



Employee Insurance Benefits Booklet

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Directory of Agents

Agents of Record – You may contact any of the Agencies below with any questions or claims, regarding any product with any insurance carrier. We are here to support you!

Jeff Everitt & Associates, Inc.

Address: 901 S. Texas Blvd.

Weslaco, TX 78596

Phone: (956) 968-5954

Email: araceli@jeinsurance.com



Ortegon Insurance Agency, LLC.

Address: 505 S. Texas Blvd.

Weslaco, TX 78596

Phone: (956) 373-1109

Email: Ortegon@ortegonagency.com



Tamez Financial Group, LLC.

Address: 1022 S. Texas Blvd.

Weslaco, TX 78596

Phone: (956) 973-1904

Email: tamezfg@tfg.group



Carriers and Contact Information

Information regarding how to contact each respective Insurance Carrier is below:

BCBS – Medical / Vision / Term Life / AD&D

Website: www.bcbstx.com

Customer Service – 800-451-0287

Met Life - Dental

Website:

<https://www.metlife.com/insurance/dental-insurance/>

Customer Service – 800-942-0854

Allstate – Whole Life

Customer Service - 800-521-3535

Email: AB-CustomerCare@allstate.com

New York Life - Disability

Customer Service and Claims

800-362-4462

United Healthcare – Accident and Hospital Indemnity

Website: www.myuhc.com

Customer Service – 888-299-2070

Colonial Life - Cancer

Website: www.coloniallife.com

Customer Service – 800-369-3809

Voya – Critical Illness

Website:

<https://presents.voya.com/EBRC/FileAClaim/WISD>

Customer Service – 877-236-7564

NBS Benefits – Health FSA and Dependent Care FSA

Website: my.nbsbenefits.com

Customer Service – 800-274-0503



Weslaco ISD Benefits Medical Benefits 2023-2024



Medical Plan Summary
Effective September 1, 2023

Group Number 215172

| Carrier | Current BCBS | | | | | |
|---------------------------------------|---------------|----------------|---------------|----------------|---------------|----------------|
| Network | BlueChoice | | BlueChoice | | BlueChoice | |
| Plan Design | PPO - BASE | | PPO - HIGH | | PPO - STATE | |
| Benefit Summary | | | | | | |
| Lifetime Maximum | Unlimited | | Unlimited | | Unlimited | |
| Deductible | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Per Admission Copay | \$250 | \$250 | \$250 | \$250 | \$250 | \$250 |
| Individual | \$750 | \$1,000 | \$450 | \$750 | \$250 | \$500 |
| Family | \$2,250 | \$3,000 | \$1,350 | \$2,250 | \$750 | \$1,500 |
| Coinsurance (Plan Pays/EE Pays) | 70% / 30% | 50% / 50% | 80% / 20% | 60% / 40% | 90% / 10% | 70% / 30% |
| Out of Pocket Maximum | | | | | | |
| Individual | \$3,500 | \$4,500 | \$1,500 | \$2,500 | \$1,000 | \$2,000 |
| Family | \$10,450 | \$13,500 | \$4,500 | \$7,500 | \$3,000 | \$6,000 |
| Office Visit Copay | | | | | | |
| Preventive | \$0 | | \$0 | | \$0 | |
| PCP | \$15 | | \$15 | | \$15 | |
| Specialist | \$25 | | \$25 | | \$25 | |
| Emergency Room | | | | | | |
| Facility Charges | \$250 | | \$250 | | \$250 | |
| Urgent Care | | | | | | |
| Facility Charges | \$45 | | \$45 | | \$45 | |
| Certain Diagnostic Procedures | 70% / 30% | 50% / 50% | 80% / 20% | 60% / 40% | 90% 10% | 70% /30% |
| Prescription Drug Copays (In Network) | | | | | | |
| Retail (30 days) | Generic | \$10 | Generic | \$10 | Generic | \$10 |
| | Preferred | \$30 | Preferred | \$30 | Preferred | \$30 |
| | Non-Preferred | \$50 | Non-Preferred | \$50 | Non-Preferred | \$50 |
| Retail (90 days) | 2x | | 2x | | 2x | |
| Cost Summary | PPO - BASE | | PPO - HIGH | | PPO - STATE | |
| Employee only | \$28.76 | | \$134.56 | | \$198.96 | |
| Employee /Child | \$232.30 | | \$336.96 | | \$463.46 | |
| Employee/Children | \$426.66 | | \$636.00 | | \$877.46 | |
| Employee/Spouse | \$514.00 | | \$755.56 | | \$1,008.56 | |
| Employee/Family | \$868.24 | | \$1,116.66 | | \$1,620.36 | |

NO Out-Of-Network Prescription drug benefits

Dental Insurance

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



Network: PDP / PDP Plus

DENTAL PLAN SUMMARY

| | Plan option 1 Base Plan | | Plan option 2 High Plan | |
|--|--|--|--|---|
| | In-Network ¹ % of Negotiated Fee ² | Out-of-Network ¹ % of Maximum Allowable Charge* | In-Network ¹ % of Negotiated Fee ² | Out-of-Network ¹ 90% of R&C Fee** |
| Coverage Type | | | | |
| Type A: Preventive (cleanings, exams, X-rays) | 100% | 100% | 100% | 100% |
| Type B: Basic Restorative (fillings, simple extractions) | 50% | 50% | 80% | 80% |
| Type C: Major Restorative (bridges, dentures) | 25% | 25% | 50% | 50% |
| Type D: Orthodontia | Not Covered | Not Covered | 50% | 50% |
| Deductible† | | | | |
| Individual | \$100 | \$100 | \$75 | \$75 |
| Family | \$300 | \$300 | \$225 | \$225 |
| Annual Maximum Benefit | | | | |
| Per Person | \$750 | \$750 | \$1,250 | \$1,250 |
| Orthodontia Lifetime Maximum | | | | |
| Per Person*** | Not Covered | Not Covered | \$1,500 | \$1,500 |

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

¹ "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

² Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

*Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

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

†Applies only to Type B & C Services.

***Orthodontia available for adults and dependent children up to age 26 on High Plan only.

Employee Dental Plan -MetLife

Base Dental Plan

| | |
|---------------------|----------|
| Employee Only | \$0 |
| Employee & Children | \$ 20.46 |
| Employee & Spouse | \$20.46 |
| Employee & Family | \$31.58 |

High Dental Plan

| | |
|---------------------|---------|
| Employee Only | \$21.72 |
| Employee & Children | \$46.82 |
| Employee & Spouse | \$46.82 |
| Employee & Family | \$73.06 |



Summary of Vision Benefits

Weslaco Independent School District



| Frequency | | |
|--|---|-------------------------------|
| Examination | Once every 12 months | |
| Lenses or contact lenses | Once every 12 months | |
| Frame | Once every 24 months | |
| Contact lens eval/fitting | N/A | |
| Vision Care Services | In-Network Member Cost | Out-of-Network Reimbursement* |
| Exam with dilation as necessary | \$10 copay | Up to \$35 |
| Retinal Imaging | \$39 | N/A |
| Contact lens fit and follow-up | Up to \$40 for standard; 10% off retail price for premium | N/A |
| Frames | | |
| Any available frame at provider location | \$0 copay, \$150 allowance, 20% off balance over \$150 | Up to \$45 |
| Standard Lenses | | |
| Single vision | \$10 copay | Up to \$40 |
| Bifocal | \$10 copay | Up to \$60 |
| Trifocal | \$10 copay | Up to \$80 |
| Lenticular | \$10 copay | Up to \$80 |
| Standard progressive lens | \$75 copay | Up to \$80 |
| Premium progressive lens | See table on page 2. | Up to \$80 |
| Lens Options | | |
| Tint (solid and gradient) | \$15 | N/A |
| Scratch resistant coating | \$15 | N/A |
| Polycarbonate lenses | \$40 | N/A |
| Ultraviolet coating | \$15 | N/A |
| Anti-reflective coating | See table on page 2. | N/A |
| High index lenses | 20% off retail | N/A |
| Polarized lenses | 20% off retail | N/A |
| Photochromic/transitions plastic | \$75 | N/A |
| Contact Lenses (in lieu of spectacle lenses) | | |
| Conventional | \$0 copay, \$130 allowance, 15% off balance over \$130 | Up to \$80 |
| Disposable | \$0 copay, \$130 allowance, plus balance over \$130 | Up to \$80 |
| Medically necessary | \$0 copay, paid-in-full | Up to \$150 |
| Other | | |
| Laser vision correction | 15% off retail price or 5% off promotional price | N/A |
| Additional pairs benefit | 40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used | N/A |
| Amplifon hearing discount | 40% off hearing exams and low price guarantee on discounted hearing aids | N/A |
| Additional discounts | 20% off non-covered items with limitations | N/A |
| Monthly Premium | | |
| Employee | \$5.74 | |
| Employee + one dependent | \$9.78 | |
| Employee + family | \$14.34 | |

Eligibility: All active full-time employees as defined by your employer.
Dependent coverage is available to age 26.

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit member.eyemedvisioncare.com/bcbstx or call 1.855.556.8796.
- For LASIK providers, call 1.877.5LASER6.



BlueCross BlueShield of Texas

Summary of Benefits Continued

| Progressive Price List ² | Member Cost In-Network |
|-------------------------------------|------------------------|
| Standard progressive | \$75 copay |

| | |
|---|--|
| Premium progressives ³ as follows: | |
| Tier 1 | \$95 copay |
| Tier 2 | \$105 copay |
| Tier 3 | \$120 copay |
| Tier 4 | \$75 copay 80% of charge less \$120 allowance |

| Anti-Reflective Coating Price List ² | Member Cost In-Network |
|---|------------------------|
| Standard anti-reflective coating | \$45 |

| | |
|---|---------------|
| Premium anti-reflective ³ coatings as follows: | |
| Tier 1 | \$57 |
| Tier 2 | \$68 |
| Tier 3 | 80% of charge |

| Other Add-ons Price List | Member Cost In-Network |
|---|------------------------|
| Premium anti-reflective ³ coatings as follows: | |
| Photochromic | \$75 |
| Polarized | 80% of charge |

Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care
10. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available



¹Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate. ²Blue Cross and Blue Shield of Texas Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. ³Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

For employee use. This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations to coverage.

All plans are based on a 48-month contract term and 48-month rate guarantee. Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. Benefits may not be combined with any discount, promotional offering or other group benefit plans. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Texas, an Independent Licensee of the Blue Cross and Blue Shield Association. EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Underwritten by:
**AMERICAN
HERITAGE LIFE
INSURANCE
COMPANY†**



Whole Life Insurance

Provides a cash benefit directly to your beneficiary

THINK ABOUT THIS



Reasons for purchasing life coverage include: replace income, final expenses, wealth transfer and mortgage payoff¹



42% of families would face financial hardship within six months, and **25%** would suffer financially within a month¹

Coverage offered to the employees of:

Weslaco Independent School District

With an unexpected death — you don't want to leave behind financial obligations. Whole Life Insurance from Allstate Benefits can help your family realize the goals and dreams you shared together, and builds cash value you can draw on while still alive.

Here's How It Works

- Select the coverage that's right for you and your family*
- Then if you pass away, your beneficiary files a claim
- A lump-sum cash benefit is direct deposited or a check is mailed and can be used however they wish

Protecting Your Finances

With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Consult with your tax advisor for specifics.



**Practical benefits
for everyday living.®**

Meeting Your Needs

- Fully-guaranteed death benefit (premiums payable to age 95)
- If you live to age 121, a lump-sum maturity benefit is paid
- Spouse and child(ren) may be covered**
- Affordable premiums

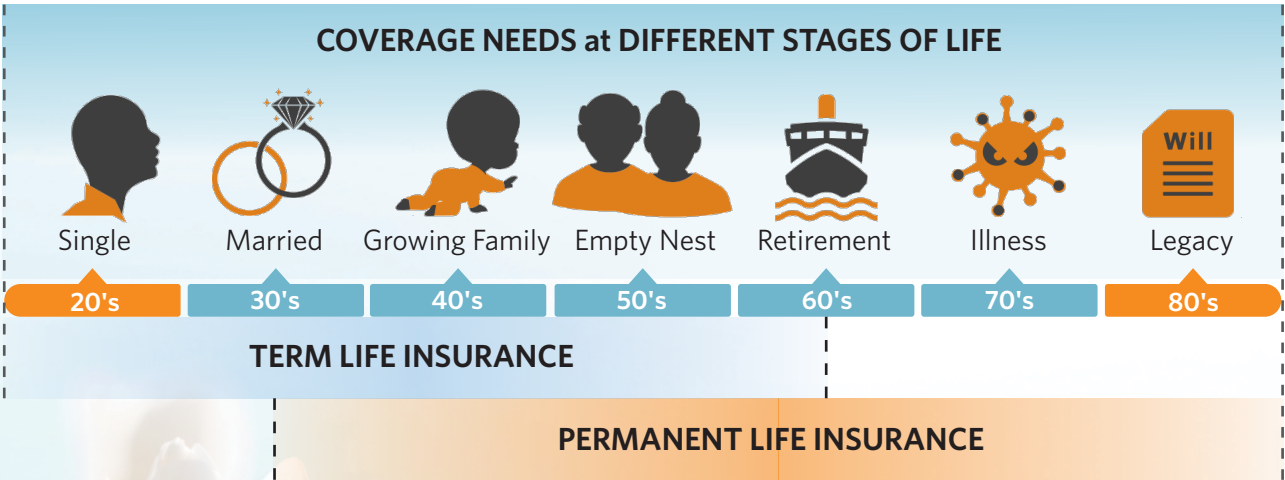
†Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ¹2021 Insurance Barometer Report, LIMRA. *You may be required to answer health questions at enrollment. Coverage may be available with reduced underwriting through your employer during your initial enrollment period. If you enroll after your initial enrollment period, answers to health questions are required. **Coverage for spouse and child(ren) may be limited to a percentage of the employee's face amount in some states.



There are moments in life that cause us to think about how our loved ones would make ends meet, if we died unexpectedly and their financial support was reduced.

Coverage for all stages of life

As people move through the stages of life, certain factors dictate the type of life insurance they need. During working years, an employer may provide Term Life insurance, but the wraparound coverage of our Group Whole Life product can help give peace of mind because the money you spent builds cash value that you can use later in life or add to the term benefit payout. The graph below illustrates the need for term and permanent whole life insurance throughout the various stages of life.



Here are some of the ways the cash benefits can be used



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted



Home

Your beneficiary can use the cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas

The examples above detail fictional thought processes and needs; your individual needs and reasons for coverage may vary.

Prepare for the future today

Review and check some or all that apply.

- ☐ You're the primary wage earner and your family would have trouble living comfortably without your income
- ☐ You have regular debts, like mortgage, car payment or credit cards
- ☐ You have children under 18
- ☐ You want permanent, fully guaranteed coverage
- ☐ You'd like to offer a tax-free death benefit to your beneficiary

Here's how Group Whole Life works

Premiums are payable to age 95 and are conveniently payroll deducted. The longer the policy coverage continues and premiums are paid, the more the cash value builds.

Cash values and payments

As premiums are paid, the policy is building cash value over time. Premiums are guaranteed at issue and the coverage becomes fully paid-up at age 95 if all premiums have been paid. If the decision is made to stop paying premiums after the coverage is effective and has developed cash value, various non-forfeiture options are available. Extended Term Insurance (ETI) is the default non-forfeiture option when premium payments stop and there is no active selection made to continue coverage. ETI reduces the duration of coverage (now a shorter term instead of whole life), but provides the same amount of death benefit.

With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.

Benefits

GROUP WHOLE LIFE INSURANCE PROVIDES EITHER:

- Death Benefit** - pays a lump-sum cash benefit when the insured dies
- Maturity Benefit** - pays a lump-sum cash benefit if the insured is still living at age 121

OPTIONAL/ADDITIONAL RIDER BENEFITS

- Accelerated Death Benefit for Terminal Illness** - an advance of the death benefit, up to 75% of the certificate face amount, when certified terminally ill. Premiums are waived after payment of benefit
- Children's Term** - level term insurance for each covered dependent child under age 26. Not available if dependent child is covered under a separate certificate. Subject to state limits on dependent life coverage

| Sample Tobacco and Non-Tobacco Rates at Employee Age | | |
|--|-------------------|---------------|
| \$25,000 | | |
| Issue Age | Non-Tobacco Rates | Tobacco Rates |
| 25 | \$14.71 | \$24.54 |
| 35 | \$24.54 | \$38.06 |
| 45 | \$40.15 | \$63.60 |
| 55 | \$76.52 | \$110.85 |
| 65 | \$136.23 | \$194.02 |



Practical benefits for everyday living.®

We can help give you and your family financial peace of mind. **Are you in good hands?®**

We are the Good Hands® people

We're the name you know and trust, protecting America's families for over 50 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures. Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily – and get benefits deposited directly into your bank account (authorization required).



**BlueCross BlueShield
of Texas**

Group Benefit Program Summary for Weslaco Independent School District

Voluntary Term Life

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Blue Cross and Blue Shield of Texas' Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

| | |
|--|---|
| Eligibility | All Active Full-Time Employees |
| Group Term Life Benefit: Employee | \$10,000 - \$500,000 in increments of \$10,000, not to exceed 5 times annual earnings. If electing Voluntary Life for the first time at age 70 or later the maximum benefit is \$50,000. |
| Grandfathering | \$500,000 provided minimum participation requirement is met |
| Guarantee Issue Amount - Employee | \$200,000 (subject to eligibility rules and enrollment status guidelines) |
| Group Term Life Benefit: Spouse (Includes Domestic Partners) | \$5,000 - \$250,000 in increments of \$5,000, not to exceed 100% of the employee benefit amount; The Spouse Supplemental Life terminates at age 70. |
| Guarantee Issue Amount - Spouse | \$50,000 |
| Group Term Life Benefit: Child(ren) | Birth to 6 months: \$2,000 Age 6 months to 26 years: \$2,000 - \$10,000 in increments of \$2,000 |
| Group Term Life Age Reduction Schedule | Benefits reduce by 35% of the original amount at age 65; and further reduce by: 55% of the original amount at age 70; 70% of the original amount at age 75; and 80% of the original amount at age 80. |
| Waiver of Premium | Elimination Period: 6 Months; Duration: To Social Security Normal Retirement Age |
| Accelerated Death Benefit (ADB) | Benefit: Up to 75% of the employee's life insurance; Life expectancy: 24 months or less |
| Portability Feature (Life Coverage) | Included (employee & spouse) |
| Conversion | Included |
| Beneficiary Resource Services | Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents. |
| Travel Resource Services | Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet. |

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas, is the trade name of Dearborn Life Insurance Company, an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



BlueCross BlueShield of Texas

Voluntary Accidental Death & Dismemberment (AD&D)

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is a 24-hour coverage.

| | |
|--|---|
| Group AD&D Benefit: Employee | \$10,000 - \$500,000 in increments of \$10,000 |
| Group AD&D Benefit: Spouse (Includes Domestic Partners) | Same as Voluntary Dependent Life |
| Group AD&D Benefit: Child(ren) | Same as Voluntary Dependent Life |
| AD&D Age Reduction Schedule | Benefits reduce by 35% of the original amount at age 65; and further reduce by: 55% of the original amount at age 70; 70% of the original amount at age 75; and 80% of the original amount at age 80. |

AD&D Schedule of Loss*

Principal Sum

| | |
|---|------|
| Loss of Life | 100% |
| Loss of both hands or both feet | 100% |
| Loss of one hand and one foot | 100% |
| Loss of speech and hearing | 100% |
| Loss of sight of both eyes | 100% |
| Loss of one hand and sight of one eye | 100% |
| Loss of one foot and sight of one eye | 100% |
| Quadriplegia | 100% |
| Paraplegia | 75% |
| Hemiplegia | 50% |
| Loss of sight of one eye | 50% |
| Loss of one hand or one foot | 50% |
| Loss of speech or hearing | 50% |
| Loss of thumb and index finger of the same hand | 25% |
| Uniplegia | 25% |

AD&D PRODUCT FEATURES INCLUDED:

- ▲ Seatbelt Benefit
- ▲ Airbag Benefit
- ▲ Education Benefit
- ▲ Coma Benefit
- ▲ Spouse Training Benefit
- ▲ Day Care Benefit
- ▲ Common Disaster Benefit
- ▲ Felonious Assault Benefit

*Loss must occur within 365 days of accident.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Voluntary Life and AD&D
PREMIUM RATE GRID



**BlueCross BlueShield
of Texas**

Weslaco Independent School District

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Voluntary Life and AD&D

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments**
Not to exceed 5 times annual earnings

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.**
(not to exceed 100% of the employee benefit)

Note: Spouse may not have coverage unless the employee has coverage.

The Spouse amount may not exceed the amount for which the employee is eligible.

Guarantee Issue*

Employee **\$200,000**
Spouse **\$50,000**

*Assumes 55% participation

Child Coverage

Birth to 6 months: **\$2,000**
6 months to age 26: **\$2,000 to \$10,000 in increments of \$2,000**

Benefits reduce by 35% of the original amount at age 65; and further reduce by: 55% of the original amount at age 70; 70% of the original amount at age 75; and 80% of the original amount at age 80. Spouse coverage terminates at age 70.

Voluntary Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

| Benefit Amount | ATTAINED AGE | | | | | | | | | | | |
|----------------|--------------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|
| | <20 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ |
| \$10,000 | \$0.52 | \$0.52 | \$0.52 | \$0.65 | \$0.72 | \$0.84 | \$1.17 | \$1.68 | \$2.97 | \$4.39 | \$7.42 | \$12.83 |
| \$20,000 | \$1.04 | \$1.04 | \$1.04 | \$1.30 | \$1.44 | \$1.68 | \$2.34 | \$3.36 | \$5.94 | \$8.78 | \$14.84 | \$25.66 |
| \$30,000 | \$1.56 | \$1.56 | \$1.56 | \$1.95 | \$2.16 | \$2.52 | \$3.51 | \$5.04 | \$8.91 | \$13.17 | \$22.26 | \$38.49 |
| \$40,000 | \$2.08 | \$2.08 | \$2.08 | \$2.60 | \$2.88 | \$3.36 | \$4.68 | \$6.72 | \$11.88 | \$17.56 | \$29.68 | \$51.32 |
| \$50,000 | \$2.60 | \$2.60 | \$2.60 | \$3.25 | \$3.60 | \$4.20 | \$5.85 | \$8.40 | \$14.85 | \$21.95 | \$37.10 | \$64.15 |
| \$60,000 | \$3.12 | \$3.12 | \$3.12 | \$3.90 | \$4.32 | \$5.04 | \$7.02 | \$10.08 | \$17.82 | \$26.34 | \$44.52 | \$76.98 |
| \$70,000 | \$3.64 | \$3.64 | \$3.64 | \$4.55 | \$5.04 | \$5.88 | \$8.19 | \$11.76 | \$20.79 | \$30.73 | \$51.94 | \$89.81 |
| \$80,000 | \$4.16 | \$4.16 | \$4.16 | \$5.20 | \$5.76 | \$6.72 | \$9.36 | \$13.44 | \$23.76 | \$35.12 | \$59.36 | \$102.64 |
| \$90,000 | \$4.68 | \$4.68 | \$4.68 | \$5.85 | \$6.48 | \$7.56 | \$10.53 | \$15.12 | \$26.73 | \$39.51 | \$66.78 | \$115.47 |
| \$100,000 | \$5.20 | \$5.20 | \$5.20 | \$6.50 | \$7.20 | \$8.40 | \$11.70 | \$16.80 | \$29.70 | \$43.90 | \$74.20 | \$128.30 |
| \$110,000 | \$5.72 | \$5.72 | \$5.72 | \$7.15 | \$7.92 | \$9.24 | \$12.87 | \$18.48 | \$32.67 | \$48.29 | \$81.62 | \$141.13 |
| \$120,000 | \$6.24 | \$6.24 | \$6.24 | \$7.80 | \$8.64 | \$10.08 | \$14.04 | \$20.16 | \$35.64 | \$52.68 | \$89.04 | \$153.96 |
| \$130,000 | \$6.76 | \$6.76 | \$6.76 | \$8.45 | \$9.36 | \$10.92 | \$15.21 | \$21.84 | \$38.61 | \$57.07 | \$96.46 | \$166.79 |
| \$140,000 | \$7.28 | \$7.28 | \$7.28 | \$9.10 | \$10.08 | \$11.76 | \$16.38 | \$23.52 | \$41.58 | \$61.46 | \$103.88 | \$179.62 |
| \$150,000 | \$7.80 | \$7.80 | \$7.80 | \$9.75 | \$10.80 | \$12.60 | \$17.55 | \$25.20 | \$44.55 | \$65.85 | \$111.30 | \$192.45 |
| \$160,000 | \$8.32 | \$8.32 | \$8.32 | \$10.40 | \$11.52 | \$13.44 | \$18.72 | \$26.88 | \$47.52 | \$70.24 | \$118.72 | \$205.28 |
| \$170,000 | \$8.84 | \$8.84 | \$8.84 | \$11.05 | \$12.24 | \$14.28 | \$19.89 | \$28.56 | \$50.49 | \$74.63 | \$126.14 | \$218.11 |
| \$180,000 | \$9.36 | \$9.36 | \$9.36 | \$11.70 | \$12.96 | \$15.12 | \$21.06 | \$30.24 | \$53.46 | \$79.02 | \$133.56 | \$230.94 |
| \$190,000 | \$9.88 | \$9.88 | \$9.88 | \$12.35 | \$13.68 | \$15.96 | \$22.23 | \$31.92 | \$56.43 | \$83.41 | \$140.98 | \$243.77 |
| \$200,000 | \$10.40 | \$10.40 | \$10.40 | \$13.00 | \$14.40 | \$16.80 | \$23.40 | \$33.60 | \$59.40 | \$87.80 | \$148.40 | \$256.60 |
| \$250,000 | \$13.00 | \$13.00 | \$13.00 | \$16.25 | \$18.00 | \$21.00 | \$29.25 | \$42.00 | \$74.25 | \$109.75 | \$185.50 | \$320.75 |
| \$300,000 | \$15.60 | \$15.60 | \$15.60 | \$19.50 | \$21.60 | \$25.20 | \$35.10 | \$50.40 | \$89.10 | \$131.70 | \$222.60 | \$384.90 |
| \$400,000 | \$20.80 | \$20.80 | \$20.80 | \$26.00 | \$28.80 | \$33.60 | \$46.80 | \$67.20 | \$118.80 | \$175.60 | \$296.80 | \$513.20 |
| \$500,000 | \$26.00 | \$26.00 | \$26.00 | \$32.50 | \$36.00 | \$42.00 | \$58.50 | \$84.00 | \$148.50 | \$219.50 | \$371.00 | \$641.50 |

| Employee Voluntary Life/AD&D | |
|---------------------------------|---------|
| Monthly rates per \$1,000 | |
| Age | Rates |
| Under 20 | \$0.052 |
| 20-24 | \$0.052 |
| 25-29 | \$0.052 |
| 30-34 | \$0.065 |
| 35-39 | \$0.072 |
| 40-44 | \$0.084 |
| 45-49 | \$0.117 |
| 50-54 | \$0.168 |
| 55-59 | \$0.297 |
| 60-64 | \$0.439 |
| 65-69 | \$0.742 |
| 70+ | \$1.283 |

*Spouse coverage terminates at age 70

| Dependent Life (Children) | |
|----------------------------|--------|
| Monthly Premium per Family | |
| Life/AD&D | |
| \$2,000 | \$0.44 |
| \$10,000 | \$2.20 |

Voluntary Life and AD&D
PREMIUM RATE GRID



**BlueCross BlueShield
of Texas**

Weslaco Independent School District

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Voluntary Life and AD&D

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments**
Not to exceed 5 times annual earnings

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.**
(not to exceed 100% of the employee benefit)

Note: Spouse may not have coverage unless the employee has coverage.

The Spouse amount may not exceed the amount for which the employee is eligible.

Guarantee Issue*

| | |
|----------|------------------|
| Employee | \$200,000 |
| Spouse | \$50,000 |

*Assumes 55% participation

Child Coverage

| | |
|---------------------|---|
| Birth to 6 months: | \$2,000 |
| 6 months to age 26: | \$2,000 to \$10,000 in increments of \$2,000 |

Benefits reduce by 35% of the original amount at age 65; and further reduce by: 55% of the original amount at age 70; 70% of the original amount at age 75; and 80% of the original amount at age 80. Spouse coverage terminates at age 70.

Voluntary Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

| Benefit Amount | ATTAINED AGE | | | | | | | | | | |
|----------------|--------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|
| | <20 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 |
| \$5,000 | \$0.26 | \$0.26 | \$0.26 | \$0.33 | \$0.36 | \$0.42 | \$0.59 | \$0.84 | \$1.49 | \$2.20 | \$3.71 |
| \$10,000 | \$0.52 | \$0.52 | \$0.52 | \$0.65 | \$0.72 | \$0.84 | \$1.17 | \$1.68 | \$2.97 | \$4.39 | \$7.42 |
| \$15,000 | \$0.78 | \$0.78 | \$0.78 | \$0.98 | \$1.08 | \$1.26 | \$1.76 | \$2.52 | \$4.46 | \$6.59 | \$11.13 |
| \$20,000 | \$1.04 | \$1.04 | \$1.04 | \$1.30 | \$1.44 | \$1.68 | \$2.34 | \$3.36 | \$5.94 | \$8.78 | \$14.84 |
| \$25,000 | \$1.30 | \$1.30 | \$1.30 | \$1.63 | \$1.80 | \$2.10 | \$2.93 | \$4.20 | \$7.43 | \$10.98 | \$18.55 |
| \$30,000 | \$1.56 | \$1.56 | \$1.56 | \$1.95 | \$2.16 | \$2.52 | \$3.51 | \$5.04 | \$8.91 | \$13.17 | \$22.26 |
| \$35,000 | \$1.82 | \$1.82 | \$1.82 | \$2.28 | \$2.52 | \$2.94 | \$4.10 | \$5.88 | \$10.40 | \$15.37 | \$25.97 |
| \$40,000 | \$2.08 | \$2.08 | \$2.08 | \$2.60 | \$2.88 | \$3.36 | \$4.68 | \$6.72 | \$11.88 | \$17.56 | \$29.68 |
| \$45,000 | \$2.34 | \$2.34 | \$2.34 | \$2.93 | \$3.24 | \$3.78 | \$5.27 | \$7.56 | \$13.37 | \$19.76 | \$33.39 |
| \$50,000 | \$2.60 | \$2.60 | \$2.60 | \$3.25 | \$3.60 | \$4.20 | \$5.85 | \$8.40 | \$14.85 | \$21.95 | \$37.10 |
| \$55,000 | \$2.86 | \$2.86 | \$2.86 | \$3.58 | \$3.96 | \$4.62 | \$6.44 | \$9.24 | \$16.34 | \$24.15 | \$40.81 |
| \$60,000 | \$3.12 | \$3.12 | \$3.12 | \$3.90 | \$4.32 | \$5.04 | \$7.02 | \$10.08 | \$17.82 | \$26.34 | \$44.52 |
| \$65,000 | \$3.38 | \$3.38 | \$3.38 | \$4.23 | \$4.68 | \$5.46 | \$7.61 | \$10.92 | \$19.31 | \$28.54 | \$48.23 |
| \$70,000 | \$3.64 | \$3.64 | \$3.64 | \$4.55 | \$5.04 | \$5.88 | \$8.19 | \$11.76 | \$20.79 | \$30.73 | \$51.94 |
| \$75,000 | \$3.90 | \$3.90 | \$3.90 | \$4.88 | \$5.40 | \$6.30 | \$8.78 | \$12.60 | \$22.28 | \$32.93 | \$55.65 |
| \$80,000 | \$4.16 | \$4.16 | \$4.16 | \$5.20 | \$5.76 | \$6.72 | \$9.36 | \$13.44 | \$23.76 | \$35.12 | \$59.36 |
| \$85,000 | \$4.42 | \$4.42 | \$4.42 | \$5.53 | \$6.12 | \$7.14 | \$9.95 | \$14.28 | \$25.25 | \$37.32 | \$63.07 |
| \$90,000 | \$4.68 | \$4.68 | \$4.68 | \$5.85 | \$6.48 | \$7.56 | \$10.53 | \$15.12 | \$26.73 | \$39.51 | \$66.78 |
| \$95,000 | \$4.94 | \$4.94 | \$4.94 | \$6.18 | \$6.84 | \$7.98 | \$11.12 | \$15.96 | \$28.22 | \$41.71 | \$70.49 |
| \$100,000 | \$5.20 | \$5.20 | \$5.20 | \$6.50 | \$7.20 | \$8.40 | \$11.70 | \$16.80 | \$29.70 | \$43.90 | \$74.20 |
| \$150,000 | \$7.80 | \$7.80 | \$7.80 | \$9.75 | \$10.80 | \$12.60 | \$17.55 | \$25.20 | \$44.55 | \$65.85 | \$111.30 |
| \$200,000 | \$10.40 | \$10.40 | \$10.40 | \$13.00 | \$14.40 | \$16.80 | \$23.40 | \$33.60 | \$59.40 | \$87.80 | \$148.40 |
| \$250,000 | \$13.00 | \$13.00 | \$13.00 | \$16.25 | \$18.00 | \$21.00 | \$29.25 | \$42.00 | \$74.25 | \$109.75 | \$185.50 |

| Spouse | |
|---------------------------|---------|
| Voluntary Life/AD&D | |
| Monthly rates per \$1,000 | |
| Age | Rates |
| Under 20 | \$0.052 |
| 20-24 | \$0.052 |
| 25-29 | \$0.052 |
| 30-34 | \$0.065 |
| 35-39 | \$0.072 |
| 40-44 | \$0.084 |
| 45-49 | \$0.117 |
| 50-54 | \$0.168 |
| 55-59 | \$0.297 |
| 60-64 | \$0.439 |
| 65-69* | \$0.742 |

*Spouse coverage terminates at age 70

| Dependent Life (Children) | |
|----------------------------|--------|
| Monthly Premium per Family | |
| Life/AD&D | |
| \$2,000 | \$0.44 |
| \$10,000 | \$2.20 |

Financial protection that's with you all the way.

Disability insurance from New York Life Group Benefit Solutions.



A disability doesn't always mean a serious handicap. It can be any covered illness or injury that prevents you from earning your salary. Consider what would happen if you couldn't work or pay your bills. How might this affect your savings and your lifestyle? Disability insurance from New York Life Group Benefit Solutions (NYL GBS), can help provide the financial protection and assurance you'll need if you experience a covered illness or injury that keeps you out of work.

Why is disability insurance important?

Disability insurance can pay you benefits if you suffer a covered disability. Think of it as insurance for a portion of your paycheck. Payments may come directly to you or someone you designate and can help pay for things like:



Groceries



The mortgage



Utilities



Medical bills

Who's eligible for disability insurance, and what are the plan options?

All active, Full-time Employees of the Employer who are citizens or permanent resident aliens of the United States and working a minimum of 20 hours per week in the United States. Coverage is available for Long-term disability (LTD).

| Long-term disability | Monthly benefit | Maximum monthly benefit | Benefit waiting period | Maximum benefit period |
|----------------------|--|-------------------------|---|---|
| Select Plan | Flat dollar benefit in \$100 increments between \$200 and \$7,500 that cannot exceed 66.66% of your current monthly earnings | \$7,500 | Accident/Sickness 0 days / 7 days 14 days / 14 days 30 days / 30 days 60 days / 60 days 90 days / 90 days 180 days / 180 days | The later of your Social Security Normal Retirement Age or the maximum benefit period provided in your Summary of Benefits. |

What features are included with my coverage?

Your NYL GBS Disability insurance includes access to a suite of programs* and services, available from day one.

NYL GBS Healthy Working Life

- › Vocational services designed to help you overcome barriers in performing your job and reduce the risk of a disability event, or help you return to work and life after a disability occurs.

Work Wellness

- › Valuable online resource for you and your family to learn about disability, staying healthy at work, returning to work and programs for healthy living.

NYL GBS Life Assistance Program

- › Telephonic clinical and work/life support.
- › Up to 3 face-to-face counseling visits.
- › Referrals for community services.
- › Free 30-minute financial and legal consultations.
- › Educational resources and webinars.

My Secure Advantage

- › Identity theft prevention and fraud resolution services.
- › 30-days of prepaid expert money-coaching for all types of financial planning and challenges.
- › Online tools for state-specific wills and other important legal documents.

If I sign-up, how does it work?

- › After you select your plan options and enroll in disability insurance from Group Benefit Solutions, you'll pay for your chosen plan amount through convenient payroll deductions.
- › Once enrolled, If you experience a covered injury or illness that prevents you from working, you'll receive a percentage of your salary for a specified amount of time.



Contact your Human Resources representative to review the Disability Summary of Benefits and policy documents to learn more about plan details, costs, exclusions and limitations.



Or for more information, call 956.373.1109 to speak with a member of your Human Resources team.

Disability insurance is issued by Life Insurance Company of North America and New York Life Group Insurance Company of NY.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

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* These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law.

New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

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123590 0721 SMRU1906623 (Exp.07.12.2023) Weslaco ISD

Offered by Life Insurance Company of North America

Employee-Paid LONG TERM DISABILITY INSURANCE

Summary of Benefits

Prepared for: Weslaco ISD

Eligibility:

All active, Full-time Employees of the Employer who are United States citizens or permanent resident aliens regularly working a minimum of 20 hours per week in the United States.

Employee: You will be eligible for coverage the first of the month coincident with or next following 30 days of Active Service.

Available Coverage:

| Gross Monthly Benefit | Maximum Gross Monthly Benefit | Benefit Waiting Period | Maximum Benefit Period |
|---|--|--|--|
| Units of \$100, minimum amount of \$200 | Lesser of 66.67% of your monthly covered earnings or \$7,500 | 0/7, 14/14, 30/30, 60/60, 90/90, 180/180 | Please refer to the "Duration" section below for more details. |

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Employee's Monthly Cost of Coverage:

| Monthly Rates by Type of Plan (Per \$100 Benefit) | | | | | | | |
|---|----------|--------|--------|--------|--------|--------|--------|
| Option 1 Select | | | | | | | |
| Duration | Accident | SSNRA | | | | | |
| | Sickness | SSNRA | | | | | |
| Benefit Waiting Period Days | Accident | 0 | 14 | 30 | 60 | 90 | 180 |
| | Sickness | 7 | 14 | 30 | 60 | 90 | 180 |
| All Ages | | \$2.44 | \$2.04 | \$1.72 | \$1.33 | \$0.74 | \$0.50 |

Actual per pay period premiums may differ slightly due to rounding.

How to Calculate Your Monthly Cost:

Step 1: Find the above Monthly rate based on the Duration and Benefit Waiting Period that you are choosing. Multiply this rate by your gross monthly benefit.

Step 2: Divide the total by 100. The result is your Monthly cost.

Important Definitions and Policy Provisions:

Disability – "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 80% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings – "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin – You must be continuously Disabled for before benefits will be paid for a covered Disability.

When Coverage Takes Effect – Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits – This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by Other Income Benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Disability benefits may be reduced by amounts received through Social Security disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will also be reduced by amounts received through other government programs, sick leave, employer's sabbatical leave, employer's assault leave plan, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer's summary plan description. *Note: Some of the Other Income Benefits, as defined in the group policy, will not be considered until after disability benefits are payable for 12 months.*

Earnings While Disabled – During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period – Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

Pre-existing Condition Limitation – Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits – Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, or on the following events: (1) the date you earn from any occupation more than the percentage of Indexed Earnings, or the date you fail to cooperate with us in a rehabilitation plan, or transitional work arrangement, or the administration of the claim.

Exclusions – This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: • Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane. • war or any act of war, whether or not declared. • active participation in a riot; • commission of a felony; • the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. SLH 100018. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state.

Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company, 51 Madison Avenue New York, NY 10010.

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Created on 08/2021.

Employee-Paid

DISABILITY INSURANCE FOR EDUCATORS**WESLACO INDEPENDENT SCHOOL DISTRICT***Rates are subject to change.*

| Max. Benefit % | 66.67% | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 | Option 6 |
|----------------------------|-------------------------|---------------------------|----------|----------|----------|----------|----------|
| Elimination Period: | | | | | | | |
| Injury (Days) | | 0 | 14 | 30 | 60 | 90 | 180 |
| Sickness (Days) | | 7 | 14 | 30 | 60 | 90 | 180 |
| Gross Annual Salary | Maximum Monthly Benefit | Premium Plan Monthly Cost | | | | | |
| \$3,600 | \$200 | \$4.88 | \$4.08 | \$3.44 | \$2.66 | \$1.48 | \$1.00 |
| \$5,400 | \$300 | \$7.32 | \$6.12 | \$5.16 | \$3.99 | \$2.22 | \$1.50 |
| \$7,200 | \$400 | \$9.76 | \$8.16 | \$6.88 | \$5.32 | \$2.96 | \$2.00 |
| \$9,000 | \$500 | \$12.20 | \$10.20 | \$8.60 | \$6.65 | \$3.70 | \$2.50 |
| \$10,800 | \$600 | \$14.64 | \$12.24 | \$10.32 | \$7.98 | \$4.44 | \$3.00 |
| \$12,600 | \$700 | \$17.08 | \$14.28 | \$12.04 | \$9.31 | \$5.18 | \$3.50 |
| \$14,400 | \$800 | \$19.52 | \$16.32 | \$13.76 | \$10.64 | \$5.92 | \$4.00 |
| \$16,200 | \$900 | \$21.96 | \$18.36 | \$15.48 | \$11.97 | \$6.66 | \$4.50 |
| \$18,000 | \$1,000 | \$24.40 | \$20.40 | \$17.20 | \$13.30 | \$7.40 | \$5.00 |
| \$19,800 | \$1,100 | \$26.84 | \$22.44 | \$18.92 | \$14.63 | \$8.14 | \$5.50 |
| \$21,600 | \$1,200 | \$29.28 | \$24.48 | \$20.64 | \$15.96 | \$8.88 | \$6.00 |
| \$23,400 | \$1,300 | \$31.72 | \$26.52 | \$22.36 | \$17.29 | \$9.62 | \$6.50 |
| \$25,200 | \$1,400 | \$34.16 | \$28.56 | \$24.08 | \$18.62 | \$10.36 | \$7.00 |
| \$27,000 | \$1,500 | \$36.60 | \$30.60 | \$25.80 | \$19.95 | \$11.10 | \$7.50 |
| \$28,800 | \$1,600 | \$39.04 | \$32.64 | \$27.52 | \$21.28 | \$11.84 | \$8.00 |
| \$30,600 | \$1,700 | \$41.48 | \$34.68 | \$29.24 | \$22.61 | \$12.58 | \$8.50 |
| \$32,400 | \$1,800 | \$43.92 | \$36.72 | \$30.96 | \$23.94 | \$13.32 | \$9.00 |
| \$34,200 | \$1,900 | \$46.36 | \$38.76 | \$32.68 | \$25.27 | \$14.06 | \$9.50 |
| \$36,000 | \$2,000 | \$48.80 | \$40.80 | \$34.40 | \$26.60 | \$14.80 | \$10.00 |
| \$37,800 | \$2,100 | \$51.24 | \$42.84 | \$36.12 | \$27.93 | \$15.54 | \$10.50 |
| \$39,600 | \$2,200 | \$53.68 | \$44.88 | \$37.84 | \$29.26 | \$16.28 | \$11.00 |
| \$41,400 | \$2,300 | \$56.12 | \$46.92 | \$39.56 | \$30.59 | \$17.02 | \$11.50 |
| \$43,200 | \$2,400 | \$58.56 | \$48.96 | \$41.28 | \$31.92 | \$17.76 | \$12.00 |
| \$45,000 | \$2,500 | \$61.00 | \$51.00 | \$43.00 | \$33.25 | \$18.50 | \$12.50 |
| \$46,800 | \$2,600 | \$63.44 | \$53.04 | \$44.72 | \$34.58 | \$19.24 | \$13.00 |
| \$48,600 | \$2,700 | \$65.88 | \$55.08 | \$46.44 | \$35.91 | \$19.98 | \$13.50 |
| \$50,400 | \$2,800 | \$68.32 | \$57.12 | \$48.16 | \$37.24 | \$20.72 | \$14.00 |
| \$52,200 | \$2,900 | \$70.76 | \$59.16 | \$49.88 | \$38.57 | \$21.46 | \$14.50 |
| \$54,000 | \$3,000 | \$73.20 | \$61.20 | \$51.60 | \$39.90 | \$22.20 | \$15.00 |
| \$55,800 | \$3,100 | \$75.64 | \$63.24 | \$53.32 | \$41.23 | \$22.94 | \$15.50 |
| \$57,600 | \$3,200 | \$78.08 | \$65.28 | \$55.04 | \$42.56 | \$23.68 | \$16.00 |
| \$59,400 | \$3,300 | \$80.52 | \$67.32 | \$56.76 | \$43.89 | \$24.42 | \$16.50 |
| \$61,200 | \$3,400 | \$82.96 | \$69.36 | \$58.48 | \$45.22 | \$25.16 | \$17.00 |
| \$63,000 | \$3,500 | \$85.40 | \$71.40 | \$60.20 | \$46.55 | \$25.90 | \$17.50 |
| \$64,800 | \$3,600 | \$87.84 | \$73.44 | \$61.92 | \$47.88 | \$26.64 | \$18.00 |

WESLACO INDEPENDENT SCHOOL DISTRICT
Rates are subject to change.

| Max. Benefit % | 66.67% | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 | Option 6 |
|---------------------|-------------------------|---------------------------|----------|----------|----------|----------|----------|
| Elimination Period: | | | | | | | |
| Injury (Days) | | 0 | 14 | 30 | 60 | 90 | 180 |
| Sickness (Days) | | 7 | 14 | 30 | 60 | 90 | 180 |
| Gross Annual Salary | Maximum Monthly Benefit | Premium Plan Monthly Cost | | | | | |
| \$66,600 | \$3,700 | \$90.28 | \$75.48 | \$63.64 | \$49.21 | \$27.38 | \$18.50 |
| \$68,400 | \$3,800 | \$92.72 | \$77.52 | \$65.36 | \$50.54 | \$28.12 | \$19.00 |
| \$70,200 | \$3,900 | \$95.16 | \$79.56 | \$67.08 | \$51.87 | \$28.86 | \$19.50 |
| \$72,000 | \$4,000 | \$97.60 | \$81.60 | \$68.80 | \$53.20 | \$29.60 | \$20.00 |
| \$73,800 | \$4,100 | \$100.04 | \$83.64 | \$70.52 | \$54.53 | \$30.34 | \$20.50 |
| \$75,600 | \$4,200 | \$102.48 | \$85.68 | \$72.24 | \$55.86 | \$31.08 | \$21.00 |
| \$77,400 | \$4,300 | \$104.92 | \$87.72 | \$73.96 | \$57.19 | \$31.82 | \$21.50 |
| \$79,200 | \$4,400 | \$107.36 | \$89.76 | \$75.68 | \$58.52 | \$32.56 | \$22.00 |
| \$81,000 | \$4,500 | \$109.80 | \$91.80 | \$77.40 | \$59.85 | \$33.30 | \$22.50 |
| \$82,800 | \$4,600 | \$112.24 | \$93.84 | \$79.12 | \$61.18 | \$34.04 | \$23.00 |
| \$84,600 | \$4,700 | \$114.68 | \$95.88 | \$80.84 | \$62.51 | \$34.78 | \$23.50 |
| \$86,400 | \$4,800 | \$117.12 | \$97.92 | \$82.56 | \$63.84 | \$35.52 | \$24.00 |
| \$88,200 | \$4,900 | \$119.56 | \$99.96 | \$84.28 | \$65.17 | \$36.26 | \$24.50 |
| \$90,000 | \$5,000 | \$122.00 | \$102.00 | \$86.00 | \$66.50 | \$37.00 | \$25.00 |
| \$91,800 | \$5,100 | \$124.44 | \$104.04 | \$87.72 | \$67.83 | \$37.74 | \$25.50 |
| \$93,600 | \$5,200 | \$126.88 | \$106.08 | \$89.44 | \$69.16 | \$38.48 | \$26.00 |
| \$95,400 | \$5,300 | \$129.32 | \$108.12 | \$91.16 | \$70.49 | \$39.22 | \$26.50 |
| \$97,200 | \$5,400 | \$131.76 | \$110.16 | \$92.88 | \$71.82 | \$39.96 | \$27.00 |
| \$99,000 | \$5,500 | \$134.20 | \$112.20 | \$94.60 | \$73.15 | \$40.70 | \$27.50 |
| \$100,800 | \$5,600 | \$136.64 | \$114.24 | \$96.32 | \$74.48 | \$41.44 | \$28.00 |
| \$102,600 | \$5,700 | \$139.08 | \$116.28 | \$98.04 | \$75.81 | \$42.18 | \$28.50 |
| \$104,400 | \$5,800 | \$141.52 | \$118.32 | \$99.76 | \$77.14 | \$42.92 | \$29.00 |
| \$106,200 | \$5,900 | \$143.96 | \$120.36 | \$101.48 | \$78.47 | \$43.66 | \$29.50 |
| \$108,000 | \$6,000 | \$146.40 | \$122.40 | \$103.20 | \$79.80 | \$44.40 | \$30.00 |
| \$109,800 | \$6,100 | \$148.84 | \$124.44 | \$104.92 | \$81.13 | \$45.14 | \$30.50 |
| \$111,600 | \$6,200 | \$151.28 | \$126.48 | \$106.64 | \$82.46 | \$45.88 | \$31.00 |
| \$113,400 | \$6,300 | \$153.72 | \$128.52 | \$108.36 | \$83.79 | \$46.62 | \$31.50 |
| \$115,200 | \$6,400 | \$156.16 | \$130.56 | \$110.08 | \$85.12 | \$47.36 | \$32.00 |
| \$117,000 | \$6,500 | \$158.60 | \$132.60 | \$111.80 | \$86.45 | \$48.10 | \$32.50 |
| \$118,800 | \$6,600 | \$161.04 | \$134.64 | \$113.52 | \$87.78 | \$48.84 | \$33.00 |
| \$120,600 | \$6,700 | \$163.48 | \$136.68 | \$115.24 | \$89.11 | \$49.58 | \$33.50 |
| \$122,400 | \$6,800 | \$165.92 | \$138.72 | \$116.96 | \$90.44 | \$50.32 | \$34.00 |
| \$124,200 | \$6,900 | \$168.36 | \$140.76 | \$118.68 | \$91.77 | \$51.06 | \$34.50 |
| \$126,000 | \$7,000 | \$170.80 | \$142.80 | \$120.40 | \$93.10 | \$51.80 | \$35.00 |
| \$127,800 | \$7,100 | \$173.24 | \$144.84 | \$122.12 | \$94.43 | \$52.54 | \$35.50 |
| \$129,600 | \$7,200 | \$175.68 | \$146.88 | \$123.84 | \$95.76 | \$53.28 | \$36.00 |
| \$131,400 | \$7,300 | \$178.12 | \$148.92 | \$125.56 | \$97.09 | \$54.02 | \$36.50 |
| \$133,200 | \$7,400 | \$180.56 | \$150.96 | \$127.28 | \$98.42 | \$54.76 | \$37.00 |
| \$135,000 | \$7,500 | \$183.00 | \$153.00 | \$129.00 | \$99.75 | \$55.50 | \$37.50 |

UnitedHealthcare

Accident Protection Plan for Weslaco ISD

| Accident Protection Plan v2 | | Standard | |
|--|---|-----------|----------|
| Legal Entity | UnitedHealthcare Insurance Company | | |
| | | | |
| Eligibility | All Active Full Time Employees working a minimum of 30 hours per week | | |
| | | | |
| Plan Design | 24 Hour | | |
| Waiver of Premium | Included | | |
| Portability | Included | | |
| Telephonic Claim Submission | Included | | |
| Benefits | Option A | Option B | Option C |
| Accidental Death & Dismemberment | | | |
| Life | \$30,000 | \$50,000 | |
| Both hands or both feet | \$30,000 | \$50,000 | |
| One hand and one foot | \$30,000 | \$50,000 | |
| One hand or one foot | \$15,000 | \$25,000 | |
| Two or more fingers or toes | \$6,000 | \$10,000 | |
| One finger or one toe | \$3,000 | \$5,000 | |
| Accidental Death Common Carrier | | | |
| Life | \$120,000 | \$200,000 | |
| | (Child benefit 50% of employee/spouse) | | |
| Initial Care | | | |
| Ground Ambulance | \$300 | \$400 | |
| Air Ambulance | \$1,800 | \$2,400 | |
| Emergency Room Treatment | \$150 | \$200 | |
| Physician Office/Urgent Care (per visit) | \$75 | \$100 | |
| Hospital Care | | | |
| Hospital Admission | \$1,000 | \$1,500 | |
| Hospital Confinement | \$250 | \$325 | |
| Hospital ICU Admission | \$3,000 | \$4,000 | |
| Hospital ICU Confinement | \$750 | \$1,000 | |
| Follow Up Care | | | |
| Appliances Benefit | | | |
| - Wheelchair | \$225 | \$300 | |
| - Knee Scooter | \$225 | \$300 | |
| - Knee Immobilizer | \$225 | \$300 | |
| - Lumbar Spine Brace | \$225 | \$300 | |
| - Walking Boot | \$150 | \$200 | |
| - Walker | \$150 | \$200 | |
| - Crutches | \$150 | \$200 | |
| - Leg Brace | \$150 | \$200 | |
| - Cervical Collar | \$150 | \$200 | |
| - Cane | \$75 | \$100 | |
| - Ankle Brace | \$75 | \$100 | |
| - Ankle Boot | \$75 | \$100 | |
| - Air Cast | \$75 | \$100 | |
| Follow up Physician Visit | \$75 | \$100 | |
| Major Diagnostic Exam | \$250 | \$325 | |
| Minor Diagnostic Exam | \$75 | \$100 | |
| Prosthetic | | | |
| - One Device | \$750 | \$1,000 | |
| - Two or More Devices | \$1,500 | \$2,000 | |
| Rehabilitation Facility (per day/Up to 30 days) | \$150 | \$200 | |
| Rehabilitation Therapy (per visit/up to 10 Visits) | \$30 | \$50 | |
| Common Injuries | | | |
| Abdominal/Thoracic Surgery | | | |
| - Surgery to repair | \$1,500 | \$2,000 | |
| - Exploratory without repair | \$150 | \$200 | |
| Cranial Surgery | \$300 | \$400 | |
| Eye Surgery | | | |
| - Removal of foreign body | \$150 | \$200 | |
| - Surgical Repair | \$300 | \$400 | |
| Hernia Surgery | \$300 | \$400 | |
| Arthroscopic Surgery | \$300 | \$400 | |

UnitedHealthcare

Accident Protection Plan for Weslaco ISD

| Accident Protection Plan v2 | | Standard | |
|--|-------------------|---|-------------------|
| Legal Entity | | UnitedHealthcare Insurance Company | |
| Non-Specific Surgery | | | |
| - General Anesthesia | \$300 | | \$400 |
| - Conscious Sedation | \$150 | | \$200 |
| Tendon / Ligament / Shoulder Cartilage / Rotator Cuff / Knee Cartilage Surgery | | | |
| - Surgery to repair one | \$600 | | \$800 |
| - Surgery to repair more than one | \$1,200 | | \$1,600 |
| - Exploratory without repair | \$200 | | \$300 |
| Blood/Plasma/Platelets | \$400 | | \$500 |
| Burns | | | |
| - 2nd Degree (at least 36% of body surface) | \$750 | | \$1,000 |
| - 3rd Degree (9 to 34 sq. inches) | \$1,500 | | \$2,000 |
| - 3rd Degree (35 or more sq. inches) | \$12,000 | | \$16,000 |
| | | Skin Graft = 25% of burn benefit | |
| Coma | \$15,000 | | \$20,000 |
| Concussion | \$200 | | \$300 |
| Lacerations | | | |
| - Greater Than 15 cm | \$600 | | \$800 |
| - 5 cm - 15 cm | \$300 | | \$400 |
| - Less Than 5 cm | \$75 | | \$100 |
| - Not Requiring Sutures | \$45 | | \$60 |
| Paralysis | | | |
| - Quadriplegia | \$15,000 | | \$20,000 |
| - Hemiplegia | \$7,500 | | \$10,000 |
| - Paraplegia | \$7,500 | | \$10,000 |
| Ruptured / Herniated Disc | \$600 | | \$800 |
| Emergency Dental Work | | | |
| - Crown(s) | \$300 | | \$400 |
| - Extraction(s) | \$150 | | \$200 |
| Medical Supplies / Over-the-counter(one time per plan year) | | \$20 | \$30 |
| Family Child Daycare (per day up to 30 days) | | \$45 | \$60 |
| Lodging (per day up to 30 days) | | \$225 | \$300 |
| Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident) | | \$300 | \$400 |
| Fractures | | Open Reduction / Closed Reduction | |
| - Skull (Depressed, except bones of face or nose) | \$4,000 / \$2,000 | | \$5,000 / \$2,500 |
| - Sternum | \$4,000 / \$2,000 | | \$5,000 / \$2,500 |
| - Hip, Thigh (Femur) | \$4,000 / \$2,000 | | \$5,000 / \$2,500 |
| - Skull (Simple, except bones of face or nose) | \$2,000 / \$1,000 | | \$2,500 / \$1,250 |
| - Leg (from top of tibia to ankle joint) | \$2,000 / \$1,000 | | \$2,500 / \$1,250 |
| - Pelvis (Excluding Coccyx) | \$2,000 / \$1,000 | | \$2,500 / \$1,250 |
| - Vertebrae (body of) | \$2,000 / \$1,000 | | \$2,500 / \$1,250 |
| - Sacral / Sacrum | \$1,000 / \$500 | | \$1,250 / \$625 |
| - Face or Nose (except teeth) | \$1,000 / \$500 | | \$1,250 / \$625 |
| - Upper Arm (Elbow to Shoulder) | \$1,000 / \$500 | | \$1,250 / \$625 |
| - Upper Jaw (except Alveolar process) | \$1,000 / \$500 | | \$1,250 / \$625 |
| - Ankle | \$800 / \$400 | | \$1,000 / \$500 |
| - Foot (except Toes) | \$800 / \$400 | | \$1,000 / \$500 |
| - Forearm, Hand, Wrist (except Fingers) | \$800 / \$400 | | \$1,000 / \$500 |
| - Kneecap | \$800 / \$400 | | \$1,000 / \$500 |
| - Lower Jaw (except Alveolar process) | \$800 / \$400 | | \$1,000 / \$500 |
| - Shoulder Blade or Collarbone | \$800 / \$400 | | \$1,000 / \$500 |
| - Vertebral Process | \$800 / \$400 | | \$1,000 / \$500 |
| - Coccyx | \$400 / \$200 | | \$500 / \$250 |
| - Finger or Toe | \$400 / \$200 | | \$500 / \$250 |
| | | Chip Fractures: 25% of amounts shown for Closed Reduction | |
| Dislocations | | Open Reduction / Closed Reduction | |
| - Hip | \$3,200 / \$1,600 | | \$4,000 / \$2,000 |

UnitedHealthcare

Accident Protection Plan for Weslaco ISD

| Accident Protection Plan v2 | | Standard | |
|---|---|-----------------|--|
| Legal Entity | UnitedHealthcare Insurance Company | | |
| | | | |
| - Elbow | \$800 / \$400 | \$1,000 / \$500 | |
| - Ankle | \$640 / \$320 | \$800 / \$400 | |
| - Collar Bone (Sternoclavicular) | \$640 / \$320 | \$800 / \$400 | |
| - Foot (except toes) | \$640 / \$320 | \$800 / \$400 | |
| - Hand | \$640 / \$320 | \$800 / \$400 | |
| - Knee Cap (Patella) | \$640 / \$320 | \$800 / \$400 | |
| - Lower Jaw | \$640 / \$320 | \$800 / \$400 | |
| - Shoulder Blade | \$640 / \$320 | \$800 / \$400 | |
| - Wrist | \$640 / \$320 | \$800 / \$400 | |
| - Collerbone (Acromioclavicular separation) | \$320 / \$160 | \$400 / \$200 | |
| - Finger or Toe | \$320 / \$160 | \$400 / \$200 | |
| Organized Sporting Activity Injury | Increases amounts payable under Follow Up Care and Common Injuries sections by 25% up to \$10,000 | | |
| Additional Benefits | | | |
| Catastrophic Accident Benefit | | | |
| - Sight of both eyes | \$20,000 | \$30,000 | |
| - Hearing in both ears | \$20,000 | \$30,000 | |
| - Ability to speak | \$20,000 | \$30,000 | |
| - Both hands or both feet | \$20,000 | \$30,000 | |
| - Use of both arms or both legs | \$20,000 | \$30,000 | |
| - One hand and one foot | \$20,000 | \$30,000 | |
| - Use of one arm and one leg | \$20,000 | \$30,000 | |
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UnitedHealthcare

Hospital Indemnity Protection Plan for Weslaco ISD

| Hospital Indemnity Protection Plan (HIPP) | | Voluntary | |
|--|--|---|----------|
| Legal Entity | | UnitedHealthcare Insurance Company | |
| Eligibility | | All Active Full Time Employees working a minimum of 30 hours per week | |
| Plan Design | | HIPP HSA Plan | |
| Coverage Level | | Base + Enhanced | |
| Pre-existing Conditions Exclusion | | None | |
| Portability | | Included | |
| Base + Enhanced Plan Benefits | | Option 1 | Option 2 |
| Hospital Admission (1 day/plan year) | | \$500 | \$1,000 |
| Hospital Confinement (up to 364 days/plan year) | | \$100 | \$200 |
| ICU Confinement (up to 364 days/plan year) | | \$100 | \$200 |
| ICU Admission (1 day/plan year) | | \$500 | \$1,000 |
| Monthly Rates - Current & Renewal | | Option 1 | Option 2 |
| Base + Enhanced Plan - Voluntary (Employee Paid) | | | |
| Employee Only | | \$4.41 | \$8.82 |
| With Spouse | | \$8.46 | \$16.92 |
| With Children | | \$8.38 | \$16.76 |
| With Spouse & Children | | \$13.39 | \$26.77 |

| Benefits | Payable Descriptions |
|-------------------------------|---|
| Base + Enhanced Plan Benefits | |
| Hospital Admission | 1 day per plan year per insured. |
| Hospital Confinement | Up to 364 days per plan year per insured. |
| ICU Confinement | Up to 364 days per plan year per insured. |
| ICU Admission | 1 day per plan year per insured. |

If diagnosed with cancer, how will you pay for what your health insurance won't?

The risk of developing cancer, unfortunately, is very real.

Nearly everyone has experienced or knows somebody who has experienced a cancer diagnosis in their family. The good news is that cancer screenings and cancer-fighting technologies have gotten a lot better in recent years. However, with advanced technology come high costs. Major medical health insurance is a great start, but even with this essential safety net, cancer sufferers can still be hit with unexpected medical and non-medical expenses.

Cancer coverage from Colonial Life offers the protection you need to concentrate on what is most important — your care.

Features of Colonial Life's Cancer Insurance:

1. Pays benefits to help with the cost of cancer screening and cancer treatment.
2. Provides benefits to help pay for the indirect costs associated with cancer, such as:
 - Loss of wages or salary
 - Deductibles and coinsurance
 - Travel expenses to and from treatment centers
 - Lodging and meals
 - Child care
3. Pays regardless of any other insurance you have with other insurance companies.
4. Provides a cancer screening benefit that you can use even if you are never diagnosed with cancer.
5. Benefits paid directly to you unless you specify otherwise.
6. Flexible coverage options for employees and their families.

This is a brief description of some available benefits.

We will pay benefits if one of the following routine cancer screening tests is performed or if cancer is diagnosed while your coverage is in force.

Cancer Screening Benefit Tests

This benefit is payable once per calendar year per covered person.

- Pap Smear
- ThinPrep Pap Test¹
- CA125 (Blood test for ovarian cancer)
- Mammography
- Breast Ultrasound
- CA 15-3 (Blood test for breast cancer)
- PSA (Blood test for prostate cancer)
- Chest X-ray
- Biopsy of Skin Lesion
- Colonoscopy
- Virtual Colonoscopy
- Hemoccult Stool Analysis
- Flexible Sigmoidoscopy
- CEA (Blood test for colon cancer)
- Bone Marrow Aspiration/Biopsy
- Thermography
- Serum Protein Electrophoresis (Blood test for Myeloma)

To file a claim for a covered cancer screening/wellness test, it is not necessary to complete a claim form. Call our toll-free Customer Service number, 1.800.325.4368, with the medical information

Inpatient Benefits

- Hospital and Hospital Intensive Care Unit Confinement
- Ambulance
- Private Full-Time Nursing Services
- Attending Physician

Treatment Benefits (In-or Outpatient)

- Radiation/Chemotherapy
- Antinausea Medication
- Blood/Plasma/Platelets/Immunoglobulins
- Experimental Treatment
- Hair Prosthesis/External Breast/Voice Box Prosthesis
- Supportive/Protective Care Drugs and Colony Stimulating Factors
- Bone Marrow Stem Cell Transplant
- Peripheral Stem Cell Transplant

Surgery Benefits

- Surgery Procedures (including skin cancer)
- Anesthesia (including skin cancer)
- Second Medical Opinion
- Reconstructive Surgery
- Prosthesis/Artificial Limb
- Outpatient Surgical Center

Transportation/Lodging Benefits

- Transportation
- Transportation for Companion
- Lodging

Extended Care Benefits

- Skilled Nursing Care Facility
- Hospice
- Home Health Care Service

Waiver of Premium

THIS IS A CANCER ONLY POLICY.

This policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form GCAN-MP and certificate form GCAN-C (including state abbreviations where used, for example GCAN-C-TX.)

¹ThinPrep is a registered trademark of Cytoc Corporation.

Colonial Life

1200 Colonial Life Boulevard
Columbia, South Carolina 29210
coloniallife.com

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Group Cancer Insurance— Initial Diagnosis of Cancer Rider



The diagnosis of internal cancer can be an upsetting time. You do not need to add financial worry to what is already a very difficult situation. When you add an Initial Diagnosis of Cancer rider to your group cancer insurance coverage, you add a little more financial protection at the point you or an insured family member is diagnosed with internal cancer—a time before many medical costs are incurred.

Rider Benefits

This rider pays a lump sum benefit for the initial diagnosis of internal (not skin) cancer. Use the benefit any way you choose, such as to help pay for deductibles and coinsurance on your major medical insurance or settle any outstanding debts.

Rider Features

- Guaranteed renewable as long as your cancer insurance policy is in force.
- Covers the same family members as your cancer insurance policy.
- Pays benefits regardless of any other insurance you have with other insurance companies.
- Pays benefits directly to you, unless you specify otherwise.

This rider has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to rider form R-GCAN-Indx (including state abbreviations where used - for example: R-GCAN-Indx-TX).

Group Cancer Insurance— Specified Disease Rider



When you add this rider to your group cancer insurance coverage, you add valuable coverage related to the following specified diseases.

Specified Diseases

- Adrenal Hypofunction (Addison's Disease)
- Botulism
- Bubonic Plague
- Cerebral Palsy
- Cholera
- Cystic Fibrosis
- Diphtheria
- Encephalitis (including Encephalitis contracted from West Nile Virus)
- Huntington's Chorea
- Legionnaires' Disease
- Lou Gehrig's Disease (Amyotrophic Lateral Sclerosis)
- Lyme Disease
- Malaria
- Meningitis (bacterial)
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Necrotizing Fasciitis
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Scleroderma
- Scarlet Fever
- Sickle Cell Anemia
- Systemic Lupus
- Tetanus
- Toxic Epidermal Necrolysis
- Toxic Shock Syndrome
- Tuberculosis (Mycobacterial)
- Tularemia
- Typhoid Fever
- Variant Creutzfeldt-Jakob Disease (Mad Cow Disease)
- Yellow Fever

Rider Benefits

- **Hospital Confinement** – We will pay this benefit if you incur charges for and are confined to a hospital for treatment of one of the specified diseases listed above.
- **Ambulance** – We will pay this benefit if you incur charges for and use a professional ambulance to transport you, on the advice of a doctor, to or from a hospital where you are confined as an inpatient for the treatment of a specified disease listed above. Limit 2 one way trips per confinement.
- **Attending Physician**– We will pay this benefit if you incur charges for and use the services of an attending physician while confined to a hospital for the treatment of a specified disease listed above.

Rider Features

- Covers the same family members as your cancer insurance coverage.
- Pays benefits regardless of any other insurance you have with other insurance companies.
- Pays benefits directly to you, unless you specify otherwise.

This rider has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to Rider form R-GCAN-SpDis (including state abbreviation where used - for example: R-GCAN-SpDis-TX).

Benefits

| Base Benefits | Plan 1 | Plan 2 |
|--|----------|----------|
| Cancer Screening/Wellness Benefit, per calendar year | \$50 | \$75 |
| Hospital Confinement/Hospital Intensive Care Unit Confinement | | |
| per day for first 30 days of hospital confinement in a calendar year | \$100 | \$200 |
| per day after first 30 days of hospital confinement in a calendar year | \$200 | \$400 |
| per day for hospital intensive care unit confinement | \$200 | \$400 |
| 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 | \$200 |
| per day after first 30 days of hospital confinement in a calendar year | \$200 | \$400 |
| per day for hospital intensive care unit confinement | \$200 | \$400 |
| maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined | | |
| Private Full-Time Nursing, per day | \$100 | \$200 |
| Radiation/Chemotherapy, per day | \$150 | \$225 |
| calendar year maximum | \$5,000 | \$7,500 |
| Antinausea Medication, per day | \$50 | \$50 |
| calendar year maximum | \$200 | \$200 |
| Blood/Plasma/Platelets/Immunoglobulins, per day | \$150 | \$225 |
| calendar year maximum | \$5,000 | \$7,500 |
| Supportive or Protective Care Drugs and Colony Stimulating Factors, per day | \$100 | \$150 |
| calendar year maximum | \$800 | \$1,200 |
| 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 | \$60 |
| maximum per procedure | \$1,500 | \$3,000 |
| Anesthesia | | |
| General Anesthesia % of surgical procedure | 25% | 25% |
| local anesthesia per procedure | \$25 | \$50 |

| Base Benefits - Continued | Plan 1 | Plan 2 |
|--|-----------------|-----------------|
| Second Medical Opinion, per malignant condition | \$300 | \$300 |
| Reconstructive Surgery-Unit Value | \$30 | \$60 |
| maximum per procedure including anesthesia, limit 2 per site | \$1,500 | \$3,000 |
| Outpatient Surgical Center, per day | \$250 | \$500 |
| calendar year maximum | \$750 | \$1,500 |
| Waiver of Premium | Yes | Yes |
| Additional Benefits | | |
| 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 |

NOTE: Level 1 benefits are not available with the Base Only Plan.

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

- In multi-state enrollments, situs state rules apply for Group Cancer 1000.*
- 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.
- 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.

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 1000
Base plus Additional Benefits
Monthly Premiums**

| | Level 2 | Level 3 |
|-----------------|----------------|----------------|
| Employee | \$10.70 | \$17.30 |
| Plan Code | S22N | S23N |
| Family | \$17.85 | \$28.75 |
| Plan Code | S22F | S23F |

**Group Cancer 1000
Optional Riders
Monthly Premiums**

| | Specified Disease | Initial Diagnosis per \$1000 |
|-----------------|-------------------|------------------------------|
| Employee | \$0.70 | \$1.05 |
| Plan Code | SSDN | SDXN |
| Family | \$1.10 | \$1.75 |
| Plan Code | SSDF | SDXF |

Critical Illness Insurance

Explore Your Benefits & Costs



Group Name: Weslaco Independent School District
Group Number: 719153
Class: Full-Time Employees

There are more than just medical bills to pay after a heart attack, stroke, or other unexpected covered medical condition. Critical Illness Insurance* provides a benefit payment that can help. This document includes expanded cost and benefit information for Critical Illness Insurance. As you explore, keep in mind:



No medical questions or tests are required for coverage.



Employees get an annual Wellness Benefit of \$75 for completing an eligible health screening test.



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

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

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

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

PLAN | INVEST | PROTECT

How much coverage is available?

You have the option to enroll in coverage in the amount(s) below.

| | Coverage Amount |
|----------------|--------------------------------|
| For you | \$15,000, \$20,000 or \$30,000 |
| Your spouse | 50% of your benefit amount |
| Your children* | 50% of your benefit amount |

*Child(ren) up to age 26.

What's covered by Critical Illness Insurance?

Critical Illness Insurance provides benefits for the covered medical conditions and diagnoses shown below. The most common conditions we pay claims for include:



Heart attack



Cancer



Stroke



**Coronary artery
bypass**



Kidney failure**

Sample benefit amounts

If one of these common events happens on or after your coverage effective date, and your claim is approved, benefits are payable at 100% of the Critical Illness benefit amount shown above unless otherwise stated. Use your benefit payment however you'd like:

| Covered Condition | % of Benefit |
|------------------------|--------------|
| Heart attack* | 100% |
| Cancer | 10% |
| Stroke | 100% |
| Kidney failure** | 100% |
| Coronary artery bypass | 25% |

* A sudden cardiac arrest is not in itself considered a heart attack.

** Listed in the certificate of coverage as "major organ transplant," which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

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

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

Schedule of Benefits

The table below outlines a more detailed list of what's covered. Please note that the covered condition/diagnosis must happen on or after your coverage effective date. Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated.

| Covered Condition | % of Benefit |
|--|--------------|
| Heart attack* | 100% |
| Cancer | 10% |
| Carcinoma In Situ | 25% |
| Stroke | 100% |
| Major organ transplant** | 100% |
| Coronary artery bypass | 25% |
| Permanent paralysis | 100% |
| Loss of sight, hearing or speech | 100% |
| Coma | 100% |
| Multiple sclerosis | 100% |
| Amyotrophic lateral sclerosis (ALS) | 100% |
| Parkinson's disease | 100% |
| Advanced dementia, including Alzheimer's disease | 100% |
| Infectious disease | 25% |

* A sudden cardiac arrest is not in itself considered a heart attack.

** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

Multiple benefit payments

You may receive a benefit payment up to 100% of the Critical Illness benefit amount for each different diagnosis, up to the total maximum benefit. (A definition of "different diagnosis" is provided in the certificate of coverage).

Total maximum benefit: The total maximum benefit amount is unlimited times the Critical Illness benefit amount for each covered condition. Once the total maximum benefit for a covered condition has been paid, no further benefits are payable for that same covered condition.

What else is included?

The Critical Illness Insurance available through your employer includes the following additional benefits:



**Receive \$75
to use
however
you'd like**

Wellness Benefit

Complete an eligible health screening test, and we'll send you a benefit payment to use however you'd like.

- Employees receive an annual benefit payment of \$75.
- Spouses receive an annual benefit payment of \$75.
- Children receive 100% of your benefit amount per child, with no annual maximum.



**Continue
coverage at
no cost**

Waiver of Premium

If you aren't working because you are totally disabled, Waiver of Premium allows you to keep your Critical Illness Insurance coverage for a period of time without paying premiums. You may need to complete a waiting period of total disability before premiums are waived, during which time premiums need to be paid. Only premiums for employee coverage will be waived; all other coverage will terminate.



Ready to Enroll?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please go to <https://presents.voya.com/EBRC/WISD>

Exclusions and limitations

Exclusions and limitations vary by state and by your employer's plan. Please review your certificate of coverage for details.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-CI4-POL-16; Certificate form #RL-CI4-CERT-16; Spouse Critical Illness Rider form #RL-CI4-SPR-16; Children's Critical Illness Rider form #RL-CI4-CHR-16; Wellness Benefit Rider form #RL-CI4-WELL-16; Waiver of Premium Rider form #RL-CI4-WOP-16. Form numbers, provisions and availability may vary by state and employer's plan.

1222305

CI2 Only

Date Prepared: 11/22/2020

212310-08152020

PLAN | INVEST | PROTECT



How much does Critical Illness Insurance cost?

The table below shows how much you'll pay for Critical Illness Insurance. Rates are dependent on your age and amount of coverage selected. Child(ren) rates are included in Employee rates.

| Employee Coverage Monthly Rates | | | | | | | |
|------------------------------------|----------|----------|----------|--------------|----------|----------|----------|
| Includes Wellness Benefit Rider | | | | | | | |
| Non-Tobacco User | | | | Tobacco User | | | |
| Attained Age | \$15,000 | \$20,000 | \$30,000 | Attained Age | \$15,000 | \$20,000 | \$30,000 |
| Under 30 | \$1.95 | \$2.60 | \$3.90 | Under 30 | \$2.85 | \$3.80 | \$5.70 |
| 30-39 | \$3.00 | \$4.00 | \$6.00 | 30-39 | \$4.20 | \$5.60 | \$8.40 |
| 40-49 | \$6.90 | \$9.20 | \$13.80 | 40-49 | \$9.30 | \$12.40 | \$18.60 |
| 50-59 | \$13.50 | \$18.00 | \$27.00 | 50-59 | \$20.85 | \$27.80 | \$41.70 |
| 60-64 | \$21.15 | \$28.20 | \$42.30 | 60-64 | \$34.80 | \$46.40 | \$69.60 |
| 65-69 | \$21.15 | \$28.20 | \$42.30 | 65-69 | \$34.80 | \$46.40 | \$69.60 |
| 70+ | \$28.20 | \$37.60 | \$56.40 | 70+ | \$46.05 | \$61.40 | \$92.10 |

| Spouse Coverage* Monthly Rates | | | | | | | |
|-----------------------------------|---------|----------|----------|--------------|---------|----------|----------|
| Includes Wellness Benefit Rider | | | | | | | |
| Non-Tobacco User | | | | Tobacco User | | | |
| Attained Age | \$7,500 | \$10,000 | \$15,000 | Attained Age | \$7,500 | \$10,000 | \$15,000 |
| Under 30 | \$0.98 | \$1.30 | \$1.95 | Under 30 | \$1.43 | \$1.90 | \$2.85 |
| 30-39 | \$1.50 | \$2.00 | \$3.00 | 30-39 | \$2.10 | \$2.80 | \$4.20 |
| 40-49 | \$3.45 | \$4.60 | \$6.90 | 40-49 | \$4.65 | \$6.20 | \$9.30 |
| 50-59 | \$6.75 | \$9.00 | \$13.50 | 50-59 | \$10.43 | \$13.90 | \$20.85 |
| 60-64 | \$10.58 | \$14.10 | \$21.15 | 60-64 | \$17.40 | \$23.20 | \$34.80 |
| 65-69 | \$10.58 | \$14.10 | \$21.15 | 65-69 | \$17.40 | \$23.20 | \$34.80 |
| 70+ | \$14.10 | \$18.80 | \$28.20 | 70+ | \$23.03 | \$30.70 | \$46.05 |

*Spouse rates are based on the age of the employee.

FLEXIBLE BENEFITS PLAN

Weslaco Independent School District

Employer ID NBS559751

PLAN HIGHLIGHTS

Login at: my.nbsbenefits.com



Congratulations! Weslaco Independent School District has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. One of the most important features of the Plan is that the benefits being offered are paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save. However, if you receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

DETERMINING CONTRIBUTIONS

Before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year.

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections if you have a "change in status". Please refer to your Summary Plan Description for a change in status listing.

GENERAL PLAN INFORMATION

Plan Year End:.....December 31st
Run-out Period:.....90 Days

Maximum Medical Limit:.....Current IRS limit \$3,050
...See Code Section 125(i)(2) or current enrollment information

Maximum Dependent Care Limit:.....\$5,000

Health FSA Carryover:.....Up to \$500 following the Plan run-out

WHEN AM I ELIGIBLE TO PARTICIPATE

If you work 20 hours or more each week for the company, you will be eligible to join the Plan following your date of employment.

You will enter the Plan on the first day of the month following the day in which you meet the above eligibility requirements.

WHAT TYPE OF BENEFITS ARE AVAILABLE

Under our Plan, you can choose the following benefits. Each benefit allows you to save taxes at the same time because the amount you elect is set aside on a pre-tax basis.

Health Flexible Spending Account:

The Health Flexible Spending Account (FSA) enables you to pay for expenses allowed under Section 105 and 213(d) of the Internal Revenue Code which are not covered by our insured medical plan. The most that you can contribute to your Health FSA each Plan Year is set by the IRS. This amount can be adjusted for increases in cost-of-living in accordance with Code Section 125(i)(2).

Dependent Care Flexible Spending Account:

The Dependent Care Flexible Spending Account (DCAP) enables you to pay for out-of-pocket, work-related dependent day-care cost. Please see the Summary Plan Description for the definition of eligible dependent. The law places limits on the amount of money that can be paid to you in a calendar year. Generally, your reimbursement may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns; (b) your taxable compensation; (c) your spouse's actual or deemed earned income. Also, in order to have the reimbursements made to you and be excluded from your income, you must provide a statement from the service provider including the name, address, and in most cases, the taxpayer identification number of the service provider, as well as the amount of such expense and proof that the expense has been incurred.

Premium Expense Plan:

A Premium Expense portion of the Plan allows you to use pre-tax dollars to pay for specific premiums under various insurance programs that we offer you.

Please note: Policies other than company sponsored policies (i.e. spouse's or dependents' individual policies etc.) may not be paid through the Flexible Benefits Plan. Furthermore, qualified long-term care insurance plans may not be paid through the Flexible Benefits Plan.

NBS Welfare Benefit Service Center

8523 S. Redwood Road
West Jordan, UT 84088
801-532-4000 or 1-800- 274-0503
Fax: 1-800-478-1528



Weslaco Independent School District
Cafeteria Plan
Weslaco Independent School District

Plan Contact Person:

Dr. Raul Cantu
319 West 4th Street
Weslaco, Texas 78599
(956) 969-6580

Flexible Benefits Plan

Highlights Continued

HOW DO I RECEIVE REIMBURSEMENTS

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at www.NBSbenefits.com.

Claim forms must be submitted no later than 90 days after the end of the Plan Year for the Health Flexible Spending Account and the Dependent Care Flexible Spending Account. However, if you have unused contributions in your Health Flexible Spending Account following the Plan run-out period, you may roll up to \$500 to the new plan year. Any amount above \$500 in your Health FSA at the end of the Plan run-out period will be forfeited.

NBS Flexcard – FSA Pre-paid MasterCard

Your employer may sponsor the use of the NBS Flexcard, making access to your flex dollars easier than ever. You may use the card to pay merchants or service providers that accept credit cards, so there is no need to pay cash up front then wait for reimbursement.

Terminated Employees have 90 Days after their date of termination to submit receipts for services prior to their termination date.

WHO ARE HIGHLY COMPENSATED & KEY EMPLOYEES

Under the Internal Revenue Code, "highly compensated employees" and "key employees" generally are Participants who are officers, shareholders or highly paid.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Please refer to your Summary Plan Description for more information. You will be notified of these limitations if you are affected.

Updated: 11/8/2022

NBS Welfare Benefit Service Center

8523 S. Redwood Road
West Jordan, UT 84088
801-532-4000 or 1-800- 274-0503
Fax: 1-800-478-1528



Weslaco Independent School District
Cafeteria Plan
Weslaco Independent School District

Plan Contact Person:
Dr. Raul Cantu
319 West 4th Street
Weslaco, Texas 78599
(956) 969-6580

Healthcare Expense Account

Sample Expenses

Medical expenses

- Acupuncture
- Addiction programs
- Adoption (medical expenses for baby birth)
- Alternative healer fees
- Ambulance
- Body scans
- Breast pumps
- Care for mentally handicapped
- Chiropractor
- Copayments
- Crutches
- Diabetes (insulin, glucose monitor)
- Eye patches
- Fertility treatment
- First aid (i.e. bandages, gauze)
- Hearing aids & batteries
- Hypnosis (for treatment of illness)
- Incontinence products (i.e. Depends, Serene)
- Joint support bandages and hosiery
- Lab fees
- Monitoring device (blood pressure, cholesterol)
- Physical exams
- Pregnancy tests
- Prescription drugs
- Psychiatrist/psychologist (for mental illness)
- Physical therapy
- Speech therapy
- Vaccinations
- Vaporizers or humidifiers
- Weight loss program fees (if prescribed by physician)
- Wheelchair

Dental expenses

- Artificial teeth
- Copayments
- Deductible
- Dental work
- Dentures
- Orthodontia expenses
- Preventative care at dentist office
- Bridges, crowns, etc.

Vision expenses

- Braille - books & magazines
- Contact lenses
- Contact lens solutions
- Eye exams
- Eye glasses
- Laser surgery
- Office fees
- Guide dog and upkeep/other animal aid

Items that generally do not qualify for reimbursement

- Personal hygiene (deodorant, soap, body powder, sanitary products)
- Addiction products
- Allergy relief (oral meds, nasal spray)
- Antacids and heartburn relief
- Anti-itch and hydrocortisone creams
- Athlete's foot treatment
- Arthritis pain relieving creams
- Cold medicines (i.e. syrups, drops, tablets)
- Cosmetic surgery
- Cosmetics (i.e. makeup, lipstick, cotton swabs, cotton balls, baby oil)
- Counseling (i.e. marriage/family)
- Dental care - routine (i.e. toothpaste, toothbrushes, dental floss, anti-bacterial mouthwashes, fluoride rinses, teeth whitening/bleaching)
- Exercise equipment
- Fever & pain reducers (i.e. Aspirin, Tylenol)
- Hair care (i.e. hair color, shampoo, conditioner, brushes, hair loss products)
- Health club or fitness program fees
- Homeopathic supplement or herbs
- Household or domestic help
- Laser hair removal
- Laxatives
- Massage therapy
- Motion sickness medication
- Nutritional and dietary supplements (i.e. bars, milkshakes, power drinks, Pedialyte)
- Skin care (i.e. sun block, moisturizing lotion, lip balm)
- Sleep aids (i.e. oral meds, snoring strips)
- Smoking cessation relief (i.e. patches, gum)
- Stomach & digestive relief (i.e. Pepto-Bismol, Imodium)
- Tooth and mouth pain relief (Orajel, Anbesol)
- Vitamins
- Wart removal medication
- Weight reduction aids (i.e. Slimfast, appetite suppressant)



These expenses may be eligible if they are prescribed by a physician (if medically necessary for a specific condition).

