office and outpatient setting</li> </ul>	100% of Allowable Amount after \$20/\$30 Copayment Amount  85% of Allowable Amount	65% of Allowable Amount after Calendar Year Deductible  65% of Allowable Amount after Calendar Year Deductible
	35 visits maximum per Calendar Year	

# SCHEDULE OF COVERAGE - STATE PLAN

SCHEDULE OF COVERAGE - Plan Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Physical Medicine Services</b> <ul style="list-style-type: none"> <li>• Office visit</li> <li>• All other services in the office and outpatient setting</li> </ul>	100% of Allowable Amount after \$20/\$30 Copayment Amount  85% of Allowable Amount	65% of Allowable Amount after Calendar Year Deductible  65% of Allowable Amount after Calendar Year Deductible
<b>Temporomandibular Joint (TMJ) and Craniomandibular Services</b>	85% of Allowable Amount	65% of Allowable Amount after Calendar Year Deductible
\$750 Lifetime Maximum		

# Alternate Plan Summary

## SCHEDULE OF COVERAGE

Facilities and Professional Providers	Benefits
<b>Inpatient Services</b> <ul style="list-style-type: none"> <li>• Daily Allowance</li> <li>* Benefit Days per Benefit Period Includes regular Inpatient Admissions, Mental Health Care, and treatment of Chemical Dependency</li> </ul>	<p>\$250</p> <p>365 days</p>
<b>Outpatient Surgical Expenses</b>	100% of Billed Charges up to \$100 maximum amount per surgical procedure
Professional Providers Only	Benefits
<b>Chemotherapy and Radiation Therapy</b>	100% of Billed Charges up to \$1,500 maximum amount per Calendar Year
<b>Preventive Care</b>	100% of Billed Charges up to \$200 maximum amount per Calendar Year
Prescription Drugs	Benefits
<b>Prescription drugs received from a retail pharmacy</b>	100% of Billed Charges up to \$500 maximum amount per Calendar Year
<b>Dependents are not eligible fo coverage under this Plan.</b>	

**Alternate Plan option is available only to employees that waive medical coverage. The Alternate Plan is not a medical or pharmacy plan. It is a limited, reimbursement based program.**

If you use an  
IN-NETWORK dentist

If you use an  
OUT-OF-NETWORK dentist

**Calendar-year deductible**

(excludes orthodontia services)

Individual  
\$75

Family  
\$225

Individual  
\$75

Family  
\$225

Deductible applies to all services excluding preventive services.

**Calendar-year annual maximum**

(excludes orthodontia services)

\$1,000 + extended annual maximum (see section below)

**Preventive services**

- Routine oral examinations (3 per year)
- Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)
- Routine cleanings (3 per year)
- Periodontal cleanings (4 per year)
- Fluoride treatment (1 per year, through age 16)
- Sealants (permanent molars, through age 16)
- Space maintainers (primary teeth, through age 15)
- Oral Cancer Screening (1 per year, ages 40 and older)

80% no deductible

80% no deductible

**Basic services**

- Emergency care for pain relief
- Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)
- Oral surgery (tooth extractions including impacted teeth)
- Stainless steel crowns
- Harmful habit appliances for children (1 per lifetime, through age 14)
- Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)
- Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)

80% after deductible

80% after deductible

**Major services**

- Crowns (1 per tooth every 5 years)
- Inlays/onlays (1 per tooth every 5 years)
- Bridges (1 per tooth every 5 years)
- Dentures (1 per tooth every 5 years)
- Denture relines/rebases (1 every 3 years, following 6 months of denture use)
- Denture repair and adjustments (following 6 months of denture use)
- Implant Related Services (crowns, bridges, and dentures each limited to 1 per tooth every five years. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered.)

50% after deductible

50% after deductible

**If you use an  
IN-NETWORK dentist**

**If you use an  
OUT-OF-NETWORK dentist**

**Extended Annual Max**

Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)

30%

30%

**Orthodontia services**

Child orthodontia - Covers children to age 26. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.

**Waiting periods**

**Employer-sponsored funding: 5+ enrolled employees**

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant <sup>1,2</sup>	No	12 months	12 months	12 months (24 months for 5-9 enrolled employees)

<sup>1</sup> Late applicants not allowed with open enrollment option.

<sup>2</sup> Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

Low/Traditional Plus 1 Plan	Employee Cost
Employee Only	\$0.00
Employee & Family	\$33.12
Two Employee & Family	\$15.12



**Questions?**

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.

## Feel good about choosing a Humana Dental plan

### Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.\* Your Humana Dental Traditional Preferred plan focuses on prevention and early diagnosis, providing three routine cleanings, or four periodontal cleanings, along with three routine periodic exams per calendar year.

\* [www.perio.org](http://www.perio.org)

### Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

#### Tips to ensure a healthy mouth:

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?\* Humana Dental helps you feel good about your dental health so you can smile confidently.

\* American Academy of Cosmetic Dentistry

## Use your Humana Dental benefits

### Find a dentist

With Humana Dental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental Traditional Preferred Network. To find a dentist in Humana Dental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

### Know what your plan covers

The other side of this page gives you a summary of Humana Dental benefits. Your plan certificate describes your Humana Dental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **Humana.com** or call 1-800-233-4013.

### See your dentist

Your Humana Dental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

### Learn what your plan paid

After Humana Dental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits). In Arizona, group dental plans insured by Humana Insurance Company. In New Mexico, group dental plans insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

# Humana®

## Important!

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocrportal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
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**العربية (Arabic)**

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

# Humana Dental Traditional Plus HIGH PLAN

McAllen Independent School District

TEXAS

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
<b>Calendar-year deductible</b> (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$1,500 + extended annual maximum (see section below)			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Routine oral examinations (3 per year)</li> <li>• Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>• Routine cleanings (3 per year)</li> <li>• Periodontal cleanings (4 per year)</li> <li>• Fluoride treatment (1 per year, through age 16)</li> <li>• Sealants (permanent molars, through age 16)</li> <li>• Space maintainers (primary teeth, through age 15)</li> <li>• Oral Cancer Screening (1 per year, ages 40 and older)</li> </ul>	100% no deductible		100% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Emergency care for pain relief</li> <li>• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>• Composite fillings (1 per tooth every 2 years, molar teeth)</li> <li>• Oral surgery (tooth extractions including impacted teeth)</li> <li>• Stainless steel crowns</li> <li>• Harmful habit appliances for children (1 per lifetime, through age 14)</li> <li>• Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)</li> <li>• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li> </ul>	80% after deductible		80% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>• Crowns (1 per tooth every 5 years)</li> <li>• Inlays/onlays (1 per tooth every 5 years)</li> <li>• Bridges (1 per tooth every 5 years)</li> <li>• Dentures (1 per tooth every 5 years)</li> <li>• Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li> <li>• Denture repair and adjustments (following 6 months of denture use)</li> <li>• Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years)</li> </ul>	50% after deductible		50% after deductible	



**If you use an  
IN-NETWORK dentist**

**If you use an  
OUT-OF-NETWORK dentist**

**Extended Annual Max**

Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)

30%

30%

**Orthodontia services**

Adult/Child orthodontia - Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,500 lifetime orthodontia maximum.

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

**Waiting periods**

**Employer-sponsored funding: 5+ enrolled employees**

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant <sup>1,2</sup>	No	12 months	12 months	12 months (24 months for 5-9 enrolled employees)

<sup>1</sup> Late applicants not allowed with open enrollment option.

<sup>2</sup> Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

High/Traditional Plus 2 Plan	Employee Cost
Employee Only	\$6.31
Employee & Family	\$63.06
Two Employee & Family	\$45.06



**Questions?**

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.

## Feel good about choosing a Humana Dental plan

### Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.\* Your Humana Dental Traditional Preferred plan focuses on prevention and early diagnosis, providing three routine cleanings, or four periodontal cleanings, along with three routine periodic exams per calendar year.

\* [www.perio.org](http://www.perio.org)

### Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

#### Tips to ensure a healthy mouth:

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?\*

Humana Dental helps you feel good about your dental health so you can smile confidently.

\* American Academy of Cosmetic Dentistry

## Use your Humana Dental benefits

### Find a dentist

With Humana Dental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental Traditional Preferred Network. To find a dentist in Humana Dental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

### Know what your plan covers

The other side of this page gives you a summary of Humana Dental benefits. Your plan certificate describes your Humana Dental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **Humana.com** or call 1-800-233-4013.

### See your dentist

Your Humana Dental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

### Learn what your plan paid

After Humana Dental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits). In Arizona, group dental plans insured by Humana Insurance Company. In New Mexico, group dental plans insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

# Humana®

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# McAllen ISD

## All Full-Time Employees Opting into Basic, High, or State Medical Plan

### Company-paid life insurance (Basic Life) and company-paid accidental death & dismemberment insurance (Basic AD&D)

<b>Who gets the coverage?</b>	All active full-time employees who opt into Basic, High, or State Medical Plan.
<b>How much Basic Life Insurance will I have?</b>	You will be covered for \$15,000 in Basic Life and for an equal amount of Basic AD&D.
<b>Who pays for it?</b>	McAllen ISD pays for your Basic Life and Basic AD&D insurance coverage.

### Employee-paid life insurance (Supplemental Life), employee-paid accidental death & dismemberment insurance (Supplemental AD&D), employee-paid dependent life insurance (Dependent Supplemental Life), and employee-paid dependent accidental death & dismemberment (Dependent Supplemental AD&D)

<b>Who can buy it?</b>	All active full-time employees.
<b>How much Supplemental Life, Supplemental AD&amp;D, Dependent Supplemental Life, and Dependent Supplemental AD&amp;D insurance coverage can I elect?</b>	<p><b>You:</b> You may elect Supplemental Life insurance in \$10,000 increments up to the lesser of \$500,000 or seven times (7X) your annual salary rounded down to the next lower \$10,000, and for an equal amount in Supplemental AD&amp;D coverage.</p> <p><b>Spouse:</b> Your spouse may be covered in increments of \$5,000 to the maximum of \$250,000 in Dependent Supplemental Life, not to exceed 50% of the employee Supplemental Life amount, and for an equal amount in Dependent Supplemental AD&amp;D coverage.</p> <p><b>Children:</b> You may elect \$10,000 in Dependent Supplemental Life for your dependent children.</p> <p>When you buy Supplemental Life, Supplemental AD&amp;D coverage is included for yourself, your spouse, and your dependent children in the same amounts as your Supplemental Life coverages, however, you may elect Supplemental AD&amp;D coverage without electing Supplemental Life.</p>
<b>Who pays for it?</b>	Premiums are payroll-deducted from your paycheck for any Supplemental coverages you elect.

# Life Insurance

## Basic Life, Basic AD&D, Supplemental Life, Supplemental AD&D, Dependent Supplemental Life, and Dependent Supplemental AD&D insurance

**What is Basic Life, Basic AD&D, Supplemental Life, and Supplemental AD&D insurance?**

Basic Life and Supplemental Life plans pay a benefit to your chosen beneficiary(ies) if you die while a member of the group covered by the policy. It does not earn interest and has no cash value but can help protect the financial future of your loved ones.

Basic AD&D and Supplemental AD&D plans pay a benefit in addition to your life insurance if you die as the result of a covered accident. It also pays benefits for loss of limb, hearing, speech, sight, and other serious losses resulting from an accident. See your certificate for coverage details.

**How much Basic Life and Basic AD&D insurance do I get?**

You will be covered for \$15,000 in Basic Life insurance, and an equal amount of Basic AD&D coverage. See your certificate for coverage details.

**How much Supplemental Life and Supplemental AD&D insurance can I elect?**

You may buy Supplemental Life insurance in \$10,000 increments up to the lesser of \$500,000 or seven times (7X) your annual salary rounded down to the next lower \$10,000, and for an equal amount in Supplemental AD&D coverage.

If you request more than \$250,000, we will send a link to an online series of questions about your health history (also called Evidence of Insurability or EOI) to be approved for any new or additional amount.

**How much Supplemental Life insurance can I elect during this year's annual enrollment?**

**New hires and newly eligible employees:** You may elect up to \$250,000 in Supplemental Life insurance without having to answer any medical history questions during the 31-day period after becoming eligible. Any coverage you wish to add after you are first eligible, or any amount over \$250,000 is subject to the EOI process.

**Currently insured employees:** You may increase your coverage by one increment of \$10,000 without having to satisfy the EOI process. Any amount you elect over \$10,000 up to the maximum of the lesser of seven times (7x) your annual salary or \$500,000 will be subject to the EOI process.

**“Late Entrant” employees:** You will be subject to the EOI process for any coverage you elect.

**How much Supplemental Life insurance coverage can I elect for my spouse?**

You may elect coverage in \$5,000 increments up to a total of \$250,000 in Dependent Supplemental Life coverage, but not for an amount that exceeds 50% of the employee Supplemental Life coverage amount. Currently insured spouses may increase their coverage by one increment of any Dependent Supplemental Life amount elected over \$60,000 will be subject to the EOI process.

**How much Dependent Supplemental Life insurance coverage can I elect for my child(ren)?**

You may elect \$10,000 in Dependent Supplemental Life for your dependent children. Dependent Children do not need to satisfy the EOI process for any coverage amount elected. Covering multiple children costs no more than covering one child.

**Does the life insurance coverage reduce due to age?**

Yes. The Basic Life insurance and Basic AD&D coverage amounts will reduce to 65% of the original amount at age 70, and to 50% of the original amount at age 75.

**Can I receive any life insurance benefits while I am living?**

Yes. If you are diagnosed as being terminally ill with 12 months or less to live, you can receive a portion of your life insurance benefit before your death to use any way you want or need. The amount of Accelerated Death Benefit, or ADB, is 80% of your Basic Life insurance not to exceed \$12,000, and 50% of your Supplemental Life insurance, not to exceed \$250,000. If a covered spouse is diagnosed as being terminally ill with 12 months or less to live, you can receive up to 80% of their Dependent Supplemental Life coverage as well, not to exceed \$125,000. Any ADB paid out will reduce the benefit available to your beneficiaries. Receipt of ADB benefits may be taxable and assistance should be sought from a personal tax advisor.

**When does coverage begin?**

If you are a newly hired or newly-eligible, your Life coverages will become effective on the first of the month following your date of hire with McAllen ISD. Supplemental Life elections that do not require EOI will become effective on the first of the month following the date you enroll, provided you enroll within 31 days following your date of eligibility. Supplemental Life coverage that does require EOI will be effective on the first of the month following Aflac's approval.

**Are there any exclusions or limitations that apply to life insurance?**

There are no exclusions for your Basic Life insurance. There are exclusions on your Supplemental Life insurance. Benefits for your Supplemental Life and Dependent Supplemental Life will not be paid for death by suicide if the coverage has not been in effect for at least two years from an insured's effective date of coverage. Any benefits paid would be limited to the amount of coverage in-force two years or more after the member's coverage effective date. Other limitations and exclusions may apply. Please consult your certificate for information regarding your specific coverage.

**Are there any exclusions or limitations that apply to the AD&D coverage?**

For a complete listing of exclusion that apply to your AD&D plan, please review your certificate. Benefits will not be paid for death, loss or injury resulting from an accident under the AD&D plan in the following situations:

- Suicide, self-destruction, intentionally self-inflicted injury while sane or insane
- Active participation in a riot or an act of insurrection, rebellion or civil commotion
- The use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your physician. This exclusion will not apply if the chemical substance is ethanol.
- The voluntary use of any controlled substance unless the controlled substance is prescribed for you by a physician and administered in accordance with FDA and clinical guidelines
- Service on full-time active duty in the Armed Forces of any country or international authority
- Air or space travel. Doesn't apply if a person is a passenger on a commercial aircraft
- Riding or driving an air, land, or water vehicle in a race, speed, or endurance contest
- The presence of that percentage of alcohol in the blood which raises a presumption that the Insured was under the influence of alcohol as determined by the laws of the state, country, province, territory or location in which the accident occurred
- War, declared or undeclared, or any act of war; intended or accidental contact with nuclear or atomic energy by explosion and/or release.
- Inhalation of poisonous gasses

**Are there any other benefits with the life insurance?**

Your policy includes valuable resources for you and your loved ones when you need it most, with the support of master's level licensed social workers for disabled or terminally ill members. Care Managers are available toll-free at 1-800-206-8826.

Also, Everest Funeral Concierge services provide online and at-need planning and price negotiation assistance available 24/7. Everest includes a free online Will Prep tool to help in the preparation of Wills, Power of Attorney documents, Health Care Directives, and more. Visit [everestfuneral.com](http://everestfuneral.com) and use code AFLAC to register for free. Advisors are also available toll-free at: 1-800-913-8318.

Aflac also offers an Employee Assistance Program (EAP) program through Humana that offers services to help employees manage work-life balance issues, to help you find child or adult care services, resolve workplace or financial or legal issues, and more. Please visit [www.humana.com/eap](http://www.humana.com/eap). Use "McAllen" and "eap" as your username / password. You may also call toll-free 24/7 to 1-888-673-1147.

**As a MISD employee, you still get the low co-pay option with the facilities below!**



**PCI Clinic**

**220 Bicentennial Blvd.  
McAllen, TX 78501  
# 956-971-0077  
M-F, 8:00am-5:00pm  
Sat, 8:00am – 11:00am  
\$ 5.00 Office Visit Copay**

**PCW Clinic**

**2120 E. Business Highway 83, Ste. B  
Mission, Texas 78572  
# 956-410-1000  
M-Th, 8:00am-8:00pm  
Fri, 8:00am-7:00pm  
Sat, 9:00am – 1:00pm  
\$ 10.00 Office Visit Copay  
[www.centerpcw.com](http://www.centerpcw.com)**

## Vision Insurance

McAllen Independent School District – Low Plan

### Monthly Premiums

Employee Only:	\$5.11
Employee + Spouse:	\$8.95
Employee + Child(ren)	\$9.80
Employee + Family	\$14.22

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

- Go to any licensed vision provider and receive coverage. Just remember, your benefit dollars go further when you stay in-network. If you choose an out-of-network provider you will have increased out of pocket expenses, pay in full at the time of services, and file a claim with MetLife for reimbursement.
- Choose from a large network of ophthalmologists, optometrists, and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

### In-network benefits

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

#### Eye Exam

##### Once every 12 months

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

#### Frame

##### Once every 24 months

- Allowance: **\$150**  
You will receive an additional **20%** savings on the amount that you pay over your allowance.

Or:

- Exclusive Collection Frame Copay (in lieu of Allowance) Fashion / Designer / Premier: Covered / Covered / Covered

Participating providers typically do not display the Collection but are contractually required to maintain a comparable selection (in both quantity and quality) of frames that would be covered, with no additional member out-of-pocket expense. Special lens designs, materials, powers and frames may require additional cost. Collection is available at most participating independent provider offices. Collection is subject to change.

#### Standard Corrective Lenses

##### Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **\$20** eyewear copay.<sup>1</sup>

#### Standard Lens Enhancements<sup>1</sup>

##### Once every 12 months

- Standard Polycarbonate (child up to age 18)<sup>2</sup>, Standard Polycarbonate (adult), Plastic tints/dyes, Solid and Gradient Tints or Scratch-resistant coatings: Covered in full
- Progressive lenses, UV coating, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at [metlife.com/mybenefits](https://www.metlife.com/mybenefits).

<sup>1</sup> The above list highlights some of the most popular lens enhancements and is not a complete listing. Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice

<sup>2</sup> Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.



## Contact Lenses (instead of eyeglasses)

### Once every 12 months

- Contact fitting and evaluation: 15% discount.
- Elective lenses: **\$150** allowance
- Necessary lenses: Covered in full.

Conventional contacts: You will receive an additional **20%** savings on the amount that you pay over your allowance.<sup>3</sup>

Disposable contacts: You will receive an additional **10%** savings on the amount that you pay over your allowance.<sup>3</sup>

## Discounts on Non-Covered Exam, Services, and Material<sup>3</sup>

- Contact lens overage: 15% off retail.

### In-Network Value Added Features:

**Laser vision correction:** Savings of 40% - 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers. Contact QualSight LASIK at (877) 201-3602 for more information.

**Additional savings on glasses and sunglasses:**<sup>3</sup> Members may receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the providers usual and customary rate may be available. Contact lenses may be available at a 10% discount.

**Additional savings on lens enhancements:**<sup>3</sup> Average 20-25% savings on all lens enhancements not otherwise covered under the MetLife Vision Insurance program.

**Additional savings on frames:**<sup>3</sup> 20% off any amount over your frames allowance.

**Free one-year breakage warranty:** All eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The one-year breakage warranty applies to all plan-covered eyeglasses (i.e., all spectacle lenses, Davis Vision Exclusive Collection frames and national retailer frames, where our Exclusive Collection is not displayed). Warranty does not apply to Glasses.com.

**Additional savings on contacts:**<sup>3</sup> 15% off any amount over your contact lens allowance. 15% discount on additional contacts.

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

### We're Here to Help

- Find a Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision)
- Download a claim form at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)
- For general questions, go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-833-EYE-LIFE (1-833-393-5433)

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<sup>3</sup> These features may not be available in all states and with all In-Network Vision Providers. Discounts are not available at Walmart and Sam's Club. Please check with your in-network vision provider.

## Out-of-Network Reimbursement

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

- Eye exam: up to **\$45**
- Frames: up to **\$55**
- Single-vision lenses: up to **\$40**
- Lined bifocal lenses: up to **\$60**
- Lined trifocal lenses: up to **\$80**
- Lenticular lenses: up to **\$80**
- Progressive lenses: up to **\$60**
- Contact lenses:
  - Elective: up to **\$128**
  - Necessary: up to **\$250**

## Exclusions and Limitations of Benefits

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

### Services and Eyewear

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

## Vision Insurance

McAllen Independent School District – High Plan

### Monthly Premiums

Employee Only:	\$5.47
Employee + Spouse:	\$9.58
Employee + Child(ren)	\$10.49
Employee + Family	\$15.22

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

- Go to any licensed vision provider and receive coverage. Just remember, your benefit dollars go further when you stay in-network. If you choose an out-of-network provider you will have increased out of pocket expenses, pay in full at the time of services, and file a claim with MetLife for reimbursement.
- Choose from a large network of ophthalmologists, optometrists, and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

### In-network benefits

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

#### Eye Exam

##### Once every 12 months

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

#### Frame

##### Once every 24 months

- Allowance: **\$175**  
You will receive an additional **20%** savings on the amount that you pay over your allowance.

Or:

- Exclusive Collection Frame Copay (in lieu of Allowance) Fashion / Designer / Premier: Covered / Covered / Covered

Participating providers typically do not display the Collection but are contractually required to maintain a comparable selection (in both quantity and quality) of frames that would be covered, with no additional member out-of-pocket expense. Special lens designs, materials, powers and frames may require additional cost. Collection is available at most participating independent provider offices. Collection is subject to change.

#### Standard Corrective Lenses

##### Once every 12 months

- Single vision, lined bifocal, lenticular: Covered in full after **\$20** eyewear copay.<sup>1</sup>

#### Standard Lens Enhancements<sup>1</sup>

##### Once every 12 months

- Standard Polycarbonate (child up to age 18)<sup>2</sup>, Standard Polycarbonate (adult), Plastic tints/dyes, Solid and Gradient Tints or Scratch-resistant coatings: Covered in full
- Progressive lenses, UV coating, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at [metlife.com/mybenefits](https://www.metlife.com/mybenefits).

<sup>1</sup> The above list highlights some of the most popular lens enhancements and is not a complete listing. Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice

<sup>2</sup> Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

## Contact Lenses (instead of eyeglasses)

### Once every 12 months

- Contact fitting and evaluation: 15% discount.
- Elective lenses: **\$175** allowance
- Necessary lenses: Covered in full.

Conventional contacts: You will receive an additional **20%** savings on the amount that you pay over your allowance.<sup>3</sup>

Disposable contacts: You will receive an additional **10%** savings on the amount that you pay over your allowance.<sup>3</sup>

## Discounts on Non-Covered Exam, Services, and Material<sup>3</sup>

- Contact lens overage: 15% off retail.

### In-Network Value Added Features:

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**Additional savings on lens enhancements:**<sup>3</sup> Average 20-25% savings on all lens enhancements not otherwise covered under the MetLife Vision Insurance program.

**Additional savings on frames:**<sup>3</sup> 20% off any amount over your frames allowance.

**Free one-year breakage warranty:** All eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The one-year breakage warranty applies to all plan-covered eyeglasses (i.e., all spectacle lenses, Davis Vision Exclusive Collection frames and national retailer frames, where our Exclusive Collection is not displayed). Warranty does not apply to Glasses.com.

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- For general questions, go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-833-EYE-LIFE (1-833-393-5433)

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<sup>3</sup> These features may not be available in all states and with all In-Network Vision Providers. Discounts are not available at Walmart and Sam's Club. Please check with your in-network vision provider.

## Out-of-Network Reimbursement

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

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### Services and Eyewear

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

# Benefit Identification (ID) Cards

Below are your benefit ID cards. You are not required to show your card as proof of coverage, but we've provided them for your convenience. You can also view your ID card on the MetLife mobile app. Search "MetLife" at iTunes App Store or Google Play to download the app.<sup>1</sup>

## Front

## Back

### Vision Identification Card

Employee Name <sup>1</sup>	Employee ID
McAllen ISD	235941
Group Name	Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



### Vision Identification Card

Employee Name	Employee ID
McAllen ISD	235941
Group Name	Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



### [metlife.com/mybenefits](http://metlife.com/mybenefits)

- Locate a participating eye doctor or print your ID card.
- Review benefits information and past services.
- Obtain claims forms and educational information.

### 1-833-EYE-LIFE (1-833-393-5433)

Hearing impaired AT&T relay service: Dial 711.

- Call Monday through Friday from 8:00 a.m. to 9:00 p.m. ET, and Saturday from 9:00 a.m. to 4:00 p.m. ET, to speak with a customer service representative.
- Davis Vision by MetLife, PO Box 967, Rancho Cordova, CA 95741

### [metlife.com/mybenefits](http://metlife.com/mybenefits)

- Locate a participating eye doctor or print your ID card.
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- Davis Vision by MetLife, PO Box 967, Rancho Cordova, CA 95741



1. Before using the MetLife Mobile App, you must register at [metlife.com/mybenefits](http://metlife.com/mybenefits) from a computer. Registration cannot be done from your mobile device.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force.

Please contact MetLife or your plan administrator for complete details.



- Commission of a crime for which you have been convicted, this includes but is not limited to local, state, country, provincial or federal law, or the disability results from commission of, or attempting to commit a criminal act.

## Additional information

### When does coverage begin?

If you are a newly hired or newly-eligible, your Disability coverage will become effective on the first of the month next following your date of hire with McAllen ISD. Disability elections that do not require EOI will become effective on the date you enroll, provided you enroll within 60 days following your date of eligibility. Disability coverage that does require EOI will be effective on the first of the month following Aflac's approval.

### Are there any other benefits with the life or disability insurance?

Your policy includes valuable resources for you and your loved ones when you need it most, with the support of master's level licensed social workers for disabled or terminally ill members. Care Managers are available toll-free at 1-800-206-8826.

Also, Everest Funeral Concierge services provide online and at-need planning and price negotiation assistance available 24/7. Everest includes a free online Will Prep tool to help in the preparation of Wills, Power of Attorney documents, Health Care Directives, and more. Visit [everestfuneral.com](http://everestfuneral.com) and use code AFLAC to register for free. Advisors are also available toll-free at: 1-800-913-8318.

Aflac also offers an Employee Assistance Program (EAP) program through Humana that offers a variety of services to help employees manage work-life balance issues, to help you find child or adult care services, resolve workplace or financial or legal issues, and more. Please visit [www.humana.com/eap](http://www.humana.com/eap). Use "McAllen" and "eap" as your username / password. You may also call toll-free 24/7 to 1-888-673-1147.



**ADEA 1 table**

The upper portion of table below illustrates how long a disability may be approved for in months based on the claimant's age in years at the time of their disabling event. The lower portion illustrates what the Social Security Agency states is the "Normal Retirement Age" based on someone's year of birth.

<b>Age at Disability</b>	<b>Maximum Benefit Period</b>
Less than age 60	To Social Security Normal Retirement Age
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months
<b>Year of Birth</b>	<b>Social Security Normal Retirement Age</b>
1937 or before	65 years
1938	65 years 2 months
1939	65 years 4 months
1940	65 years 6 months
1941	65 years 8 months
1942	65 years 10 months
1943-1954	66 years
1955	66 years 2 months
1956	66 years 4 months
1957	66 years 6 months
1958	66 years 8 months
1959	66 years 10 months
1960 and after	67 years

## ADEA II 5-year table

The following tables show how long disabilities may be paid out depending on the age at which a disabling injury or illness may occur.

Age At Disability	Maximum Benefit Period
<b>For Disabilities due to injury</b>	
Less than age 60:	To age 65, but not less than 5 years
Age 60 through 64:	5 years
Age 65 through 69:	To age 70, but not less than 1 year
Age 70 and over:	1 year
<b>For Disabilities due to illness</b>	
Less than age 65:	5 years
Age 65 through 68:	To age 70, but not less than 1 year
Age 69 and over:	1 year

Benefits and provisions are specific to your group policy. Consult your certificate for information regarding your specific coverage.

Coverage is underwritten by Zurich American Life Insurance Company of New York and Zurich American Life Insurance Company. In New York, the terms and conditions for the Group Long Term Disability Insurance are set forth in policy form number 1000-ZAGP-DS-NY-01. The policies are issued by Zurich American Life Insurance Company of New York, a New York domestic life insurance company, located at its registered home address of 150 Greenwich Street, Four World Trade Center, 54th Floor, New York, NY 10007-2366. In New York, American Family Life Assurance Company of New York serves as the Agent and Administrator.

In all states other than New York, the terms and conditions for the Group Long Term Disability Insurance are set forth in policy form number 1000-ZAGP-01-01 or applicable state variation. The policies are issued by Zurich American Life Insurance Company, an Illinois domestic life insurance company, located at its registered home address of 1299 Zurich Way, Schaumburg, IL 60196, now administered by American Family Life Assurance Company of Columbus.

The policies are subject to the laws of the state where they are issued. This material is a summary of the product features only. Please read the policy carefully for details. Certain coverages may not be available in all states and policy provisions may vary by state.

Zurich American Life Insurance Company | Administrative Office: 7045 College Boulevard, Overland Park, Kansas 66211-1523  
 Aflac | WWHQ | 1932 Wynnton Road | Columbus, GA 31999. Aflac New York | 22 Corporate Woods Boulevard, Suite 2 | Albany, NY 12211



Wellness Benefit  
**Hospital Indemnity Protection Plan**



# Helping you **protect your finances and your health.**

Each calendar year  
you could earn:

**\$50**

Complete at least one of these screenings or tests to earn the wellness benefit:

- Blood test for breast cancer
- Blood test for colon cancer
- Blood test for myeloma
- Blood test for ovarian cancer
- Blood test for prostate cancer
- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- Chest X-ray
- Colonoscopy
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- Serum cholesterol test
- Stress test on a bicycle or treadmill
- Thermography
- Virtual colonoscopy

## Program rules.

- Screenings or tests must be completed during the calendar year.
- A covered spouse can also earn a benefit.
- The benefit will be paid for one screening or test each calendar year, regardless of the results. The benefit is paid in addition to any other payments you and/or your covered spouse receives under the policy.

See your official Hospital Indemnity plan documents for benefit details.



# The wellness benefit may be money in your pocket.

## Preventive care is covered at no cost to you by most health plans.<sup>1</sup>

Getting a blood test, mammogram or other screening to meet your wellness benefit earns you money by using your plan. Routine checkups and screenings can:

- Help you avoid serious health problems.
- Allow you and your doctor to work as a team to manage your overall health.
- Assist you in reaching your personal health and wellness goals.

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## Help maintain your health with [uhc.com/preventivecare](http://uhc.com/preventivecare).

- View health guidelines and recommendations specific to your age and gender.
- Get useful health tips.
- Access related tools, resources and materials to support your overall health and potentially lower your out-of-pocket health care costs.

---

## Better together.

Once you have the preventive recommendations specific to you, you can use them to work with your doctor to:

- Evaluate your current health status.
- Determine any appropriate treatments.
- Address any concerns you may have.
- Make medical decisions that fit your lifestyle.

## Want to learn more?



See your official Hospital Indemnity plan documents for benefit details.



### This is a Hospital Indemnity only policy.

<sup>1</sup> While many health plans cover preventive care without cost-sharing when provided by a network physician, some charges may apply to these services when they are considered diagnostic (for example, services rendered to treat a health condition). Check your benefit plan documents to see what services are covered.

This information does not replace your official plan documents. Please see your official plan documents for all coverage details, which includes limitations and exclusions.

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.

## Help protect yourself from the high costs of hospital care.



Even with health insurance, a hospital stay can mean big out-of-pocket costs and stress, especially if you have a high deductible health plan. If you receive covered hospital care and submit a claim, the Hospital Indemnity Protection Plan\* will pay you directly-in a single payment (lump sum). Use the money any way you choose. This plan gives you the extra financial help you need so you can focus on feeling better.



### Get a direct payment after hospital care.

Covered hospital expenses include:

- Hospital admission
- Hospital confinement
- Intensive Care Unit (ICU) confinement

For coverage details, see your official benefit plan documents, which include exclusions and limitations.



### Use the money any way you choose.

Use your payments for:

- Health plan deductible and other costs such as medications, rehabilitation and transportation.
- Bills and living expenses.
- Growing your savings account, even a health savings account (HSA).



### Enjoy an easier experience.

There is no deductible to meet to receive your payment:

- Simply submit a claim form with copies of your receipts for covered items.
- Call a claim specialist if you need help.



### Do you have a high deductible health plan?

Use your Hospital Indemnity funds to help pay your deductible or save it in a health savings account (HSA).

\*This plan is not a health plan. This plan provides a limited benefit. Benefit payments are not intended to cover the full cost of care.

# How the Hospital Indemnity plan added up to a big relief for Matt.\*

Matt had an accident and suffered head and shoulder injuries. He was taken to the hospital and admitted into the ICU.

Type of service	Matt's plan will pay
Matt's injuries required admission in the ICU for his head trauma.	<b>\$500</b> Hospital Admission (1 day)
He spent 2 additional days in ICU for treatment and observation.	<b>\$200</b> ICU Confinement (2 days)
Matt's shoulder ligaments required surgery. He was moved to a hospital room for recovery and released.	<b>\$400</b> Hospital Confinement (4 days)

After he submitted his Hospital Indemnity claim, Matt's plan paid him

**\$1,100**



Consider the financial protection you'll gain by enrolling in the Hospital Indemnity Protection Plan. Enroll now.

**UnitedHealthcare®**

\*This is an example. Amounts may differ depending on the plan offered by your employer.

This information does not replace your official plan documents. Please see your official plan documents for all coverage details, which includes limitations and exclusions.

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.

Facebook.com/UnitedHealthcare CJ Twitter.com/UHC @I Instagram.com/Un,edHealthcare C;J YouTube.com/UnitedHealthcare

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**McAllen Independent School District**  
**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>
<b>Benefits Payable</b>	<b>Voluntary Coverage</b>
Plan Design	HIPP HSA Plan
Coverage Level	Base + Enhanced
Pre-existing Conditions Exclusion	None
Waiver of Premium	Included
Portability	Included
<b>Plan Benefits</b>	
Hospital Admission <i>(1 day/plan year)</i>	\$500
Hospital Confinement <i>(up to 364 days/plan year)</i>	\$100
ICU Confinement <i>(up to 364 days/plan year)</i>	\$100
ICU Admission <i>(1 day/plan year)</i>	\$500
Emergency Room <i>(up to 4 days/plan year)</i>	\$100
<b>Additional Benefits</b>	
Wellness Benefit Rider	\$50, employee paid for employee and insured spouse.
<b>Monthly Rates</b>	
<b>Base + Enhanced Plan - Voluntary</b>	<b>Includes Rider</b>
Employee Only	\$6.20
With Spouse	\$11.47
With Children	\$10.83
With Spouse & Children	\$17.23

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.

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

## 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. childbirth occurring within the first 9 months of the Covered Person's [or Dependent's] Effective Date of insurance; Complications of Pregnancy are covered to the same extent as a Sickness;
16. mental and Nervous Disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this Policy;
17. 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
18. 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





## Protect yourself from the unexpected cost of an accident

Even with health insurance, an accidental injury can cost you thousands of dollars. Lost wages from missing work, health insurance deductibles and daily living expenses can create long-term financial problems. Accident insurance helps cover the added costs that you may face following an injury.

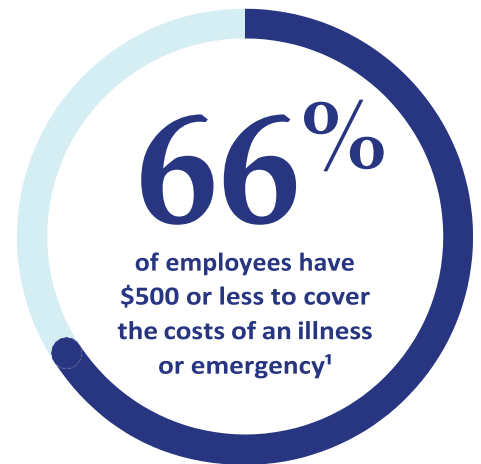
### The Accident Protection Plan supports your health plan

If you have a covered injury during the plan year and submit a claim, the Accident Protection Plan will pay you a cash benefit directly. Any payment you receive is in addition to the benefits your health plan gives you. Plus, you don't have to meet a deductible to receive the money—and you can use the money any way you want.

### A plan that covers more than 80 injuries and services

Here is a short list of injuries and services that may qualify for a benefit payment:

- Ambulance services
- Emergency room and urgent care
- Doctor visits
- Hospital admissions and stays
- Medical appliances (e.g., crutches, wheelchair, walker)
- Rehabilitation
- Burns
- Concussions
- Fractures/dislocations
- Lacerations (cuts)
- Prescriptions
- Organized sports injuries
- Lodging, travel and child care



## Faster payments are possible with a UnitedHealthcare health plan\*

If you have a health plan and accident plan from UnitedHealthcare®, a Benefit Assistant can help you get paid sooner. They may contact you and help you connect with a claims specialist to submit your accident claim quickly and easily.

### An accident plan may pay for itself

Here's an example: Matt was playing in his weekly men's softball league. As he slid into second base, he tore a knee ligament and broke a wrist. Even with his health plan, Matt had deductible expenses and had to miss some work. See how the Accident Protection Plan helped him.\*\*

Initial care/hospital care		Follow-up care/common injuries	
Ambulance (ground)	\$300	Diagnostic MRI exam	\$250
Emergency room visit	\$150	Wrist fracture treatment	\$800
<b>Total payment to Matt:</b>	<b>\$450</b>	Surgical ligament tear repair	\$600
		Knee immobilizer	\$225
		Follow-up physician visit	\$75
		Physical therapy sessions	\$270
		Organized sporting injury benefit	\$555
		<b>Total payment to Matt:</b>	<b>\$2,775</b>

**Matt receives a check for:**

**\$3,225**

He can use it for whatever he chooses.

**Enroll today**

Contact your UnitedHealthcare representative for more information

**United  
Healthcare**

The company does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities. We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

\* Benefit Assist is available at no additional cost to customers with 250+ employees and requires offering a UnitedHealthcare health plan with 1 or more UnitedHealthcare supplemental health plans. Benefit payments associated with the Benefit Assist program are subject to eligibility requirements and benefits outlined in your UnitedHealthcare policy. For more details, contact your UnitedHealthcare sales representative.

\*\* For illustrative purposes only. Example is based on a standard, mid-level plan design. Payment amounts may differ based on the plan available to you and the state in which you live.

<sup>1</sup> Report on the Economic Well-Being of U.S. Households in 2016. Board of Governors of Federal Reserve System. Washington, D.C. 2017.

THIS IS A LIMITED BENEFIT POLICY. This plan is not a health plan. This plan provides a limited benefit. Benefit payments are not intended to cover the full cost of care.

UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company on form UHI-ACC-POL (2018) et al., in Texas on form UHI-ACC-POL-TX (2018), and in Virginia on form UHI-ACC-POL-VA (2018). UnitedHealthcare Insurance Company is located in Hartford, CT.

# McAllen Independent School District TX

## Summary of Benefits Accident Protection Plan



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>
<b>Benefits Payable</b>	<b>Voluntary Coverage</b>
Plan Design	Off-the Job (Coverage is for accidents that happen off the job.)
Waiver of Premium	Included
Portability	Included
<b>Plan Benefits</b>	
<b>Accidental Death &amp; Dismemberment</b>	
Life	\$50,000
Both hands or both feet	\$50,000
One hand and one foot	\$50,000
One hand or one foot	\$25,000
Two or more fingers or toes	\$10,000
One finger or one toe	\$5,000
<b>Accidental Death Common Carrier</b>	
Life	\$200,000 (Child benefit 50% of employee/spouse)
<b>Initial Care</b>	
Ground Ambulance	\$300
Air Ambulance	\$1,500
Emergency Room Treatment	\$150
Physician Office/Urgent Care (per visit)	\$150
<b>Hospital Care</b>	
Hospital Admission	\$1,000
Hospital Confinement	\$250
Hospital ICU Admission	\$1,750
Hospital ICU Confinement	\$400
<b>Follow Up Care</b>	
Appliances Benefit	
- Wheelchair	\$150
- Knee Scooter	\$150
- Knee Immobilizer	\$150
- Lumbar Spine Brace	\$150
- Walking Boot	\$100
- Walker	\$100
- Crutches	\$100
- Leg Brace	\$100
- Cervical Collar	\$100
- Cane	\$100
- Ankle Brace	\$100
- Ankle Boot	\$100
- Air Cast	\$100
Follow up Physician Visit	\$100
Major Diagnostic Exam	\$163
Minor Diagnostic Exam	\$50
Prosthetic	
- One Device	\$500
- Two or More Devices	\$1,000
Rehabilitation Facility (per day/Up to 30 days)	\$100
Rehabilitation Therapy (per visit/up to 10 Visits)	\$25
<b>Common Injuries</b>	
Abdominal/Thoracic Surgery	
- Surgery to repair	\$1,500
- Exploratory without repair	\$150
Cranial Surgery	\$300
Eye Surgery	
- Removal of foreign body	\$150

- Surgical Repair	\$300
Hernia Surgery	\$300
Arthroscopic Surgery	\$300
Non-Specific Surgery	
- General Anesthesia	\$300
- Conscious Sedation	\$150
Tendon / Ligament / Shoulder Cartilage / Rotator Cuff / Knee Cartilage Surgery	
- Surgery to repair one	\$600
- Surgery to repair more than one	\$1,200
- Exploratory without repair	\$225
Blood/Plasma/Platelets	\$400
Burns	
- 2nd Degree (at least 36% of body surface)	\$1,000
- 3rd Degree (9 to 34 sq. inches)	\$4,000
- 3rd Degree (35 or more sq. inches)	\$15,000
	Skin Graft = 25% of burn benefit
Coma	\$10,000
Concussion	\$375
Lacerations	
- Greater Than 15 cm	\$600
- 5 cm - 15 cm	\$300
- Less Than 5 cm	\$150
- Not Requiring Sutures	\$50
Paralysis	
- Quadriplegia	\$15,000
- Hemiplegia	\$7,500
- Paraplegia	\$7,500
Ruptured / Herniated Disc	\$600
Emergency Dental Work	
- Crown(s)	\$300
- Extraction(s)	\$150
Medical Supplies / Over-the-counter(one time per plan year)	\$23
Family Child Daycare (per day up to 30 days)	\$45
Lodging (per day up to 30 days)	\$200
Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident)	\$400
Pain Management / Epidural (one time per covered accident)	\$150
<b>Fractures</b>	Open Reduction / Closed Reduction
- Skull (Depressed, except bones of face or nose)	\$7,500 / \$3,750
- Sternum	\$7,500 / \$3,750
- Hip, Thigh (Femur)	\$7,500 / \$3,750
- Skull (Simple, except bones of face or nose)	\$4,167 / \$2,083
- Leg (from top of tibia to ankle joint)	\$4,167 / \$2,083
- Pelvis (Excluding Coccyx)	\$4,167 / \$2,083
- Vertebrae (body of)	\$4,167 / \$2,083
- Sacral / Sacrum	\$1,500 / \$750
- Face or Nose (except teeth)	\$1,500 / \$750
- Upper Arm (Elbow to Shoulder)	\$1,500 / \$750
- Upper Jaw (except Alveolar process)	\$1,500 / \$750
- Ankle	\$1,500 / \$750
- Foot (except Toes)	\$1,500 / \$750
- Forearm, Hand, Wrist (except Fingers)	\$1,500 / \$750
- Kneecap	\$1,500 / \$750
- Lower Jaw (except Alveolar process)	\$1,500 / \$750

- Shoulder Blade or Collarbone	\$1,500 / \$750
- Vertebral Process	\$1,500 / \$750
- Coccyx	\$1,167 / \$583
- Finger or Toe	\$500 / \$250
	Chip Fractures: 25% of amounts shown for Closed Reduction
<b>Dislocations</b>	Open Reduction / Closed Reduction
- Hip	\$6,000 / \$3,000
- Elbow	\$1,200 / \$600
- Ankle	\$2,000 / \$1,000
- Collar Bone (Sternoclavicular)	\$1,200 / \$600
- Foot (except toes)	\$2,000 / \$1,000
- Hand	\$1,200 / \$600
- Knee Cap (Patella)	\$3,000 / \$1,500
- Lower Jaw	\$1,200 / \$600
- Shoulder Blade	\$1,200 / \$600
- Wrist	\$1,200 / \$600
- Collarbone (Acromioclavicular separation)	\$667 / \$333
- Finger or Toe	\$667 / \$333
<b>Organized Sporting Activity Injury</b>	Increases amounts payable under Follow Up Care and Common Injuries sections by 25% up to \$10,000
<b>Additional Benefits</b>	
Catastrophic Accident Benefit	
- Sight of both eyes	\$40,000
- Hearing in both ears	\$40,000
- Ability to speak	\$40,000
- Both hands or both feet	\$40,000
- Use of both arms or both legs	\$40,000
- One hand and one foot	\$40,000
- Use of one arm and one leg	\$40,000
<b>Monthly Rates</b>	
<b>Benefits+Rider(s) - Voluntary</b>	
Employee	\$5.38
Employee + Spouse	\$8.32
Employee + Child(ren)	\$11.01
Employee + Spouse + Child(ren)	\$16.54

Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.

UnitedHealthcare Accident Protection plan is provided by UnitedHealthcare Insurance Company on form UHI-ACC-POL (2018) et al., in Texas on form UHI-ACC-POL-TX (2018) and in Virginia on form UHI-ACC-POL-VA (2018). Please note: ACCIDENT PROTECTION 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. United Healthcare Insurance Company is located in Hartford, CT.

## Important Details

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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

The policy does not cover loss due to disease, bodily or mental infirmity; suicide or intentionally self-inflicted injury, participating in a riot or felony; war; drug use not prescribed by a physician; loss occurring while intoxicated or engaged in hazardous activities including any kind of air diving / gliding / bungee jumping, off road motor use or motor race, stunt driving or speed testing; travel in a private aircraft (or commercial except as a fare paying passenger on a flight with at least 15 seats); engaging in semi or professional sports. Injury on the job is only covered under the 24 hour option.\*

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the sponsoring employer, or no longer meets the specific eligibility requirements stated in the Policy, or the Policy terminates. The policy is renewable at the option of the company. See the policy for terms and periods related to continuation during approved leaves.\*

\*Some state variations may apply

## Exclusions and Limitations

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

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);
2. suicide or intentionally self-inflicted Injury;
3. active participation in a riot;
4. committing or attempting to commit a crime, or participating or attempting to participate in a crime;
5. taking part in the commission of an assault or being engaged in an illegal activity;
6. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for You by a Physician and taken as prescribed;
8. driving or in physical control of a Motor Vehicle while Intoxicated;
9. engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law;
10. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
11. travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
12. travel or flight in, or descent from any aircraft, except if employment duties require You to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
13. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received; or
14. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employers' Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule;
15. an Accident that occurs outside of the United States.

In addition to the exclusions shown above, no payment will be made for Treatment received outside of the United States.

## **Group Cancer 1000**

Colonial Life's Group Cancer 1000 insurance helps employees and their families maintain financial security in the event of a cancer diagnosis. There are two plan types (Base Plan only or Base Plan with Additional Benefits) and four levels of coverage. Employees will choose from two options you have selected.

In addition, employees have two optional riders available and can choose either Employee or Employee & Family coverage.

### **What this product can do for you**

- You can select from several levels and plan options to help meet the needs of a diverse employee base.
- This plan provides benefits for cancer/wellness screening tests, and early detection of cancer may decrease major medical claims.
- You can attract and retain employees by offering affordable supplemental insurance products that satisfy individual employee needs.
- You can provide a more comprehensive benefits program at no direct cost to you, unless you choose otherwise.
- If you are raising deductibles on employee health plans, cancer insurance can help employees offset these deductibles.

### **What this product can do for your employees**

- Cancer treatment is expensive and often lengthy. Colonial Life's cancer insurance helps employees pay for the costs associated with this disease.
- All eligible applicants in an account have the same premium, regardless of risk class or age.
- Your employees can choose from two choices of coverage and two riders to best fit their changing healthcare needs.
- By providing cancer/wellness screening benefits, this policy encourages employees to get regular exams that can detect cancer early and increase the probability of successful treatment.
- Employees receive benefits to use for the indirect, non-medical costs associated with cancer, such as lost wages and additional living expenses.

## Benefits

<b>Base Benefits</b>	<b>Level 2</b>	<b>Level 4</b>
Cancer Screening/Wellness Benefit, per calendar year	\$50	\$100
Hospital Confinement/Hospital Intensive Care Unit Confinement per day for first 30 days of hospital confinement in a calendar year	\$100	\$300
per day after first 30 days of hospital confinement in a calendar year	\$200	\$600
per day for hospital intensive care unit confinement	\$200	\$600
maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined		
Hospital Confinement/Hospital Intensive Care Unit Confinement in a US Government Hospital per day for first 30 days of hospital confinement in a calendar year	\$100	\$300
per day after first 30 days of hospital confinement in a calendar year	\$200	\$600
per day for hospital intensive care unit confinement	\$200	\$600
maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined		
Private Full-Time Nursing, per day	\$100	\$300
Radiation/Chemotherapy, per day	\$150	\$300
calendar year maximum	\$5,000	\$10,000
Antinausea Medication, per day	\$50	\$50
calendar year maximum	\$200	\$200
Blood/Plasma/Platelets/Immunoglobulins, per day	\$150	\$300
calendar year maximum	\$5,000	\$10,000
Supportive or Protective Care Drugs and Colony Stimulating Factors, per day	\$100	\$200
calendar year maximum	\$800	\$1,600
Bone Marrow Stem Cell Transplant, per lifetime	\$10,000	\$10,000
Peripheral Stem Cell Transplant, per lifetime	\$5,000	\$5,000
Transportation (per mile) up to 700 miles per round trip	\$0.40	\$0.40
Transportation for Companion (per mile) up to 700 miles per round trip	\$0.40	\$0.40
Lodging, per day, up to 70 days per calendar year	\$50	\$50
Surgical Procedures-Unit Value	\$30	\$90
maximum per procedure	\$1,500	\$4,500
Anesthesia		
General Anesthesia % of surgical procedure	25%	25%
local anesthesia per procedure	\$25	\$75

Proposal applicable to: AL, AR, DC, AK, AZ, DE, HI, IL, IN, KY, LA, MA, MI, MN, MO, MS, ND, NE, NM, OH, OK, OR, RI, SC, SD, TN, TX, VA, WY

PS00001



Second Medical Opinion, per malignant condition	\$300	\$300
Reconstructive Surgery-Unit Value	\$30	\$90
maximum per procedure including anesthesia, limit 2 per site	\$1,500	\$4,500
Outpatient Surgical Center, per day	\$250	\$750
calendar year maximum	\$750	\$2,250
Waiver of Premium	Yes	Yes
<b>Additional Benefits</b>		
Ambulance, per trip, limit 2 trips per confinement	\$100	\$100
Attending Physician, per day, max 180 days per calendar year	\$50	\$50
Experimental Treatment, per treatment	\$300	\$300
lifetime maximum	\$10,000	\$10,000
Hair, External Breast, Voice Box Prosthesis, per calendar year	\$200	\$200
Prosthesis, Artificial Limb per device, limit 1 per site, \$4,000 lifetime maximum	\$2,000	\$2,000
Skilled Nursing Care Facility, per day up to days confined	\$300	\$300
Hospice, per day, no lifetime limit	\$300	\$300
Home Health Care Services, per day, up to greater of 30 days/calendar year or 2x days confined	\$300	\$300

## Optional Riders

A choice of optional riders is available and can be purchased at an additional cost to provide extra coverage and benefits.

## Specified Disease

Pays up to \$125,000 during the insured's lifetime for covered specified diseases for any covered person in the following benefits:

- Hospital Confinement – up to \$300 per day, up to the lifetime limit.
- Ambulance - \$100 for each trip, up to the lifetime limit, to or from a hospital where confined.
- Attending Physician – up to \$50 per day, up to the lifetime limit, while confined to a hospital

## Initial Diagnosis

- Paid for the first diagnosis of internal (not skin) cancer.
- Available in \$1,000 units from \$1,000 - \$5,000
- Pays 1.5 times amount for children on family coverage.

## Features

- Benefits are paid directly to the insured unless they specify otherwise.
- Benefits are paid in addition to other insurance your employees may have with other insurance companies.
- Conversion privilege to individual cancer policy if certain criteria met.

Proposal applicable to: AL, AR, DC, AK, AZ, DE, HI, IL, IN, KY, LA, MA, MI, MN, MO, MS, ND, NE, NM, OH, OK, OR, RI, SC, SD, TN, TX, VA, WY

PS00001

- Group Cancer coverage offers innovative benefits to help address current treatment costs for the care of cancer.
- All eligible applicants in an account have the same premium, regardless of risk class or age.

## Eligibility Requirements

- Issue ages 17-70 for both the employee and spouse.
- The employee must be permanent, actively working at least 20 hours per week.
- The employee must be actively at work at the time of application.
- Dependent children (as defined in the policy).

## Participation Requirements

Participation plans vary based on account size:

- 50-99 eligible lives =100% (assumes 100% employer paid)
- 100-199 eligible lives =50%
- 200-999 eligible lives =20%
- 1,000 + eligible lives =15%

## Premium Information

- Premiums are based on plan type and level of coverage chosen.
- Premiums are not age banded.
- Premiums are unisex.
- Premiums are not based on occupational risk

## Definitions

**Pre-existing condition** means a sickness or physical condition for which any covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the effective date of coverage.

## What is Not Covered

- If cancer is not pathologically or clinically diagnosed until after death, we will pay benefits for the treatment of cancer or specified disease (if applicable) performed during a specified number of days before death (number of days will vary by state.)
- We will not pay the Reconstructive Surgery, Second Medical Opinion, Transportation, or Transportation for Companion benefits for skin cancer.
- Pre-existing conditions.

## **Guaranteed Issue Underwriting**

Colonial Life is pleased to offer our Group Cancer 1000 insurance on a guaranteed issue basis. Employee and family coverage will be guaranteed issue on group cancer during the initial enrollment if participation is met, and for new hires who apply within 31 days after satisfying their waiting period.

Employees who apply outside of this initial eligibility period are required to answer evidence of insurability questions.

## **Group Cancer**

**Account Name: McAllen Independent School District**

**Situs State: Texas**

### **Monthly Premiums**

	<b>Level 2 – Includes \$2,000 Initial Diagnosis and Specified Disease Rider</b>	<b>Level 4 – Includes \$4000 Initial Diagnosis and Specified Disease Rider</b>
<b>Employee</b>	<b>\$13.50</b>	<b>\$28.80</b>
<b>Family</b>	<b>\$22.45</b>	<b>\$47.80</b>

**Employee & Spouse Coverage – 17-70**

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*This information is only intended for proposal use with employers.*

*Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand. 2014 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210*

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**\$ 0** Per visit for you and your household

## **We treat over 50 routine medical conditions including:**

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- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Urinary Problems / UTI
- Vaginitis and more



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A fast and convenient way to receive medical care virtually via text, phone, or video



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Experience the Axis.Clinic approach with high quality and personalized care



### Easy Access

Platform available via mobile Apple and Android apps or web browser



### Patient-centric architecture

User-friendly dashboard to manage all virtual care interactions



### Convenient visit center






















End-to-end care coordination, scheduling and notifications



### Medical information

Using the highest security standard, only you decide who has access to your records

### Our services and what we treat

-  COVID-19
-  Flu (influenza virus)
-  Asthma & COPD exacerbation
-  Cough & bronchitis
-  Ear pain & infections
-  Sinus infections
-  Sore throat
-  Cold sores
-  Pink eye (conjunctivitis)
-  Seasonal allergies
-  Comprehensive medical review document
-  Medical advice or second opinions
-  Acne
-  Muscular sprains & pain
-  Nausea, vomiting & diarrhea
-  Headaches & migraines
-  Urinary tract infections
-  Yeast infections
-  Common cold
-  Medication refills
-  Skin rashes & bug bites
-  Bacterial vaginosis
-  Sexually transmitted diseases (STDs)



Visit us online at [axis.clinic](https://axis.clinic) or download our app





Axis.Clinic lets you talk with a doctor whenever it's most convenient for you giving you and your family 24/7 access to state-licensed, board-certified doctors.

**You can activate using the email link sent to your school email on June 1st!**

**OR**

**Use the steps below!**



**You can also use the service without pre-registering!  
Call the phone number when you are ready for a consult.**

**1-844-984-2947 (AXIS)**



**Activate your account without an email link.**

- Go to *axis.clinic/start*
- If you do not have the code from your email or you are registering your spouse or dependent over 18, click "REQUEST NEW ACTIVATION CODE".
- Enter the INVITE PIN: **McAllen2022**
- You will be shown a New Activation Code that you can copy and paste at *axis.clinic/start*
- Employees can use this feature for all eligible patients in their households.



**Pediatric Consultations for your children.**

- For pediatric consults (under 18 years) call 1-844-984-2947 (AXIS). You do not need to schedule this. You can call at the time of service you need. The wait times is around 1-3 minutes!

# Get discounts on health and wellness services



**Attend a 1-to-1 counseling session with your Colonial Life benefits counselor to receive a complimentary WellCard.**

Present WellCard at any participating doctor's office or pharmacy to start saving money.

## WellCard could save you and your family money on:

- Doctor's office visits
- Prescription drugs
- Vision and hearing products and services
- Lab work, MRI and PET scans
- Vitamins and daily living products

## Plus, gain access to the following:

- 24/7 doctor consultations by phone
- Medical bill help
- Cash rewards and entertainment benefits

Visit [WellCardSavings.com](http://WellCardSavings.com) for more information on each of the products and services.

WellCard is not insurance and is not intended to replace insurance. Discounts are only available at participating pharmacies and providers. Void where prohibited by law.

Services must be paid for at the time rendered to obtain discounts. Discount Medical Plan Organization is AccessOne Consumer Health, Inc. 84 Villa Rd Greenville, SC 29615 [www.AccessOnedmpo.com](http://www.AccessOnedmpo.com)

[ColonialLife.com](http://ColonialLife.com)

# WOW!

## Life insurance you can keep!

purelife-plus



**You own it**



**You can take it with you  
when you change jobs or retire<sup>1</sup>**



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



**You can cover your spouse, children  
and grandchildren, too<sup>2</sup>**



**You can get a living benefit if you  
become terminally ill<sup>3</sup>**



**It's affordable**



**You can qualify by answering just  
3 questions - no exam or needles**

1. As long as necessary premiums are paid.
2. Coverage not available on children and grandchildren in Washington.
3. Conditions apply.

Flexible Premium Life Insurance to age 121. Policy Form PRFNG-NI-10.  
Some limitations apply. See the PureLife-plus brochure for details.  
Texas Life is licensed to do business in the District of Columbia and  
every state but New York. PureLife-plus is not available in NJ or PA.

18M024-C1121 (exp1219)

**TEXASLIFE** INSURANCE  
COMPANY

72 Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830



# Life insurance you can keep!

Life insurance can be an ideal way to provide money for your family when they need it most. PureLife-plus offers permanent insurance with a high death benefit and long guarantees that can provide financial peace of mind for you and your loved ones. PureLife-plus is an ideal complement to any group term and optional term life insurance your employer might provide and features the following highlights:

**purelife-plus**



**You own it**



**It's Affordable**



**You pay for it through convenient payroll deductions**



**You can get a living benefit if you become terminally ill<sup>2</sup>**



**You can take it with you when you change jobs or retire<sup>1</sup>**



**You can cover your spouse, children and grandchildren, too<sup>3</sup>**

**3**

**QUICK QUESTIONS**

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

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

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

1. As long as necessary premiums are paid.

2. Conditions apply.

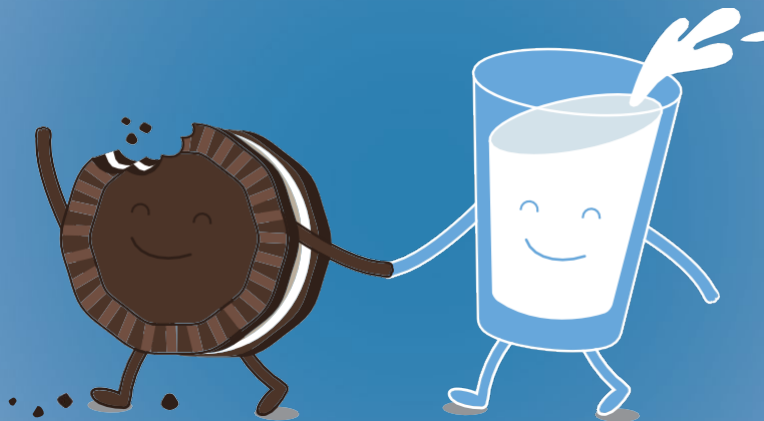
3. Coverage not available on children and grandchildren in Washington.

# The Perfect Pair

## Term and Permanent Life Insurance

They go together like...

purelife-plus



- People need term life insurance to cover immediate needs.
- People need individual permanent life insurance to cover longer term needs, especially those after retirement.
- Your employer is making it easy for you to apply for permanent life insurance in this open application period.
- Apply for permanent coverage based on the answers to just 3 work- and health-related questions with Express Issue underwriting.
- You may apply for coverage on your spouse/domestic partner, children and grandchildren on the same underwriting basis.<sup>1</sup>
- All full-time employees are eligible to apply (unless you've previously applied and been declined coverage).
- Pay through the convenience of payroll deduction.

### 3 QUICK QUESTIONS

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

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

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

1. Coverage not available for children and grandchildren in Washington.

Flexible Premium Life Insurance to age 121. Policy Form PRFNG-NI-10. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York. PureLife-plus is not available in NJ or PA.

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1			9.25							81
2-4			9.50							80
5-8			9.75							79
9-10			10.00							79
11-16			10.25							77
17-20			12.25	18.25	22.25	32.25	42.25	52.25	62.25	75
21-22			12.50	18.65	22.75	33.00	43.25	53.50	63.75	74
23			12.75	19.05	23.25	33.75	44.25	54.75	65.25	75
24-25			13.00	19.45	23.75	34.50	45.25	56.00	66.75	74
26			13.50	20.25	24.75	36.00	47.25	58.50	69.75	75
27-28			13.75	20.65	25.25	36.75	48.25	59.75	71.25	74
29			14.00	21.05	25.75	37.50	49.25	61.00	72.75	74
30-31			14.25	21.45	26.25	38.25	50.25	62.25	74.25	73
32			15.00	22.65	27.75	40.50	53.25	66.00	78.75	74
33			15.50	23.45	28.75	42.00	55.25	68.50	81.75	74
34			16.25	24.65	30.25	44.25	58.25	72.25	86.25	75
35		11.25	17.25	26.25	32.25	47.25	62.25	77.25	92.25	76
36		11.55	17.75	27.05	33.25	48.75	64.25	79.75	95.25	76
37		12.00	18.50	28.25	34.75	51.00	67.25	83.50	99.75	77
38		12.45	19.25	29.45	36.25	53.25	70.25	87.25	104.25	77
39		13.20	20.50	31.45	38.75	57.00	75.25	93.50	111.75	78
40	10.05	13.95	21.75	33.45	41.25	60.75	80.25	99.75	119.25	79
41	10.75	15.00	23.50	36.25	44.75	66.00	87.25	108.50	129.75	80
42	11.55	16.20	25.50	39.45	48.75	72.00	95.25	118.50	141.75	81
43	12.25	17.25	27.25	42.25	52.25	77.25	102.25	127.25	152.25	82
44	12.95	18.30	29.00	45.05	55.75	82.50	109.25	136.00	162.75	83
45	13.65	19.35	30.75	47.85	59.25	87.75	116.25	144.75	173.25	83
46	14.45	20.55	32.75	51.05	63.25	93.75	124.25	154.75	185.25	84
47	15.15	21.60	34.50	53.85	66.75	99.00	131.25	163.50	195.75	84
48	15.85	22.65	36.25	56.65	70.25	104.25	138.25	172.25	206.25	85
49	16.75	24.00	38.50	60.25	74.75	111.00	147.25	183.50	219.75	85
50	17.75	25.50	41.00	64.25	79.75	118.50				86
51	18.95	27.30	44.00	69.05	85.75	127.50				87
52	20.25	29.25	47.25	74.25	92.25	137.25				88
53	21.25	30.75	49.75	78.25	97.25	144.75				88
54	22.25	32.25	52.25	82.25	102.25	152.25				88
55	23.35	33.90	55.00	86.65	107.75	160.50				89
56	24.35	35.40	57.50	90.65	112.75	168.00				89
57	25.55	37.20	60.50	95.45	118.75	177.00				89
58	26.65	38.85	63.25	99.85	124.25	185.25				89
59	27.85	40.65	66.25	104.65	130.25	194.25				89
60	28.55	41.70	68.00	107.45	133.75	199.50				90
61	29.85	43.65	71.25	112.65	140.25	209.25				90
62	31.45	46.05	75.25	119.05	148.25	221.25				90
63	33.05	48.45	79.25	125.45	156.25	233.25				90
64	34.75	51.00	83.50	132.25	164.75	246.00				90
65	36.65	53.85	88.25	139.85	174.25	260.25				90
66	38.75									90
67	41.05									91
68	43.55									91
69	46.05									91
70	48.65									91

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1										81
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5-8										79
9-10										79
11-16										77
17-20			17.25	26.25	32.25	47.25	62.25	77.25	92.25	71
21-22			18.00	27.45	33.75	49.50	65.25	81.00	96.75	71
23			18.75	28.65	35.25	51.75	68.25	84.75	101.25	72
24-25			19.25	29.45	36.25	53.25	70.25	87.25	104.25	71
26			19.75	30.25	37.25	54.75	72.25	89.75	107.25	72
27-28			20.25	31.05	38.25	56.25	74.25	92.25	110.25	71
29			20.50	31.45	38.75	57.00	75.25	93.50	111.75	71
30-31			23.00	35.45	43.75	64.50	85.25	106.00	126.75	72
32			23.75	36.65	45.25	66.75	88.25	109.75	131.25	72
33			24.00	37.05	45.75	67.50	89.25	111.00	132.75	72
34			24.25	37.45	46.25	68.25	90.25	112.25	134.25	71
35		16.50	26.00	40.25	49.75	73.50	97.25	121.00	144.75	72
36		16.95	26.75	41.45	51.25	75.75	100.25	124.75	149.25	72
37		18.00	28.50	44.25	54.75	81.00	107.25	133.50	159.75	73
38		18.45	29.25	45.45	56.25	83.25	110.25	137.25	164.25	73
39		19.65	31.25	48.65	60.25	89.25	118.25	147.25	176.25	74
40	14.95	21.30	34.00	53.05	65.75	97.50	129.25	161.00	192.75	76
41	15.85	22.65	36.25	56.65	70.25	104.25	138.25	172.25	206.25	77
42	16.95	24.30	39.00	61.05	75.75	112.50	149.25	186.00	222.75	78
43	18.35	26.40	42.50	66.65	82.75	123.00	163.25	203.50	243.75	80
44	19.05	27.45	44.25	69.45	86.25	128.25	170.25	212.25	254.25	80
45	20.05	28.95	46.75	73.45	91.25	135.75	180.25	224.75	269.25	81
46	20.85	30.15	48.75	76.65	95.25	141.75	188.25	234.75	281.25	81
47	21.85	31.65	51.25	80.65	100.25	149.25	198.25	247.25	296.25	82
48	22.75	33.00	53.50	84.25	104.75	156.00	207.25	258.50	309.75	82
49	24.05	34.95	56.75	89.45	111.25	165.75	220.25	274.75	329.25	83
50	25.15	36.60	59.50	93.85	116.75	174.00				83
51	26.25	38.25	62.25	98.25	122.25	182.25				83
52	27.85	40.65	66.25	104.65	130.25	194.25				84
53	29.25	42.75	69.75	110.25	137.25	204.75				85
54	30.55	44.70	73.00	115.45	143.75	214.50				85
55	31.95	46.80	76.50	121.05	150.75	225.00				85
56	33.55	49.20	80.50	127.45	158.75	237.00				85
57	35.15	51.60	84.50	133.85	166.75	249.00				86
58	36.85	54.15	88.75	140.65	175.25	261.75				86
59	38.55	56.70	93.00	147.45	183.75	274.50				86
60	39.55	58.20	95.50	151.45	188.75	282.00				86
61	41.85	61.65	101.25	160.65	200.25	299.25				86
62	44.05	64.95	106.75	169.45	211.25	315.75				87
63	46.25	68.25	112.25	178.25	222.25	332.25				87
64	48.45	71.55	117.75	187.05	233.25	348.75				87
65	50.85	75.15	123.75	196.65	245.25	366.75				87
66	53.45									88
67	56.25									88
68	59.15									88
69	62.25									88
70	65.55									89

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



# Retirement Plan Options

## EMPLOYEE RETIREMENT BENEFIT

Research shows that Americans are living longer and their number of years in retirement is increasing. While your TRS pension may be enough to cover expenses during your initial retirement years, the reduced monthly income may not be sufficient for costly factors such as medical bills, taxes, and your desired standard of living. Contributing to a retirement savings plan can help supplement your pension during retirement.

Choosing to save with a 457(b) and/or a 403(b) allows you to save money in a pre-tax (Traditional) or after-tax (Roth) account. Contributions to the plan are salary-deducted from your paycheck and automatically deposited into your account. You may start and stop contributions at any time.

### 457(b) Savings Plan

- Employer-sponsored plan with fiduciary oversight by TCG Advisors and a committee of Superintendents/CFO's.
- High-quality, low fee investment options
- No commissions.
- No federal penalties to withdraw funds from account. Income tax still applies.
- Choose between target date funds, risk-based portfolios, or self-directed mutual funds.

### 403(b) Savings Plan

- Multi-vendor plan. You must research from a list of 50+ vendors and decide the best fit for you.
- Fees and investments vary per vendor.
- Commissions vary per vendor.
- 10% early withdrawal penalty (goes away at age 59 1/2 or age 55 if retired).
- Investment options vary by vendor, including fixed/variable annuities and mutual funds.

## 2022 Annual Contribution Limits

In 2022, you can contribute 100 percent of your compensation up to \$20,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,500 for a total of \$27,000. You may simultaneously contribute to both 403(b) and 457(b) plans.

**Get started at [www.region10rams.org](http://www.region10rams.org)**

Enrollment assistance is available at [www.region10rams.org/telewealth](http://www.region10rams.org/telewealth) or by calling the Enrollment Hotline at 512-600-5204.





## Registration Instructions

### 457(b) Enrollment Instructions

1. Start at [www.region10rams.org/enroll](http://www.region10rams.org/enroll).
2. Enter the name of your employer and choose the **457(b) Savings Plan**.
3. Follow the steps on screen to select your salary contribution and investment options. Don't forget to designate an account beneficiary.

Note: If you're unsure about which investment option to select, please contact us using the information below.

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

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### 403(b) Enrollment Instructions

There are two steps in establishing your 403(b) account. First, you must research and choose a company from a list of 403(b) Approved Vendors. They will hold your money and investments. TCG is the plan administrator for the account and will manage your salary contributions, loans, distributions, etc. You must create two accounts as detailed below.

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

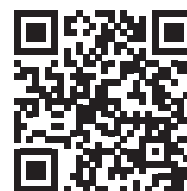
1. Visit [www.region10rams.org/documents](http://www.region10rams.org/documents).
2. Find your employer and open the **403(b) Approved Vendor List**.
3. Evaluate and **contact a vendor** on the list and contact them directly to establish your retirement account.

#### Step Two: Set up your RAMS account

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

**Get started at [www.region10rams.org](http://www.region10rams.org)**

Enrollment assistance is available at [www.region10rams.org/telewealth](http://www.region10rams.org/telewealth) or by calling the Enrollment Hotline at 512-600-5204.



## How Much Can I Save with an FSA?

	FSA	No FSA
Annual Taxable Income	\$24,000	\$24,000
Health FSA	\$1,500	\$0
Dependent Care FSA	\$1,500	\$0
Total Pre-tax Contributions	-\$3,000	\$0
Taxable Income after FSA	\$21,000	\$24,000
Income Taxes	-\$6,300	-\$7,200
After-tax Income	\$14,700	\$16,800
After-tax Health and Welfare Expenses	\$0	-\$3,000
Take-home Pay	\$14,700	\$13,800
<b>You Saved</b>	<b>\$900</b>	<b>\$0</b>

Help Make Medical Costs Painless.

Visit [fsa.nbsbenefits.com](http://fsa.nbsbenefits.com) for more info or call one of our Benefit Specialists at **800-274-0503**



Salt Lake City, UT - Headquarters  
 Dallas, TX | San Diego, CA | Honolulu, HI  
 800-274-0503  
[fsa@nbsbenefits.com](mailto:fsa@nbsbenefits.com) | [www.nbsbenefits.com](http://www.nbsbenefits.com)

## What is a Flexible Spending Account (FSA)?



# Flexible Spending Account (FSA)

## Two Types of FSAs

To take advantage of a health FSA, start by choosing an annual election amount. This amount will be available on day one of your plan year for eligible medical expenses.

Payroll deductions will then be made throughout the plan year to fund your account.

A dependent care FSA works differently than a health FSA. Money only becomes available as it is contributed and can only be used for dependent care expenses.

Both are pre-tax benefits your employer offers through a cafeteria plan. Choose one or both — whichever is right for you.

## What is a Cafeteria Plan?

A cafeteria plan enables you to save money on group insurance, healthcare expenses, and dependent care expenses. Your contributions are deducted from your paycheck by your employer before taxes are withheld. These deductions lower your taxable income which can save you up to 35% on income taxes!

# Partial List of Eligible Expenses:

- ✓ Medical/Dental/Vision Copays and Deductibles
- ✓ Prescription Drugs
- ✓ Physical Therapy
- ✓ Chiropractor
- ✓ First-Aid Supplies
- ✓ Lab Fees
- ✓ Psychiatrist/Psychologist
- ✓ Vaccinations
- ✓ Dental Work/Orthodontia
- ✓ Eye Exams
- ✓ Laser Eye Surgery
- ✓ Eyeglasses, Contact Lenses, Lens Solution
- ✓ OTC Medication
- ✓ Menstrual Care Products



## Enrollment Consideration

After the enrollment period ends, you may increase, decrease, or stop your contribution only when you experience a qualifying “change of status” (e.g. marriage, divorce, employment change, dependent change).

Be conservative in the total amount you elect to avoid forfeiting money at the end of the plan year.

# How to Spend

## Spending is easy

Our convenient NBS Smart Card allows you to avoid out-of-pocket expenses, cumbersome claim forms and reimbursement delays. You may also utilize the “pay a provider” option on our web portal.



## Account access is easy

Get account information from our easy-to-use online portal and mobile app. See your account balance, contributions and account history in real time.

## Life's not always flexible, but your money can be.

From baby care to pain relief, shop the largest selection of guaranteed FSA-eligible products with zero guesswork at FSA Store. Is your health need FSA-eligible? Find out using our comprehensive **Eligibility List**.

**Get \$10 off** using code **NBS1819**.

Shop FSA Store at [fsastore.com/nbs](https://fsastore.com/nbs)





# Be fully prepared and confident with Legal Benefits

Legal Benefits Plan proudly  
offered to the employees of  
McAllen ISD



Protect your family's future  
with LegalEASE.

LegalEASE offers valuable benefits  
to shield your family and savings from  
unexpected personal legal issues.

What you get with a  
LegalEASE plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In- and out-of-network coverage
- Concierge help navigating common individual or family legal issues

Enroll in the LegalEASE  
Benefits Plan.

To learn more:

Call: 1(800) 248-9000

Visit: [www.legaleaseplan.com/mcallenisd](http://www.legaleaseplan.com/mcallenisd)



# A legal benefits plan can ease the biggest stresses - finding and paying for legal expertise when you need it most.

LegalEASE offers a benefits plan that provides support and protection from unexpected personal legal issues.

## Plan Options:

<p><b>Option 1: Employee Only Coverage</b> \$14.01 monthly, via payroll deduction</p>	<p><b>Who's covered:</b></p>	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Employee</div>			
<p><b>Option 2: Employee + Family</b> \$17.98 monthly, via payroll deduction</p>	<p><b>Who's covered:</b></p>	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Employee</div>	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Spouse</div>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Dependent Children</b> Up to age 26         </div>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Parents</b> Elder Benefits designed for Plan member's and Spouse's parents         </div>

## The value of a LegalEASE benefits plan.

Being a member saves costly legal fees and provides coverage for:



### HOME & RESIDENTIAL

Purchase of Primary Residence, Sale of Primary Residence, Refinancing of Primary Residence, First Time Home-Buyer, Vacation or Investment Home Sale/ Purchase/Refinancing, Home Equity Loan Assistance, Property Tax Assessment, Tenant Dispute, Tenant Security Deposit Dispute, Landlord Dispute with Tenant, Security Deposit Dispute with Tenant, Construction Defect Dispute, Neighbor Dispute, Noise Reduction Dispute, Boundary or Title Dispute, Zoning Application, Foreclosure



### FINANCIAL & CONSUMER

Debt Collection: Pre-litigation Defense & Trial Defense, Bankruptcy (Chapter 7 or 13), Tax Audits, Student Loan Refinancing/Collection Defense, Document Preparation, Consumer Dispute, Small Claims Court, Financial Advisor, Mail Order or Internet Purchase Dispute, Bank Fee Dispute, Cell Phone Contract Dispute, Warranty Dispute, Healthcare Coverage Disputes and Records, Identity Theft Defense



### AUTO & TRAFFIC

Traffic Ticket, Serious Traffic Matters (Resulting in Suspension or Revocation of License), Administrative Proceeding (Regarding Suspension or Revocation of License), First-time Vehicle Buyer, Vehicle Repair and Lemon Law Litigation, DUI/DWI Defense



### FAMILY

Separation, Divorce, Post-Divorce Proceedings, Prenuptial Agreement, Name Change, Surrogacy Representation, Guardianship/Conservatorship, Adoptions, Protection from Domestic Violence, Juvenile Court Proceedings, School Administrative Proceeding, Immigration Assistance, Elder Law



### ESTATE PLANNING & WILLS

Will or Codicil, Living Will, Health Care Power of Attorney, Living Trust Document, Probate of Small Estate



### GENERAL

Civil Litigation Defense, Incompetency Defense, Initial Law Office Consultation, Review of Simple Documents, Discounted Contingency Fees, Mediation, Misdemeanor Defense, Identity Theft Assistance

Limitations apply. Please visit <https://www.legaleaseplan.com/mcallenisd> for specific plan benefits.



**For more information, visit:**

<https://www.legaleaseplan.com/mcallenisd>



**To learn more, call:**

1(800) 248-9000 and reference "McAllen ISD"



Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states, but is available in all states. Underwritten by Virginia Surety Company in all states except where underwriting is not required but the product is available. Please contact LegalEASE for complete details.

FREE!

# LegalEASE Financial Well-Being

## FREE Financial Resources through KOFE!

### Free Financial Resources for you and your Family

LegalEASE has partnered with KOFE to bring you financial resources through our Legal Corner site. KOFE offers a wide range of resources including interactive financial help articles, financial publications, education videos, podcasts, games, activities, webinars, financial calculators and more! To access all of these resources, please visit <https://legalcorner.legaleaseplan.com/>

### Some of the Financial Resources Available Include:

#### Online

- Video library
- Financial publications
- Budgeting tools
- 50+ financial related infographics
- Live chat financial coaching
- Spanish online tools

#### Additional Support

- Counseling for debt and repayment options
- Guidance with improving your credit score
- Guidance with improving your credit score
- Advice and education for first time home-buyers
- Reverse mortgage counseling



#### Seminars and Webinars

- Face-to-face coaching\*
  - Live webinars
- \*Depends on geographic location

#### Certified Financial Coaching

- Coaching
- Personalized one-on-one interaction with certified counselors
- Toll-free phone and live chat online access
- Coaches can help with:
  - Budget and credit questions
  - Debt resolution strategies
  - Credit report reviews
  - Foreclosure prevention

### Access KOFE through our Legal Corner Site

To access all of these resources, please visit <https://legalcorner.legaleaseplan.com/>, login and click on the "Financial Counseling" tab to get started.



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**Peace of Mind -  
Available 24/7 Through Your EAP**

**Call your EAP today for confidential around-the-clock assistance for all of life’s challenges. Our qualified professionals are here to help.**

<b>Work</b>	<b>Family</b>	<b>Personal</b>	<b>Financial</b>	<b>Legal</b>
Change management	Parenting/ divorce and parenting	Stress/tension	Couples/marriage and money	Separation and divorce
Time management	College planning	Grief and loss	Budgeting	Estate law
Dealing with difficult people	Blended and step families	Depression, anxiety	Buying or selling a home	Advance directives and living wills
Effective communication	Military families	Substance abuse and recovery	Retirement planning	Adoption
Job stress and burnout	Domestic violence	Relocation and moving	Bankruptcy and credit	Child and spousal support issues
Career development	Referrals for child, adult and elder care services	Health and wellness/ coping with a chronic illness	Saving and investing for college	Free online simple will creation
Workplace violence	Balancing work and home life	Daily living referrals i.e. pet sitters, travel planning, repairs	Estate planning	Foreclosure



**(866) 327-2400**



**eap@deeroaks.com**

**www.deeroakseap.com**

## Directory of Carriers and Contact Information

### **Blue Cross Blue Shield – Medical Insurance**

Website: [www.bcbstx.com](http://www.bcbstx.com)

Customer Service: 800-521-2227

### **Davis Vision Insurance**

Website: [metlife.com/mybenefits](http://metlife.com/mybenefits)

Customer Service: 833-393-5433

### **AFLAC – Group Disability and Group Life**

Website: <https://mygrouplifedisability.aflac.com/e/s/>

Customer Service: 800-206-8826

### **Colonial Life Insurance – Cancer**

Website: [www.coloniallife.com](http://www.coloniallife.com)

Customer Service: 800-325-4368

### **Texas Life Insurance**

Website: [www.texaslife.com](http://www.texaslife.com)

Customer Service: 800-283-9233

### **National Benefits Services – FSA Administration**

Website: [www.nbsbenefits.com/employers/health-welfare-benefits](http://www.nbsbenefits.com/employers/health-welfare-benefits)

Customer Service: 800-274-0503

### **LegaleASE**

Website: <https://www.legaleaseplan.com/mcallenisd>

Customer Service: 1-800-248-9000 Reference: McAllen ISD

### **Humana Dental**

Website: [humana.com](http://humana.com)

Customer Service: 800-233-4013

### **United Health Care - Accident & Hospital Indemnity**

Website: [employerservices.com](http://employerservices.com)

Customer Service: 800-651-5465