

2025-2026

EMPLOYEE BENEFITS

GUIDE



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CONTACT INFORMATION

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LOCAL AGENTS

Premier Benefits Alliance

514 S Veterans Blvd Ste A

Pharr, TX 78577

(956) 783-1137

Workplace Benefit Advisors

819 N Veterans Blvd

Pharr, TX 78577

(956) 781-7771

PROVIDER'S

MEDICAL

Blue Cross Blue Shield of TX

1-800-521-2227

TERM LIFE

Dearborn National

1-877-442-4207

DENTAL

Blue Cross Blue Shield of TX

1-800-521-2227

DISABILITY

The Hartford

1-866-547-9124

WHOLE LIFE

VOYA

1-800-527-5024

LEGAL

Legal Shield

1-800-654-7757

FSA / DCFSA

David K. Young Consulting

210-558-0999

ACCIDENT

Aetna

1-888-772-9682

CANCER

Allstate

1-800-521-3535

VISION

AFLAC

1-800-999-5431

HOSPITAL INDEMNITY

Voya

1-877-236-7564

CRITICAL ILLNESS

The Hartford

1-866-547-4205

MEDICAL



Pharr San Juan Alamo ISD
Blue Cross Blue Shield of Texas
Health Benefits Highlight Sheet
Effective 09/01/2025

Type of Services	Plan B		Plan C	
Medical Services	In-Network (Your Cost)	Out-of-Network (Your Cost)	In-Network (Your Cost)	Out-of-Network (Your Cost)
Deductible Individual / Family	\$500 / \$1,000	\$1,000 / \$2,000	\$750 / \$1,500	\$1,500 / \$3,000
Out-of-Pocket Limit Individual / Family	\$1,200 / \$3,600	\$2,500 / \$7,500	\$1,700 / \$5,100	\$3,000 / \$9,000
Office Visit Co-Pay	\$15	30% coinsurance	\$15	30% coinsurance
Preventive Care	No Charge	30% coinsurance	No Charge	30% coinsurance
Diagnostic Test X-ray, blood work. Copay may apply	No Charge	30% coinsurance	No Charge	30% coinsurance
Imaging CT/PET Scans & MRIs	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
Urgent Care Copay Deductible does not apply	\$75	30% coinsurance	\$100	30% coinsurance
Emergency Room Care Copay Copay waived if admitted. Deductible does not apply	\$75 Plus 20% coinsurance	\$75 Plus 20% coinsurance	\$100 Plus 30% coinsurance	\$100 Plus 30% coinsurance
Hospital Stay Facility & Physician/Surgeon Fees	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
Pharmacy Services	Mail Order Service is through Express Scripts. Specialty Medication can only be filled at retail pharmacy or by using Accredo.			
Retail Rx 31 days supply Generic / Preferred Brand / Non-Preferred Brand	\$10 / \$30 / \$30	\$10 / \$30 / \$30 Member must file claim	\$10 / \$30 / \$30	\$10 / \$30 / \$30 Member must file claim
Mail Order 90 days supply Generic / Preferred Brand / Non-Preferred Brand	\$0 / \$75 / \$75	Not Covered	\$0 / \$75 / \$75	Not Covered
Specialty Medication Deductible does NOT apply	10% coinsurance up to \$100 maximum	Not Covered	10% coinsurance up to \$100 maximum	Not Covered
Separate Prescription Drug Out of Pocket Limit:	\$1,000 Individual / \$2,000 Family		\$1,000 Individual / \$2,000 Family	

NEW! Express Scripts Pharmacy will be your new mail order prescription provider. Use **Accredo** for specialty medications.

Members may use Accredo to get their specialty medications if a retail pharmacy does not have the medication.

Remaining available refills were transferred to Express Scripts mail order and Accredo specialty.

Go to BAM website and sign into Express Scripts (ESI) for new mail order medications and Accredo to start the process for new specialty refills.

Monthly Rates	PLAN B High Plan		PLAN C Base Plan	
	Employee	Working Couple	Employee	Working Couple
Coverage Type				
Employee Only	\$213.00	N/A	\$0	N/A
Emp + Child(ren)	\$612.00	N/A	\$405.00	N/A
Emp + Spouse	\$727.00	\$327.00	\$629.00	\$0
Family	\$1009.00	\$609.00	\$662.00	\$0

Programs & Services Offered through Blue Cross Blue Shield

\$0 Copay Virtual Visits with MDLIVE			
Visit a board-certified doctor, 24/7/365 for non-emergency situations at no cost.			
Allergies	Asthma	Cold/flu	Ear Problems (Age 12+)
Pink Eye	Rash	Sinus Infections	Nausea
Activate your account or schedule a virtual visit!			
1. Go to Blue Access for Members or MDLIVE.com/bcbstx			
2. Download the MDLIVE app			
3. Call MDLIVE at (888)680-8646			
4. Text BCBSTX to 635-483. (MDLIVE's online assistant Sophie will help activate your account.)			
Licensed counselors and psychiatrist available by appointment to help you with anxiety, depression, trauma and loss.			



BCBS Mobile Apps for BAM & MDLIVE

Blue Cross Blue Shield	
PSJA ISD Group Number:	297209
BCBSTX Customer Service:	(800) 521-2227
BCBSTX Website:	www.bcbstx.com
Preauthorization Medical:	(800) 441-9188
Preauthorization MH/CD:	(800) 528-7264
Blue Card Access:	(800) 810-2583
Provider Services:	(800) 451-0287
Employee Assist Program (EAP):	(844) 213-8968
EAP Online Registration:	www.guidanceresources.com

Mail Order Program & Specialty Medications	
Mail Order Program: Express Scripts Pharmacy Call (833) 715-0942 Register at express-scripts.com/rx	
Specialty Medications: Accredo Register: (833) 721-1619 Manage Prescriptions at accredo.com	

Blue Access for Members (BAM)	
You and all covered dependents age 18 and up can create a BAM account	
View Your Health Benefits	View Your Claims
Find Providers & Hospitals	Find Medical & RX Forms
View or Print ID Card	Download the App
Use the Cost Estimator tool for price on treatment	

Register for BAM Now!	
1. Go to bcbstx.com/member	
2. Click Log into My Account	
3. Use the information on your BCBSTX ID card to sign up 4 Or text * BCBSTXAPP to 33633 to get the BCBSTX App	



DENTAL



Pharr San Juan Alamo ISD Dental Summary

PSJA

BCBS CORE PLAN		
Covered Services	In-Network	Out-of-Network
Diagnostic Evaluations <i>(Deductible waived)</i>	80%	80%
Preventive Services <i>(Deductible waived)</i>	80%	80%
Diagnostic Radiographs <i>(Deductible waived)</i>	80%	80%
Miscellaneous Preventive Services <i>(Deductible waived)</i>	80%	80%
Basic Restorative Services	70%	70%
Non-Surgical Extractions	70%	70%
Non-Surgical Periodontal Services	50%	50%
Adjunctive Services	50%	50%
Endodontic Services	50%	50%
Oral Surgery Services	50%	50%
Surgical Periodontal Services	50%	50%
Major Restorative Services	50%	50%
Prosthodontic Services	50%	50%
Miscellaneous Restorative and Prosthodontic Services	50%	50%
Implants	Not Covered	Not Covered
Orthodontia <i>(Deductible waived)</i>	50%	50%
Limiting Age: 19		
Maximum Lifetime Benefits per individual for Orthodontia	\$1,000	\$1,000
Deductible <i>Three-Month Deductible Carryover applies</i>	\$75 individual / \$225 family	\$75 individual / \$225 family
Annual Maximum	\$1,000	\$1,000

BCBS BUY UP PLAN		
Covered Services	In-Network	Out-of-Network
Diagnostic Evaluations <i>(Deductible waived)</i>	80%	80%
Preventive Services <i>(Deductible waived)</i>	80%	80%
Diagnostic Radiographs <i>(Deductible waived)</i>	80%	80%
Miscellaneous Preventive Services <i>(Deductible waived)</i>	80%	80%
Basic Restorative Services	80%	80%
Non-Surgical Extractions	80%	80%
Non-Surgical Periodontal Services	80%	80%
Adjunctive Services	80%	80%
Endodontic Services	80%	80%
Oral Surgery Services	80%	80%
Surgical Periodontal Services	80%	80%
Major Restorative Services	50%	50%
Prosthodontic Services	50%	50%
Miscellaneous Restorative and Prosthodontic Services	50%	50%
Implants	50%	50%
Orthodontia <i>(Deductible waived)</i>	50%	50%
Limiting Age: 19		
Maximum Lifetime Benefits per individual for Orthodontia	\$1,500	\$1,500
Deductible <i>Three-Month Deductible Carryover applies</i>	\$75 individual / \$225 family	\$75 individual / \$225 family
Annual Maximum	\$1,500	\$1,500

Core Plan Rates	
Employee Only	\$ -
Family	\$ 36.23
Working Couple Family	\$ 20.20

Buy Up Plan Rates	
Employee Only	\$ 4.65
Family	\$ 51.46
Working Couple Family	\$ 35.43

TERM LIFE



**BlueCross BlueShield
of Texas**

Group Benefit Program Summary for Pharr-San Juan-Alamo ISD

Group 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 Other Active Full-Time Employees
Group Term Life Benefit: Employee	\$20,000
Guarantee Issue Amount - Employee	\$20,000
Group Term Life Age Reduction Schedule	Benefits reduce by 33% of the original amount at age 70; and further reduce by: 50% of the original amount at age 75.
Waiver of Premium	Elimination Period: 3 Months; Duration: To age 65
Accelerated Death Benefit (ADB)	Benefit: Up to 80% of the employee's life insurance; Life expectancy: 24 months or less
Portability Feature (Life Coverage)	Included (employee)
Conversion	Included
Beneficiary Resource Service	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

Group 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	\$55,000
AD&D Age Reduction Schedule	Benefits reduce by 33% of the original amount at age 70; and further reduce by: 50% of the original amount at age 75.

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
- ▲ Repatriation Benefit
- ▲ Education Benefit
- ▲ Day Care Benefit
- ▲ Public Conveyance Benefit
- ▲ In the Line of Duty Benefit

*Loss must occur within 365 days of accident.

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**BlueCross BlueShield
of Texas**

Group Benefit Program Summary for Pharr-San Juan-Alamo ISD

Supplemental 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	Plan 1: All Active Full-Time Superintendents, Department Heads, Teachers and Administrators
Group Term Life Benefit: Employee	\$25,000 - \$40,000 in increments of \$15,000
Grandfathering	\$40,000 provided minimum participation requirement is met
Guarantee Issue Amount - Employee	\$40,000 (subject to eligibility rules and enrollment status guidelines)
Group Term Life Age Reduction Schedule	Same as Basic Life
Premium Waiver Type	Same as Basic Life
Accelerated Death Benefit (ADB)	Same as Basic Life
Portability Feature (Life Coverage)	Included
Conversion	Included

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Supplemental Life
PREMIUM RATE GRID



BlueCross BlueShield
of Texas

Pharr-San Juan-Alamo ISD

Eligibility

All Active Full-Time Employees, including Superintendents, Department Heads,
Teachers, and Administrators

Supplemental Life

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$150,000 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	\$230,000
Spouse	\$50,000

*Assumes 69% participation

Child Coverage

Birth to 14 days:	\$10,000
15 days to 6 months:	\$10,000
6 months to age 26:	\$10,000

Life and AD&D benefits reduce by 33% of the original amount at age 70 and further reduce
by 50% of the original amount at age 75.

Supplemental Life

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	\$0.29	\$0.29	\$0.29	\$0.38	\$0.57	\$0.76	\$1.24	\$1.90	\$2.85	\$4.75	\$7.89	\$14.16
\$20,000	\$0.58	\$0.58	\$0.58	\$0.76	\$1.14	\$1.52	\$2.48	\$3.80	\$5.70	\$9.50	\$15.78	\$28.32
\$30,000	\$0.87	\$0.87	\$0.87	\$1.14	\$1.71	\$2.28	\$3.72	\$5.70	\$8.55	\$14.25	\$23.67	\$42.48
\$40,000	\$1.16	\$1.16	\$1.16	\$1.52	\$2.28	\$3.04	\$4.96	\$7.60	\$11.40	\$19.00	\$31.56	\$56.64
\$50,000	\$1.45	\$1.45	\$1.45	\$1.90	\$2.85	\$3.80	\$6.20	\$9.50	\$14.25	\$23.75	\$39.45	\$70.80
\$60,000	\$1.74	\$1.74	\$1.74	\$2.28	\$3.42	\$4.56	\$7.44	\$11.40	\$17.10	\$28.50	\$47.34	\$84.96
\$70,000	\$2.03	\$2.03	\$2.03	\$2.66	\$3.99	\$5.32	\$8.68	\$13.30	\$19.95	\$33.25	\$55.23	\$99.12
\$80,000	\$2.32	\$2.32	\$2.32	\$3.04	\$4.56	\$6.08	\$9.92	\$15.20	\$22.80	\$38.00	\$63.12	\$113.28
\$90,000	\$2.61	\$2.61	\$2.61	\$3.42	\$5.13	\$6.84	\$11.16	\$17.10	\$25.65	\$42.75	\$71.01	\$127.44
\$100,000	\$2.90	\$2.90	\$2.90	\$3.80	\$5.70	\$7.60	\$12.40	\$19.00	\$28.50	\$47.50	\$78.90	\$141.60
\$150,000	\$4.35	\$4.35	\$4.35	\$5.70	\$8.55	\$11.40	\$18.60	\$28.50	\$42.75	\$71.25	\$118.35	\$212.40
\$200,000	\$5.80	\$5.80	\$5.80	\$7.60	\$11.40	\$15.20	\$24.80	\$38.00	\$57.00	\$95.00	\$157.80	\$283.20
\$250,000	\$7.25	\$7.25	\$7.25	\$9.50	\$14.25	\$19.00	\$31.00	\$47.50	\$71.25	\$118.75	\$197.25	\$354.00
\$300,000	\$8.70	\$8.70	\$8.70	\$11.40	\$17.10	\$22.80	\$37.20	\$57.00	\$85.50	\$142.50	\$236.70	\$424.80
\$350,000	\$10.15	\$10.15	\$10.15	\$13.30	\$19.95	\$26.60	\$43.40	\$66.50	\$99.75	\$166.25	\$276.15	\$495.60
\$400,000	\$11.60	\$11.60	\$11.60	\$15.20	\$22.80	\$30.40	\$49.60	\$76.00	\$114.00	\$190.00	\$315.60	\$566.40
\$450,000	\$13.05	\$13.05	\$13.05	\$17.10	\$25.65	\$34.20	\$55.80	\$85.50	\$128.25	\$213.75	\$355.05	\$637.20
\$500,000	\$14.50	\$14.50	\$14.50	\$19.00	\$28.50	\$38.00	\$62.00	\$95.00	\$142.50	\$237.50	\$394.50	\$708.00

Employee Supplemental Life	
Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.029
20-24	\$0.029
25-29	\$0.029
30-34	\$0.038
35-39	\$0.057
40-44	\$0.076
45-49	\$0.124
50-54	\$0.190
55-59	\$0.285
60-64	\$0.475
65-69	\$0.789
70+	\$1.416

Dependent Life (Children)	
Monthly Premium per Family	
Life	
\$10,000	\$1.30

Supplemental Life
PREMIUM RATE GRID



**BlueCross BlueShield
of Texas**

Pharr-San Juan-Alamo ISD

Eligibility

All Active Full-Time Employees, including Superintendents, Department Heads,
Teachers, and Administrators

Supplemental Life

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$150,000 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	\$230,000
Spouse	\$50,000

*Assumes 69% participation

Child Coverage

Birth to 14 days:	\$10,000
15 days to 6 months:	\$10,000
6 months to age 26:	\$10,000

Life and AD&D benefits reduce by 33% of the original amount at age 70 and further reduce
by 50% of the original amount at age 75.

Supplemental Life

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+
\$5,000	\$0.15	\$0.15	\$0.15	\$0.19	\$0.29	\$0.38	\$0.62	\$0.95	\$1.43	\$2.38	\$3.95	\$7.08
\$10,000	\$0.29	\$0.29	\$0.29	\$0.38	\$0.57	\$0.76	\$1.24	\$1.90	\$2.85	\$4.75	\$7.89	\$14.16
\$15,000	\$0.44	\$0.44	\$0.44	\$0.57	\$0.86	\$1.14	\$1.86	\$2.85	\$4.28	\$7.13	\$11.84	\$21.24
\$20,000	\$0.58	\$0.58	\$0.58	\$0.76	\$1.14	\$1.52	\$2.48	\$3.80	\$5.70	\$9.50	\$15.78	\$28.32
\$25,000	\$0.73	\$0.73	\$0.73	\$0.95	\$1.43	\$1.90	\$3.10	\$4.75	\$7.13	\$11.88	\$19.73	\$35.40
\$30,000	\$0.87	\$0.87	\$0.87	\$1.14	\$1.71	\$2.28	\$3.72	\$5.70	\$8.55	\$14.25	\$23.67	\$42.48
\$35,000	\$1.02	\$1.02	\$1.02	\$1.33	\$2.00	\$2.66	\$4.34	\$6.65	\$9.98	\$16.63	\$27.62	\$49.56
\$40,000	\$1.16	\$1.16	\$1.16	\$1.52	\$2.28	\$3.04	\$4.96	\$7.60	\$11.40	\$19.00	\$31.56	\$56.64
\$45,000	\$1.31	\$1.31	\$1.31	\$1.71	\$2.57	\$3.42	\$5.58	\$8.55	\$12.83	\$21.38	\$35.51	\$63.72
\$50,000	\$1.45	\$1.45	\$1.45	\$1.90	\$2.85	\$3.80	\$6.20	\$9.50	\$14.25	\$23.75	\$39.45	\$70.80
\$55,000	\$1.60	\$1.60	\$1.60	\$2.09	\$3.14	\$4.18	\$6.82	\$10.45	\$15.68	\$26.13	\$43.40	\$77.88
\$60,000	\$1.74	\$1.74	\$1.74	\$2.28	\$3.42	\$4.56	\$7.44	\$11.40	\$17.10	\$28.50	\$47.34	\$84.96
\$65,000	\$1.89	\$1.89	\$1.89	\$2.47	\$3.71	\$4.94	\$8.06	\$12.35	\$18.53	\$30.88	\$51.29	\$92.04
\$70,000	\$2.03	\$2.03	\$2.03	\$2.66	\$3.99	\$5.32	\$8.68	\$13.30	\$19.95	\$33.25	\$55.23	\$99.12
\$75,000	\$2.18	\$2.18	\$2.18	\$2.85	\$4.28	\$5.70	\$9.30	\$14.25	\$21.38	\$35.63	\$59.18	\$106.20
\$100,000	\$2.90	\$2.90	\$2.90	\$3.80	\$5.70	\$7.60	\$12.40	\$19.00	\$28.50	\$47.50	\$78.90	\$141.60
\$125,000	\$3.63	\$3.63	\$3.63	\$4.75	\$7.13	\$9.50	\$15.50	\$23.75	\$35.63	\$59.38	\$98.63	\$177.00
\$150,000	\$4.35	\$4.35	\$4.35	\$5.70	\$8.55	\$11.40	\$18.60	\$28.50	\$42.75	\$71.25	\$118.35	\$212.40

Spouse Supplemental Life	
Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.029
20-24	\$0.029
25-29	\$0.029
30-34	\$0.038
35-39	\$0.057
40-44	\$0.076
45-49	\$0.124
50-54	\$0.190
55-59	\$0.285
60-64	\$0.475
65-69	\$0.789
70+	\$1.416

Dependent Life (Children)	
Monthly Premium per Family	
Life	
\$10,000	\$1.30



**BlueCross BlueShield
of Texas**

Voluntary Group AD&D Insurance Plan Design Summary for Pharr-San Juan-Alamo ISD

Eligibility:	All Active Full-Time Employees
Voluntary Employee AD&D Benefit:	\$10,000 - \$500,000 in increments of \$10,000, not to exceed 10 times annual earnings
Voluntary Family AD&D Benefit:	Spouse Only: 50% Spouse with Children: 40% Child Only: 15%, not to exceed \$25,000 Child with Spouse: 10%, not to exceed \$25,000
Age Reduction Schedule <i>Benefits are reduced by the percentage indicated and are calculated from the original amount at the attainment of the age shown</i>	33% at age 70 50% at age 75 Benefits terminate at Retirement

Additional AD&D Features

Seat Belt Benefit	10% - \$25,000
Air Bag Benefit	15% - \$15,000
Education Benefit	5% - \$2,500 per year; Up to four years
Repatriation Benefit	20% - \$20,000
Bereavement Counseling Benefit	\$250 per session; Maximum 10 sessions
Coma Benefit	1% - 100 months
Common Disaster Benefit	Employee Principal Sum to a maximum of \$250,000
Day Care Benefit	3% - \$3,000 per year; Maximum 5 years
Public Conveyance Benefit	100% - \$500,000
Spouse Training Benefit	5% - \$10,000

Exclusions and Limitations*

- Disease of the mind or body, and any medical or surgical treatment thereof
- Infection
- Suicide or attempted suicide
- Intentionally self-inflicted injury
- War
- Travel or flight in any aircraft while a member of the crew
- Under the influence of any narcotic
- Intoxication
- Participation in a riot
- Any heart, coronary or circulatory malfunction
- Commission of a felony

* Refer to the policy and certificate for other exclusions and limitations that may apply

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.

VISION

Aflac Vision Insurance

Plan benefit highlights for: Pharr-San-Juan-Alamo ISD

Effective Date: 09/01/2025

In and Out-of-Network benefits	
Service type	Frequency
Eye examinations inclusive of dilation (as necessary)	Once every 12 months
Eyeglass lenses	Once every 12 months
Frame	Once every 24 months
Contact lens evaluation, fitting and follow-up care (in lieu of eyeglasses)	Once every 12 months
In-Network benefits	
Covered services	Member co-pays
Eye examination/ Eyeglass lenses	\$10 / \$15
Eyeglass Benefit-Frame	
Frame allowance (retail) 20% overage discount*****1	Up to \$125 OR Up to \$175**
Davis Vision Frame Collection (in lieu of allowance)	
Fashion level / Designer level / Premier level***	\$0 / \$0 /\$25
Materials – Eyeglass Lenses*****	
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	\$0
Tinting of plastic lenses	\$0
Scratch-resistant coating	\$0
Polycarbonate lenses (children**** / adults)	\$0 / \$30
Ultraviolet coating	\$12
Antireflective (AR) coating (standard/premium/ultra/ultimate)	\$35 /\$48 /\$60 /\$85
Progressive lenses (standard/premium/ultra/ultimate)	\$50 /\$90 /\$140 /\$175
High-index lenses (1.6 / 1.74)	\$55 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$65
Scratch-protection plan: single vision/multifocal lenses	\$20 / \$40
Retinal imaging	\$39
Blue light filtering	\$15
Digital single vision (intermediate)	\$30

Underwritten by:

American Family Life Assurance Company of Columbus

Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999 | 1.855.819.1873



Contact Lenses Benefit (in lieu of eyeglasses) – Standard and Specialty Lens Types	
Contact lens material allowance – plus 20% discount on any overage ¹	Up to \$125 + 15% off balance**
Evaluation, fitting and follow-up care – standard lens types (in lieu of eyeglasses)	15% discount**
Evaluation, fitting and follow-up care – specialty lens types (in lieu of eyeglasses)	15% discount**
Collection Contact Lenses Benefit (in lieu of contact lens material allowance)	
Materials disposable: up to***	4 boxes / multi-packs
Planned replacement: up to***	2 boxes / multi-packs
Evaluation, fitting and follow-up care	\$0 co-pay
Non-Elective (Visually Required) Contact Lenses (with prior approval)	
Materials, evaluation, fitting and follow-up care	\$0 co-pay
Refractive Surgery Vision Correction (LASIK) Benefit	
One-time/lifetime allowance*****	\$150
Out-of-network benefits	
Covered services	Reimbursement allowance schedule
Eye examination	Up to \$35
Frame	Up to \$45
Single-vision lenses	Up to \$25
Bifocal/progressive lenses	Up to \$40
Trifocal lenses	Up to \$50
Lenticular lenses	Up to \$80
Elective contact lenses	Up to \$110
Non-elective (visually required) contact lenses	Up to \$250

¹Discounts are not part of insured benefits. 30% discount off additional pair of frames

**At Visionworks® locations. Additional discounts not applicable at Glasses.com, 1-800-Contacts, Walmart locations, Sam's Club locations, or Costco locations or where limited by law or manufacturer restrictions.

***Collection is available at most participating independent provider offices. Collection is subject to change.

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

*****Enhanced frame allowance is available at all Visionworks locations nationwide.

***** The Eyeglass Frames allowance may be paid toward Refractive Surgery Vision Correction. The Davis Vision and Superior Vision networks provide you with the opportunity to access discounted laser correction services. Laser vision correction services are administered by QualSight, LLC, and may not be available in all service areas. Davis Vision and Superior Vision make no representations regarding any services provided by QualSight, LLC. Davis Vision and Superior Vision do not make any warranty or assume any legal liability or responsibility for the surgical outcomes or medical management of any laser vision correction procedures. All responsibility lies with the specific LASIK specialist and/or vision correction facility.

*****Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

Customer care center
1-800-999-5431

Monthly rates			
EE	EE + Spouse	EE + Children	Family
\$4.54	\$7.81	\$8.24	\$12.40

We make it easy to find a provider. You can visit DavisVision.com to search for a provider or call Davis Vision directly at 1.800.999.5431.

Benefits and/or premiums may vary based on the state and benefit option selected. The plan has limitations and exclusions that may affect benefits payable. The plan may contain a waiting period. Refer to the policy and certificate for complete benefit details, definitions, limitations and exclusions. This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions as well as a complete list of the Schedule of Benefits payable under the plan.

LIMITATIONS AND EXCLUSIONS

State references within this brochure refer to the state of your group and not your resident state.

Limitations

Eyeglass lenses and frames are paid in lieu of the contact lenses benefit.

Contact lenses are payable in lieu of eyeglass lenses and frames.

Coverage for a late entrant or re-enrollee is limited to the vision exam benefit during the first 24 months after such person's effective date of coverage.

Dilation is covered in full under the vision exam benefit only if required by state law or done for one of the following conditions: central vision loss, photopsia, floaters, high myopia, diabetes or history of ocular surgery, ocular trauma or ocular disease.

Exclusions

No benefits are payable for any of the following conditions, services, procedures and/or materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits:

- Replacement frames and/or lenses, except at normal intervals when covered services or materials are otherwise available;
- Plano lens or non-prescription lenses or sunglasses;
- Orthoptics, vision training and any associated supplemental testing;
- Frame cases;
- Low (subnormal) vision aids or aniseikonic lenses;
- Medical and surgical treatment of the eyes;
- Charges incurred after (a) the policy ends; or (b) the insured person's coverage under the policy ends, except as stated in the policy;
- Any eye examination or corrective eyewear required by an employer as a condition of employment;
 - In Arkansas, this exclusion does not apply.
- Services for which benefits are paid by worker's compensation;
- Blended bifocal lenses;
- Groove, drill or notch, and roll and polish;
- Two pairs of glasses, in lieu of bifocals, trifocals or progressives;
- Coating on lenses (factory scratch coat, anti-reflective, sunglass colors, etc.);
- Cosmetic items;
- Faceted lenses;
- High-index lenses;
- Laminated lenses;
- Oversize lenses – any lens with an eye size of 61mm or greater;
- Photochromic (transition) lenses;
- Polaroid lenses;
- Polished bevel lenses;
- Polycarbonate lenses, except for insured members under 19;
- Prism lenses;
- Slab-off lenses;
- Tints (except pink tint #1 and #2);
- Ultra-violet tint or coating;
- Additional cost for contact lenses over the allowance;
- Additional cost for a frame over the allowance;
- Progressive power lenses;
 - In Texas:
 - Services and procedures performed by an ophthalmologist, optician, and optometrist who is the insured person, or a family member.

No benefits are payable for services performed by a member of the insured person's family. Insured person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents.

NOTICE: The coverage offered is not a qualified health plan (QHP) under the Patient Protection and Affordable Care Act (ACA) and is not required to satisfy essential health benefits mandates of the ACA. The coverage provides limited benefits.

Vision Network: Davis Vision | Capital Region Health Park, Suite 301 | 711 Troy-Schenectady Road | Latham, NY Applies to Policy Series QNV1000. In Arkansas, policy form QNV1100MAR. In Oklahoma, policy form QNV1100MOK. In Oregon, policy form QNV1100MOR and QNV1100MORS. In Pennsylvania, policy form QNV1100MPA. In Texas, policy form QNV1100MTX.

FSA / DCFSA



Don't lose the chance to put up to \$1015 back into your pocket this year!

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

How does a healthcare FSA work?

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

You choose an annual election amount, up to **\$3,300** ^{*2025 limit}. At the beginning of the plan year, your account is pre-funded and your full contribution is immediately available for use. Your election amount is then deducted from your paychecks in equal installments throughout the year.

Why should I enroll in a healthcare FSA?

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

If you expect to incur medical expenses that won't be reimbursed by another plan, you'll want to take advantage of the savings this plan offers. Money contributed to a healthcare FSA is free from federal and state taxes and remains tax-free when it is spent on eligible expenses. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving up to \$1015 per year on healthcare expenses!



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

You can use your benefit card to pay your providers for eligible healthcare expenses, or pay with your personal funds and submit a claim for reimbursement.

Qualifying expenses

What qualifies?

Healthcare FSA funds can cover costs for:

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

What doesn't qualify?

Certain expenses are not eligible, for instance:

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

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

Online & mobile access

Get instant access to your account with the **Wealth Care Member Portal** and **Wealth Care Mobile**.

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



Register for the Wealth Care Member Portal at www.dkyoung.com



Download Wealth Care Mobile Search for DK Young Mobile

Helpful hints

- Your full election amount is available on the first day of the plan year, which means you'll have access to the money you need, when you need it.
- You can't change your election amount during the plan year, unless you experience a change in status or qualifying event.
- Save your receipts when you spend your healthcare FSA dollars. You may need itemized invoices to verify the eligibility of expenses or for reimbursement requests.
- The easiest way to manage your account is online at www.dkyoung.com or through the Wealth Care Mobile.
- You may carry over up to \$660 ^{*2025 amount} of unused healthcare FSA dollars to the next plan year, allowing you to enjoy tax savings without risk.





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

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

How does a dependent care FSA work?

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

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

Why should I enroll in a dependent care FSA?

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

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



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

You can use your Benefits Card to pay your provider for eligible dependent care expenses, or pay with your personal funds and submit a claim for reimbursement.

Qualifying expenses

What qualifies?

Dependent care FSA funds can cover costs for:

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

What doesn't qualify?

Certain expenses are not eligible, for instance:

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

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

Online & mobile access

Get instant access to your account with the **Online Account** and **DK Young Mobile**.

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



Register for the Online Account at
<https://dkyoung.wealthcareportal.com/>

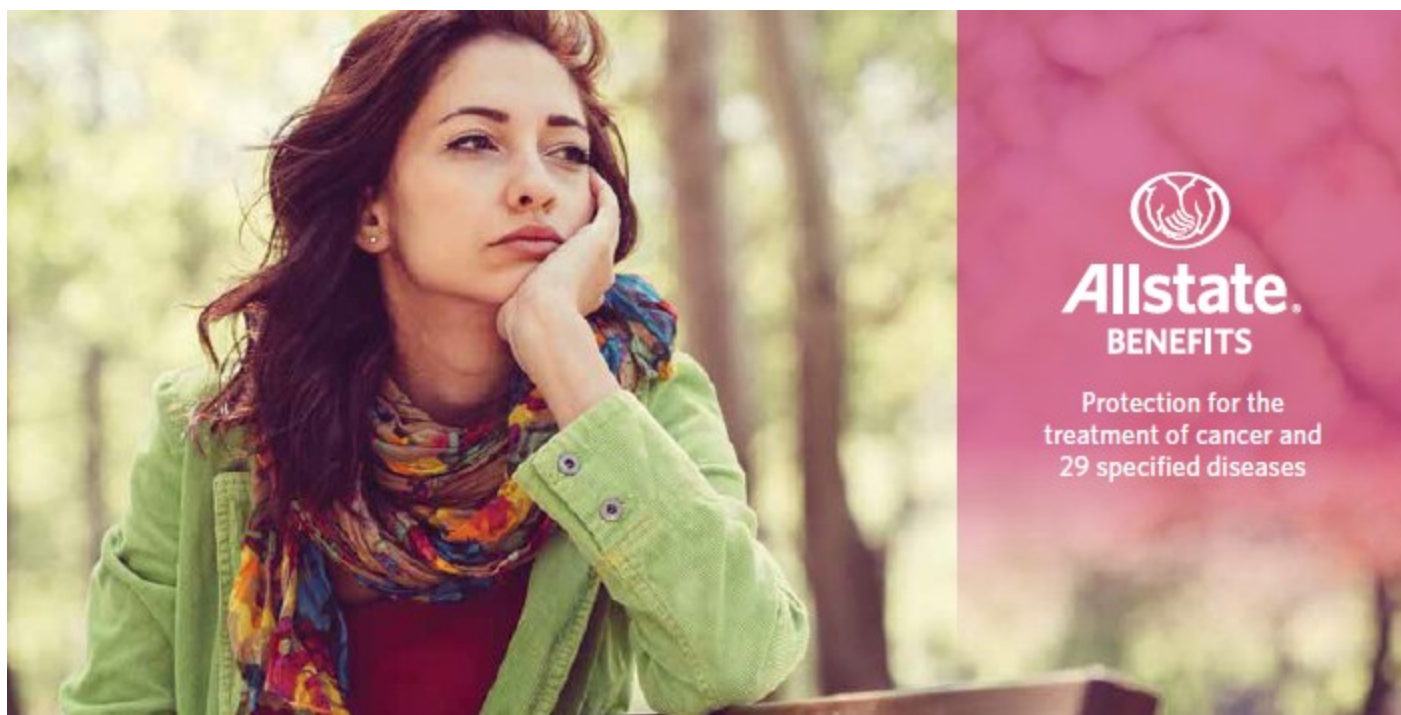


Download the DK Young Mobile at
the App Store or Google Play.

Helpful hints

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

CANCER



Allstate.
BENEFITS

Protection for the
treatment of cancer and
29 specified diseases

Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Meeting Your Needs

- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Practical benefits for everyday living.®**

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

*Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2021

**Cancer Treatment & Survivorship Facts & Figures, 2019-2021

ABJ32427X-2

DID YOU KNOW ?



*Early detection, improved treatments and access to care are factors that influence cancer survival**

22.1 million

*The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030***

Offered to the employees of:



BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	\$100	\$300
Extended Benefits ¹ (daily)	\$100	\$300
Government or Charity Hospital (daily)	\$100	\$300
Private Duty Nursing Services ¹ (daily)	\$100	\$300
Extended Care Facility ¹ (daily)	\$100	\$300
At Home Nursing ¹ (daily)	\$100	\$300
Hospice Care Center ¹ (daily) or Hospice Care Team ¹ (per visit)	\$100 \$100	\$300 \$300
RADIATION/CHEMOTHERAPY	PLAN 1	PLAN 2
Radiation/Chemotherapy ¹ (every 12 months)	\$5,000	\$10,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$5,000	\$10,000
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery ²		
1. Inpatient	\$1,500	\$4,500
2. Outpatient	\$2,250	\$6,750
Anesthesia ³ (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	1. \$500	1. \$1,500
2. Non-autologous (cancer or specified disease treatment)	2. \$1,250	2. \$3,750
3. Non-autologous (Leukemia)	3. \$2,500	3. \$7,500
Ambulatory Surgical Center ¹ (daily)	\$250	\$750
Second Surgical Opinion ¹	\$200	\$600
TRANSPORTATION AND LODGING BENEFITS	PLAN 1	PLAN 2
Ambulance ⁴ (per confinement)	\$100	\$100
Non-Local Transportation (coach fare or amount shown per mile*)	\$0.40/mi	\$0.40/mi
Outpatient Lodging ³ (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging ³ (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile*)	\$50 \$0.40/mi	\$50 \$0.40/mi
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2
Inpatient Drugs and Medicine ¹ (daily)	\$25	\$25
Physician's Attendance ¹ (daily)	\$50	\$50
Physical or Speech Therapy ¹ (daily)	\$50	\$50
New or Experimental Treatment ¹ (every 12 months)	\$5,000	\$5,000
Prosthesis ¹ (per amputation)	\$2,000	\$2,000
Comfort/Anti-Nausea Benefit ¹	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)	\$3,000	\$5,000
Intensive Care (ICU)		
ICU Confinement (daily)	\$400	\$600
Ambulance	Charges	Charges
Cancer Screening	\$50	\$100

¹Pays actual charges up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual cost up to amount listed.
⁴Maximum of 700 miles.

PLAN 1 PREMIUMS

MODE	EE	F
Semi-Monthly	\$7.26	\$12.68
Monthly	\$14.52	\$25.36

PLAN 2 PREMIUMS

MODE	EE	F
Semi-Monthly	\$14.64	\$25.28
Monthly	\$29.28	\$50.56

EE = Employee; F = Family

Issue Ages: 18 and over if Actively at Work

CRITICAL ILLNESS

GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS



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

Pharr-San Juan-Alamo Independent School District

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



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

COVERAGE INFORMATION

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

COVERAGE AMOUNT	
Employee Coverage Amount	\$10,000; \$20,000 or \$30,000
Spouse Coverage Amount	50% of your coverage amount
Child(ren) Coverage Amount	50% of your coverage amount
COVERED ILLNESSES	BENEFIT AMOUNTS
CANCER CONDITIONS	
Benign Brain Tumor; Invasive Cancer	100% of coverage amount
Non-invasive Cancer	100% of coverage amount
Non-melanoma Skin Cancer	\$250 once per lifetime for each covered person
VASCULAR CONDITIONS	
Heart Attack (Myocardial Infarction); Heart Failure/Transplant; Stroke	100% of coverage amount
Coronary Artery Bypass Graft	25% of coverage amount
OTHER SPECIFIED CONDITIONS	
Coma	25% of coverage amount
End Stage Renal Failure	100% of coverage amount
Loss of Hearing, Speech or Vision	100% of coverage amount
Major Organ Failure/Transplant	100% of coverage amount
Paralysis	100% of coverage amount
NEUROLOGICAL CONDITIONS	
Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's); Advanced Alzheimer's Disease	100% of coverage amount
ADDITIONAL BENEFITS	BENEFIT AMOUNTS
Health Screening Benefit	\$100 once per year per covered person
FEATURES	DETAILS
Coverage Maximum – Primary Insured & Spouse	500% of coverage amount
Coverage Maximum – Child(ren)	300% of coverage amount
Ability Assist® EAP ³ – 24/7/365 access to help for financial, legal or emotional issues	
HealthChampion ^{SM4} – Administrative and clinical support following serious illness or injury	

PREMIUMS

See the Premium Worksheet.⁵

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

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

AM I GUARANTEED COVERAGE?

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

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

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

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

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

WHEN DOES THIS INSURANCE END?

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

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

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

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

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

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

⁵Rates and/or benefits may be changed on a class basis. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

The Buck's Got Your Back ®

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

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

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LIMITATIONS & EXCLUSIONS



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

GROUP CRITICAL ILLNESS INSURANCE LIMITATIONS AND EXCLUSIONS

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

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

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

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

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

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

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

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

NOTICES

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

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

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

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

The Buck's Got Your Back®

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

Premium Worksheet



Rates and/or benefits can change.

You are considered a tobacco user if you have used any form of tobacco or nicotine replacement in the past 12 months.

NON-TOBACCO USER

Benefit Amount	Coverage Tier	under 29	30-39	40-49	50-59	60-69	70-79	80+
10000	Employee & Child(ren)	\$ 2.30	\$ 4.00	\$ 7.50	\$ 13.30	\$ 21.60	\$ 28.20	\$ 43.30
	Employee & Family	\$ 4.20	\$ 7.20	\$ 13.40	\$ 23.40	\$ 37.90	\$ 49.40	\$ 75.90
20000	Employee & Child(ren)	\$ 4.60	\$ 8.00	\$ 15.00	\$ 26.60	\$ 43.20	\$ 56.40	\$ 86.60
	Employee & Family	\$ 8.40	\$ 14.40	\$ 26.80	\$ 46.80	\$ 75.80	\$ 98.80	\$ 151.80
30000	Employee & Child(ren)	\$ 6.90	\$ 12.00	\$ 22.50	\$ 39.90	\$ 64.80	\$ 84.60	\$ 129.90
	Employee & Family	\$ 12.60	\$ 21.60	\$ 40.20	\$ 70.20	\$ 113.70	\$ 148.20	\$ 227.70

TOBACCO USER

Benefit Amount	Coverage Tier	under 29	30-39	40-49	50-59	60-69	70-79	80+
10000	Employee & Child(ren)	\$ 3.00	\$ 5.50	\$ 11.90	\$ 19.80	\$ 32.80	\$ 43.30	\$ 66.70
	Employee & Family	\$ 5.20	\$ 9.50	\$ 20.10	\$ 33.60	\$ 55.40	\$ 73.10	\$ 112.60
20000	Employee & Child(ren)	\$ 6.00	\$ 11.00	\$ 23.80	\$ 39.60	\$ 65.60	\$ 86.60	\$ 133.40
	Employee & Family	\$ 10.40	\$ 19.00	\$ 40.20	\$ 67.20	\$ 110.80	\$ 146.20	\$ 225.20
30000	Employee & Child(ren)	\$ 9.00	\$ 16.50	\$ 35.70	\$ 59.40	\$ 98.40	\$ 129.90	\$ 200.10
	Employee & Family	\$ 15.60	\$ 28.50	\$ 60.30	\$ 100.80	\$ 166.20	\$ 219.30	\$ 337.80

ACCIDENT



Covering your bases

Aetna Accident Plan

Be prepared for the unexpected

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

What is the Accident Plan?

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

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with an accidental injury.

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

How can you use the cash benefits?

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

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

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

Easy to use

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

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

“What ifs” are everywhere

The average cost of all non-fatal injuries per person initially treated in an emergency department was approximately **\$6,620¹**. Home accidents injure **one person every four seconds** in the U.S.²



Because you never know

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

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

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

A Simplified Claims Experience™

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

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



¹Average medical cost of fatal and non-fatal injuries by type in the USA. National Library of Medicine. February 27, 2021. Available at: <https://pubmed.ncbi.nlm.nih.gov/31888976/>. Accessed June 17, 2022.

²About Home Safety. U.S. Department of Housing and Urban Development. 2022. Available at: https://www.hud.gov/program_offices/healthy_homes/healthyhomes/homesafety. Accessed June 17, 2022.

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

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

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

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

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





RATE SHEET

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



Accident Plan

Coverage	Cost
Yourself only	\$3.66
Yourself & spouse	\$5.76
Yourself plus child(ren)	\$6.07
Yourself and family	\$9.57

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

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

Financial Sanctions Exclusions Clause: If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.
Policy forms issued in Oklahoma and Idaho include: GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01; GR-96842.



HOSPITAL INDEMNITY

Hospital Indemnity Insurance

Help minimize the financial impact that can come with a stay in a hospital or medical facility



What is it?

Hospital Indemnity Insurance pays a fixed daily benefit if you have a covered stay in a hospital, critical care unit* or rehabilitation facility. Hospital Indemnity 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.

Who can be covered?

You have the option to enroll yourself as well as your spouse* and children* in Hospital Indemnity Insurance coverage to meet your needs.

* Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders.

Why should I consider it?



Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.



Coverage is always guaranteed issue.



You can choose to take this coverage with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing

For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

How much does it cost?

This table shows how much you'll pay for Hospital Indemnity Insurance. The premium is deducted from your paycheck.

Coverage Type	Daily Benefit	Monthly Rates (12 Pay period)
Employee	\$100	\$7.39
Employee + Spouse	\$100	\$14.78
Employee + Children	\$100	\$15.89
Employee + Family	\$100	\$23.28

What does it cover?

Your Hospital Indemnity Insurance coverage provides a benefit payable upon a stay in a covered medical facility or other covered loss. The following is a summary of the benefits provided by this insurance. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. The coverage amounts are listed below.

Only one type of facility confinement or admission benefit is payable per day.

First day of confinement (Admission Benefit)

Type of admission	Admission Benefit amount
Hospital admission	\$1000
Critical Care Unit (CCU) admission	\$1000
Rehabilitation facility admission	\$1000

This benefit is payable once per confinement for each type of facility confinement.

Starting day two (Daily Confinement Benefit)

Type of facility	Daily benefit amount is \$100
Hospital confinement, up to 30 days per confinement	1 x the daily benefit amount
CCU confinement, up to 30 days per confinement	2 x the daily benefit amount
Rehabilitation facility confinement, up to 30 days per confinement	1x of the daily benefit amount
Observation Unit, payable once per year	
At least 4 consecutive hours but less than 20 consecutive hours, other than as an inpatient. Not payable for any day that a facility confinement or admission benefit is payable.	\$250

Your coverage includes mental health and substance use inpatient and outpatient care. See your Certificate of Insurance for complete provisions, limitations and exclusions.

If you add a child to your family

If child coverage is effective before your child is born OR child coverage is elected as a qualifying life event within 30 days of the birth:	If child coverage IS NOT effective before your child is born and IS NOT elected as a qualifying life event within 30 days of birth:
- All covered children will receive the same coverage as the employee. - Newborn confinement begins on the date of your baby's birth to the discharge date. - Confinement begins on day 2 if an admission benefit applies. Additional CCU confinement benefit In addition to the employee's CCU coverages, newborns may also receive an additional 25% of the CCU confinement benefit amount, up to a maximum of 30 days per confinement.	Newborn benefit \$300 one-time benefit payable upon birth of child Newborn CCU confinement daily benefits \$200 per day, up to a maximum of 30 days Newborn CCU admission benefits CCU and CCU Step-Down admission \$1,000, payable 1x per confinement

Critical Care Units (CCU) include Intensive Care Units (ICU), Pediatric Intensive Care Units (PICU) and Neonatal Intensive Care Units (NICU).

What else is included?

The benefits below are also included with your coverage. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Continuation of Insurance allows you to maintain your coverage for yourself, your spouse and children during an employer-approved leave of absence.

Portability If you are in a situation where your eligibility for benefits is changing, such as reduced hours, termination from employment, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

Additional Non-Insurance Services

Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.

Exclusions and limitations

The standard exclusions and limitations are listed below. For a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders. (These may vary by state and/or your employer's plan.)

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- War or any act of war, whether declared or undeclared, undeclared (excluding acts of terrorism).
- Loss that occurs while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Cosmetic surgery, except when required for appropriate care as determined by a doctor as a result of the covered person's injury or sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting, or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

The definition of “hospital” does not include an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a freestanding surgical center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care for the aged. Critical care unit and rehabilitation facility are also defined in the certificate.

*See the certificate and any riders for a complete description of benefits, exclusions, and limitations.



Questions?

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

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

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. Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-HI2-POL-18; Certificate form #RL-HI2-CERT2-24; Spouse Hospital Confinement Indemnity Rider form #RL-HI2-SPR2-24; Children's Hospital Confinement Indemnity Rider form #RL-HI2-CHR2-24; Wellness Benefit Rider form #RL-HI2-WELL2-24; Diagnostic Test Benefit Rider form #RL-HI2-DGR2-24; Accident Benefit Rider form #RL-HI2-ACD2-24; Critical Illness Rider form #RL-HI2-CIR2-24; Waiver of Premium Rider form #RL-HI2-WOP2-24. Continuation of Insurance Rider form: #RL-HI2-CNT2-24; Absence from Employment Premium Waiver form: #RL-HI2-AEPW-24. Form numbers, provisions and availability may vary by state and by your employer's plan.

HI 2.1 only

Acct #633801, Date Prepared: 05/29/2025

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DISABILITY

BENEFIT HIGHLIGHTS FOR:

Pharr-San Juan-Alamo Independent School District

EDUCATOR DISABILITY INSURANCE OVERVIEW

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

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

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

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

²Facts from LIMRA, 2016 Disability Insurance Awareness Month

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

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

ELIGIBILITY AND ENROLLMENT

Eligibility You are eligible if you are an active employee who works at least 20 hours per week on a regularly scheduled basis.

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

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

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

FEATURES OF THE PLAN

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

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

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

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

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

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

Age Disabled	Maximum Benefit Duration
Prior to 63	To Normal Retirement Age or 48 months if greater
Age 63	To Normal Retirement Age or 42 months if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and older	18 months

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

Age Disabled	Maximum Benefit Duration
Prior to 65	5 Years
Age 65-69	To Age 70, but not less than one year
Age 70 and older	1 Year

Mental Illness, Alcoholism and Substance Abuse, Self-Reported or Subjective Illness: You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse or self-reported or subjective illness for a total of 24 months for all disability periods during your lifetime.

Duration Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 months lifetime limit.

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

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

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

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

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

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

PROVISIONS OF THE PLAN

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

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

Pre-Existing Condition Limitation Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have been insured under this policy for 12 months before your disability begins.

If your disability is a result of a pre-existing condition, we will pay benefits for a maximum of 1 month.

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

Recurrent Disability *What happens if I Recover but become Disabled again?*
Periods of Recovery during the Elimination Period will not interrupt the Elimination Period, if the number of days You return to work as an Active Employee are less than one-half (1/2) the number of days of Your Elimination Period.
Any day within such period of Recovery, will not count toward the Elimination Period.

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

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

Your plan includes a minimum benefit of 25% of your elected benefit.

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

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

Termination Provisions Your coverage under the plan will end if:

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

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

Pharr-San Juan-Alamo Independent School District

Select Option – Monthly Premium Cost

(based on 12 payments per year)

Annual Earnings	Monthly Earnings	Monthly Benefit	Accident / Sickness Elimination Period in Days					
			0 / 3	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
\$3,600	\$300	\$200	\$4.42	\$3.38	\$2.96	\$1.88	\$1.64	\$1.24
\$5,400	\$450	\$300	\$6.63	\$5.07	\$4.44	\$2.82	\$2.46	\$1.86
\$7,200	\$600	\$400	\$8.84	\$6.76	\$5.92	\$3.76	\$3.28	\$2.48
\$9,000	\$750	\$500	\$11.05	\$8.45	\$7.40	\$4.70	\$4.10	\$3.10
\$10,800	\$900	\$600	\$13.26	\$10.14	\$8.88	\$5.64	\$4.92	\$3.72
\$12,600	\$1,050	\$700	\$15.47	\$11.83	\$10.36	\$6.58	\$5.74	\$4.34
\$14,400	\$1,200	\$800	\$17.68	\$13.52	\$11.84	\$7.52	\$6.56	\$4.96
\$16,200	\$1,350	\$900	\$19.89	\$15.21	\$13.32	\$8.46	\$7.38	\$5.58
\$18,000	\$1,500	\$1,000	\$22.10	\$16.90	\$14.80	\$9.40	\$8.20	\$6.20
\$19,800	\$1,650	\$1,100	\$24.31	\$18.59	\$16.28	\$10.34	\$9.02	\$6.82
\$21,600	\$1,800	\$1,200	\$26.52	\$20.28	\$17.76	\$11.28	\$9.84	\$7.44
\$23,400	\$1,950	\$1,300	\$28.73	\$21.97	\$19.24	\$12.22	\$10.66	\$8.06
\$25,200	\$2,100	\$1,400	\$30.94	\$23.66	\$20.72	\$13.16	\$11.48	\$8.68
\$27,000	\$2,250	\$1,500	\$33.15	\$25.35	\$22.20	\$14.10	\$12.30	\$9.30
\$28,800	\$2,400	\$1,600	\$35.36	\$27.04	\$23.68	\$15.04	\$13.12	\$9.92
\$30,600	\$2,550	\$1,700	\$37.57	\$28.73	\$25.16	\$15.98	\$13.94	\$10.54
\$32,400	\$2,700	\$1,800	\$39.78	\$30.42	\$26.64	\$16.92	\$14.76	\$11.16
\$34,200	\$2,850	\$1,900	\$41.99	\$32.11	\$28.12	\$17.86	\$15.58	\$11.78
\$36,000	\$3,000	\$2,000	\$44.20	\$33.80	\$29.60	\$18.80	\$16.40	\$12.40
\$37,800	\$3,150	\$2,100	\$46.41	\$35.49	\$31.08	\$19.74	\$17.22	\$13.02
\$39,600	\$3,300	\$2,200	\$48.62	\$37.18	\$32.56	\$20.68	\$18.04	\$13.64
\$41,400	\$3,450	\$2,300	\$50.83	\$38.87	\$34.04	\$21.62	\$18.86	\$14.26
\$43,200	\$3,600	\$2,400	\$53.04	\$40.56	\$35.52	\$22.56	\$19.68	\$14.88
\$45,000	\$3,750	\$2,500	\$55.25	\$42.25	\$37.00	\$23.50	\$20.50	\$15.50
\$46,800	\$3,900	\$2,600	\$57.46	\$43.94	\$38.48	\$24.44	\$21.32	\$16.12
\$48,600	\$4,050	\$2,700	\$59.67	\$45.63	\$39.96	\$25.38	\$22.14	\$16.74
\$50,400	\$4,200	\$2,800	\$61.88	\$47.32	\$41.44	\$26.32	\$22.96	\$17.36
\$52,200	\$4,350	\$2,900	\$64.09	\$49.01	\$42.92	\$27.26	\$23.78	\$17.98
\$54,000	\$4,500	\$3,000	\$66.30	\$50.70	\$44.40	\$28.20	\$24.60	\$18.60
\$55,800	\$4,650	\$3,100	\$68.51	\$52.39	\$45.88	\$29.14	\$25.42	\$19.22
\$57,600	\$4,800	\$3,200	\$70.72	\$54.08	\$47.36	\$30.08	\$26.24	\$19.84
\$59,400	\$4,950	\$3,300	\$72.93	\$55.77	\$48.84	\$31.02	\$27.06	\$20.46
\$61,200	\$5,100	\$3,400	\$75.14	\$57.46	\$50.32	\$31.96	\$27.88	\$21.08
\$63,000	\$5,250	\$3,500	\$77.35	\$59.15	\$51.80	\$32.90	\$28.70	\$21.70
\$64,800	\$5,400	\$3,600	\$79.56	\$60.84	\$53.28	\$33.84	\$29.52	\$22.32
\$66,600	\$5,550	\$3,700	\$81.77	\$62.53	\$54.76	\$34.78	\$30.34	\$22.94
\$68,400	\$5,700	\$3,800	\$83.98	\$64.22	\$56.24	\$35.72	\$31.16	\$23.56
\$70,200	\$5,850	\$3,900	\$86.19	\$65.91	\$57.72	\$36.66	\$31.98	\$24.18
\$72,000	\$6,000	\$4,000	\$88.40	\$67.60	\$59.20	\$37.60	\$32.80	\$24.80
\$73,800	\$6,150	\$4,100	\$90.61	\$69.29	\$60.68	\$38.54	\$33.62	\$25.42
\$75,600	\$6,300	\$4,200	\$92.82	\$70.98	\$62.16	\$39.48	\$34.44	\$26.04
\$77,400	\$6,450	\$4,300	\$95.03	\$72.67	\$63.64	\$40.42	\$35.26	\$26.66
\$79,200	\$6,600	\$4,400	\$97.24	\$74.36	\$65.12	\$41.36	\$36.08	\$27.28
\$81,000	\$6,750	\$4,500	\$99.45	\$76.05	\$66.60	\$42.30	\$36.90	\$27.90
\$82,800	\$6,900	\$4,600	\$101.66	\$77.74	\$68.08	\$43.24	\$37.72	\$28.52
\$84,600	\$7,050	\$4,700	\$103.87	\$79.43	\$69.56	\$44.18	\$38.54	\$29.14
\$86,400	\$7,200	\$4,800	\$106.08	\$81.12	\$71.04	\$45.12	\$39.36	\$29.76
\$88,200	\$7,350	\$4,900	\$108.29	\$82.81	\$72.52	\$46.06	\$40.18	\$30.38
\$90,000	\$7,500	\$5,000	\$110.50	\$84.50	\$74.00	\$47.00	\$41.00	\$31.00
\$91,800	\$7,650	\$5,100	\$112.71	\$86.19	\$75.48	\$47.94	\$41.82	\$31.62
\$93,600	\$7,800	\$5,200	\$114.92	\$87.88	\$76.96	\$48.88	\$42.64	\$32.24
\$95,400	\$7,950	\$5,300	\$117.13	\$89.57	\$78.44	\$49.82	\$43.46	\$32.86
\$97,200	\$8,100	\$5,400	\$119.34	\$91.26	\$79.92	\$50.76	\$44.28	\$33.48
\$99,000	\$8,250	\$5,500	\$121.55	\$92.95	\$81.40	\$51.70	\$45.10	\$34.10
\$100,800	\$8,400	\$5,600	\$123.76	\$94.64	\$82.88	\$52.64	\$45.92	\$34.72
\$102,600	\$8,550	\$5,700	\$125.97	\$96.33	\$84.36	\$53.58	\$46.74	\$35.34
\$104,400	\$8,700	\$5,800	\$128.18	\$98.02	\$85.84	\$54.52	\$47.56	\$35.96
\$106,200	\$8,850	\$5,900	\$130.39	\$99.71	\$87.32	\$55.46	\$48.38	\$36.58
\$108,000	\$9,000	\$6,000	\$132.60	\$101.40	\$88.80	\$56.40	\$49.20	\$37.20
\$109,800	\$9,150	\$6,100	\$134.81	\$103.09	\$90.28	\$57.34	\$50.02	\$37.82
\$111,600	\$9,300	\$6,200	\$137.02	\$104.78	\$91.76	\$58.28	\$50.84	\$38.44
\$113,400	\$9,450	\$6,300	\$139.23	\$106.47	\$93.24	\$59.22	\$51.66	\$39.06
\$115,200	\$9,600	\$6,400	\$141.44	\$108.16	\$94.72	\$60.16	\$52.48	\$39.68
\$117,000	\$9,750	\$6,500	\$143.65	\$109.85	\$96.20	\$61.10	\$53.30	\$40.30
\$118,800	\$9,900	\$6,600	\$145.86	\$111.54	\$97.68	\$62.04	\$54.12	\$40.92
\$120,600	\$10,050	\$6,700	\$148.07	\$113.23	\$99.16	\$62.98	\$54.94	\$41.54
\$122,400	\$10,200	\$6,800	\$150.28	\$114.92	\$100.64	\$63.92	\$55.76	\$42.16
\$124,200	\$10,350	\$6,900	\$152.49	\$116.61	\$102.12	\$64.86	\$56.58	\$42.78
\$126,000	\$10,500	\$7,000	\$154.70	\$118.30	\$103.60	\$65.80	\$57.40	\$43.40
\$127,800	\$10,650	\$7,100	\$156.91	\$119.99	\$105.08	\$66.74	\$58.22	\$44.02
\$129,600	\$10,800	\$7,200	\$159.12	\$121.68	\$106.56	\$67.68	\$59.04	\$44.64
\$131,400	\$10,950	\$7,300	\$161.33	\$123.37	\$108.04	\$68.62	\$59.86	\$45.26
\$133,200	\$11,100	\$7,400	\$163.54	\$125.06	\$109.52	\$69.56	\$60.68	\$45.88
\$135,000	\$11,250	\$7,500	\$165.75	\$126.75	\$111.00	\$70.50	\$61.50	\$46.50

Pharr-San Juan-Alamo Independent School District

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

Annual Earnings	Monthly Earnings	Monthly Benefit	Accident / Sickness Elimination Period in Days					
			0 / 3	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
\$3,600	\$300	\$200	\$4.94	\$3.86	\$3.26	\$2.12	\$1.84	\$1.38
\$5,400	\$450	\$300	\$7.41	\$5.79	\$4.89	\$3.18	\$2.76	\$2.07
\$7,200	\$600	\$400	\$9.88	\$7.72	\$6.52	\$4.24	\$3.68	\$2.76
\$9,000	\$750	\$500	\$12.35	\$9.65	\$8.15	\$5.30	\$4.60	\$3.45
\$10,800	\$900	\$600	\$14.82	\$11.58	\$9.78	\$6.36	\$5.52	\$4.14
\$12,600	\$1,050	\$700	\$17.29	\$13.51	\$11.41	\$7.42	\$6.44	\$4.83
\$14,400	\$1,200	\$800	\$19.76	\$15.44	\$13.04	\$8.48	\$7.36	\$5.52
\$16,200	\$1,350	\$900	\$22.23	\$17.37	\$14.67	\$9.54	\$8.28	\$6.21
\$18,000	\$1,500	\$1,000	\$24.70	\$19.30	\$16.30	\$10.60	\$9.20	\$6.90
\$19,800	\$1,650	\$1,100	\$27.17	\$21.23	\$17.93	\$11.66	\$10.12	\$7.59
\$21,600	\$1,800	\$1,200	\$29.64	\$23.16	\$19.56	\$12.72	\$11.04	\$8.28
\$23,400	\$1,950	\$1,300	\$32.11	\$25.09	\$21.19	\$13.78	\$11.96	\$8.97
\$25,200	\$2,100	\$1,400	\$34.58	\$27.02	\$22.82	\$14.84	\$12.88	\$9.66
\$27,000	\$2,250	\$1,500	\$37.05	\$28.95	\$24.45	\$15.90	\$13.80	\$10.35
\$28,800	\$2,400	\$1,600	\$39.52	\$30.88	\$26.08	\$16.96	\$14.72	\$11.04
\$30,600	\$2,550	\$1,700	\$41.99	\$32.81	\$27.71	\$18.02	\$15.64	\$11.73
\$32,400	\$2,700	\$1,800	\$44.46	\$34.74	\$29.34	\$19.08	\$16.56	\$12.42
\$34,200	\$2,850	\$1,900	\$46.93	\$36.67	\$30.97	\$20.14	\$17.48	\$13.11
\$36,000	\$3,000	\$2,000	\$49.40	\$38.60	\$32.60	\$21.20	\$18.40	\$13.80
\$37,800	\$3,150	\$2,100	\$51.87	\$40.53	\$34.23	\$22.26	\$19.32	\$14.49
\$39,600	\$3,300	\$2,200	\$54.34	\$42.46	\$35.86	\$23.32	\$20.24	\$15.18
\$41,400	\$3,450	\$2,300	\$56.81	\$44.39	\$37.49	\$24.38	\$21.16	\$15.87
\$43,200	\$3,600	\$2,400	\$59.28	\$46.32	\$39.12	\$25.44	\$22.08	\$16.56
\$45,000	\$3,750	\$2,500	\$61.75	\$48.25	\$40.75	\$26.50	\$23.00	\$17.25
\$46,800	\$3,900	\$2,600	\$64.22	\$50.18	\$42.38	\$27.56	\$23.92	\$17.94
\$48,600	\$4,050	\$2,700	\$66.69	\$52.11	\$44.01	\$28.62	\$24.84	\$18.63
\$50,400	\$4,200	\$2,800	\$69.16	\$54.04	\$45.64	\$29.68	\$25.76	\$19.32
\$52,200	\$4,350	\$2,900	\$71.63	\$55.97	\$47.27	\$30.74	\$26.68	\$20.01
\$54,000	\$4,500	\$3,000	\$74.10	\$57.90	\$48.90	\$31.80	\$27.60	\$20.70
\$55,800	\$4,650	\$3,100	\$76.57	\$59.83	\$50.53	\$32.86	\$28.52	\$21.39
\$57,600	\$4,800	\$3,200	\$79.04	\$61.76	\$52.16	\$33.92	\$29.44	\$22.08
\$59,400	\$4,950	\$3,300	\$81.51	\$63.69	\$53.79	\$34.98	\$30.36	\$22.77
\$61,200	\$5,100	\$3,400	\$83.98	\$65.62	\$55.42	\$36.04	\$31.28	\$23.46
\$63,000	\$5,250	\$3,500	\$86.45	\$67.55	\$57.05	\$37.10	\$32.20	\$24.15
\$64,800	\$5,400	\$3,600	\$88.92	\$69.48	\$58.68	\$38.16	\$33.12	\$24.84
\$66,600	\$5,550	\$3,700	\$91.39	\$71.41	\$60.31	\$39.22	\$34.04	\$25.53
\$68,400	\$5,700	\$3,800	\$93.86	\$73.34	\$61.94	\$40.28	\$34.96	\$26.22
\$70,200	\$5,850	\$3,900	\$96.33	\$75.27	\$63.57	\$41.34	\$35.88	\$26.91
\$72,000	\$6,000	\$4,000	\$98.80	\$77.20	\$65.20	\$42.40	\$36.80	\$27.60
\$73,800	\$6,150	\$4,100	\$101.27	\$79.13	\$66.83	\$43.46	\$37.72	\$28.29
\$75,600	\$6,300	\$4,200	\$103.74	\$81.06	\$68.46	\$44.52	\$38.64	\$28.98
\$77,400	\$6,450	\$4,300	\$106.21	\$82.99	\$70.09	\$45.58	\$39.56	\$29.67
\$79,200	\$6,600	\$4,400	\$108.68	\$84.92	\$71.72	\$46.64	\$40.48	\$30.36
\$81,000	\$6,750	\$4,500	\$111.15	\$86.85	\$73.35	\$47.70	\$41.40	\$31.05
\$82,800	\$6,900	\$4,600	\$113.62	\$88.78	\$74.98	\$48.76	\$42.32	\$31.74
\$84,600	\$7,050	\$4,700	\$116.09	\$90.71	\$76.61	\$49.82	\$43.24	\$32.43
\$86,400	\$7,200	\$4,800	\$118.56	\$92.64	\$78.24	\$50.88	\$44.16	\$33.12
\$88,200	\$7,350	\$4,900	\$121.03	\$94.57	\$79.87	\$51.94	\$45.08	\$33.81
\$90,000	\$7,500	\$5,000	\$123.50	\$96.50	\$81.50	\$53.00	\$46.00	\$34.50
\$91,800	\$7,650	\$5,100	\$125.97	\$98.43	\$83.13	\$54.06	\$46.92	\$35.19
\$93,600	\$7,800	\$5,200	\$128.44	\$100.36	\$84.76	\$55.12	\$47.84	\$35.88
\$95,400	\$7,950	\$5,300	\$130.91	\$102.29	\$86.39	\$56.18	\$48.76	\$36.57
\$97,200	\$8,100	\$5,400	\$133.38	\$104.22	\$88.02	\$57.24	\$49.68	\$37.26
\$99,000	\$8,250	\$5,500	\$135.85	\$106.15	\$89.65	\$58.30	\$50.60	\$37.95
\$100,800	\$8,400	\$5,600	\$138.32	\$108.08	\$91.28	\$59.36	\$51.52	\$38.64
\$102,600	\$8,550	\$5,700	\$140.79	\$110.01	\$92.91	\$60.42	\$52.44	\$39.33
\$104,400	\$8,700	\$5,800	\$143.26	\$111.94	\$94.54	\$61.48	\$53.36	\$40.02
\$106,200	\$8,850	\$5,900	\$145.73	\$113.87	\$96.17	\$62.54	\$54.28	\$40.71
\$108,000	\$9,000	\$6,000	\$148.20	\$115.80	\$97.80	\$63.60	\$55.20	\$41.40
\$109,800	\$9,150	\$6,100	\$150.67	\$117.73	\$99.43	\$64.66	\$56.12	\$42.09
\$111,600	\$9,300	\$6,200	\$153.14	\$119.66	\$101.06	\$65.72	\$57.04	\$42.78
\$113,400	\$9,450	\$6,300	\$155.61	\$121.59	\$102.69	\$66.78	\$57.96	\$43.47
\$115,200	\$9,600	\$6,400	\$158.08	\$123.52	\$104.32	\$67.84	\$58.88	\$44.16
\$117,000	\$9,750	\$6,500	\$160.55	\$125.45	\$105.95	\$68.90	\$59.80	\$44.85
\$118,800	\$9,900	\$6,600	\$163.02	\$127.38	\$107.58	\$69.96	\$60.72	\$45.54
\$120,600	\$10,050	\$6,700	\$165.49	\$129.31	\$109.21	\$71.02	\$61.64	\$46.23
\$122,400	\$10,200	\$6,800	\$167.96	\$131.24	\$110.84	\$72.08	\$62.56	\$46.92
\$124,200	\$10,350	\$6,900	\$170.43	\$133.17	\$112.47	\$73.14	\$63.48	\$47.61
\$126,000	\$10,500	\$7,000	\$172.90	\$135.10	\$114.10	\$74.20	\$64.40	\$48.30
\$127,800	\$10,650	\$7,100	\$175.37	\$137.03	\$115.73	\$75.26	\$65.32	\$48.99
\$129,600	\$10,800	\$7,200	\$177.84	\$138.96	\$117.36	\$76.32	\$66.24	\$49.68
\$131,400	\$10,950	\$7,300	\$180.31	\$140.89	\$118.99	\$77.38	\$67.16	\$50.37
\$133,200	\$11,100	\$7,400	\$182.78	\$142.82	\$120.62	\$78.44	\$68.08	\$51.06
\$135,000	\$11,250	\$7,500	\$185.25	\$144.75	\$122.25	\$79.50	\$69.00	\$51.75

LEGAL SHIELD

HAVE YOU EVER?

- ☐ Needed your Will prepared or updated
- ☐ Been overcharged for a repair or paid an unfair bill
- ☐ Had trouble with a warranty or defective product
- ☐ Signed a contract
- ☐ Received a moving traffic violation
- ☐ Had concerns regarding child support

- ☐ Worried about being a victim of Identity theft
- ☐ Been concerned about your child's identity
- ☐ Lost your wallet
- ☐ Worried about entering personal information online
- ☐ Feared the security of your medical information
- ☐ Been pursued by a collection agency

THE LEGALSHIELD MEMBERSHIP INCLUDES:

-  **Dedicated Law Firm**
Legal Advice/Consultation on unlimited personal issues
-  **Letters/Calls** made on your behalf
-  **Contracts/Documents Reviewed** up to 15 pages
- Residential Loan Document Assistance**
- Lawyers prepare your Will/Living Will/Health Care Power of Attorney/Financial Power of Attorney**
-  **Speeding Ticket Assistance**
- IRS Audit Assistance**
- Trial Defense** (if named defendant/respondent in a covered civil action suit)
-  **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
-  **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- 24/7 Emergency Access** for covered situations

Put your law firm in the palm of your hand with the LegalShield mobile app



LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children.

This is general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

THE IDSHIELD MEMBERSHIP INCLUDES:

-  **Social Media Monitoring**
Allows you to monitor multiple social media accounts and content feeds for privacy and reputational risks.
-  **Privacy and Security Monitoring**
Internet monitoring of your name, date of birth, SSN, email address, phone numbers, and more. Monthly credit score tracking. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18 for no additional cost.
-  **Consultation**
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.
-  **Full Identity Restoration**
Complete identity recovery services by Kroll Licensed Private Investigators to its pre-theft status.
-  **\$5 Million Service Guarantee**
We'll do whatever it takes for as long as it takes to help recover and restore your identity.

Put Identity Theft Protection in the palm of your hand with the IDShield mobile app



IDShield family coverage includes, the member, member's spouse and up to 8 minor children under the age of 18.

Dependents age 18-26 receive consultation and restoration only.

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

PAYMENT METHOD PAYMENT FREQUENCY	Legal + Individual IDShield	Legal + Family IDShield
LegalShield	\$14.95	\$15.95
IDShield	\$8.45	\$15.95
Combined	\$23.40	\$28.90

Deanne Lyles
281-750-5317

lyles.olson@gmail.com / <https://deannelyles.wearelegalshield.com>

WHOLE LIFE

Premier Whole Life Insurance

Explore Your Benefits & Costs



Group Name: Pharr-San Juan-Alamo ISD
Group Number: 633801
Class: Full-Time Employees

You're committed to caring for your loved ones for a lifetime. If the future doesn't go the way you planned, Premier Whole Life Insurance can help.

This document includes information about Premier Whole Life Insurance, such as details about what's covered and what's excluded, and more. As you explore, keep in mind:



Payroll deduction means you don't have to worry about another bill



Keep your coverage even if you leave your employer

It's difficult to think about loss, but important to be prepared for the unexpected. The Premier Whole Life Insurance available through your employer is a cost-effective way offer protection for your loved ones.

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

PLAN
INVEST
PROTECT

VOYA
FINANCIAL

What is Whole Life Insurance?

Whole Life Insurance is an individual life insurance policy that pays a benefit to your beneficiary if you pass away. Your premium payments will stay the same for the life of the policy, as long as you meet the required premium payments. Plus, the policy builds cash value, which you can borrow against. Any unpaid loan would be subtracted from the benefit that is paid to your beneficiary.

Features of Premier Whole Life Insurance include:

- **Flexibility:** After the first policy year, the death benefit may be increased to meet your changing needs.
- **Payroll deduction:** Premiums are paid through convenient payroll deductions.
- **Keep your coverage:** Should you leave your current employer or retire, you can take your coverage with you and choose one of a number of convenient payment plans.

How can life insurance help?

Below are a few examples of how your life insurance benefit could be used:

- Pay off any remaining medical bills, funeral costs and debts
- Provide ongoing financial support to your family
- Keep your family in your home by paying off the mortgage
- Fund your children's education

Who is eligible for life insurance?

- **You**—all active employees working 20+ hours per week*.
- **Your spouse**— 15 through 70 years. Coverage is available as long as the employee is eligible to apply, even if the employee chooses not to do so. If both you and your spouse are employees, you may elect to be covered with an employee or a spouse policy, but not both. Each person can only be covered by one policy.
- **Your children**— 15 days through 24 years. Coverage is available as long as the employee is eligible to apply, even if the employee chooses not to do so. Coverage is available to children and dependent grandchildren. Each child/grandchild must be equally insured. If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same children under this benefit. If the parent who is covering the children stops being insured as an employee then the other parent may apply for children's coverage.

What amount of coverage am I eligible for?

- **For you**—Eligible for up to \$500,000 for non-tobacco users and \$250,000 for tobacco users.*
- **For your spouse**—Eligible for up to \$500,000 for non-tobacco users and \$250,000 for tobacco users.*
- **For your children and/or grandchildren**—Eligible for \$12,500; \$15,000; \$20,000; or \$25,000 in coverage.

Note: A state specific life insurance application needs to be completed and submitted for any amount of coverage.

*Amounts applied for above the issue limits as detailed later in this document may require medical questions and/or underwriting.

What optional benefits are available?

Your employer's Premier Whole Life Insurance offering includes the following optional benefits. These benefits require one-on-one enrollment with a licensed insurance producer. Availability and provisions may vary by state. See your policy and any riders for a complete list of available benefits, along with applicable provisions, exclusions and limitations.

- **Accidental Death Benefit:** If you die in a covered accident, an additional benefit equal to the base policy face amount, up to \$150,000, is payable to your designated beneficiary.
 - Coverage is available for eligible employees and spouses age 15 through 60 years.
 - This rider terminates on the policy anniversary following age 65.
- **Waiver of Premium Benefit:** If you become totally disabled for four consecutive months, this benefit allows you to keep your life insurance coverage, while waiving the monthly premiums of the base policy and any benefits.
 - Coverage is available for eligible employees under 56 years of age.
- **Children's Term Insurance Benefit:** This benefit offers a fixed amount of term life insurance coverage, and guaranteed issue coverage with one premium rate for all eligible, unmarried, dependent children ages 15 days through 24 years.
 - Coverage up to \$10,000 is available.
 - One underwriting question at the time of application.
 - This benefit cannot be elected after you have chosen to cover your children with an individual child policy.
 - Features a conversion privilege that allows coverage to be maintained through the balance of the insured's life.

How much does Whole Life Insurance cost?

For details regarding the specific premium with the various benefits, call 956-973-1904 to speak with a licensed insurance producer.

Do I need to answer any health questions?

Money Purchase GI Offer Employee:	
 For you	• If you are under age 65, you may elect up to \$25.00 per week not to exceed \$150,000 of life insurance without answering health questions. • If you are age 66 or older, you may elect up to \$25,000 with some health questions required for coverage.
 For your spouse	• You may elect the greater of \$5 per week or \$5,000 of life insurance on your spouse through age 65 with some health questions required for coverage. • Spouses aged 66 through 70 will need to answer health questions and be fully underwritten for any amount of coverage.
 For your children	• You may elect \$12,500, \$15,000, \$20,000, or \$25,000 of life insurance on your children with some health questions required for coverage.

Amounts applied for above the guaranteed and simplified and contingent issue limits will require additional underwriting. When underwriting is required, the insurance company will need to approve it before coverage becomes effective.

Exclusions and limitations*

Life insurance coverage has a two-year suicide exclusion from the effective date of coverage or an increase in coverage.

*Exclusions and limitations may vary by state. Read your policy and riders carefully for exact terms, conditions, exclusions and limitations.



Questions?

How do I enroll?

You can enroll in benefits August 1 – August 29, 2025

- For more information, contact Bob Trevino Insurance / Workplace Benefit Advisors 956-781-7771 819 N Veterans Blvd, Pharr, TX 78577

This is a summary of benefits only and not a contract. Read your policy and riders carefully for exact terms and conditions. This policy has exclusions and terms under which the policy may be continued in force or discontinued. This product is issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Policy Form #RL-WL2-POL-07; ADB Rider Form #NP-B-ORD-ADB-93-R CTR Rider Form #RL-WL2-CTR-0; WOP Rider Form #NP-B-ORD-WOP-93-R; Form numbers, availability and provisions may vary by state.

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