

CANUTILLO INDEPENDENT SCHOOL DISTRICT
EST. 1959

2027
Benefits Guide

Your guide to physical, financial & personal wellbeing support.

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

BENEFITS OVERVIEW

Canutillo is proud to offer a comprehensive benefits package to eligible, full-time employees who work 20 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

As a benefits-eligible employee, Canutillo offers you and your family a comprehensive package of benefits to choose from, including a choice of medical plans, a choice of three dental plans, life insurance for you and your family members, disability insurance, critical illness insurance and a number of other tax and money-saving options.

Plan Year January to December 2027

Canutillo's benefits run on a calendar plan year, from **January 1 through December 31**. Some benefits are prorated based on your start date or benefits eligibility date.

When do benefits start?

Benefits elected during the Open Enrollment period will begin January 1, 2027. If you elect benefits during the year as a new hire **you will be eligible on the first of the month following 30 days of employment**.

How to enroll?

1. Claim your district email account.
2. Go to TEAMS Employee Service Center
3. Enter your TEAMS username and password, enter the code you receive from TEAMS on your cell phone
4. Choose the link **My Benefits Information > Benefits Enrollment**

When to Enroll?

Current employees are eligible to make changes during open enrollment. Open enrollment will be held from October 19-October 30, 2026 with a benefit effective date of January 1, 2027.

New Hires will be eligible for benefits the **first of the month following 30 days of employment**.

Who is Eligible?

Employees, who regularly work 20 hours per week, are considered eligible for benefits at Canutillo. The amount that you pay for coverage may be affected by the amount of hours you work, as well as the amount of annual pay you receive.

This is important to know when you are considering a change in your working hours.

How to Make Changes?

Unless you have a qualifying life status change, you will **NOT** have another opportunity to change your benefits coverage election until the next Open Enrollment period held each fall. A list of qualifying events can be found on the Human Resources website. **It is important to know that you must submit a qualifying life status change with proper documentation through e-mail or paper format no more than 30 days after the date of the event.**

Defaulting of Benefits

You must elect or waive coverage online this year, even if you are not making changes to your benefits. If no action is taken, you will be defaulted to no coverage for health or voluntary benefit plans.

You will automatically be enrolled in **District Paid** Basic Life Insurance and Employee Assistance Program.

Health Benefit Terms Glossary

- **Coinsurance.** A percentage of a health care cost—such as 20 percent—that the covered employee pays after meeting the deductible.
- **Copayment.** The fixed dollar amount—such as $25 for each doctor visit—that the covered employee pays for medical services.
- **Deductible.** A fixed dollar amount that the covered employee must pay out of pocket each calendar year before the plan will begin reimbursing for non-preventative health expenses. Plans usually require separate limits per person and per family.
- **Formulary.** A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than more expensive brand-name or specialty drugs.
- **Health savings account (HSA).** HSAs may be opened by employees who enroll in a high-deductible health plan. Employees can put money in an HSA up to an annual limit set by the government using pre-tax dollars. Employers may also contribute funds to these accounts within the prescribed limit. HSA funds may be used to pay for medical expenses whether or not the deductible has been met, and no tax is owed on funds withdrawn from an HSA to pay for medical expenses. HSAs are individually owned and the account remains with an employee after employment ends.
- **In-network.** Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
- **Out-of-network.** A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.
- **Out-of-pocket limit.** The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including Copayments and Coinsurance.
- **Premium.** The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.

Adapted from a glossary on the web site of the U.S. Office of Personnel Management.

CISD Benefit Options

Medical Carrier

Aetna

- CDHP w/HSA
- Basic Plan

Voluntary Carriers

Aetna

- Employee Assistance Program

Colonial Life

- Group Cancer Insurance

The Hartford

- Life Insurance
- Disability Insurance
- Accident Insurance
- Critical Care Insurance
- Hospital Indemnity

MetLife

- Dental Insurance
- Vision Insurance

NBS

- Retirement Plans

Non-Medical Coverage

TEB

- FSA, HSA, & COBRA

ID Cards

Medical – Mailed to you from Aetna or by using the Aetna Health App – Text Aetna to 90156 or by calling Aetna Concierge at 1.833.821.3502.

Dental – **MetLife does not mail ID cards** – for questions you may call 1.800.MetLife (638.5433) or provide your SSN number to your dentist.

Vision – **MetLife does not mail ID cards** – for questions you may contact MetLife at 1.833.EYE.LIFE (1.833.393.5433) or provide your SSN number to your eye care provider.

HSA – **HSA card will be mailed to you from TEB.**

FSA – **FSA card will be mailed to you from TEB.**



Retirement Plan Information

Administered by National Benefit Services

403(b) & 457(b) Plans

All of our 403(b) and 457 accounts are handled by NBS. Please see their contact info below.

National Benefit Services (NBS) – 1.800.274.0503 ; https://www.nbsbenefits.com/non-erisa-403b-forms/

Canutillo District Website: Human Resources – Employee Benefits – Retirement Plans

- **Retirement Plans – Canutillo Independent School District (Link)**

Setting Up Your 403(b) or 457 (b) retirement account –

- **Setting Up an Account (Link)**

Additional 403 (b) & 457 (b) forms

- **NON-ERISA 403(B) Forms | National Benefit Services (Link)**

NBS – If you know the type of form you need, you may request it by email 403bsupport@nbsbenefits.com or by calling: 800.274.0503.

State of Texas Retirement Information

Teacher Retirement System of Texas (TRS) – 800.223.8778 www.trs.texas.gov



Helpful Tips

Plan Coverage Categories:

- EE – Employee Only Coverage
- ES – Employee & Spouse Coverage
- EC – Employee & Children Coverage
- EF – Employee & Family Coverage

You may cover your legal dependents whom you claim on your filed income tax return until the age of 26, disabled dependents may be covered past the age of 26 with documentation.

Shopping Cart –

Top Right Corner of Enrollment Screen – Calculator shows the per paycheck and monthly amount due for Benefits selected – you may add or delete benefits to update the cart, by returning to the beginning of the enrollment and making your desired changes. **Please note:** Once submitted you will maintain all benefits for the full plan year unless a qualifying life event occurs and you submit proof of the change within 30 days to the Benefits Manager.

Beneficiary Screen –

Please add a beneficiary or beneficiaries for **each** product listed:

- District Basic Life – $10,000
- Additional Purchased Life Insurance Plan(s)
- Employee Supplemental Life
- Spouse Life – Employee is the beneficiary
- Child Life – Employee is the beneficiary



2027 Medical Plan Summaries & Costs

Administered by Aetna

Canutillo offers a choice of two different medical plans that include prescription coverage. The medical plans are self-insured by Canutillo Independent School District and administered by Aetna Health Care. Prescription benefits, a 24/7 nurse advice line, access to board-certified doctors 24 hours a day, seven days a week via video conference, and disease management programs are all included with each of our medical plans.

The district budgets $723.00, per employee, per month for the Medical Plans.

All plans offer:

- Coverage for medical care, including visits to your doctor's office, hospital stays, mental health and substance abuse services, chiropractic treatment, physical therapy and other services.
- A national network of providers, as well as emergency coverage when traveling abroad for personal travel.
- No referral is needed to see a specialist, although **pre-certification may be required**.
- In-network preventive care services are covered at no additional cost to you. See your plan materials for a list of covered preventive care services.
- 24-hour emergency care, in-or out-of-network.
- The amount you pay out-of-pocket is limited by your plan's out-of-pocket maximum. Once you spend the annual maximum amount, the medical plan pays your covered health care costs at 100%.
- No-claim paperwork is necessary when you receive care in-network.
- Medical plan rates are deducted from your paycheck pre-tax.
- Each family member pays toward their own individual deductible and out-of-pocket maximum.
- The family limits are in place to help minimize the total amounts of deductible and out-of-pocket maximums that your family would have to pay in a given year.
- Manage and track claims, order ID cards, find doctors, and track account balances through the aetna website.

Contact Information: Aetna Concierge at 833.821.3502 or go to aetna.com.

Medical Plan Options

Administered by Aetna

Employees have the option to select one of two (2) health plan options: Basic, and Consumer Driven Health Plan (CDHP). For employees who would like to select a plan with more accessible monthly premiums for Employee Only coverage, they may choose the Consumer Driven Health Plan.

Out-of-Pocket Amounts & Provider Network General Information

- The provider network for all medical services is Aetna Medical.
- You must meet any annual deductible before the Plan will begin to pay its percentage of eligible expenses. However, the deductible may be waived for certain eligible expenses.
- Use of In-network PPO health care providers is encouraged. **If you use Non-PPO or Out-of-Network providers**, those charges will be reimbursed at a lower percentage, **will not** apply toward your In-Network out-of-pocket maximum, and may result in additional cost to you for any billed amounts that are higher than the usual, reasonable, and customary charge.
- All in-patient and out-patient hospital services as well as certain diagnostic services and physical therapy must be **pre-certified** through Aetna Medical.
- **Pre-certification** is the responsibility of the employee and the in-network provider, if seeing an out-of-network provider, pre-certification is the responsibility of the employee.

How Our Health Plan Works

A quick guide to Canutillo Independent School District's medical plan

Dear Valued Employee, Canutillo ISD is committed to offering quality healthcare coverage for employees and families. Because our plan is self-funded, the cost of the plan is directly connected to the medical and prescription claims paid from the plan fund. Simply put, the money used to pay medical and prescription claims comes from contributions made by both the District and employees enrolled in the plan. Aetna administers the plan and provides access to its network of doctors, hospitals, and providers, but the health plan itself is funded by the District and participating employees. As a result, the healthcare decisions we make every day can have a direct impact on the overall cost of the plan. Choosing the appropriate level of care, utilizing preventive services, selecting in-network providers, and being mindful of healthcare spending can help manage plan costs and support the long-term affordability of benefits. When plan costs increase, those increases may ultimately affect Canutillo ISD's future employee contributions and payroll deductions. By using healthcare resources wisely, employees play an important role in helping keep benefits affordable for everyone.

A self-funded plan means we're all in it together:

By working together and making informed healthcare decisions, we can help maintain a strong and sustainable health plan while continuing to provide quality coverage for those who depend on it.

CISD Contributions + **Employee Contributions** + **Health Plan Fund**

Doctor Visits	Prescription Claims	Labs & Imaging	Emergency Care	Hospital Claims

Why costs can increase:	**Simple ways to help:**
Like many employers across the country, the District continues to experience rising healthcare costs. ■ Healthcare and pharmacy costs continue to rise. ■ The plan pays for actual claims used throughout the year. ■ Higher-cost care, hospital services, or specialty medications can affect the fund. ■ When plan costs increase, contribution changes may be needed to keep the plan sustainable.	While some healthcare needs are unexpected, there are several ways employees can help make the most of their benefits. ■ Use in-network providers whenever possible. ■ Choose telehealth, primary care, or urgent care for non-emergencies. ■ Reserve the emergency room for true emergencies. ■ Ask about lower-cost prescription options and compare costs when you can.

Use the right care at the right time

Primary Care	**Telehealth**	**Urgent Care**	**Emergency Room**
Routine care and ongoing health needs	Minor illnesses and quick care	Non-emergency injuries and illnesses	True emergencies only

Every healthcare decision matters.

By making informed choices and using benefits wisely, we can keep the CISD health plan strong today and for the future.

Consumer Driven Health Plan (CDHP)

Administered by Aetna

Key Benefits

- The plan has the lowest rates.
- Employees may contribute to HSA on a tax-free basis.

Other considerations

- The CDHP Plan has the lowest deductible of the offered plans.
- You pay 100% of all medical and prescription costs until your annual deductible has been met.

For more information, please click the link:
https://www.canutillo-isd.org/departments/human-resources-division/employee-benefits/medical

Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)*		
Schedule of Benefits	**Tier 1**	**Tier 2**
Deductible Individual/Family	$3,500 / $7,000	$7,000 / $14,000
Out-of-Pocket Maximum Individual/Family	$5,000 / $10,000	$8,700 / $17,400
Coinsurance	Plan pays 80%	Plan pays 60%
Pharmacy (Generic, Preferred, Non-preferred, Specialty)	90% after ded / 90% after ded / 80% after ded / 60% after ded	90% after ded / 90% after ded / 80% after ded / 60% after ded

Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)*			
Coverage	**Total**	**Employee's Monthly Cost**	**Employee's Semi-Monthly Cost**
Employee Only	$1,026.54	$303.54	$151.77
Employee + Spouse	$1,618.21	$895.21	$447.61
Employee + Child(ren)	$1,431.13	$708.13	$354.07
Employee + Family	$1,951.73	$1,228.73	$614.37

Basic Plan

Administered by Aetna

Key Benefits

- The deductible, medical copays, and prescription copays are mid-level.

Other considerations

- The Basic Plan has mid-level premium rates.
- Medical and prescription copays **DO NOT** count toward annual deductibles, but **DO** count toward annual out-of – pocket maximums.

For more information, please click the link:
https://www.canutillo-isd.org/cms/one.aspx?portalId=52997&pageId=50241168

Basic		
Schedule of Benefits	**Tier 1**	**Tier 2**
Deductible Individual/Family	$6,000 / $14,000	$12,000 / $20,000
Out-of-Pocket Maximum Individual/Family	$10,000 / $20,000	$12,000 / $20,000
Coinsurance	Plan pays 60%	Plan pays 40%
Pharmacy (Generic, Preferred, Non-preferred, Specialty)	$0 / $30 / $75 / $225	$0 / $30 / $75 / $225

Basic			
Coverage	**Total**	**Employee's Monthly Cost**	**Employee's Semi-Monthly Cost**
Employee Only	$922.29	$199.29	$99.65
Employee + Spouse	$1,380.38	$657.38	$328.69
Employee + Child(ren)	$1,226.60	$503.60	$251.80
Employee + Family	$1,651.29	$928.29	$464.15

Additional Programs

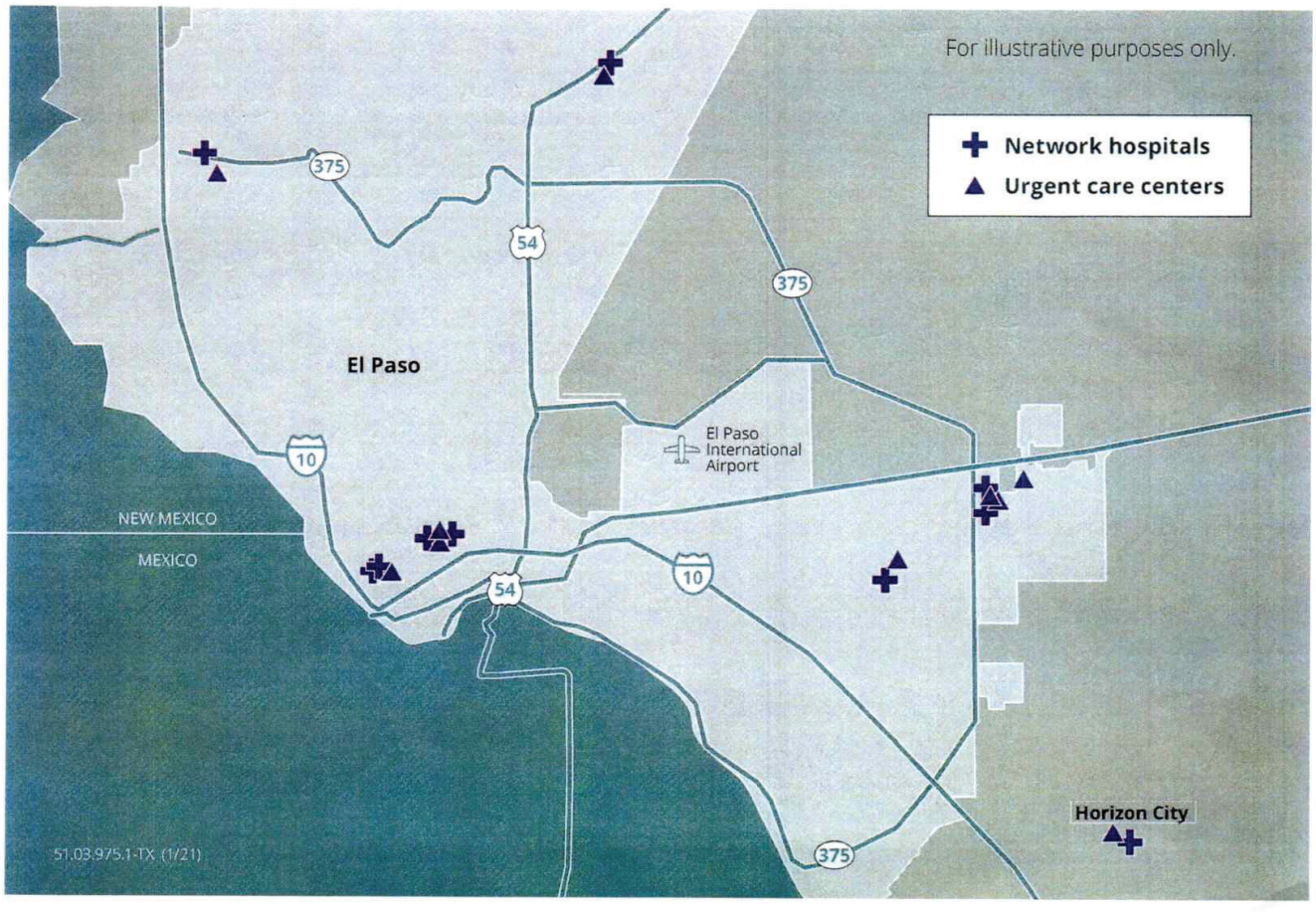
aetna® | The Hospitals of PROVIDENCE

The Hospitals of Providence Health Alliance network coverage area

Our network includes:

- **150+ primary care doctors***
- **850+ specialists**
- **10 hospitals**
- **10 urgent care centers**

*In Texas, PCP is known as physician (primary care).
Visit **Aetna.com** for the most up-to-date information on doctors and facilities.



The Hospitals of Providence Health Alliance network

Acute care hospitals	ZIP	City	Address
The Hospitals of Providence Children's Hospital	79902	El Paso	2001 North Oregon Street
The Hospitals of Providence East Campus	79938	El Paso	3280 Joe Battle Boulevard
The Hospitals of Providence Memorial Campus	79902	El Paso	2001 North Oregon Street
The Hospitals of Providence Northeast Campus	79934	El Paso	11274 McCombs Street
The Hospitals of Providence Sierra Campus	79902	El Paso	1625 Medical Center Drive
The Hospitals of Providence Specialty Campus	79902	El Paso	1755 Curie Drive
The Hospital of Providence Transmountain Campus	79911	El Paso	2000 Transmountain Road
The Hospitals of Providence Horizon City Campus	79928	Horizon City	13600 Horizon Boulevard

Emergency hospitals	ZIP	City	Address
The Hospitals of Providence Emergency Room Edgemere	79938	El Paso	12101 Edgemere Boulevard
The Hospitals of Providence Emergency Room Montwood	79936	El Paso	1890 George Dieter Drive

Health benefits and health insurance plans are offered, underwritten and/or administered by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Always consult your member website for the most up-to-date information on doctors and facilities in The Hospitals of Providence Health Alliance network.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rate and benefits vary by location. Health benefits and health insurance plans contain exclusions and limitations. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health care services. Information is believed to be accurate as of the production date; however, it is subject to change. Refer to **Aetna.com** for more information about Aetna® plans.

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Aetna.com

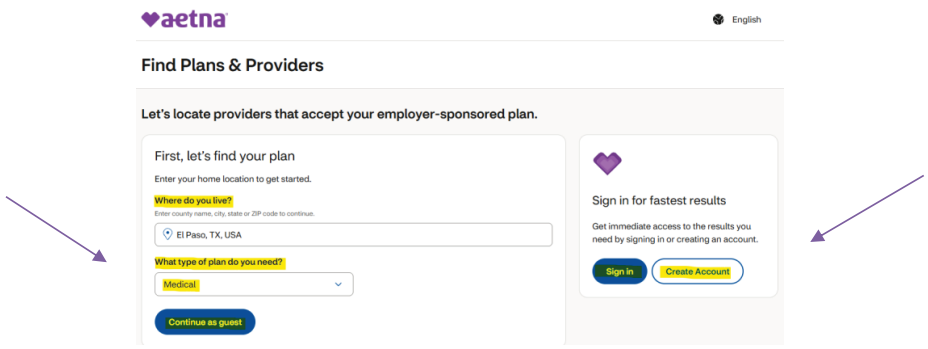
Finding a Provider

Check to see if your provider is participating in a plan:

Aetna Premier Care Network Plus (APCN Plus) - The Hospitals of Providence Health Alliance - Open Access Aetna Select

1. Visit **aetna.com/docfind**

2. If you *have not* created an account, proceed by answering: Where do you live? What type of plan do you need? **Click,** Continue as guest
   a. For a personalized experience **"Sign in" or "Create an account"**.

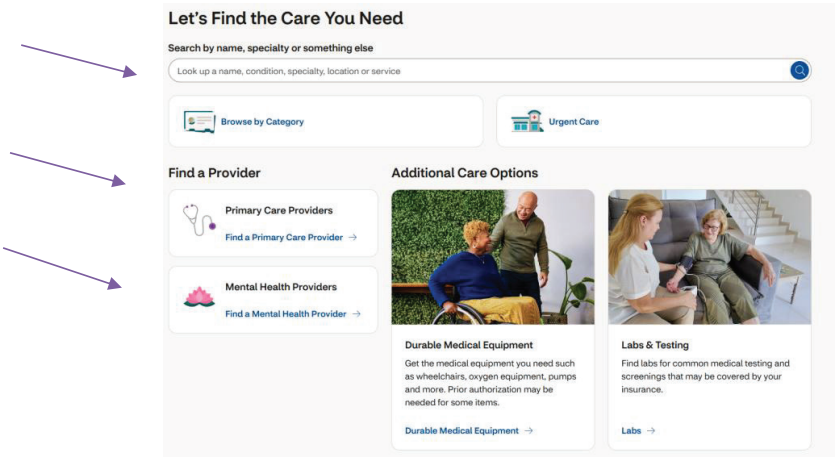


3. **Select** (TX) AWH **–** The Hospitals of Providence Health Alliance – OA Elect Choice/OA Aetna Select, click **Continue**



4.

5. You may now **search** by provider name, specialty or something else. If you have questions, please contact member services at: 833-821-3502.



Created: 10/8/2026 (L. Ward)

aetna™

Get the support you need with the 24-Hour Nurse Line.



When it comes to taking care of your health, know you're not alone. Through your Aetna® benefits, you have access to the 24-Hour Nurse Line anytime.*

A simple call can make all the difference

Have questions about an upcoming medical visit? You can talk to a registered nurse about tests, procedures and treatment options, 24 hours a day, 7 days a week. Plus, they can advise on many health and wellness topics. And the call is **free**. To find the phone number, just visit **Aetna.com** and log in to your member website.

Why call the 24-Hour Nurse Line?

You'll get valuable information that may help you avoid a trip to the doctor, urgent care or emergency room. And that can be a real time and money-saver. And you'll be able to make smarter health decisions because you'll have trusted information — right at your fingertips.

Log in to your member website at **Aetna.com** to see all the resources available to you.



Your health is important to us.
Get answers and guidance with the 24-Hour Nurse Line by calling **1-800-556-1555 (TTY: 711)**.

* While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line nurses can provide information on a variety of health topics. Contact your doctor first with any questions about your health care needs.

Health insurance plans are offered, underwritten or administered by Aetna Life Insurance Company and its affiliates (Aetna).

This material is for informational purposes only. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. 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 **Aetna.com**.

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A step above

Aetna One® Flex care management



Better health, better cost management

Our care management model takes a holistic approach to physical and emotional well-being. There's 1:1 support for acute and comorbid chronic condition care through a single nurse. Our robust analytics identify at-risk employees, helping you better manage your population's health and costs.

And our Aetna Advice® program communications use advanced artificial intelligence (AI), exclusive member data and progressive analytics to create a predictive, personalized engagement. Our clinical data come from an analysis of social determinants of health in addition to other clinical impact factors to help close equity gaps in care — which leads to better health outcomes and lower medical costs.

Three core strengths

Caring
Personalized outreach — Connected data create insights for a more personal touch, giving employees more reasons to engage and take the right health actions. Features single-nurse care for the family for acute and comorbid chronic condition support.

Connected
Digital tools — A simpler, more connected approach delivers a better experience, focusing on whole health. Features the Aetna Health℠ app, text and emails.

Closer to home
Local support — You can reach more employees in more ways, at more times, than ever before. Features MinuteClinic® and CVS Pharmacy® staff member support.

Aetna.com

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Aetna One® Flex care management

Simply put, our solution provides a higher clinical touch with greater engagement, expanded staff and monetary reward incentives that encourage members to make better health decisions.*

What's included

- ✓ Single nurse for the family — 1:1 support for acute care and chronic condition management
- ✓ Aetna Advice® personalized behavior change campaigns (preventable complications/treatment selection, site-of-care navigation, condition specific prevention, women's health)
- ✓ Dietitian, pharmacist and transgender and gender-diverse advocate
- ✓ Readmission prevention visits at MinuteClinic® locations, or at select CVS Pharmacy® locations
- ✓ Personalized nurse communication
- ✓ 24-Hour Nurse Line**
- ✓ Aetna Compassionate Care℠ program
- ✓ Digital coaching and well-being tools
- ✓ Expanded interdisciplinary care team that is trained in gender diversity, suicide prevention and cultural sensitivity.



93%
of members reached
engaged in a clinical conversation[1]



2.5:1 **return on investment[2]**

Need more info about Aetna One Flex care management?
Just ask your Aetna® representative.

*Incentive reward program is an additional buy-up option.

**While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line can provide information on a variety of health topics.

[1] Average number of conversations and average length of call per engaged member in Aetna In Touch Care℠ Solutions (most similar current model to Aetna One Flex) in 2018.

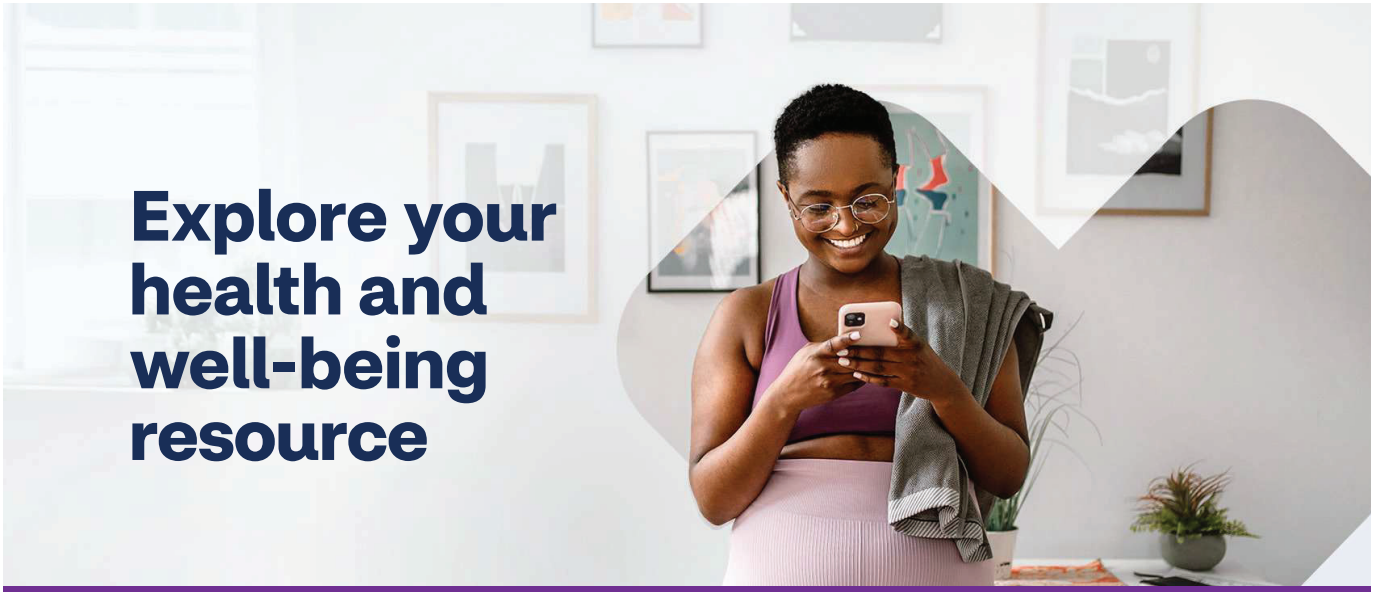
[2] Customer savings can vary based on a number of factors (e.g., number of members, demographics, pharmacy integration). Although not guaranteed, many customers achieve a 2.5:1 return on investment (ROI).

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Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional.

Aetna.com

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Explore your health and well-being resource

Welcome to Aetna Health Your Way™

Great news! Now you can achieve your best health in a whole new way. As part of Aetna Health Your Way™, you can access a personalized digital health platform. It's the simpler way to stay on track in reaching your health goals.

EASY AS 1-2-3

1



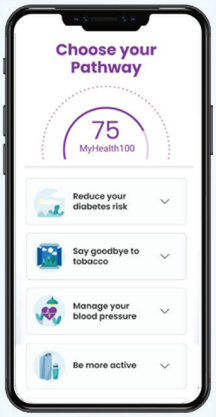
Take your health assessment and get your MyHealth100 score.

2



Choose a personalized pathway that can help you achieve your health goals.

3

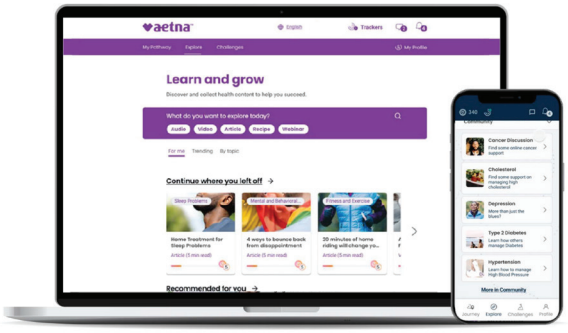


Engage in healthy activities to improve your health.

Aetna.com

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aetna®



Plus, you can access even more useful info

- Read, watch and listen to health content on a wide variety of topics.
- See what's trending among other users in the platform.
- Search by specific topic.

Ready to explore Aetna Health Your Way™ today?

Just sign in at **Health.Aetna.com**. Or download the Aetna Health℠ app from either the **App Store** or **Google Play**.

Download on the App Store

GET IT ON Google Play

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Our programs, care team and care managers do not diagnose or treat members. We assist you in getting the care you need, and our program is not a substitute for the medical treatment and/or instructions provided by your health care providers. If a member is not able to complete an activity and would like an alternative way to qualify for the rewards in a specific program, please call the phone number on your member ID card.

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Lower member out-of-pocket costs, improve satisfaction



RxSavingsPlus® for Non-Covered Drugs (PENCD) helps plan members save money on non-covered medications.

The program allows members with prescription benefit coverage to purchase medications not covered by their prescription plan at a discount, **without undermining the client's chosen formulary strategy**.

Savings of up to 80% on generics and up to 40% on brand name medications

Average member savings of **55% for generics and 24% for brands**[1]

Available at **no cost** to clients

Does not impact rebates – the program targets non-covered drugs only, not formulary rejects

Easy for Members to Use

The solution is integrated into the pharmacy benefit plan, so the experience is seamless for members. They simply present their Aetna ID card and their prescription at one of more than 65,000 pharmacies in the CVS Caremark® Discount Network and get a discount on the non-covered medication.

Providing Savings and Safety

Member utilization data is captured from each claim to give pharmacists, providers and payors a more complete picture of each member. This helps ensure that critical safety measures can be performed, such as Drug Utilization Review, to help avoid adverse events. Third-party discount card programs do not have this capability.

For more information on how you can help members save money with RxSavingsPlus for Non-Covered Drugs, contact your Aetna account manager.

[1]CVS Health Drug Discount Analytics Team, December 2023. All data sharing complies with applicable law, our information firewall and any applicable contractual limitations. Savings projections are based on CVS Caremark data. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors. Client-specific modeling available upon request. Data Source: PBM data warehouse table DWU_CLIN.V_PHMCY_CLM_PAID.

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Extra support for keeping diabetes in check



If you're managing diabetes, your health plan includes the Transform Diabetes Care® program at no extra cost.

This program offers support, tools and guidance to help manage diabetes. It works along with the care you already receive.

Transform Diabetes Care includes:



Support from an Aetna® care team including Certified Diabetes Care and Education Specialists, registered nurses and registered dietitians



Two no-cost vouchers for diabetes-related screenings at MinuteClinic®



Access to the Health Optimizer® app to track glucose, connect wearable devices, explore nutrition and well-being resources, and more

What happens next

Eligible members are enrolled automatically. If you're eligible, you may be contacted by a care team representative to answer questions and help get started.

Questions?

Just call the number on your member ID card.

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For your best health, we encourage you to have a relationship with a primary care physician or other doctor. Tell them about your visit to MinuteClinic, or MinuteClinic can send a summary of your visit directly to them.

Aetna.com

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Support lives here

Resources for your cancer journey

A cancer diagnosis is life changing. And you probably have a million things on your mind as you navigate your treatment.

Aetna® is here for you with the resources and support you may need to manage your care, understand your benefits and locate the right providers.

Aetna Cancer Support Center

The Cancer Support Center brings resources to your fingertips, serving as your trusted source for information and **guidance** on what to expect while managing cancer treatment and care.

The Cancer Support Center:

- Serves as a **free, convenient, digital-information hub** designed around your needs
- Provides details about **diagnostic tests, treatments and benefits** specific to your coverage
- Offers **self-service support** for breast, colorectal, prostate, lung, ovarian, uterine and other cancers

Guided Genetic Health® program*

Genetic counseling and testing can help guide your treatment and assess your risk of developing other forms of cancer.

With the Guided Genetic Health program, you can:

- Access a free online questionnaire* from the Aetna Cancer Support Center site to determine if genetic counseling and testing are right for you
- Participate in convenient, **lower-cost genetic testing and counseling**
- Receive personalized and actionable **health recommendations** delivered by experts

Aetna Personal Navigator

This is your dedicated advocate with experience in cancer diagnosis and treatments which will provide you and your caregiver with personalized support whenever you need it. Get easy access to your navigator through a **"Request a call" button** located on the Aetna Cancer Support Center site.

Your personal navigator can:

- **Answer** insurance questions
- **Help** with prior authorizations and appeals
- **Connect** you with care management
- **Assist** with finding local resources
- **Set up** provider consultations

For more information, visit the Aetna Cancer Support Center.
Log in to your **Aetna member website** and find the Cancer Support Center under Member Resources.

*FOR QUESTIONNAIRE NOTE: No data from the online questionnaire, counseling or testing is shared with Aetna.

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PREVENTIVE CARE

Preventive health
Take charge of your health today

You don't need to feel sick to see your doctor. In fact, the best time to go is when you feel well. Maybe you need a flu shot or a screening test. Or maybe you're just looking for some health tips.

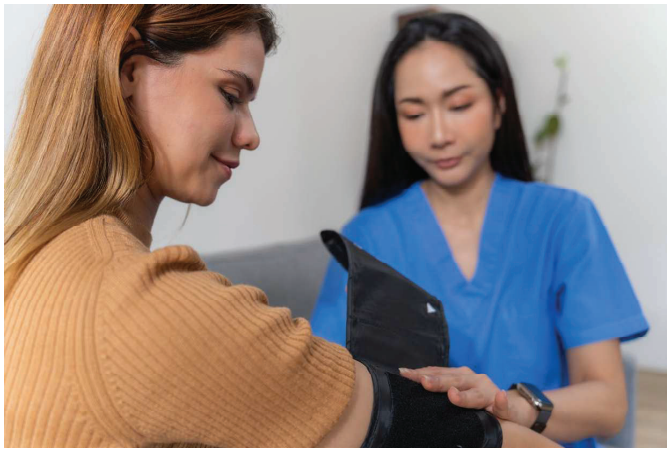
That's preventive care — and it can help you stay healthy and catch health issues early.

Why preventive care matters

Preventive screenings can identify health risks and conditions before symptoms appear. Early detection may lead to more treatment options, better outcomes and lower health care costs. Talk with your primary care provider (PCP) about recommended screenings based on your age, family history and personal risk factors.

Check in for a checkup

Preventive care starts with a yearly preventive visit. Your yearly checkup can reassure you that you're as healthy as you feel. Or prompt you to ask about changes in your body that may be a concern.



What to expect

During a checkup, you can get the right screenings for your age, gender and health status. Your PCP can spot symptoms that could be signs of something more serious.

Your doctor will also measure your height and weight. They might also check your blood sugar, cholesterol and blood pressure. These results, along with your health history, give your PCP a clearer picture of your health, so they can build a personal care plan for you.

*FOR PREVENTION SOURCE. Centers for Disease Control and Prevention. **Are you up to date on your preventive care?** August 15, 2025. Accessed August 30, 2026.

Make prevention a priority*

Schedule your annual preventive care visit. A yearly preventive care visit helps track blood pressure, cholesterol, weight, blood sugar and overall health. It is important to know your numbers and keep track of these values throughout the year.

Stay current on screenings. Talk with your PCP about age-appropriate cancer screenings, diabetes testing and other preventive services.

Keep vaccinations up to date. Flu, pneumonia and other recommended vaccines can help prevent serious illness.

Take care of your mental health. Mental health is an important part of preventive health. During your annual wellness visit, your PCP will use standardized questionnaires to evaluate your mental health for conditions like depression, anxiety and cognitive decline.

Don't forget dental and vision. You should have a dental exam and teeth cleaning twice per year. Routine eye exams should be done every one to two years, or as recommended by your doctor.

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PREVENTIVE CARE

Preventive health

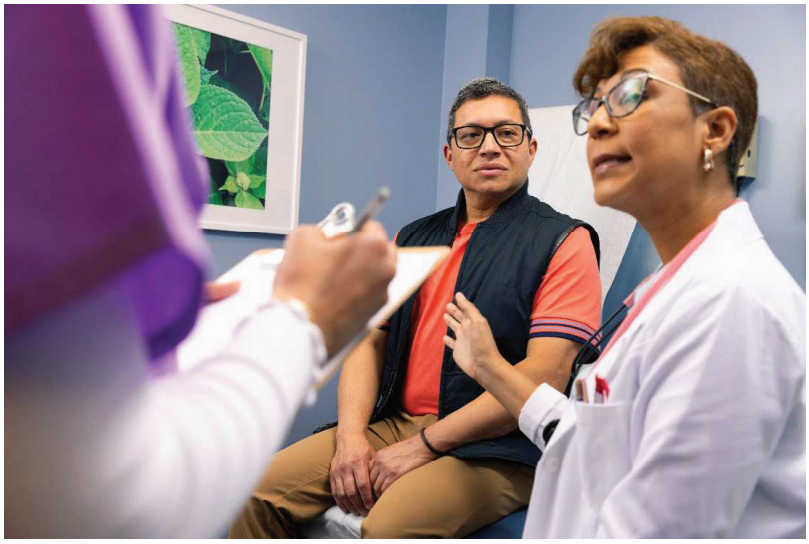
Take charge of your health

Many health plans cover preventive care at 100 percent with in-network providers. So, you and your family may be able to get these services at no additional cost (no copays, deductibles or coinsurance). Check your plan details to find out more. If you're already a member, you can call us at the number on your member ID card. Or log in to your account by using the Aetna Health℠ app or visiting Aetna.com.

Preventive vs. diagnostic care: What's the difference?*

Let's say your PCP wants you to have a colonoscopy because of your age. If you have the colonoscopy, it's considered *preventive care.* Preventive care services are usually available at no additional cost.

If your PCP suggests a colonoscopy because you're having symptoms, that's *diagnostic care*. You may have to pay part of the costs if you have the procedure. Ask your PCP if you're unsure of the difference between preventive and diagnostic care, so you're not surprised by any costs.



*FOR PREVENTIVE VS DIAGNOSTIC CARE SOURCE. UCLA Health. Preventive vs. diagnostic care: What to know and why it matters. Accessed August 30, 2026.

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Useful tips

Find a PCP. Developing a relationship with a trusted provider may make it easier to manage your health. You can find an in-network provider using your Aetna Health℠ app or by visiting Aetna.com.

Ask questions. Write down questions before appointments and participate in decisions about your care. Consider bringing a trusted family member or friend to your appointment for support.

Use available wellness resources. Health assessments, coaching programs, nurse lines and wellness tools can support your goals.

Focus on whole-person health. Preventive health includes physical, mental, emotional, financial and social well-being.

Remember that preventive care is not just about avoiding illness — it's about building a healthier future for yourself and your family.

For more information on preventive care, please visit the Aetna® **health screenings and vaccine** page.

Take the first step today: Schedule your preventive care visit.

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Preventive health services

for you and your family

Review these recommended preventive health services for healthy adults and children with average risk. You can ask your doctor about the screenings and vaccines that are best for you and your family. Be sure to discuss when to get them, too.

FOR INFANTS, CHILDREN AND ADOLESCENTS: Recommended preventive health screenings*

Anemia screening	Your health care team will help you decide when and how often screening is needed
Body mass index (BMI) measurement	Periodically for ages 24 months and older
Chicken pox (varicella) vaccine	Between ages 12 and 15 months, and between 4 and 6 years
COVID-19	6 months to 18 years, following CDC recommended schedule
Depression	Regularly for 12 years old and older
Diphtheria-tetanus-pertussis (DTaP) vaccine	At ages 2, 4 and 6 months; ages 15 through 18 months; and ages 4 through 6 years
H. influenzae type B (Hib) vaccine	Ages 0–15 months
Hearing screening	Periodically throughout childhood and adolescence
Hepatitis A (HepA) vaccine	Ages 0–18 months
Hepatitis B (HepB) vaccine	Ages 0–18 months
Human Immunodeficiency Virus (HIV) screening	Periodically for adolescents at increased risk
Human papillomavirus (HPV) vaccine	Adolescents aged 11 or 12 years. May be given beginning at age 9. Also recommended for everyone through age 26, if not adequately vaccinated previously.
Inactivated polio vaccine (IPV) vaccine	At ages 2 and 4 months; between ages 6 and 18 months; and ages 4 through 6 years
Influenza vaccine	Every flu season, beginning at age 6 months
Lead screening risk assessment	Periodically during well-child visits from 6 months through age 6
Measles-mumps-rubella (MMR) vaccine	Periodically during well-child visits from 6 months through age 6
Meningococcal vaccine	Adolescents aged 11 or 12 , with a booster dose at age 16
Newborn hearing screening	One time before 1 month of age
Newborn screening panel*	One time before infant leaves hospital or birthing center
Obesity screening and counseling	Children and adolescents aged 6 years and older
Oral fluoride varnish	Children 6 months–5 years
Pneumococcal conjugate vaccine (PCV)	Children younger than 2 years of age
Respiratory syncytial virus immunization (RSV)	Birth–19 months, depending on maternal RSV vaccination status
Rotavirus vaccine	Infants younger than 8 months of age
Tetanus-diphtheria-pertussis (Tdap) vaccine	Adolescents aged 11 or 12 years. May be given as early as age 7
Vision screening	One time before age 5, then periodically ages 3–17

*FOR RECOMMENDED PREVENTIVE HEALTH SCREENINGS: American Academy of Pediatrics. Recommendations for Preventive Pediatric Health Care. Dec 2025. Available at: **Downloads.AAP.org/AAP/PDF/periodicity_schedule.pdf**. Accessed November 18, 2025.

*FOR NEWBORN SCREENING PANEL: Health Resources and Services Administration. Advisory Committee on Heritable Disorders in Newborns and Children. Dec 2025. Available at: **HRSA.gov/advisory-committees/heritable-disorders/index.html**. Accessed November 18, 2025.

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FOR ADULTS:
Recommended preventive health screenings and vaccines

Abdominal aortic aneurysm screening	Once for men aged 65–75 who have smoked tobacco
Alcohol misuse screening	Adults aged 18 and older, including pregnant women
Anxiety screening	Routinely — adults 18 years of age and older, including pregnant and postpartum women
Bacteriuria screening	All pregnant women
Blood pressure screening	Every 2-3 years for adults 18+, Annually for adults 40+ and adults 18+ at increased risk (Black or BMI >25)
Body mass index (BMI) measurement	Annually for adults aged 18 and older
Breast cancer screenings*	Yearly for average-risk women 40 to 74 years of age
Breastfeeding counseling, support	Counseling and support when provided by a trained health care professional during pregnancy and/or in the postpartum period. Breast pump and supplies during pregnancy or at any time following delivery for breastfeeding
Cervical cancer screening	Adults aged 21–29: Pap smear every 3 years. Adults aged 30–65: Pap smear every 3 years or Pap smear and HPV testing every 5 years. Talk with your doctor about the method of screening that is right for you
Cholesterol screening	Every 5 years (age 35+)
Colorectal cancer screening	Adults aged 45 and older. Talk with your doctor about the method of screening and how often is right for you
Contraceptive education and counseling	Contraceptive methods that are FDA-approved for women
COVID-19	1 or more doses based on CDC guidelines, 19 years of age and older
Depression screening	Regularly for adults aged 18 and older, including pregnant and postpartum women
Diabetes screening	Regularly for adults aged 18 and older, including pregnant and postpartum women
Sexually Transmitted Infections (STIs), such as Gonorrhea	Regularly for sexually active women aged 24 and younger, and in older women who are at increased risk for infection
Hepatitis B screening	Pregnant women at their first prenatal visit. Nonpregnant adolescents and adults at high risk
Hepatitis C screening	Adults born between 1945 and 1965: one time screening. Once for adults aged 18 to 79 years of age without risk factors. Periodically for people with continued risk for hepatitis C infection
Human papillomavirus (HPV) screening	See cervical cancer screening section above
Human papillomavirus (HPV) vaccine	Recommended for everyone through age 26, if not adequately vaccinated previously pregnant women
Influenza vaccine	Every flu season
Intimate partner violence screening	At least annually for adolescent and adult women

Continued on page 3

*FOR BREAST CANCER SCREENING: American Cancer Society. American Cancer Society recommendations for the early detection of breast cancer. November 18, 2025. Available at: **Cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html.** November 18, 2025.

FOR ADULTS:
Recommended preventive health screenings and vaccines (continued)

Lung cancer screening	Current or former smokers 50 to 80 years of age with a 20 pack-years or more smoking history and, if a former smoker, has quit within the past 15 years
Obesity counseling	Adults with a body mass index (BMI) of 30 or higher
Osteoporosis screening (bone density test)	Regularly for women aged 65 and older; postmenopausal women younger than age 65 at increased risk
Pneumococcal vaccine	Adults aged 50 and older
Preeclampsia screening	All pregnant women should be screened throughout pregnancy with blood pressure checks at each prenatal visit
Prostate Cancer Screening	Men 55 to 69 years of age should talk to their provider about whether screening is right for them
Respiratory syncytial virus immunization (RSV)	Pregnant woman at 26-32 weeks gestation, from September–January; adults 50 years of age and older
Rh incompatibility screening (blood typing and antibody testing)	All pregnant women during their first visit for pregnancy-related care
Shingles vaccine	Adults aged 50 and older
Tetanus-diphtheria-pertussis (Td/Tdap) vaccine	If Tdap was not given at, or after, age 11: 1 dose Tdap, then Td or Tdap every 10 years, 1 dose of Tdap is also recommended during each pregnancy
Tobacco use screening and counseling	Regularly for adults aged 18 and older, including pregnant women
Tuberculosis infection screening	Asymptomatic adults aged 18+ at increased risk of latent tuberculosis infection (persons born in, or former residents of, countries with high TB prevalence and persons who live in, or have lived in, high-risk congregate settings)
Unhealthy drug use screening	Regularly for adults aged 18 and older, including pregnant women

This Preventive Care information is accurate as of November 18, 2025. Since preventive guidelines change frequently, please consult **Aetna.com/individuals-families/medication-safety-vaccines/health-screenings-vaccinations.html** for current information.

The preventive health screenings are based on the recommendations of the U.S. Preventive Services Task Force (USPTF). Available at: **USPreventiveServicesTaskForce.org/uspstf/**. Accessed November 18, 2025.

The vaccine recommendations for people 18 and under are based on the Centers for Disease Control and Prevention (CDC), found online at **CDC.gov/vaccines/?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/** as of November 18, 2025. Recommendations change often. A full list of the most current recommendations may be accessed at these websites. Accessed November 18, 2025.

Before scheduling a visit for a suggested preventive care service, be sure to check your Summary Plan Description (SPD) to determine your share of the cost for these services.

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Health care in Mexico with the Aetna cross-border solution

Our cross-border solution supports those who live or work along the U.S.-Mexico border when they need care in Mexico.

You can now add the Aetna cross-border solution to your traditional U.S. benefits plan. Our nine-year partnership with **Sinergia Médica** means your employees have access to a care network of 9,000 hospitals and physicians located across all 31 Mexican states and the Federal District. This coverage solution is only available with Aetna.

Give your employees cross-border access to:

- Emergency care
- Hospital inpatient care
- Outpatient care and consultations with specialists connected to the **Sinergia Médica** network
- Prescription medications
- Help scheduling appointments
- Discounted rates

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International service, local care

As part of CVS Health® and Aetna®, Aetna International is an industry-leader with 60+ years in the global health market. You can count on our deep understanding of international standards, cultural differences and global regulations to remove barriers to care and deliver a personalized experience.

Together, we're uniquely positioned to support your workforce whenever and wherever they need care in Mexico. They can count on quality care from providers in the **Sinergia Médica** network and our combined expertise to keep health care simple.

A seamless experience

Our cross-border plan streamlines administration for you. It gives your employees a better experience by delivering integrated care, lower costs and convenience. A cobranded Aetna-Sinergia ID card means only having to show one card for access to care in Mexico or the U.S.

Direct pay options

Inpatient or scheduled hospital services
By simply showing a cobranded ID card to in-network providers, your employees receive care with no upfront costs. The provider submits the bill directly to **Sinergia Médica** for payment.

Outpatient services
Sinergia Médica can help your employees schedule appointments for outpatient services at our negotiated local rates. They'll also help coordinate direct payment to in-network outpatient providers.

We've got your cross-border solution ready to go. Talk to your Aetna representative to get started.



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Better access

Getting health care in Mexico with your Aetna cross-border coverage



Wherever you go in Mexico, our international expertise and partnership with Sinergia Médica has you covered.

Your cross-border plan and digital, Sinergia Médica local ID card give you access to:

- Sinergia Médica network of 9,000 hospitals, clinics and physicians
- Providers in all 32 Mexican states
- No upfront costs with in-network providers
- Emergency care
- Hospital inpatient care
- Outpatient care and consultations
- Prescription medications
- Appointment coordination
- Discounted rates and lower costs



Example of a digital Sinergia Médica local ID card

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1568755-05-02 (8/24)

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How to find and access care

It's customary under Mexico's health care system for you to pay for outpatient care at the time of service. However, Sinergia Médica can help you find a provider and coordinate direct payment to providers at our negotiated local rates. This means you won't have upfront costs.

For outpatient care:

1. Contact Sinergia Médica by submitting a service request through the online portal at **SinergiaMédica.info**.

   For additional information, view the portal instructions in **English** or **Spanish**.

2. Bring and show your digital, Sinergia Médica local ID card and your authorization letter on the day of your appointment.

3. Sinergia Médica will coordinate direct payment with the in-network outpatient provider.

For inpatient care (including scheduled surgeries) and emergency care:

1. Go directly to the hospital, clinic or emergency department.

2. Present your Sinergia Médica digital ID card. The care facility will work with Sinergia Médica to arrange direct payment.

3. Sinergia Médica will coordinate direct payment with the in-network inpatient providers.



How to contact us

Call Sinergia Médica 24/7 if you have questions about outpatient care in Mexico or an emergency:

From Mexico:
(55) 5249 83 83 or
800 000 0277, option 1

From the U.S.:
+ **(011) (52) 55-5249-8383** and select option 1 when prompted

For all other needs or for care inside the U.S., call the Aetna Member Service team using the number on your ID card.

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Aetna does not provide care or guarantee access to health services. 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. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to Aetna.com.

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Lower out-of-pocket costs for you on noncovered medications



You may save up to 80% on generics and up to 37% on brand-name medications.*

RxSavingsPlus may be used to purchase medications not covered by your prescription plan at a discount.

Easy to use for both members and non-members

If you're an Aetna member, simply present your ID card and your prescription at one of almost 60,000 pharmacies in the Drug Discount Network and you may get a discount on the non-covered medication. Since these drugs aren't covered by your benefit plan, the amount you spend won't count toward your plan's deductible.

If you're not an Aetna member, that's OK
Just scan the QR code to access the RxSavingsPlus discount card and start saving.

* FOR 80% AND 37% DISCOUNT NOTE: CVS Health Drug Discount Analytics Team, February 2025. Individual experience may vary.

This program is for employees who aren't eligible for their company's pharmacy plan (such as new, probationary, part-time, or seasonal employees) or for medications that aren't covered by your benefit plan. The RxSavingsPlus card provides access to discounted prescription drugs, but these discounts do not count toward any prescription drug plan accumulators, cost-share totals, or out-of-pocket maximums.

Pharmacy benefits are administered through an affiliated pharmacy benefits manager, CVS Caremark®. Aetna® is part of the CVS Health® family of companies.

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LifeMart by Care.com | aetna



LifeMart Member Discounts

Make everyday life more affordable

LifeMart offers exclusive savings on major purchases and everyday essentials from brands you know and love, all in one convenient location. With discounts on travel, entertainment, child & senior care, wellness, home & auto, food & grocery, and more, LifeMart is the way to save.

Saving with LifeMart is easy:

- Search for discounts by category
- Select an offer to review the details
- Simply follow the redemption instructions to access discounts

In 2025, LifeMart members saved over $116 million

$22 million+ on travel

$14 million+ on child care

$12 million+ on entertainment

Enroll or log in to START SAVING with your FREE ACCESS to LifeMart

FEDlogic

Federal & State Benefit Navigation

A team of experts, ready to help.

FEDlogic is an advocacy service provided by your employer that gives you access to a team of experts who can assist you in understanding federal and state benefit options. FEDlogic's experts have worked for the Social Security Administration and have spent years mastering these policies from the inside out. Without education and advocacy, many individuals don't take advantage of all the benefits available to them. FEDlogic's experts can provide you with peace of mind, ensuring that you identify and maximize all of your benefits. FEDlogic does not sell, endorse, or promote any products or services. FEDlogic is a team of unbiased advocates with decades of experience, here to help!

Medicare	*Retirement*	*Disability*
Healthcare.gov	*SSI*	*Medicaid*
Critical Illness	*Dialysis*	*ALS*
Survivor's Benefits	*Veteran's Benefits*	*Tribal Benefits*
COBRA	*Premature Baby*	*Catastrophic Claims*

Reasons to call *an expert*

- *You're approaching or have reached age 65 and want help navigating Medicare*
- *You're 62+ and want to maximize your retirement benefits or plan for the future*
- *You or a family member have been diagnosed with a critical illness or disability*
- *You have a child born prematurely and is in the NICU*
- *You have lost a spouse and need help navigating survivor's benefits*
- *You are unable to work or have lost affordable health coverage*

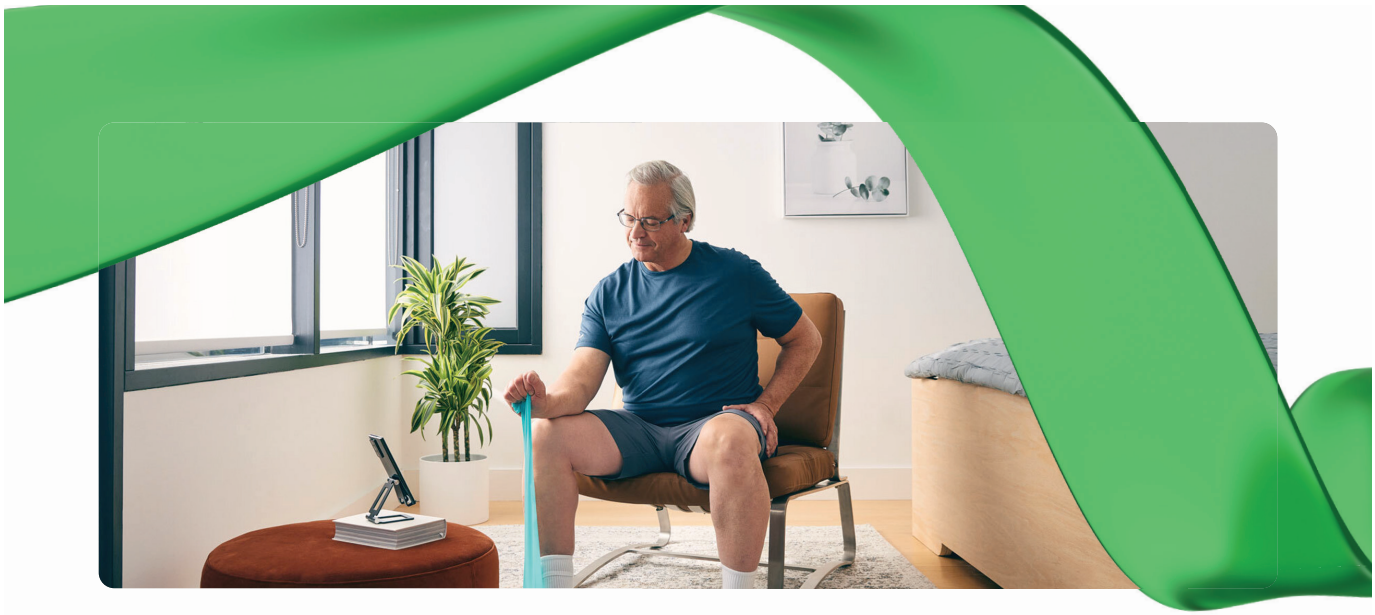
How it works

1. **Make a phone consultation appointment**
   Call us at 877-837-4196 or scan the QR code to schedule a phone consultation with one of our experts. Be sure to make the appointment at a time when family members are available to listen and ask questions as well. Calls typically last an hour and are unlimited, confidential, and free.
2. **Tell us your story, ask questions, and learn**
   You don't have to wade through tons of complex and confusing information to figure out what applies to you. We take the time to listen to your story and understand your needs, concerns, and goals. Then, we empower you with the unbiased information you need to maximize your benefits and make the best decision for your situation.
3. **Enroll in your benefits**
   Once you feel confident you have all the information you need to make the best decision for you and your family, we'll walk you through the application and approval process.
4. **Have Peace of Mind**
   Without education and advocacy, many people don't tap into all the Social Security and Medicare benefits they've paid into during a lifetime of employment. You'll have the peace of mind knowing that you're getting all the benefits you deserve.
   So, sit back, relax and celebrate!

It's all about *you.*

Our experts are here to help your family navigate federal and state benefits. Our services are provided for you and your family by your employer and are always 100% free, confidential, and unlimited. FEDlogic will never promote, endorse, or sell any type of product or insurance.

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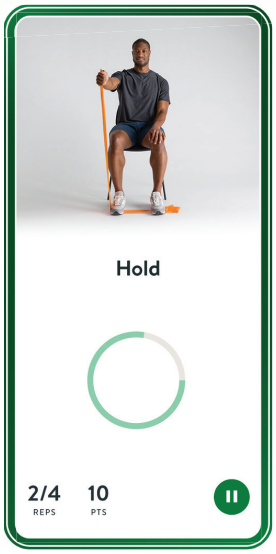
aetna® | Hinge Health

Personalized pain care that gets you moving

Relieve joint and muscle pain with personalized exercise therapy **at no cost to you**. On average, participants reduce their pain by 68%.[1]

- **Virtual sessions anytime, anywhere**
- **Unlimited 1-on-1 health coaching**
- **Motion-tracking technology for instant form correction**

Your family may be eligible, too!



To learn more and apply, scan the QR code or visit

hinge.health/aetnaem

Questions? Call (855) 902-2777

Employees and dependents 18+ enrolled in an Aetna® medical plan through Aetna are eligible.

Aetna has teamed up with Hinge Health to provide services that are included in the Aetna Back and Joint Care Program. The program does not replace formal physical therapy in office prior to surgery. Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

[1]After 12 weeks, in a study of chronic knee and back program participants. Bailey JF, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. J Med Internet Res 2020;22(5):e18250.

Your Benefits, Your Way

Manage your benefits at home or on the go

Understand and manage your benefits:

- Review your plan's benefits and coverage details.
- See health care costs, how much is covered by your plan, and where you are with your deductible and out-of-pocket maximum.
- View and pay claims, with an easier option to submit claims digitally through your member website.
- Access your ID card whenever you need it.

Connect to care and stay healthy:

- Find in-network providers, including those offering telemedicine services, walk-in clinics, and urgent care centers near you.
- Get cost estimates before you get care.**
- View ratings and reviews of providers.
- Receive personalized reminders to help improve your health.

Get started today

Visit MyAetnaWebsite.com to register for your member website.

Get the Aetna Health℠ app by texting "AETNA" to 90156 to receive a download link. Message and data rates may apply.*

24-Hour Nurse Line

Get the health information and care you need.

Talk to a registered nurse anytime

With the 24-Hour Nurse Line, you can speak to a registered nurse about a variety of health issues — whenever you need to. Plus:

- It's toll-free
- You can call as many times as you need — at no extra cost
- Your covered family members can use it, too

Save time, money, and a trip to the ER

The 24-Hour Nurse Line can provide valuable information and help you avoid a trip to the emergency room (ER). And that can be a real time and money-saver.

Plus, you'll be able to make smarter health decisions because you'll have trusted information — right at your fingertips.

*While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line nurses can provide information on a variety of health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

More reasons to use the 24-Hour Nurse Line

There, you can:

- Get information on health and wellness topics.
- Learn about medical tests or procedures.
- Prepare for doctor visits.
- Receive emails with links to related videos.

Find health information online, too

Prefer to go online for information? Check out the 24-Hour Nurse Line page on your member website.

There, you can:

- Send emails.
- Use the symptom checker.
- Learn about treatment options and health risks.
- Research medicines.

Easy steps to connect with a nurse

- Go to Aetna.com and log in or register.
- Select "Support," then "Contact Us."
- Choose "Send Message," then select "A health condition" under "Topic."
- Select "Request information about a health condition."
- Add your message and send.

Members like you get the information they need

We asked our members what they liked about the 24-Hour Nurse Line.* Here's what they said:

- 93% of members felt it helped them better manage their health.
- 96% said the program was an important part of their health plan benefits.

Contact Information

- Call: 800.556.1555 (TTY: 711).
- Visit: Aetna.com.

Additional Notes

This is not insurance but a program available with the medical plan. Health services coverage varies; refer to plan documents for details. Service availability may vary by location and is subject to change. Not available to residents of Puerto Rico.

Your Care. Your Way.

Convenient and affordable virtual care wherever you need it

In addition to your traditional network of providers. Access is included as part of your medical plan from Aetna®, a CVS Health® company because healthier happens together™.

On-demand care

Access 24/7 quick care for minor illnesses and injuries.

Mental health services

Get counseling for things like anxiety and stress, plus psychiatry services for medication management

Extend to in-person care when needed, at nearby MinuteClinic® locations or in-network provider clinics.**

Get started today with CVS Health Virtual Care

1. Activate your virtual care benefit by visiting CVS.com/virtual-care or scan the QR code.
2. Create an account and confirm your details
3. Schedule a mental health appointment, or request on-demand care 24/7/365
4. Register today at CVS.com/virtual-care



TAX-ADVANTAGE BENEFITS

Health Savings Account (HSA)

Administered by TEB

If you select the Consumer Driven Health Plan (CDHP), you will be able to participate in the Health Savings Account (HSA). The amount you select for employee contribution can be changed throughout the plan year by notifying the Employee Benefits Office by standard mail or email. HSA accounts can be used to help pay for out-of-pocket expenses, copayments, deductibles, or left to grow as a savings vehicle for future health care, and retirement medical expenses.

Canutillo ISD partners with TEB to administer its health savings accounts for employees. In order to qualify, the employee must meet the following criteria:

- Be enrolled in a qualified high deductible health plan (such as the Canutillo's CDHP Health Plan).
- Not be covered by any other health plan that does not meet IRS standards qualifications of a high deductible health plan such as a plan offered through a spouse, or Medicare.

Advantages of a Health Savings Account (HSA)

- **Triple Tax Savings** – Tax deductions when you contribute to your HSA, tax-free earnings through investment, and tax-free withdrawals for qualified health care expenses.
- **Portability** – You keep your HSA if you leave Canutillo, change health insurance plans, or retire.
- **Flexibility** – Funds can be used to pay current medical expenses, or saved for future healthcare expenses.
- **Savings** – Funds earn interest in your account, or can be reinvested to earn greater returns.
- **Control –** You decide how much pre-tax money, up to the annual IRS limit, to put into your account, and when to use it to pay for your expenses.



Annual Limitations

Health Savings Account (HSA) contributions in 2027 for employees with employee only coverage is $4,500 and for those with dependent coverage is $9,000. If you are age 55 or older, you may contribute an extra $1,000 per year.

If you have questions regarding annual limits contact a qualified tax professional. Contributions are the employees' responsibility.

- Contact TEB: 915.542.3531

Health Savings Account (HSA)

Save now — and for your future

If you're on a high-deductible health plan (HDHP), you can use an HSA to pay your required deductible with pretax funds.

With an HSA, you may be able to contribute up to $4,500* per individual or $9,000* per family (pretax) annually. If you are 55 or older, you can contribute an extra $1,000.

Check HSA eligibility

You're eligible if you're enrolled in a qualified high-deductible health plan, with a few exceptions. They include:

- Other health plan coverage that pays out-of-pocket expenses before you meet your plan deductible, such as Medicare or TriCare coverage
- A general-purpose health care flexible spending account or health reimbursement arrangement in the same year
- Veterans Affairs medical benefits used in the last three months, unless the hospital care or medical services were for a service-connected disability
- Someone claiming you as a dependent on their tax return

Use your HSA to save

Adding an HSA to your health plan can help grow your savings after meeting immediate health care expenses.

Triple tax benefit

- Your contributions are tax-free, and remain completely tax-free when used for qualified health care expenses.

Invest tax-free

- You can invest your HSA funds in an investment account, where your money may grow tax-free.**

Take it with you

- Your HSA isn't tied to an employer, health plan, or retirement. If you have an HSA elsewhere, you can transfer the balance to your new one. And your unused funds roll over from year to year.

Helpful HSA tips

1. Check IRS contribution limits and eligible expense items on your employer's plan document or at https://www.teb-inc.com/.
2. Access the record of your HSA expense payments on https://www.teb-inc.com/.
3. If you use your HSA for ineligible expenses, you'll need to pay income taxes. Plus, a 20% penalty tax on that amount, unless you're age 65 or older or disabled at the time.

Choose your way to pay

Once funds are available in your HSA, TEB makes it easy to pay for your eligible expenses.

Pay with your Inspira Card™

- When you use it, your expense is automatically paid from your account.

Pay yourself back

- Pay for eligible expenses with cash, a check, or your personal credit card. Then withdraw funds from your HSA to pay yourself back and have your payment deposited directly into your checking or savings account.

Pay expenses online

- Use our digital tools to set up easy repeat payments.

Health Savings Account

WhyshouldIchooseahealthsavingsaccount(HSA)?

AnHSA is a benefit that allowsyou tochoose howmuch ofyour paycheckyou'd like to set aside, before taxes are taken out, for healthcare expenses or use as a retirement savings tool. This plan offers tax savings that a 401(k) and IRA don't, making it a powerful option for diversifying your retirement portfolio.



It's yours

Thinkof your HSA as a personal savings account. Any unspent money in your HSA remains yours, allowing you to grow your balance over time. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.



Flexibility

Save fora rainy day. Invest for your future retirement. Or spend your funds on qualified expenses, penalty free.



Easy to use

Swipe your benefits debit card at the point of purchase. There is no requirement to verify any of your purchases. We recommend keeping any receipts in case of an IRS audit.



Smart savings

TheHSA's unique, triple-tax savings means the money you contribute, earnings from investments and withdrawals for eligible expenses are all tax-free, making it a savvy savings and retirement tool.



Investment options

Youcaninvest yourHSA funds in an interest-bearing account or our standard mutual fund lineup.

Can I enroll?

You must be enrolled in a high-deductible health plan (HDHP) in order to enroll in the HSA. You're not eligible for an HSA if:

- You're claimed as a dependent on someone else'staxes.
- You're covered by another plan that conflicts with the HDHP, such as Medicare, a medical flexible spending account (FSA) or select health reimbursement arrangements (HRAs).
- You or your spouse are contributing to a medicalFSA.

What does it cover?

There are thousands of eligible items. The list includes but is not limited to:

- Copays, coinsurance, insurance premiums
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Vision expenses, such as frames, contacts, prescription sunglasses, etc.

TEB&HR
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Health Savings Account

Contribution Limits & IRS Regulations

The IRS sets the maximum dollar amount you can elect and contribute to a health savings account (HSA). The 2027 annual contribution limit is:

Single coverage - $4,500

Family coverage - $9,000

Please note: If you're 55 years of age or older, you are eligible to make an annual catch-up contribution, which lets you contribute an additional $1,000 on top of the above annual contribution limits. To determine your contribution, we recommend setting a goal on what you plan to use your HSA for. Keep in mind you're not locked in to that decision and can change your contribution amount at any time.



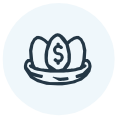
Spend on healthcare expenses
Review how much you spent last year on eligible healthcare expenses to determine your election.



Save for future healthcare expenses
How much is your high-deductible health plan (HDHP) deductible? That would be a great place to start!



Invest for retirement
Determine how much retirement-planning money you can set aside from your paycheck, pre-tax. Set your contribution and forget it, just like you would with a 401(k), Roth IRA, etc.



Hybrid
Elect and save enough money to cover your HDHP deductible, should you need it, by setting your investment threshold to mirror your deductible amount. Invest any contributions above to build your retirement nest egg.



Save on taxes 3 ways
The HSA is unique because it allows you to save on taxes in three ways. The money you contribute, your earnings from investments and withdrawals for eligible expenses are all tax-free, making it a powerful savings and retirement tool.



Fund availability and changing your election
HSA funds are available to spend, save or invest after they've been deducted from your paycheck and contributed to your HSA. You can adjust your payroll deductions or contributions at any time, no questions asked.



Privately owned savings
The HSA is your privately owned savings account. Funds roll over year to year. And if you change employers, your HSA stays with you. There is also no requirement to submit receipts or substantiation for your qualified purchases.

Flexible Spending Account (FSA)

Administered by TEB

Health Flexible Spending Account (FSA)

The Health Flexible Spending Account (FSA) allows the member to set aside a certain amount of money from their salary to pay eligible health expenses for the member and those in his/her household. The total dollar amount deposited into the account is not subject to taxes. Eligible withdrawals from this account are not subject to taxes either. The Health FSA will allow the member to use this money for eligible health expenses incurred during the plan year and the grace period. The member may elect to set aside anywhere between the minimum of $240 dollars and the maximum of $3,400 per year*. **It is strongly advised to carefully estimate the amount of money that will be put aside, as this account has a "use it or lose it" clause. Any positive balance not claimed by the end of the grace period will be forfeited.** If you would like more information regarding your personal tax situation, it is advised that you contact your tax adviser.

These limits are for 2026. 2027 limits have yet to be released.

Dependent Care Flexible Spending Account

The Dependent Care FSA allows you to set aside a certain amount of money from your salary on a pre-tax basis to pay for eligible expenses. Members having a Dependent Care FSA will be allowed to use their elected dollar amount set aside for eligible dependent care expenses. Eligible dependents under this account include the member's dependent(s) under the age of 13, a dependent who is physically or mentally unable to take care of themselves, or a spouse who is physically or mentally unable to take care of themselves. The member may elect to set aside a yearly dollar amount anywhere between $240 to $3,750 (or $7,500 if married and filing a joint return or as a head of household). **It is strongly advised to carefully estimate the amount of money that will be put aside, as this account has a "use it or lose it" clause. Any positive balance not claimed by the end of the grace period will be forfeited.** If you would like more information regarding your personal tax situation, it is advised that you contact your tax adviser.

IRS Limitations for Flex Accounts

IRS regulations stipulate that the services must **already** be rendered in order to be eligible for reimbursement. The childcare must already have been performed in order to claim reimbursement.

Services for Flex Benefit Participants

A Debit Card will be issued to all participants. Claim forms will only be necessary on limited occasions when and where debit cards are not accepted. You are encouraged to view and track your claims and account balances online. You may access your NBS account online by logging in to: Account Management at https://www.teb-inc.com/ or by calling 915.542.3531.



Dependent Care FSA

Contribution Limits & IRS Regulations

The IRS sets the maximum dollar amount you can elect and contribute to a dependent care eligible spending account (dependent care FSA). The annual contribution limit for 2027 is:

- **Per household: $7,500**
- **Per person (if married and filing separately): $3,750**

Although most people incur more than the limit per year, we recommend reviewing how much you spend on eligible dependent care expenses every year to determine your election.

Funds available as you contribute

Funds will be available to you as they're deducted from your paycheck and contributed to the plan. This means when payroll is processed and your paycheck is available to you, your dependent care FSA contributions will be applied to your account and available for reimbursement.

Use-or-lose

Don't forget to spend your FSA dollars. If you have not used all of your FSA dollars before the end of the plan year, you will forfeit any money left in your account. (Check with your employer to confirm how many days you have to submit claims for reimbursement after the plan year ends.)

Fast Fact

A great way to set it and forget it is to use our Recurring Dependent Care Form that allows you to submit one claim for the entire year and you will be reimbursed after each payroll.

Changing your dependent care FSA election

In order to make changes to your election after open enrollment, you need to experience a qualifying life event. (If you experience a qualifying life event, contact your employer to make changes to your election.) These events include:

- Change in marital status
- Change in the number of dependents
- Increase due to birth, adoption or marriage
- Decrease due to death, divorce or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse or dependent employment status
- Change in daycare providers
- Child turning age 13
- Increase or decrease in the cost of qualifying daycare expenses
- Judgement, decree or order requiring a change in coverage

TEB&HR Technology Enhanced Benefits & HR

Flexible Spending Account

Why should I choose a flexible spending account (FSA)?

A flexible spending account (FSA) lets you save money by setting aside pre-tax dollars to pay for eligible medical, dental, vision and dependent care expenses incurred by you, your spouse or your eligible dependents.

Take home more money
Putting money into an FSA decreases your taxable income, which means you'll take home more money.

Plan better for health expenses
Spend your funds on the eligible health expenses you incur throughout the year. The IRS has a "use it or lose it" rule for FSAs, which means funds must be spent by the end of the plan year unless your employer offers a grace period or carryover.

Flexibility
You can use your funds for eligible expenses occurred by you, your spouse, or your eligible dependents. Thousands of products and services are FSA eligible. (Eligible expenses are determined by the IRS.)

Funds on Day 1
All of your FSA dollars are available on the very first day of the plan year. For example, if you choose to contribute $1,200 to your FSA, your contributions will be deducted evenly across all of your paychecks for the year, but you have access to all $1,200 on Day 1.

Can I enroll?
Yes, as long as you or your spouse aren't actively enrolled and contributing to a Health Savings Account (HSA).

Grace Period

A grace period gives you extra time after December 31st to use your remaining FSA balance for eligible expenses.
If you spend less than you anticipated when making your elections during open enrollment, the grace period gives you March 15th to use those funds.

- Eligible expenses incurred during the grace period can be reimbursed from your remaining prior-year balance.
- You may still elect the full maximum annual contribution for the new plan year.
- The grace period is separate from the run-out period, which is the deadline for submitting claims. Be sure to incur expenses by the grace period deadline and submit claims by your plan's claim-filing deadline.
- Any prior-year funds not used for eligible expenses and claimed by the applicable deadlines will be forfeited.

Contribution limits + IRS regulations

The IRS sets the maximum dollar amount you can elect to contribute to a medical FSA. The annual contribution limit for 2027 is $3,400.

Tip: Review how much you spend on eligible healthcare expenses every year to determine how much to elect.

Changing your election

In order to make changes to your election after open enrollment, you need to experience a qualifying life event. These events include:

- Change in marital status or in the number of dependents
- Increase due to birth, adoption, or marriage
- Decrease due to death, divorce, or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse, or dependent employment status

If you experience a qualifying life event, contact your employer to make changes to your election.

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Dental Benefit Coverage

Administered by MetLife

Click here for more information!

PPO Plans

A PPO gives you flexibility – choose from our large network of dentists or see an out-of-network dental care provider.

Dental HMO/Managed Care Plans

Save on out-of-pocket costs with the comprehensive coverage our HMO network brings.

For details regarding covered, excluded, and limited services, please refer to Canutillo's Benefits Webpage at www.canutillo-isd.org. Please note: the MetLife DHMO plan requires the use of a primary care dentist. Refer to MyBenefits.Metlife.com for a list of over 30 providers in El Paso Texas or you may call 1.800.METLIFE (638.5433).

	MetLife PPO MAC	MetLife PPO Reimbursement	MetLife DHMO
Annual Maximum	$1,200 per person	$1,000 per person	None
Annual Deductible	$50 ind./ $150 family	$50 ind./ $150 family	None
Preventative Services	Plan pays 100%	Based on Reimbursement Schedule (Link)	Based on Copayment Schedule (Link)
Basic Services	Plan pays 80%	Based on Reimbursement Schedule (Link)	Based on Copayment Schedule (Link)
Major Services	Plan pays 50%	Based on Reimbursement Schedule (Link)	Based on Copayment Schedule (Link)
Orthodontic Services	Additional $50 deductible Lifetime maximum $1,200	Plan pays according to benefits scheduled Lifetime max. $1,000	Based on Copayment Schedule (Link)
Network of Dentists?	No – Must use dentists licensed and practicing in U.S. May use MetLife preferred provider list for additional savings.	No – Must use dentists licensed and practicing in U.S. May use MetLife preferred provider list for additional savings.	Yes – Must select a MetLife DHMO Primary Care Dentist and list the ID number in TEAMS

Dental Plan Rates Monthly Deduction			
	MetLife PPO MAC	MetLife PPO Reimbursement	MetLife DHMO
Employee Only	$32.68	$29.31	$13.39
Employee + Spouse	$63.94	$58.67	$22.42
Employee + Child(ren)	$68.85	$60.14	$25.98
Employee + Family	$96.66	$89.15	$31.36

Vision Insurance Plan

Administered by MetLife

GENERAL INFO

Click here for more information!

FINDING A PROVIDER

Click here for more information!

A part of the Superior Vision Network

For details regarding covered*, excluded, and limited services, please refer to Canutillo's Benefits Webpage at www.canutillo-isd.org or at https://www.metlife.com/insurance/vision-insurance/ or by calling customer service Monday-Sunday at 1.EYE.LIFE (1.833.393.5433).

	Low Plan (In-Network)	High Plan
Routine Eye Exam	$0 Copay	$0 Copay
Frames	Up to $100.00 (Once every 24 months)	Up to $100.00 (Once every 12 months)
Single, Bifocal, Trifocal, Lenticular Lenses	$25 Copay	$25 Copay
Progressive Vision Lenses	$90 Copay	$90 Copay
Contact Lenses Elective Medically Necessary	Up to $125 $0 Copay	Up to $125 $0 Copay
Network	See our website for listing. Non – network providers are paid at a lower rate.	See our website for listing. Non – network providers are paid at a lower rate.
Limitation	Limited to either glasses or contacts once per year.	Limited to either glasses or contacts once per year.

Vision Plan Rates			
Low Plan		High Plan	
Employee Only	$6.69	Employee Only	$7.87
Employee + 1	$11.39	Employee + 1	$13.49
Employee + Family	$16.75	Employee + Family	$19.80

*You can choose to receive care outside the network. Simply pay for the services up front and then submit a claim form to receive an amount up to the out of network reimbursement amounts listed above. Reimbursement will not exceed the provider's actual charge.



Accident Insurance Plan

Administered by The Hartford

Accidents happen frequently and can be very costly. Even the best medical plans may leave you with additional out-of-pocket expenses when dealing with the unexpected. Accident insurance can help you be better prepared. There are over 150 covered events that could trigger benefits, including injuries, hospitalization, medical services and treatments. With benefits that are simple to understand and easy to use, The Hartford can provide the right benefit plan for your needs.

For details regarding covered, excluded, and limited services, please refer to Canutillo's Benefits Web Page at www.canutillo-isd.org.

Our accident insurance is designed to cover a wide array of events, medical services, and treatments.

This plan provides a lump-sum payment for over 150 different covered events, such as:

- Fractures
- Concussions
- Dislocations
- Cuts or lacerations
- Second and third degree burns
- Eye injuries
- Skin grafts
- Coma
- Torn knee cartilage
- Broken teeth
- Ruptured disc

You'll receive a lump-sum payment when you have these covered medical services or treatments:

- Ambulance
- Physician follow-up visits
- Emergency care
- Transportation
- Inpatient surgery
- Home modifications
- Outpatient surgery
- Therapy services (including physical and occupational therapy, speech therapy)
- Medical Testing Benefits (including X-rays, MRIs, CT scans)

This plan provides protection 24 hours a day — while on or off the job. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details on your coverage.

Accident Plan Rates			
Low Plan		**High Plan**	
Employee Only	$7.62	Employee Only	$11.00
Employee + Spouse	$15.04	Employee + Spouse	$21.60
Employee + Child(ren)	$16.97	Employee + Child(ren)	$24.26
Employee + Spouse/Child(ren)	$21.02	Employee + Spouse/Child(ren)	$30.10



Help keep your bank account healthy while you heal.

Accident Insurance

Canutillo Independent School District

Accident Insurance, which we call Accidental Injury Benefits put money in your pocket in the event of a covered accident, helping alleviate financial stress so you can focus on getting better. Covered incidents include things like broken bones, lacerations, emergency transportation needs and more.

If you have any questions about your benefit options, visit https://canutillo-isd.pasito.ai/r/benefits_package_page

What are Accidental Injury Benefits?

To support your financial well-being, **Canutillo Independent School District** is offering Accidental Injury Benefits for all eligible employees. This coverage is paid by you and is available for yourself and your eligible dependents. It offers cash payments for a range of accidental injuries and the services incurred as a result. Cash benefits put you in control. You must be actively at work with your employer on the day your coverage takes effect. Use it for things like:

- **Childcare**
- **Utilities**
- **Groceries**
- **Medical Expenses**

Our Accidental Injury Benefits cover over 200 types of injuries. Here are some commonly covered benefits.

Benefit	Amount	
	Plan 1	Plan 2
X-ray	$200	$250
Follow-up Care	$150	$200
Diagnostic Exam	$400	$500
Initial Physician Visit	$200	$250
Therapy	$75	$100
Urgent Care	$250	$300
Ground Ambulance	$1,000	$1,250
Hospital Observation/ Short Stay	$400	$500
Outpatient Facility Fee	$300	$400

Stay proactive about your health and get rewarded.

Health Screening Benefit: When you or a covered family member complete an eligible preventive screening like an annual physical, mammogram, colonoscopy or biometric blood test, you'll receive $50 per person, per calendar year directly to you. It's a simple way to offset the cost of routine check-ups while maximizing your benefits.

The Hartford

Accident Prevention Benefit: An accident prevention benefit provides cash to cover exams, tests, screenings, and preventative care programs. These services, ranging from eye exams to driver's safety and training programs, help maintain your health and prevent serious illnesses or injuries. Each covered individual under your plan can claim their own benefits.

How Accidental Injury Benefits work:

Jayden's Story[1] - Plan 2

Jayden played basketball all through high school and still played as often as he could. One Saturday during a pickup game he tripped and went down hard. When his wrist swelled up and he couldn't stand without feeling dizzy, his friends called an ambulance to transport him to the ER.

He went home with an arm in a cast and instructions on healing from a concussion. It took him some time to recover, but Jayden was able to rest easy. He'd checked the box for Accident insurance, which we call Accidental Injury Benefits, during open enrollment at work. It paid him a cash benefit he used to help cover medical expenses, food and rent while he was recovering.

The plan pays a benefit amount for each covered service as a result of Jayden's accident.

Service	Accident Plan Pays
Ground Ambulance	$1,250
ER	$400
X-ray	$250
CT Scan (Diagnostic exam)	$500
Wrist Fracture	$1,000
Accident Follow-up	$600 ($200/visit x3)
Chiropractor	$750 ($75/visit x10)
Physical Therapy	$1,000 ($100/visit x10)
Total	**$5,750**

If you have any questions about your benefit options, visit https://canutillo-isd.pasito.ai/r/benefits_package_page

The Hartford

The Hartford Insurance Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company, under the brand name, The Hartford® and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com. 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 brochure 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 brochure 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. © 2025 The Hartford

THE ACCIDENT POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

Accident Form Series includes GBD-3300, GBD 3500, GBD-2000, GBD-2300, or state equivalent.

Not available in all states.

In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

1This case illustration is fictious and for illustrative purposes only.

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Canutillo Independent School District
Accident Benefits

INITIAL & EMERGENCY CARE BENEFITS		PLAN 1 BENEFITS	PLAN 2 BENEFITS
Initial Accident	Once per accident	$200	$250
Initial Medical Professional/ Physician Visit	Once per accident	$200	$250
Urgent Care	Once per accident	$250	$300
Emergency Room	Once per accident	$300	$400
Hospital Observation/Short Stay	Once per accident	$400	$500
Ambulance - Air	Once per accident	$2,000	$2,500
Ambulance - Ground/Water	Once per accident	$1,000	$1,250
X-Ray	Once per accident	$200	$250
Diagnostic Exam	Once per accident	$400	$500
FOLLOW-UP CARE BENEFITS		**PLAN 1 BENEFITS**	**PLAN 2 BENEFITS**
Follow-Up Medical Professional/ Physician Visit	Up to 3 visits per accident	$150	$200
Therapy Services	Up to 10 visits each per accident	$75	$100
Acupuncture/Chiropractic Care	Up to 10 visits each per accident	Up to $50	Up to $75
Home Health Services	Up to 10 visits each per accident	$75	$100
Medical Travel	Up to 4 days per accident	$400	$600
Companion Lodging	Up to 15 nights per accident	$150	$200
Follow-Up Medical Transportation/ Rideshare	Up to 3 trips per accident	$25	$50
Mobility Aid	Once per accident	Up to $1,000	Up to $1,500
Prescription Drug	Once per accident	$25	$50
Pain Management	Once per accident	Up to $300	Up to $400
Family Care	Up to 30 days per accident	$50	$75
Pet Care	Up to 30 days per accident while insured is confined	$50	$75
Health Screening Benefit or Accident Prevention Benefit	Once per year for each covered person	$50	$50
HOSPITAL/CONFINEMENT CARE BENEFITS		**PLAN 1 BENEFITS**	**PLAN 2 BENEFITS**
Hospital Admission	Once per accident	$1,500	$2,000
Hospital Confinement	Up to 90 days per accident	$250	$500
Step Down Unit Confinement	Up to 30 days per accident	$400	$800
ICU Admission	Once per accident	$3,000	$4,000
ICU Confinement	Up to 15 days per accident	$500	$1,000
Continuous Care Facility Confinement	Up to 90 days per accident	$200	$400
SPECIFIC INJURY BENEFITS		**PLAN 1 BENEFITS**	**PLAN 2 BENEFITS**
Concussion	Once per accident, up to 3 per year	$250	$500
Burn	Once per accident	Up to $20,000	Up to $25,000
Burn - Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit	50% of burn benefit
Dental	Once per accident	Up to $300	Up to $600
Dislocation	Once per accident	Up to $4,000	Up to $5,000
Eye Injury	Once per accident	Up to $500	Up to $750
Fracture	Once per accident	Up to $4,000	Up to $5,000
Laceration	Once per accident	Up to $500	Up to $1,000

Ear Injury	Once per ear per lifetime	$250	$500
Gunshot Wound	Once per accident	$500	$1,000
Puncture Wound	Once per accident	$100	$150
Organized Amateur Sports Injury	Up to $2,000/accident	25% increase of non-catastrophic benefits	25% increase of non-catastrophic benefits
SURGERY BENEFITS		**PLAN 1 BENEFITS**	**PLAN 2 BENEFITS**
Exploratory or Debridement	Once per accident	$150	$200
Minimally Invasive Surgery (Scope Based)	Once per accident	$500	$750
Abdominal/Cranial/Thoracic Surgery	Once per accident	$3,000	$4,000
Hernia Repair	Once per accident	$500	$750
Herniated Disc Repair	Once per accident	$1,000	$2,000
Joint Replacement	Once per accident	$2,500	$5,000
Knee Cartilage	Once per accident	Up to $1,000	Up to $2,000
Other Non-Specified Surgery	Once per accident	$500	$750
Tendon/Ligament/Rotator Cuff	Once per accident	Up to $2,000	Up to $3,000
Outpatient Surgery Facility Fee	Once per accident	$300	$400
Blood Products (Blood/ Plasma/ Platelets)	Once per accident	$500	$750
General Anesthesia	Once per accident	$150	$300
CATASTROPHIC		**PLAN 1 BENEFITS**	**PLAN 2 BENEFITS**
Basic Death	Within 365 days	$50,000	$80,000
Common Carrier Death	Within 90 days	$150,000	$240,000
Transportation of Remains	Once per lifetime	$2,000	$3,000
Dismemberment/Functional Loss	Once per accident	Up to $50,000	Up to $80,000
Paralysis	Once per accident	Up to $50,000	Up to $80,000
Coma	Once per accident	$10,000	$15,000
Prothesis	Once per accident	Up to $3,000	Up to $4,000
Residence/Vehicle Reasonable Modifications	Once per accident	$5,000	$7,500

Hospital Indemnity Plan

Administered by The Hartford

The Hospital Indemnity Insurance Plan from TEB for Canutillo ISD employees is designed to help cover hospitalization costs that may not be fully addressed by traditional health insurance. It provides financial benefits for both inpatient and outpatient care, including surgery, diagnostics, and hospital visits. The plan offers flexible payments directly to the insured, which can be used for medical and nonmedical expenses like rent, groceries, and childcare.

Key features include:

- **No waiting period:** Benefits begin immediately.
- **Guaranteed coverage:** No exams or medical questions required during enrollment.
- **Flexibility:** Payments can be used for various expenses, including high deductibles and home healthcare.

There are two plan options (Low and High), with varying benefits for hospital admissions, intensive care, and other covered services.

Rates differ based on the selected plan and whether coverage includes just the employee or extends to family members.

For enrollment, employees can visit the Employee Service Center or contact the designated Canutillo ISD TEB representative. The *Hospital Indemnity Insurance Plan* benefit summary includes the following key points for both the Low and High plans.

Inpatient Hospital Benefits:

Hospital Inpatient Admission:

- **Low Plan:** $1,000 (Max 1 per year)
- **High Plan:** $1,500 (Max 1 per year)

Intensive Care Unit (ICU) Admission:

- **Low Plan:** $500 (Max 1 per year)
- **High Plan:** $3,000 (Max 1 per year)

Daily Inpatient Hospital Confinement:

- **Low Plan:** $100 per day (Max 30 days/year)
- **High Plan:** $200 per day (Max 30 days/year)

ICU Confinement:

- **Low Plan:** $100 per day (Max 30 days/year)
- **High Plan:** $400 per day (Max 30 days/year)

Hospital Indemnity Plan Rates			
Low Plan		**High Plan**	
Employee Only	$12.15	Employee Only	$23.35
Employee + Spouse	$22.30	Employee + Spouse	$42.95
Employee + Child(ren)	$21.25	Employee + Child(ren)	$40.00
Family	$33.75	Family	$61.25

CISD Life Insurance Options

Administered by The Hartford

Basic Group Term Life Coverage (Employer Paid)

Every benefit eligible employee who is contributing to TRS is provided with a $10,000 Basic Term Life Insurance to include AD&D coverage at no cost to the employee. The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through Canutillo ISD gives an extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that decreases your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.

Supplemental Life Insurance

You may choose to purchase additional supplemental life insurance for yourself and spouse. Life insurance premiums are age based and will increase as you move into a higher age bracket.

New Hires are eligible for a **ONE-TIME** Guaranteed Issue of up to $400,000 for self and a **ONE-TIME** Guaranteed Issue of up to $75,000 for spouse without **Evidence of Insurability**.

Employees may purchase up to $500,000 in life insurance coverage in increments of $10,000 for self and up to $250,000, for their spouse in increments of $5,000. Spousal Life Insurance **may not exceed 50%** of the amount purchased for the employee.

WHEN WILL I BE SUBJECT TO SUBMIT EVIDENCE OF INSURABILITY?

- Any existing employee who enrolls more than **31 days** after the date you are hired.
- Any amount over $400,000 for self-employees and $75,000 for spouses will be subject to **Evidence of Insurability**.
- All applications for increases exceeding $10,000 for employees, and $5,000 for spouses will be subject to **Evidence of Insurability**.

Remember, any amount over the Guarantee Issue will require you to complete an EOI form. **The EOI will be emailed to your Canutillo ISD email address directly from Hartford Life** (medical.uw@hartfordlife.com). Coverage will not be increased or approved without a confirmation letter from The Hartford.

Please note: If you leave the district, you can convert your Canutillo ISD group life insurance to a personal life policy.

Child Life Insurance

You may purchase life insurance for children; however, the **employee mus**t be enrolled for at least $10,000 employee supplemental life insurance in order to request dependent life insurance.

Benefit Reduction

Term Life & AD&D Insurance Benefits reduce by 35% at age 65, further reduce by 50% of the original amount at age 70, and further reduce to 70% of the original amount at age 75. Benefits terminate at retirement



Employee & Spouse Rates

Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

Supplemental Term Life And Accidental Death & Dismemberment (AD&D) Insurance						
MONTHLY PREMIUM AMOUNT (COST PER PAY PERIOD – 12/YEAR)						
Benefit	**Under 25**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**
$10,000	$0.67	$0.67	$0.82	$0.89	$0.95	$1.17
$20,000	$1.34	$1.34	$1.64	$1.78	$1.90	$2.34
$30,000	$2.01	$2.01	$2.46	$2.67	$2.85	$3.51
$40,000	$2.68	$2.68	$3.28	$3.56	$3.80	$4.68
$50,000	$3.35	$3.35	$4.10	$4.45	$4.75	$5.85
$60,000	$4.02	$4.02	$4.92	$5.34	$5.70	$7.02
$70,000	$4.69	$4.69	$5.74	$6.23	$6.65	$8.19
$80,000	$5.36	$5.36	$6.56	$7.12	$7.60	$9.36
$90,000	$6.03	$6.03	$7.38	$8.01	$8.55	$10.53
$100,000	$6.70	$6.70	$8.20	$8.90	$9.50	$11.70
$110,000	$7.37	$7.37	$9.02	$9.79	$10.45	$12.87
$120,000	$8.04	$8.04	$9.84	$10.68	$11.40	$14.04
$130,000	$8.71	$8.71	$10.66	$11.57	$12.35	$15.21
$140,000	$9.38	$9.38	$11.48	$12.46	$13.30	$16.38
$150,000	$10.05	$10.05	$12.30	$13.35	$14.25	$17.55
$160,000	$10.72	$10.72	$13.12	$14.24	$15.20	$18.72
$170,000	$11.39	$11.39	$13.94	$15.13	$16.15	$19.89
$180,000	$12.06	$12.06	$14.76	$16.02	$17.10	$21.06
$190,000	$12.73	$12.73	$15.58	$16.91	$18.05	$22.23
$200,000	$13.40	$13.40	$16.40	$17.80	$19.00	$23.40
$210,000	$14.07	$14.07	$17.22	$18.69	$19.95	$24.57
$220,000	$14.74	$14.74	$18.04	$19.58	$20.90	$25.74
$230,000	$15.41	$15.41	$18.86	$20.47	$21.85	$26.91
$240,000	$16.08	$16.08	$19.68	$21.36	$22.80	$28.08
$250,000	$16.75	$16.75	$20.50	$22.25	$23.75	$29.25
$260,000	$17.42	$17.42	$21.32	$23.14	$24.70	$30.42
$270,000	$18.09	$18.09	$22.14	$24.03	$25.65	$31.59
$280,000	$18.76	$18.76	$22.96	$24.92	$26.60	$32.76
$290,000	$19.43	$19.43	$23.78	$25.81	$27.55	$33.93
$300,000	$20.10	$20.10	$24.60	$26.70	$28.50	$35.10
$310,000	$20.77	$20.77	$25.42	$27.59	$29.45	$36.27
$320,000	$21.44	$21.44	$26.24	$28.48	$30.40	$37.44
$330,000	$22.11	$22.11	$27.06	$29.37	$31.35	$38.61
$340,000	$22.78	$22.78	$27.88	$30.26	$32.30	$39.78
$350,000	$23.45	$23.45	$28.70	$31.15	$33.25	$40.95
$360,000	$24.12	$24.12	$29.52	$32.04	$34.20	$42.12
$370,000	$24.79	$24.79	$30.34	$32.93	$35.15	$43.29
$380,000	$25.46	$25.46	$31.16	$33.82	$36.10	$44.46
$390,000	$26.13	$26.13	$31.98	$34.71	$37.05	$45.63
$400,000	$26.80	$26.80	$32.80	$35.60	$38.00	$46.80
$410,000	$27.47	$27.47	$33.62	$36.49	$38.95	$47.97
$420,000	$28.14	$28.14	$34.44	$37.38	$39.90	$49.14
$430,000	$28.81	$28.81	$35.26	$38.27	$40.85	$50.31
$440,000	$29.48	$29.48	$36.08	$39.16	$41.80	$51.48
$450,000	$30.15	$30.15	$36.90	$40.05	$42.75	$52.65
$460,000	$30.82	$30.82	$37.72	$40.94	$43.70	$53.82
$470,000	$31.49	$31.49	$38.54	$41.83	$44.65	$54.99
$480,000	$32.16	$32.16	$39.36	$42.72	$45.60	$56.16
$490,000	$32.83	$32.83	$40.18	$43.61	$46.55	$57.33
$500,000	$33.50	$33.50	$41.00	$44.50	$47.50	$58.50

Supplemental Term Life And Accidental Death & Dismemberment (AD&D) Insurance						
MONTHLY PREMIUM AMOUNT (COST PER PAY PERIOD – 12/YEAR)						
Benefit	50-54	55-59	60-64	65-69	70-74	75+
$10,000	$1.52	$1.95	$3.09	$6.61	$13.34	$20.35
$20,000	$3.04	$3.90	$6.18	$13.22	$26.68	$40.70
$30,000	$4.56	$5.85	$9.27	$19.83	$40.02	$61.05
$40,000	$6.08	$7.80	$12.36	$26.44	$53.36	$81.40
$50,000	$7.60	$9.75	$15.45	$33.05	$66.70	$101.75
$60,000	$9.12	$11.70	$18.54	$39.66	$80.04	$122.10
$70,000	$10.64	$13.65	$21.63	$46.27	$93.38	$142.45
$80,000	$12.16	$15.60	$24.72	$52.88	$106.72	$162.80
$90,000	$13.68	$17.55	$27.81	$59.49	$120.06	$183.15
$100,000	$15.20	$19.50	$30.90	$66.10	$133.40	$203.50
$110,000	$16.72	$21.45	$33.99	$72.71	$146.74	$223.85
$120,000	$18.24	$23.40	$37.08	$79.32	$160.08	$244.20
$130,000	$19.76	$25.35	$40.17	$85.93	$173.42	$264.55
$140,000	$21.28	$27.30	$43.26	$92.54	$186.76	$284.90
$150,000	$22.80	$29.25	$46.35	$99.15	$200.10	$305.25
$160,000	$24.32	$31.20	$49.44	$105.76	$213.44	$325.60
$170,000	$25.84	$33.15	$52.53	$112.37	$226.78	$345.95
$180,000	$27.36	$35.10	$55.62	$118.98	$240.12	$366.30
$190,000	$28.88	$37.05	$58.71	$125.59	$253.46	$386.65
$200,000	$30.40	$39.00	$61.80	$132.20	$266.80	$407.00
$210,000	$31.92	$40.95	$64.89	$138.81	$280.14	$427.35
$220,000	$33.44	$42.90	$67.98	$145.42	$293.48	$447.70
$230,000	$34.96	$44.85	$71.07	$152.03	$306.82	$468.05
$240,000	$36.48	$46.80	$74.16	$158.64	$320.16	$488.40
$250,000	$38.00	$48.75	$77.25	$165.25	$333.50	$508.75
$260,000	$39.52	$50.70	$80.34	$171.86	$346.84	$529.10
$270,000	$41.04	$52.65	$83.43	$178.47	$360.18	$549.45
$280,000	$42.56	$54.60	$86.52	$185.08	$373.52	$569.80
$290,000	$44.08	$56.55	$89.61	$191.69	$386.86	$590.15
$300,000	$45.60	$58.50	$92.70	$198.30	$400.20	$610.50
$310,000	$47.12	$60.45	$95.79	$204.91	$413.54	$630.85
$320,000	$48.64	$62.40	$98.88	$211.52	$426.88	$651.20
$330,000	$50.16	$64.35	$101.97	$218.13	$440.22	$671.55
$340,000	$51.68	$66.30	$105.06	$224.74	$453.56	$691.90
$350,000	$53.20	$68.25	$108.15	$231.35	$466.90	$712.25
$360,000	$54.72	$70.20	$111.24	$237.96	$480.24	$732.60
$370,000	$56.24	$72.15	$114.33	$244.57	$493.58	$752.95
$380,000	$57.76	$74.10	$117.42	$251.18	$506.92	$773.30
$390,000	$59.28	$76.05	$120.51	$257.79	$520.26	$793.65
$400,000	$60.80	$78.00	$123.60	$264.40	$533.60	$814.00
$410,000	$62.32	$79.95	$126.69	$271.01	$546.94	$834.35
$420,000	$63.84	$81.90	$129.78	$277.62	$560.28	$854.70
$430,000	$65.36	$83.85	$132.87	$284.23	$573.62	$875.05
$440,000	$66.88	$85.80	$135.96	$290.84	$586.96	$895.40
$450,000	$68.40	$87.75	$139.05	$297.45	$600.30	$915.75
$460,000	$69.92	$89.70	$142.14	$304.06	$613.64	$936.10
$470,000	$71.44	$91.65	$145.23	$310.67	$626.98	$956.45
$480,000	$72.96	$93.60	$148.32	$317.28	$640.32	$976.80
$490,000	$74.48	$95.55	$151.41	$323.89	$653.66	$997.15
$500,000	$76.00	$97.50	$154.50	$330.50	$667.00	$1,017.50

Spouse/Partner Supplemental Term Life And Accidental Death & Dismemberment (AD&D) Insurance						
MONTHLY PREMIUM AMOUNT (COST PER PAY PERIOD – 12/YEAR)						
Benefit	**Under 25**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**
$10,000	$0.77	$0.77	$0.92	$0.99	$1.05	$1.27
$20,000	$1.54	$1.54	$1.84	$1.98	$2.10	$2.54
$30,000	$2.31	$2.31	$2.76	$2.97	$3.15	$3.81
$40,000	$3.08	$3.08	$3.68	$3.96	$4.20	$5.08
$50,000	$3.85	$3.85	$4.60	$4.95	$5.25	$6.35
$60,000	$4.62	$4.62	$5.52	$5.94	$6.30	$7.62
$70,000	$5.39	$5.39	$6.44	$6.93	$7.35	$8.89
$80,000	$6.16	$6.16	$7.36	$7.92	$8.40	$10.16
$90,000	$6.93	$6.93	$8.28	$8.91	$9.45	$11.43
$100,000	$7.70	$7.70	$9.20	$9.90	$10.50	$12.70
$110,000	$8.47	$8.47	$10.12	$10.89	$11.55	$13.97
$120,000	$9.24	$9.24	$11.04	$11.88	$12.60	$15.24
$130,000	$10.01	$10.01	$11.96	$12.87	$13.65	$16.51
$140,000	$10.78	$10.78	$12.88	$13.86	$14.70	$17.78
$150,000	$11.55	$11.55	$13.80	$14.85	$15.75	$19.05
$160,000	$12.32	$12.32	$14.72	$15.84	$16.80	$20.32
$170,000	$13.09	$13.09	$15.64	$16.83	$17.85	$21.59
$180,000	$13.86	$13.86	$16.56	$17.82	$18.90	$22.86
$190,000	$14.63	$14.63	$17.48	$18.81	$19.95	$24.13
$200,000	$15.40	$15.40	$18.40	$19.80	$21.00	$25.40
$210,000	$16.17	$16.17	$19.32	$20.79	$22.05	$26.67
$220,000	$16.94	$16.94	$20.24	$21.78	$23.10	$27.94
$230,000	$17.71	$17.71	$21.16	$22.77	$24.15	$29.21
$240,000	$18.48	$18.48	$22.08	$23.76	$25.20	$30.48
$250,000	$19.25	$19.25	$23.00	$24.75	$26.25	$31.75

Child Life Insurance

Dependent Rates

- $5,000 coverage for all children. Total monthly premium $0.68
- $10,000 coverage for all children. Total monthly premium $1.35

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This 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. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

Spouse/Partner Supplemental Term Life And Accidental Death & Dismemberment (AD&D) Insurance						
MONTHLY PREMIUM AMOUNT (COST PER PAY PERIOD – 12/YEAR)						
Benefit	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**	**75+**
$10,000	$1.62	$2.05	$3.19	$6.71	$13.44	$20.45
$20,000	$3.24	$4.10	$6.38	$13.42	$26.88	$40.90
$30,000	$4.86	$6.15	$9.57	$20.13	$40.32	$61.35
$40,000	$6.48	$8.20	$12.76	$26.84	$53.76	$81.80
$50,000	$8.10	$10.25	$15.95	$33.55	$67.20	$102.25
$60,000	$9.72	$12.30	$19.14	$40.26	$80.64	$122.70
$70,000	$11.34	$14.35	$22.33	$46.97	$94.08	$143.15
$80,000	$12.96	$16.40	$25.52	$53.68	$107.52	$163.60
$90,000	$14.58	$18.45	$28.71	$60.39	$120.96	$184.05
$100,000	$16.20	$20.50	$31.90	$67.10	$134.40	$204.50
$110,000	$17.82	$22.55	$35.09	$73.81	$147.84	$224.95
$120,000	$19.44	$24.60	$38.28	$80.52	$161.28	$245.40
$130,000	$21.06	$26.65	$41.47	$87.23	$174.72	$265.85
$140,000	$22.68	$28.70	$44.66	$93.94	$188.16	$286.30
$150,000	$24.30	$30.75	$47.85	$100.65	$201.60	$306.75
$160,000	$25.92	$32.80	$51.04	$107.36	$215.04	$327.20
$170,000	$27.54	$34.85	$54.23	$114.07	$228.48	$347.65
$180,000	$29.16	$36.90	$57.42	$120.78	$241.92	$368.10
$190,000	$30.78	$38.95	$60.61	$127.49	$255.36	$388.55
$200,000	$32.40	$41.00	$63.80	$134.20	$268.80	$409.00
$210,000	$34.02	$43.05	$66.99	$140.91	$282.24	$429.45
$220,000	$35.64	$45.10	$70.18	$147.62	$295.68	$449.90
$230,000	$37.26	$47.15	$73.37	$154.33	$309.12	$470.35
$240,000	$38.88	$49.20	$76.56	$161.04	$322.56	$490.80
$250,000	$40.50	$51.25	$79.75	$167.75	$336.00	$511.25

Critical Illness Insurance

Administered by The Hartford

The Hartford Critical Illness insurance plan provides multiple benefit payments for the same or different illness. Below are the covered critical illnesses. For details regarding covered, excluded, and limited services, please refer to Canutillo's Benefits Webpage at www.canutillo-isd.org or contact a Customer Service Representative at The Hartford at 1-800-523-2233, Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

For critical illness questions call 866-547-4205

The benefit amount may be used for:
Medical Expenses: deductibles, copays, coinsurance, prescription drugs, experimental treatments
Lost income
Mortgage and household expenses
Childcare and elder expenses
Travel expenses
Rehabilitation and home health services
Additional covered illness can be found on our website.

$15,000				
Age	**EE**	**ES**	**EC**	**F**
<25	$4.50	$9.00	$10.65	$15.15
25-29	$4.80	$10.05	$10.95	$16.20
30-34	$6.45	$13.80	$12.60	$19.95
35-39	$9.00	$19.80	$15.15	$25.95
40-44	$13.50	$30.00	$19.65	$36.15
45-49	$20.10	$45.00	$26.25	$51.15
50-54	$28.50	$65.40	$34.65	$71.55
55-59	$39.30	$92.55	$45.45	$98.70
60-64	$56.10	$135.15	$62.25	$141.30
65-69	$84.30	$203.40	$90.45	$209.55
70+	$130.35	$305.55	$136.50	$311.70

$30,000				
Age	**EE**	**ES**	**EC**	**F**
<25	$9.00	$18.00	$21.30	$30.30
25-29	$9.60	$20.10	$21.90	$32.40
30-34	$12.90	$27.60	$25.20	$39.90
35-39	$18.00	$39.60	$30.30	$51.90
40-44	$27.00	$60.00	$39.30	$72.30
45-49	$40.20	$90.00	$52.50	$102.30
50-54	$57.00	$130.80	$69.30	$143.10
55-59	$78.60	$185.10	$90.90	$197.40
60-64	$112.20	$270.30	$124.50	$282.60
65-69	$168.60	$406.80	$180.90	$419.10
70+	$260.70	$611.10	$273.00	$623.40





A little help when you're not 100%.

Critical Illness Insurance

Canutillo Independent School District

Critical Illness Insurance which we call Critical Illness Benefits provides a lump-sum payment upon diagnosis of a covered illness, such as cancer, heart attack, or stroke. This benefit can be used to cover medical expenses, lost income, or other financial burdens, offering peace of mind and financial support during a challenging time.

If you have any questions about your benefit options, visit https://app.pasito.ai/canutillo-isd

What are Critical Illness Benefits?

To support your financial well-being, Canutillo Independent School District is offering Critical Illness Benefits for all eligible employees. This coverage is paid by you and is available for yourself and your eligible dependents. It offers cash payments if you are diagnosed with a covered serious illness, such as cancer, heart attack, or stroke. These payments can help you manage unexpected costs and give you greater control over your finances. You must be actively at work with you employer on the day your coverage takes effect. Use it for things like:

- **Mortgage or Rent**
- **Out-of-Pocket Medical Costs**
- **Travel for Treatment**
- **Everyday Living Expenses**

Critical Illness plan benefits.

For Yourself: $15,000 or $30,000
For Your Spouse/Partner: 100% of your coverage amount
For Your Children: 100% of your coverage amount

Stay proactive about your health and get rewarded.

Health Screening Benefit: When you or a covered family member complete an eligible preventive screening like an annual physical, mammogram, colonoscopy or biometric blood test, you'll receive $100 per person, per calendar year directly to you. It's a simple way to offset the cost of routine check-ups while maximizing your benefits.

The Hartford

How Critical Illness Benefits work:

David's Story[1]

David always considered himself healthy, but one morning, he felt an intense pain in his chest and was rushed to the hospital. He'd suffered a heart attack and needed immediate surgery followed by weeks of recovery and cardiac rehab.

Fortunately, David had signed up for Critical Illness insurance through work. After his diagnosis, he received a lump-sum cash benefit that helped cover expenses his health insurance didn't—like hospital bills, transportation to appointments, and everyday costs while he was out of work.

With the financial support from his Critical Illness coverage, David could focus on getting better without worrying about his bills.

Here's how you and your family can benefit from this coverage if something happens to you:

Married with kids, lots of expenses

Lump-sum payout helps cover family bills and daily costs while you recover.

Single parent, multiple responsibilities

Gives you financial breathing room so you can focus on getting better, not bills.

Dual income, no kids

Covers lost income or out-of-pocket medical expenses without draining savings.

Growing children, aging parents

Helps you manage care costs for your kids or parents if a major illness hits.

Single and carefree

Protects your income and lifestyle so that a diagnosis doesn't derail your finances.

If you have any questions about your benefit options, visit https://app.pasito.ai/canutillo-isd

The Hartford

The Hartford Insurance Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com. 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 brochure 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 brochure 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. © 2025 The Hartford
THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.
Critical Illness Form Series includes GBD-2600, GBD-2700, GBD-3600, GBD-3700, or state equivalent. Not available in all states.
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.
1Critical Illness is referred to as "Specified Disease" in New York.
2This case illustration is fictious and for illustrative purposes only.
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Canutillo Independent School District Critical Illness Benefits		
Cancer & Benign Tumor Category	**Initial Occurrence Benefit Amount:**	**Reoccurrence Benefit Amount:**
Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	100%	100%
Skin Cancer	$250 annually	
Bone Marrow Failure	100%	None
Benign Brain or Spinal Cord (Intradural) Tumor		
• Early Diagnosis	25%	None
• Advanced Diagnosis	100%	None
Heart & Vascular Category	**Initial Occurrence Benefit Amount:**	**Reoccurrence Benefit Amount:**
Heart Attack (Myocardial Infarction)		
• ST-Segment Elevation Myocardial Infarction (STEMI)	100%	100%
• Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	100%	100%
Sudden Cardiac Arrest	100%	None
Coronary Artery Disease		
• Minor Diagnosis	25%	100%
• Major Diagnosis	100%	100%
Stroke		
• Without Impairment (including Transient Ischemic Attack (TIA)) • Mild Stroke • Moderate Stroke • Severe Stroke	25% 100% 100% 100%	100% 100% 100% 100%
Abdominal or Thoracic Aortic Aneurysm		
• Minor Diagnosis	25%	100%
• Major Diagnosis	100%	100%
Other Ruptured or Dissecting Aneurysm		
• Minor Diagnosis	25%	None
• Major Diagnosis	100%	None
Major Organ Category	**Initial Occurrence Benefit Amount:**	**Reoccurrence Benefit Amount:**
Major Organ Failure	100%	100%
End Stage Renal Disease (ESRD)	100%	None
Neurological Conditions Category	**Initial Occurrence Benefit Amount:**	**Reoccurrence Benefit Amount:**
Dementia (includes Alzheimer's Disease)		
• Early Diagnosis	25%	None
• Advanced Diagnosis	100%	None
Parkinson's Disease		
• Early Diagnosis	25%	None
• Advanced Diagnosis	100%	None
Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's)		
• Early Diagnosis	25%	None
• Advanced Diagnosis	100%	None
Multiple Sclerosis		
• Early Diagnosis	25%	None
• Advanced Diagnosis	100%	None
Huntington's Disease		
• Early Diagnosis	25%	None
• Advanced Diagnosis	100%	None
Chronic/Progressive & Infectious Conditions Category	**Initial Occurrence Benefit Amount:**	**Reoccurrence Benefit Amount:**
Other Chronic or Progressive Condition		
• Early Diagnosis	25%	None
• Advanced Diagnosis	100%	None

Severe Infectious Disease		
• Major Diagnosis	25%	None
Functional Loss & Catastrophic Conditions Category	**Initial Occurrence Benefit Amount:**	**Reoccurrence Benefit Amount:**
Coma	100%	100%
Loss of Hearing	100%	None
Loss of Sight	100%	None
Loss of Speech	100%	None
Permanent Paralysis	100%	None
Child Conditions Category	**Initial Occurrence Benefit Amount:**	**Reoccurrence Benefit Amount:**
Cerebral Palsy		
• Early Diagnosis	25%	None
• Advanced Diagnosis	100%	None
Congenital Metabolic Disorder	100%	None
Congenital Heart Disease	100%	None
Genetic Disorder	100%	None
Structural Congenital Defect	100%	None
Type 1 Diabetes	100%	None
Autism Spectrum Disorder	50%	None
Additional Benefits	**Benefit Amount:**	**Benefit Maximum:**
Health Screening Benefit	$100	Once per policy year

Disability Insurance

Administered by The Hartford

Long-term Disability (LTD) insurance helps protect your paycheck after a serious accident or serious illness. On or off the job, anyone can become disabled and that can mean months without a paycheck. But if you have LTD, you can have:

- **A percentage of your income** each month, depending on how much protection you have.
- **Professional help** for disability-related challenges from legal specialists, and financial and therapeutic counselors.
- **Affordable group rates** through your employer with convenient payroll deduction.

Premium Options

The Benefit Duration is the maximum time for which we pay benefits for disability resulting from **injury or sickness**. Depending on the schedule selected and the age at which disability occurs, the maximum duration may vary.

The following schedule applies to disabilities resulting from either injury or sickness.

Age Disability	Prior to Age 63	Age 63	Age 64	Age 65	Age 66	Age 67	Age 68	Age 69 and over
Benefits Payable	To Normal Retirement Age or 48 months if greater	To Normal Retirement Age or 42 months if greater	36 Months	30 Months	27 months	24 months	21 months	18 months

Select Options

The Benefit Duration is the maximum time for which we pay benefits for disability resulting from injury or sickness. Depending on the schedule selected and the age at which disability occurs, the maximum duration may vary.

Schedule for disability caused by injury:

Age Disability	Prior to Age 63	Age 63	Age 64	Age 65	Age 66	Age 67	Age 68	Age 69 and over
Benefits Payable	To Normal Retirement Age or 48 months if greater	To Normal Retirement Age or 42 months if greater	36 Months	30 Months	27 months	24 months	21 months	18 months

Schedule for disability caused by Sickness:

Age Disability	Prior to age 65	65-69	70 and Over
Benefits Payable	60 months	To age 70, but not less than one year	12 months

Click here for more information!

Disability Insurance

Administered by The Hartford

Normal Retirement age means the social security normal retirement age as stated in the 1983 revision of the united states social security act. It is determined by the date of birth as follows:

Year of Birth	1937	1938	1939	1940	1941	1942	1943 thru 1954
Normal Retirement Age + additional months	65	65+2	65+4	65+6	65+8	65+10	66

Year of Birth	1955	1956	1957	1958	1959	1960 or after
Normal Retirement Age + additional months	66+2	66+4	66+6	66+8	66+10	67

Exclusions

You will not receive benefits under certain circumstances. Examples include:

- Your disability results from an intentional self-inflicted injury
- You become injured while committing a criminal act
- Driving under the influence of alcohol/drugs
- You are not under the regular care of a doctor when requesting disability benefits

Limitations

Benefits for Mental/Nervous/Substance Abuse/ Self-Reported Illnesses are limited to 24 months lifetime combined.

Pre-Existing Conditions

There is a 3/12 pre-existing conditions clause. This is a look back period to see if you were treatment-free for a 3-month period prior to the effective date of your coverage. If you weren't treatment-free, the pre-existing condition is excluded from coverage if you were disabled within 12 months of your coverage effective date. There is a 4 week maximum payout for any pre-existing condition.

Pre-Ex applies in the following situations:

- Decrease in Elimination Period
- Increase in Maximum Benefit Period
- Late Applicants

For details regarding covered, excluded, and limited services, please refer to Canutillo's Benefits Webpage at www.canutillo-isd.org or by visiting us at www.TheHartford.com/employeebenefits 1.866.547.9124.

Group Cancer Insurance

Administered by Colonial Life

Nearly everyone has experienced or knows somebody who has experienced a cancer diagnosis in their family. The good news is that cancer screenings and cancer-fighting technologies have gotten a lot better in recent years. However, with advanced technology come high costs. CISD is offering a new Group Cancer Insurance to all benefit eligible employees. For details regarding covered, excluded, and limited services, please refer to Canutillo's Benefits Webpage at www.canutillo-isd.org.

Features of Colonial Life's Cancer Insurance:

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

Group Cancer Insurance Rates			
Plan Level 2 (Age 17-70)		**Plan Level 3 (Age 17-70)**	
Employee Only	$13.85	Employee Only	$20.45
Employee + Family	$23.10	Employee + Family	$34.00

Pre-Existing Condition Limitation: We will not cover cancer that meets the requirements of the Eligibility for Cancer Benefits provision in the certificate but is a preexisting condition as defined in the certificate, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule. No benefits will be payable for any cancer for which the requirements of the Eligibility for Cancer Benefits provision are not met.

By enrolling in Colonial Life benefits you are affirming the following:

- You are actively at work at least 20 hours per week.
- You consent to the electronic delivery of insurance documents, including legally required disclosure and policy documents. You have an email address and an electronic device such as a computer or a smartphone to access the Internet and view and retain PDF documents. You can withdraw your consent, update your email address and request, free of charge, a paper copy of any document at any time by contacting Colonial Life & Accident Insurance Company.
- You attest to having access to the Important Notice to Persons on Medicare document. If you or any covered family member are Medicare eligible, please review the document. You may also reference the official U.S. government Medicare handbook at https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf.

MENTAL HEALTH & PERSONAL BENEFITS

3 Tips for Managing Stress

Click here for more information!

Cultural Differences/ Mental Health Stigma

Click here for more information!

Employee Assistance Program

Administered by Aetna

Emotional Wellbeing Support

You can access up to 5 counseling sessions each year. You can also call us 24 hours a day for in-the-moment emotional well-being support. Counseling sessions are available face to face, online with televideo or by phone. Services are free and confidential. We're always here to help with a wide range of issues including:

- Anxiety
- Relationship support
- Depression
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Self-esteem and personal development
- Substance misuse and more



Employee Assistance Program

Anytime Support – School Employee Guidance Program

Contact Information:

- Phone: 888.866.4827 / TTY: 711
- Website: resourcesforliving.com
- Username: **CanutilloISD**
- Password: **CanutilloEAP**

Canutillo Independent School District

Aetna Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. Children living away from home are covered up to age 26. Services are confidential and available 24 hours a day, 7 days a week.

Daily Life Assistance

Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting, and adoption
- Care for older adults
- Caregiver support
- School and financial aid research
- Special needs
- Pet care
- Community resources/ basic needs
- Home repair and improvement
- Summer programs for kids
- Household services and more

Legal Services

You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- General law
- Family law
- Civil/Criminal law
- Elder law and estate planning
- Divorce
- Wills and document preparation
- Real estate transactions
- Mediation services

If you opt for services beyond the initial consultation you can get a 25 percent discount. You also have free access to legal documents and forms on your member website.

*Services must be related to the employee and eligible household members. Work-related issues are not covered. Discount does not include flat legal fees, contingency fees and plan mediator services.

Financial Services

Simply call for a free 30-minute consultation for each new financial topic related to:

- Budgeting
- Retirement planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions

You can get a 25 percent discount on tax preparation services. You also have access to financial articles, calculators and a financial assessment on your member website.

* Services must be for financial matters related to the employee and eligible household members.

Online Resources

Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Adult care and child care provider search tool
- Stress resource center
- Video resources
- Live and recorded webinars
- Mobile app

Discount Center

Deals on brand-name products and services, including electronics, entertainment, gifts, travel, fitness, and nutrition.

Educator Resources

Articles and ideas on topics such as classroom management, social and emotional learning, ADHD, autism spectrum disorder, stress, and more.

myStrength™

Tools to improve emotional health and address depression, anxiety, stress, substance misuse, and chronic pain.

Additional Services

- Identity Theft Services: One-hour fraud resolution consultation or coaching about ID theft prevention and credit restoration. Includes a free emergency kit for victims.
- MindCheck: Online tools to improve emotional wellbeing, measure mindset, and access resources for maintaining a positive outlook.

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

Canutillo ISD Human Resources Division

7965 Artcraft Rd. | El Paso, Texas 79932

Benefit	Administrator	Phone	Website/Email
Medical	Aetna	877.973.3238.	www.aetna.com
Dental	MetLife	800.METLIFE (638.5433)	MyBenefits.Metlife.com
Vision	MetLife	800.METLIFE (638.5433)	MyBenefits.Metlife.com
Health Savings Account HSA	TEB	915.542.3531	https://www.teb-inc.com/
Flexible Spending Account FSA	TEB	915.542.3531	https://www.teb-inc.com/
Retirement	National Benefit Services (NBS)	1.855.399.3035	https://www.nbsbenefits.com/individuals/retirement/
Life Insurance, Disability, Accident, Critical Illness, Hospital Indemnity	Hartford	866.547.9124	TheHartford.com/employeebenefits
Cancer	Colonial Life	1.800.325.4368	www.coloniallife.com
Employee Benefits Office	Canutillo ISD	Phone: 915.877.7408 Fax: 915.877.7525	juranga@canutillo-isd.org
EAP	Aetna	888.866.4827	www.resourcesforliving.com
Benefits Manager	Julie Uranga	915.877.7408	juranga@canutillo-isd.org



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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

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