2026 - 2027

EMPLOYEE BENEFITS

GUIDE

PSJA COLLEGE 3
READY.CONNECTED.COMPLETE™

CONTACT INFORMATION

PSJA EMPLOYEE BENEFITS DEPARTMENT

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LOCAL AGENTS

Premier Benefits Alliance
514 S Veterans Blvd Ste A
Pharr, TX 78577
(956) 783-1137

Workplace Benefit Advisors
601 S Nebraska Ave
San Juan, TX 78589
(956) 781-7771

PROVIDERS

MEDICAL	**TERM LIFE**	**DENTAL**
Blue Cross Blue Shield of TX	Dearborn National	Blue Cross Blue Shield of TX
1-800-521-2227	1-877-442-4207	1-800-521-2227
DISABILITY	**WHOLE LIFE**	**LEGAL**
The Hartford	VOYA	Legal Shield
1-866-547-9124	1-800-537-5024	1-800-654-7757
FSA / DCFSA / HSA	**ACCIDENT**	**CANCER**
David K. Young Consulting	Aetna	Allstate
210-558-0999	1-888-772-9682	1-800-521-3535
VISION	**HOSPITAL INDEMNITY**	**CRITICAL ILLNESS**
AFLAC	Voya	The Hartford
1-800-999-5431	1-877-236-7564	1-866-547-4205

MEDICAL

Pharr-San Juan- Alamo ISD

Blue Cross Blue Shield of Texas

Health Benefits Highlight Sheet

Effective 09/01/2026

Type of Services	PLAN A - NEW! HDHP & HSA (High Deductible Health Plan with Health Savings Account)		PLAN B High Plan		PLAN C Base Plan	
Medical Services	**In-Network** (Your Cost)	**Out-of-Network** (Your Cost)	**In-Network** (Your Cost)	**Out-of-Network** (Your Cost)	**In-Network** (Your Cost)	**Out-of-Network** (Your Cost)
Deductible Individual / Family	**$3,400 / $6,800** (includes medical and rx)	**$3,400 / $6,800** (includes medical and rx)	**$550 / $1,050**	**$1,050 / $2,050**	**$800 / $1,550**	**$1,550 / $3,050**
Out-of-Pocket Limit Individual / Family	**$8,500 / $17,000** (includes medical and rx)	**$8,500 / $17,000** (includes medical and rx)	**$1,200 / $3,600**	**$2,500 / $7,500**	**$1,700 / $5,100**	**$3,000 / $9,000**
HSA Contribution (EE must open an HSA account to use towards qualified medical and rx expenses. District's HSA annual contribution counts towards your annual HSA maximum contribution.)	**$250.00 per year**		**N/A**		**N/A**	
Office Visit Co-Pay (Specialist / Non-Specialist)	**30% after Deductible**	**30% after Deductible**	**$15**	**30% coinsurance**	**$15**	**30% coinsurance**
Preventive Care	**100%**	**30% after Deductible**	**No Charge**	**30% coinsurance**	**No Charge**	**30% coinsurance**
Diagnostic Test X-ray, Blood work. Copay may apply	**30% after Deductible**	**30% after Deductible**	**No Charge**	**30% coinsurance**	**No Charge**	**30% coinsurance**
Imaging CT / PET Scans & MRIs	**30% after Deductible**	**30% after Deductible**	**20% coinsurance**	**40% coinsurance**	**30% coinsurance**	**50% coinsurance**
Urgent Care Copay Deductible does not apply	**30% after Deductible**	**30% after Deductible**	**$75**	**30% coinsurance**	**$100**	**30% coinsurance**
Emergency Room Care Copay Copay waived if admitted. Deductible does not apply	**30% after Deductible**	**30% after Deductible**	**$75** Plus 20% coinsurance	**$75** Plus 20% coinsurance	**$100** Plus 30% coinsurance	**$100** Plus 30% coinsurance
Hospital Stay Facility & Physician / Surgeon Fees	**30% after Deductible**	**30% after Deductible**	**20% coinsurance**	**40% coinsurance**	**30% coinsurance**	**50% coinsurance**
Pharmacy Services	**Mail Order Service is through Express Scripts. Specialty Medication can *only* be filled by using Accredo. Two fills are allowed at local pharmacy.**					
Retail Rx 31 days supply **Generic / Preferred Brand / Non-Preferred Brand**	**30% after Deductible**	**30% after Deductible**	**$10 / $30 / $30**	**$10 / $30 / $30** Member must file claim	**$10 / $30 / $30**	**$10 / $30 / $30** Member must file claim
Mail Order 90 days supply **Generic / Preferred Brand / Non-Preferred Brand**	**30% after Deductible**	**30% after Deductible**	**$0 / $75 / $75**	**Not Covered**	**$0 / $75 / $75**	**Not Covered**
Specialty Medication **Deductible does NOT apply**	**30% after Deductible**	**30% after Deductible**	**10% coinsurance up to $100 maximum**	**Not Covered**	**10% coinsurance up to $100 maximum**	**Not Covered**
Separate Prescription Drug Out of Pocket Limit:	**None - Prescription drug expenses apply towards the same medical deductible and out-of-pocket maximum**		**$1,000 Individual / $2,000 Family**		**$1,000 Individual / $2,000 Family**	

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

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

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

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

Monthly Rates	PLAN A - NEW! HDHP		PLAN B High Plan		PLAN C Base Plan	
Coverage Type	Employee	Working Couple	Employee	Working Couple	Employee	Working Couple
Employee Only	$0.00	N/A	$213.00	N/A	$0	N/A
Emp + Child(ren)	$150.00	N/A	$612.00	N/A	$405.00	N/A
Emp + Spouse	$325.00	$0.00	$727.00	$327.00	$629.00	$0
Family	$350.00	$0.00	$1,009.00	$609.00	$662.00	$0

Programs & Services Offered through Blue Cross Blue Shield

$0 Copay — Virtual Visits with MDLIVE

Visit a board-certified doctor, 24/7/365 for non-emergency situations at no cost.

Allergies	Asthma	Cold/flu	Ear Problems (Age 12+)
Pink Eye	Rash	Sinus Infections	Nausea

Activate your account or schedule a virtual visit!

1. Go to Blue Access for Members or MDLIVE.com/bcbstx
2. Download the MDLIVE app
3. Call MDLIVE at (888)680-8646
4. Text BCBSTX to 635-483. (MDLIVE's online assistant Sophie will help activate your account.)

Licensed counselors and psychiatrist available by appointment to help you with anxiety, depression, trauma and loss.

New Plan Option! — High Deductible Health Plan (HDHP) & Health Savings Account (HSA)

PSJA ISD is offering a new health plan option that combines a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). This plan is designed to give employees more control over their healthcare dollars while providing protection against major medical expenses.

With HDHP,

1. The employee pays the cost of covered services until the deductible is met. After that, the plan and the employee share costs according to the coinsurance amounts.
2. Once the employee reaches the annual out-of-pocket maximum, the plan pays 100% of covered expenses for the remainder of the plan year.
3. Provider network and BCBS virtual care visits are the same as other plans.

With HSA,

1. The employee can put tax-free money into the HSA.
2. PSJA ISD will contribute $250.00 per year into the employee's HSA account that will count towards the maximum allowable contribution.
2. Maximum Contribution: **Employee Only:** Up to $4,400/year
   Employee + Dependents: Up to $8,750/year
3. Those funds can be used for qualified medical expenses, including amounts applied to the deductible.
4. Unused HSA money generally rolls over from year to year and remains with the employee.
5. Distributions from your HSA are tax-free for "qualified medical expenses." A list of qualified medical expenses can be found in **Section 213(d) of the Internal Revenue Code**, or **IRS**

Blue Cross Blue Shield

PSJA ISD Group Number:	297209
BCBSTX Customer Service	(800) 521-2227
BCBSTX Website:	www.bcbstx.com
Preauthorization Medical:	(800) 441-9188
Preauthorization MH/CD:	(800) 528-7264
Blue Card Access:	(800) 810-2583
Provider Services:	(800) 451-0287

Mail Order Program & Specialty Medications

Mail Order Program: Express Scripts Pharmacy
Call (833) 715-0942
Register at express-scripts.com/rx

Specialty Medications: Accredo
Register: (833) 721-1619
Manage Prescriptions at accredo.com

Blue Access for Members (BAM)

You and all covered dependents age 18 and up can create a BAM account

View Your Health Benefits	View Your Claims
Find Providers & Hospitals	Find Medical & RX Forms
View or Print ID Card	Download the App

Use the Cost Estimator tool for price on treatment!

Register for BAM Now!

1. Go to bcbstx.com/member
2. Click Log into My Account
3. Use the information on your BCBSTX ID card to sign up
4. Or text * **BCBSTXAPP** to **33633** to get the BCBSTX App that lets you use BAM while you are on the go.

BCBS Mobile Apps for BAM, MDLive, Well on Target, Fitness, and Ovia health apps for Pregnancy, Parenting & Fertility!



DENTAL

PSJA COLLEGE 3 READY.CONNECTED.COMPLETE

BlueCross BlueShield of Texas

Pharr San Juan Alamo ISD Dental Summary

PSJA

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

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

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

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

TERM LIFE

BlueCross BlueShield of Texas

Group Benefit Program Summary for

Pharr-San Juan-Alamo ISD

Group Term Life

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

Eligibility	All Other Active Full-Time Employees
Group Term Life Benefit: Employee	$20,000
Guarantee Issue Amount - Employee	$20,000
Group Term Life Age Reduction Schedule	Benefits reduce by 33% of the original amount at age 70; and further reduce by: 50% of the original amount at age 75.
Waiver of Premium	Elimination Period: 3 Months; Duration: To age 65
Accelerated Death Benefit (ADB)	Benefit: Up to 80% of the employee's life insurance; Life expectancy: 24 months or less
Portability Feature (Life Coverage)	Included (employee)
Conversion	Included
Beneficiary Resource Service	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet.

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

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

BlueCross BlueShield of Texas

Group Accidental Death & Dismemberment (AD&D)

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

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

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of sight of one eye	50%
Loss of one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of the same hand	25%
Uniplegia	25%

AD&D PRODUCT FEATURES INCLUDED:

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

*Loss must occur within 365 days of accident.

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BlueCross BlueShield of Texas

Group Benefit Program Summary for

Pharr-San Juan-Alamo ISD

Supplemental Term Life

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

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

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BlueCross BlueShield of Texas

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

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

Additional AD&D Features

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

Exclusions and Limitations*

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

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

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

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Supplemental Life
PREMIUM RATE GRID

BlueCross BlueShield of Texas

Pharr-San Juan-Alamo ISD

Eligibility

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

Supplemental Life

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

Spouse Benefit: **$5,000 to $150,000 in $5,000 increments.**
(not to exceed 100% of the employee benefit)

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

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

Guarantee Issue*

Employee	**$230,000**
Spouse	**$50,000**

*Assumes 0% participation

Child Coverage

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

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

Employee Supplemental Life

Monthly rates per $1,000

Age	Rates
Under 20	$0.029
20-24	$0.029
25-29	$0.029
30-34	$0.037
35-39	$0.056
40-44	$0.074
45-49	$0.122
50-54	$0.185
55-59	$0.278
60-64	$0.463
65-69	$0.769
70+	$1.380

Dependent Life (Children)

Monthly Premium per Family Life

$10,000 $1.30

Supplemental Life

Premium Cost (Based on 12 payroll deductions per year)

	ATTAINED AGE											
Benefit Amount	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$10,000	$0.29	$0.29	$0.29	$0.37	$0.56	$0.74	$1.22	$1.85	$2.78	$4.63	$7.69	$13.80
$20,000	$0.58	$0.58	$0.58	$0.74	$1.12	$1.48	$2.44	$3.70	$5.56	$9.26	$15.38	$27.60
$30,000	$0.87	$0.87	$0.87	$1.11	$1.68	$2.22	$3.66	$5.55	$8.34	$13.89	$23.07	$41.40
$40,000	$1.16	$1.16	$1.16	$1.48	$2.24	$2.96	$4.88	$7.40	$11.12	$18.52	$30.76	$55.20
$50,000	$1.45	$1.45	$1.45	$1.85	$2.80	$3.70	$6.10	$9.25	$13.90	$23.15	$38.45	$69.00
$60,000	$1.74	$1.74	$1.74	$2.22	$3.36	$4.44	$7.32	$11.10	$16.68	$27.78	$46.14	$82.80
$70,000	$2.03	$2.03	$2.03	$2.59	$3.92	$5.18	$8.54	$12.95	$19.46	$32.41	$53.83	$96.60
$80,000	$2.32	$2.32	$2.32	$2.96	$4.48	$5.92	$9.76	$14.80	$22.24	$37.04	$61.52	$110.40
$90,000	$2.61	$2.61	$2.61	$3.33	$5.04	$6.66	$10.98	$16.65	$25.02	$41.67	$69.21	$124.20
$100,000	$2.90	$2.90	$2.90	$3.70	$5.60	$7.40	$12.20	$18.50	$27.80	$46.30	$76.90	$138.00
$150,000	$4.35	$4.35	$4.35	$5.55	$8.40	$11.10	$18.30	$27.75	$41.70	$69.45	$115.35	$207.00
$200,000	$5.80	$5.80	$5.80	$7.40	$11.20	$14.80	$24.40	$37.00	$55.60	$92.60	$153.80	$276.00
$250,000	$7.25	$7.25	$7.25	$9.25	$14.00	$18.50	$30.50	$46.25	$69.50	$115.75	$192.25	$345.00
$300,000	$8.70	$8.70	$8.70	$11.10	$16.80	$22.20	$36.60	$55.50	$83.40	$138.90	$230.70	$414.00
$350,000	$10.15	$10.15	$10.15	$12.95	$19.60	$25.90	$42.70	$64.75	$97.30	$162.05	$269.15	$483.00
$400,000	$11.60	$11.60	$11.60	$14.80	$22.40	$29.60	$48.80	$74.00	$111.20	$185.20	$307.60	$552.00
$450,000	$13.05	$13.05	$13.05	$16.65	$25.20	$33.30	$54.90	$83.25	$125.10	$208.35	$346.05	$621.00
$500,000	$14.50	$14.50	$14.50	$18.50	$28.00	$37.00	$61.00	$92.50	$139.00	$231.50	$384.50	$690.00

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Supplemental Life
PREMIUM RATE GRID

BlueCross BlueShield of Texas

Pharr-San Juan-Alamo ISD

Eligibility

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

Supplemental Life

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

Spouse Benefit: **$5,000 to $150,000 in $5,000 increments. (not to exceed 100% of the employee benefit)**

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

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

Guarantee Issue

Employee	**$230,000**
Spouse	**$50,000**

Child Coverage

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

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

Spouse Supplemental Life

Monthly rates per $1,000

Age	Rates
Under 20	$0.029
20-24	$0.029
25-29	$0.029
30-34	$0.037
35-39	$0.056
40-44	$0.074
45-49	$0.122
50-54	$0.185
55-59	$0.278
60-64	$0.463
65-69	$0.769
70+	$1.380

Dependent Life (Children)

Monthly Premium per Family

Life	
$10,000	$1.30

Supplemental Life

Premium Cost (Based on 12 payroll deductions per year)

	ATTAINED AGE											
Benefit Amount	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$5,000	$0.15	$0.15	$0.15	$0.19	$0.28	$0.37	$0.61	$0.93	$1.39	$2.32	$3.85	$6.90
$10,000	$0.29	$0.29	$0.29	$0.37	$0.56	$0.74	$1.22	$1.85	$2.78	$4.63	$7.69	$13.80
$15,000	$0.44	$0.44	$0.44	$0.56	$0.84	$1.11	$1.83	$2.78	$4.17	$6.95	$11.54	$20.70
$20,000	$0.58	$0.58	$0.58	$0.74	$1.12	$1.48	$2.44	$3.70	$5.56	$9.26	$15.38	$27.60
$25,000	$0.73	$0.73	$0.73	$0.93	$1.40	$1.85	$3.05	$4.63	$6.95	$11.58	$19.23	$34.50
$30,000	$0.87	$0.87	$0.87	$1.11	$1.68	$2.22	$3.66	$5.55	$8.34	$13.89	$23.07	$41.40
$35,000	$1.02	$1.02	$1.02	$1.30	$1.96	$2.59	$4.27	$6.48	$9.73	$16.21	$26.92	$48.30
$40,000	$1.16	$1.16	$1.16	$1.48	$2.24	$2.96	$4.88	$7.40	$11.12	$18.52	$30.76	$55.20
$45,000	$1.31	$1.31	$1.31	$1.67	$2.52	$3.33	$5.49	$8.33	$12.51	$20.84	$34.61	$62.10
$50,000	$1.45	$1.45	$1.45	$1.85	$2.80	$3.70	$6.10	$9.25	$13.90	$23.15	$38.45	$69.00
$55,000	$1.60	$1.60	$1.60	$2.04	$3.08	$4.07	$6.71	$10.18	$15.29	$25.47	$42.30	$75.90
$60,000	$1.74	$1.74	$1.74	$2.22	$3.36	$4.44	$7.32	$11.10	$16.68	$27.78	$46.14	$82.80
$65,000	$1.89	$1.89	$1.89	$2.41	$3.64	$4.81	$7.93	$12.03	$18.07	$30.10	$49.99	$89.70
$70,000	$2.03	$2.03	$2.03	$2.59	$3.92	$5.18	$8.54	$12.95	$19.46	$32.41	$53.83	$96.60
$75,000	$2.18	$2.18	$2.18	$2.78	$4.20	$5.55	$9.15	$13.88	$20.85	$34.73	$57.68	$103.50
$100,000	$2.90	$2.90	$2.90	$3.70	$5.60	$7.40	$12.20	$18.50	$27.80	$46.30	$76.90	$138.00
$125,000	$3.63	$3.63	$3.63	$4.63	$7.00	$9.25	$15.25	$23.13	$34.75	$57.88	$96.13	$172.50
$150,000	$4.35	$4.35	$4.35	$5.55	$8.40	$11.10	$18.30	$27.75	$41.70	$69.45	$115.35	$207.00

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

VISION

Aflac Vision Insurance

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

Effective Date: 09/01/2026

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

Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999 | 1.855.819.1873

Contact Lenses Benefit (in lieu of eyeglasses) – Standard and Specialty Lens Types	
Contact lens material allowance – plus 20% discount on any overage [1]	Up to $125 + 15% off balance**
Evaluation, fitting and follow-up care – standard lens types (in lieu of eyeglasses)	15% discount**
Evaluation, fitting and follow-up care – specialty lens types (in lieu of eyeglasses)	15% discount**
Collection Contact Lenses Benefit (in lieu of contact lens material allowance)	
Materials disposable: up to***	4 boxes / multi-packs
Planned replacement: up to***	2 boxes / multi-packs
Evaluation, fitting and follow-up care	$0 co-pay
Non-Elective (Visually Required) Contact Lenses (with prior approval)	
Materials, evaluation, fitting and follow-up care	$0 co-pay
Refractive Surgery Vision Correction (LASIK) Benefit	
One-time/lifetime allowance*******	$150

Out-of-network benefits	
Covered services	**Reimbursement allowance schedule**
Eye examination	Up to $35
Frame	Up to $45
Single-vision lenses	Up to $25
Bifocal/progressive lenses	Up to $40
Trifocal lenses	Up to $50
Lenticular lenses	Up to $80
Elective contact lenses	Up to $110
Non-elective (visually required) contact lenses	Up to $250

[1]Discounts are not part of insured benefits. 30% discount off additional pair of frames
**At Visionworks® locations. Additional discounts not applicable at Glasses.com, 1-800-Contacts, Walmart locations, Sam's Club locations, or Costco locations or where limited by law or manufacturer restrictions.
***Collection is available at most participating independent provider offices. Collection is subject to change.
****Polycarbonate lenses are covered for dependent children, monocular patients and patients with precscriptions +/-6.00 diopters or greater.
*****Enhanced frame allowance is available at all Visionworks locations nationwide.
******* The Eyeglass Frames allowance may be paid toward Refractive Surgery Vision Correction. The Davis Vision and Superior Vision networks provide you with the opportunity to access discounted laser correction services. Laser vision correction services are administered by QualSight, LLC, and may not be available in all service areas. Davis Vision and Superior Vision make no representations regarding any services provided by QualSight, LLC. Davis Vision and Superior Vision do not make any warranty or assume any legal liability or responsibility for the surgical outcomes or medical management of any laser vision correction procedures. All responsibility lies with the specific LASIK specialist and/or vision correction facility.
********Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

Customer care center
1-800-999-5431

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

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

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

LIMITATIONS AND EXCLUSIONS

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

Limitations

Eyeglass lenses and frames are paid in lieu of the contact lenses benefit.
Contact lenses are payable in lieu of eyeglass lenses and frames.
Coverage for a late entrant or re-enrollee is limited to the vision exam benefit during the first 24 months after such person's effective date of coverage.
Dilation is covered in full under the vision exam benefit only if required by state law or done for one of the following conditions: central vision loss, photopsia, floaters, high myopia, diabetes or history of ocular surgery, ocular trauma or ocular disease.

Exclusions

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

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

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

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

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

FSA/HSA/DCFSA

David K. Young Consulting, LLC
BENEFIT CONSULTING & ADMINISTRATION

Healthcare FSA



Don't lose the chance to put up to $1115 back into your pocket this year!

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

How does a healthcare FSA work?

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

You choose an annual election amount, up to $3,400 *2026 limit. At the beginning of the plan year, your account is pre-funded and your full contribution is immediately available for use. Your election amount is then deducted from your paychecks in equal installments throughout the year.

Why should I enroll in a healthcare FSA?

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

If you expect to incur medical expenses that won't be reimbursed by another plan, you'll want to take advantage of the savings this plan offers. Money contributed to a healthcare FSA is free from federal and state taxes and remains tax-free when it is spent on eligible expenses. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving up to $1115 per year on healthcare expenses!



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

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

Qualifying expenses

What qualifies?

Healthcare FSA funds can cover costs for:

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

What doesn't qualify?

Certain expenses are not eligible, for instance:

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

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

Online & mobile access

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

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

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

Download Wealth Care Mobile Search for DK Young Mobile

Helpful hints

- Your full election amount is available on the first day of the plan year, which means you'll have access to the money you need, when you need it.
- You can't change your election amount during the plan year, unless you experience a change in status or qualifying event.
- Save your receipts when you spend your healthcare FSA dollars. You may need itemized invoices to verify the eligibility of expenses or for reimbursement requests.
- The easiest way to manage your account is online at www.dkyoung.com or through the Wealth Care Mobile.
- You may carry over up to $680 *2026 amount of unused healthcare FSA dollars to the next plan year, allowing you to enjoy tax savings without risk.

www.dkyoung.com

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Health Savings Account (HSA)

Do you want to save 30% on health-related expenses? An HSA can help you save up to $900 a year – and can help with expenses after retirement.

What is a health savings account (HSA)?

An HSA is an account that lets you set aside money before taxes to pay for medical expenses for yourself, your spouse and eligible dependents.

What can it be used for?

Eligible expenses include things like doctor, dental and vision exams; copays, deductibles, prescription drugs, and vision and dental expenses.

How does it work?

1. During enrollment, you must sign up for a high-deductible health plan and then sign up for an HSA.
2. Choose how much money you'd like to have deducted from your paycheck each pay period to put into your HSA. (See Helpful Tips below.)
3. You can use these funds immediately, up to the amount that's been put into your account.
4. When paying for eligible expenses, use your DK Young Benefits Card for purchases or use personal funds and get reimbursed.

Why should I enroll in an HSA?

You can save on near-term expenses AND see long-term benefits from having an HSA as part of your retirement savings plan.

- Your HSA is yours for life – even if you leave your employer.
- Unused HSA funds continue to roll over and gain interest, tax-free.
- You can invest your HSA funds to maximize their growth.

Helpful Tips

Plan ahead to maximize your HSA.

- Calculate how much you normally spend on health-related expenses in a year – are there reoccurring items?
- Consider whether you can afford to set aside a little extra to save for future health expenses or retirement needs.
- Use this information to figure out how much to contribute to your HSA.
- Be aware there is an annual maximum contribution limit.

Did You Know?

HSAs provide tax savings in three different ways (aka the "triple-tax advantage"):

- Money is set aside from your paycheck before taxes
- All withdrawals used to pay for qualified expenses are untaxed
- Anything your HSA dollars earn through interest or investing is tax-free

Sign up for a Health Savings Account and start saving today!

www.dkyoung.com

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Dependent Care FSA



Don't lose the chance to put up to $2,500 back into your pocket this year!

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

How does a dependent care FSA work?

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

You choose an annual election amount, up to $7,500 *2026 limit per family. The money is placed in your account via payroll deduction, in equal installments, and then used to pay for eligible dependent care expenses incurred during the plan year.

Why should I enroll in a dependent care FSA?

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

If you pay for care of dependents in order to work, you'll want to take advantage of the savings this plan offers. Money contributed to a dependent care account is free from federal and state taxes and remains tax-free when it is spent on eligible expenses. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving up to $2,500 per year on dependent care expenses!



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

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

Qualifying expenses

What qualifies?

Dependent care FSA funds can cover costs for:

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

What doesn't qualify?

Certain expenses are not eligible, for instance:

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

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

Online & mobile access

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

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

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

Download Wealth Care Mobile DKYoung Mobile

Helpful hints

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

www.dkyoung.com

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CANCER

Underwritten by: **American Heritage Life Insurance Company**

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. Product features and availability vary by state and are solely the responsibility of American Heritage Life Insurance Company.

Group Cancer Insurance

Protection for the treatment of cancer and 29 specified diseases



Think About This

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

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

5 Years

The five-year relative cancer survival rate has improved over the past several decades for most cancer types†

After a cancer diagnosis, your life can become a whirlwind of doctor appointments and difficult decisions. Your finances don't need to be added to your list of worries. Cancer Insurance can help you rest a little easier.

Here's How It Works

- Select the coverage that's right for you and your family
- If diagnosed with cancer or a specified disease, you file a claim
- You may receive a lump-sum benefit via check or direct deposit that you can use however you wish*

Protecting Your Finances

You've worked hard for your savings – don't let a cancer diagnosis wipe them out.

- Protect your checking and savings
- Don't dip into your 401(k)

Protecting insureds for over 60 years

Meeting Your Needs

- Coverage can include your dependents
- Includes coverage for cancer and 29 specified diseases
- Waiver of premium after 90 days when disabled due to cancer (employee only)
- Coverage may be converted; refer to your certificate for details

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

†Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2021.
††Cancer Treatment & Survivorship Facts & Figures, 2019-2021.
*Please refer to the Exclusions and Limitations section of this brochure.

Coverage offered to the employees of:

PSJA COLLEGE 3

Meet TJ



Choose

TJ signs up for Cancer Insurance during his employer's Open Enrollment.

Use

A few months later, TJ learns that he has prostate cancer. Here's his treatment path:

Pre-Op Testing
TJ undergoes PSA testing at a hospital 300 miles from his home

Surgery
He is admitted to the hospital for laparoscopic prostate cancer surgery

Post-Surgery
After surgery, he spends several hours in the recovery waiting room

Hospital Stay
He's transferred to his room and visited by his doctor during a 2-day hospital stay

Recovery
TJ visits his doctor regularly during a 2-month recovery period

Claim

TJ files a claim with his Cancer coverage through the convenient web portal, **MyBenefits. He receives cash benefits for:**

- Cancer Screening
- Cancer Initial Diagnosis
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Inpatient Drugs and Medicine
- Physician's Attendance
- Comfort/Anti-Nausea

MyBenefits Claim Filing Portal

standard.com/ahl/mybenefits

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Here are some of the ways TJ can use his cash benefits

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

Travel
Can help pay for expenses while receiving treatment in another city

Home
Can help pay the mortgage, continue rental payments, or afford home repairs for after care

Expenses
Can help pay for his family's living expenses, such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary.
For a listing of benefits and benefit amounts, see pages 3 and 4.

Benefit Amounts

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

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

Plan 1 Premiums

Mode	EE	F
Semi-Monthly	$7.26	$12.68
Monthly	$14.52	$25.36
Ninthly	$19.36	$33.82

Plan 2 Premiums

Mode	EE	F
Semi-Monthly	$14.64	$25.28
Monthly	$29.28	$50.56
Ninthly	$39.04	$67.42

EE = Employee; F = Family

Issue Ages: 18 and over if Actively at Work

Benefits - Benefits paid for the following (subject to limits listed on page 3)

Hospital Confinement and Related Benefits

Continuous Hospital Confinement - inpatient admission and confinement, up to 70 days per continuous confinement

Extended Benefits - daily benefit for continuous hospital confinement lasting more than 70 days. Paid in lieu of all other benefits except Waiver of Premium

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - confinement must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care (Freestanding Hospice Care Center or Hospice Care Team) - terminal illness care in a facility or at home; one visit per day. Must begin within 14 days of a covered hospital stay

Radiation/Chemotherapy and Related Benefits

Radiation/Chemotherapy - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration charges, processing, procurement, cross matching

Surgery and Related Benefits

Surgery - based on Certificate Schedule of Surgical Procedures. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Surgical Opinion - second opinion for surgery by a doctor not in practice with your doctor

Transportation and Lodging Benefits

Ambulance - transfer by a licensed service or hospital-owned ambulance to or from hospital where confined for cancer or specified disease treatment

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit paid

Miscellaneous Benefits

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy benefit

Physician's Attendance - one inpatient visit by one physician

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Comfort/Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis

Waiver of Premium (Employee only) - must be disabled 90 days in a row due to cancer; payable as long as disability lasts

Additional Benefits

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Intensive Care (ICU)

a. **ICU Confinement**
   confinements up to 45 days/continuous confinement

b. **Ambulance**
   licensed air or surface ambulance service to ICU

Cancer Screening - pays annually for each covered person, when one of the following covered screening tests is performed: Bone Marrow Testing; Blood Tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible Sigmoidoscopy; Hemoccult Stool Analysis; Mammography; Pap Smear; Serum Protein Electrophoresis (test for myeloma)

Specified Diseases

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis



Protecting individuals & families for over 60 years

Beneficial insurance coverage to help you and your family enjoy greater financial peace of mind when the unexpected happens.

When you choose our **Group Voluntary Insurance Coverage,** we can help give you financial peace of mind.

We have been in the business of protecting America's families for over 60 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily – and get benefits deposited directly into your bank account (authorization required).

Definitions

Actual Charge vs. Actual Cost
Actual Charge – Amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost – Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

Certificate Specifications

Eligibility - Coverage may include you, your spouse, and children.

Termination of Coverage - Coverage under the policy ends on the date the policy is canceled, the last day premium payments were made, the last day of active employment, or the date you or your class is no longer eligible.

Spouse coverage ends upon divorce or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Conversion Privilege - If coverage terminates for any reason other than non-payment of premiums, the covered person can convert to an individual policy without evidence of insurability. This may also apply to a dependent whose coverage terminates.

Limitations and Exclusions

Pre-Existing Condition Limitation - We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 12-month period prior to the effective date of coverage.

Exclusions and Limitations - We do not pay for any loss except for losses due directly from cancer or a specified disease and any other conditions or diseases caused or aggravated by cancer or a specified disease. Treatment and services must be received in the United States or its territories.

For those benefits for which we pay actual charges up to a specified maximum amount (except Radiation/Chemotherapy; Blood, Plasma and Platelets; Prosthesis; New or Experimental Treatment; and Bone Marrow or Stem Cell Transplant), if specific charges are not obtainable as proof of loss, we will pay 50% of the maximum benefit.

Hospice Care - Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

Blood, Plasma and Platelets Limitation - Does not include blood replaced by donors.

Radiation/Chemotherapy for Cancer - We do not pay for: treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

Family Member Transportation - We do not pay the Family Member Transportation benefit if we pay the personal vehicle transportation benefit under the Non-Local Transportation benefit when the family member lives in the same town as the confined insured.

Intensive Care Exclusions and Limitations - Benefits are not paid for attempted suicide, intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. Children born within 10 months of the effective date are not covered for continuous hospital intensive care confinement occurring or beginning during the first 30 days of the child's life. We do not pay for ambulance if paid under the Ambulance benefit (see Transportation and Lodging benefit section of this brochure).

This brochure is for use in enrollments sitused in TX. This advertisement is a solicitation of insurance; contact may be made by an Agent, Agency, or Representative of The Standard.

Rev. June 2026. This material is valid as long as information remains current, but in no event later than June 1, 2029.
Group Cancer benefits are provided under policy form GVCP2, or state variations thereof.

The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from American Heritage Life Insurance Company. There may be instances when a law requires that benefits under this coverage be paid to a third party rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Representative at The Standard.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



The Standard is the marketing name used by American Heritage Life Insurance Company, a subsidiary of StanCorp Financial Group, Inc.
standard.com or standard.com/ahl

CRITICAL ILLNESS

GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS

THE HARTFORD

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

Pharr-San Juan-Alamo Independent School District

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

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

COVERAGE INFORMATION

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

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

PREMIUMS

See the Premium Worksheet.[5]

ASKED & ANSWERED

WHO IS ELIGIBLE?

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

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

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

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

AM I GUARANTEED COVERAGE?

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

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

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

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

WHEN CAN I ENROLL?

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

WHEN DOES THIS INSURANCE BEGIN?

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

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

WHEN DOES THIS INSURANCE END?

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

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

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

[1]Cancer Facts and Figures, 2020. American Cancer Society: https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2020/cancer-facts-and-figures-2020.pdf, as viewed on October 14, 2020.
[3]AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit https://www.thehartford.com/employee-benefits/value-added-services for more information.
[4]HealthChampion℠ services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford doesn’t provide basic hospital, basic medical, or major medical insurance. HealthChampion℠ specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Health Champion is a service mark of ComPsych. Services may not be available in all states. Visit https://www.thehartford.com/employee-benefits/value-added-services for more information.
[5]Rates and/or benefits may be changed on a class basis. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

The Buck’s Got Your Back ®

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

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

5962f NS 08/21

LIMITATIONS & EXCLUSIONS

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

GROUP CRITICAL ILLNESS INSURANCE

LIMITATIONS AND EXCLUSIONS

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

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

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

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

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

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

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

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

NOTICES

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

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

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

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

The Buck's Got Your Back ®

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



Rates and/or benefits can change.

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

NON-TOBACCO USER

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

TOBACCO USER

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

ACCIDENT



Covering your bases

Aetna Accident Plan

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

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

How is this different from a major medical plan?
Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with an accidental injury.

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

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

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

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

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

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

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"What ifs" are everywhere

The average cost of all non-fatal injuries per person initially treated in an emergency department was approximately **$6,620**[1]. Home accidents injure **one person every four seconds** in the U.S.[2]



Because you never know

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

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

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

A Simplified Claims Experience™

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

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



[1]Average medical cost of fatal and non-fatal injuries by type in the USA. National Library of Medicine. February 27, 2021. Available at: https://pubmed.ncbi.nlm.nih.gov/31888976/ . Accessed June 17, 2022.
[2]About Home Safety. U.S. Department of Housing and Urban Development. 2022. Available at: https://www.hud.gov/program_offices/healthy_homes/healthyhomes/homesafety. Accessed June 17, 2022.
*This is a fictional example of how the plan could work.

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

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

Policy forms issued in Oklahoma include: GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01
Policy forms issued in Missouri include: GR-96842 01, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01.

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RATE SHEET

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

Accident Plan

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

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

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

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

Policy forms issued in Oklahoma and Idaho include: GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01; GR-96842.

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HOSPITAL INDEMNITY

Hospital Indemnity Insurance

Group Name: Pharr-San Juan-Alamo Independent School District
Group Number: 633801
Class: All Eligible Employees

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



What is it?

Hospital Indemnity Insurance pays a fixed daily benefit if you have a covered stay in a hospital, critical care unit* or rehabilitation facility. Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Who can be covered?

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

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

Why should I consider it?

- Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.
- Coverage is always guaranteed issue.
- You can choose to take this coverage with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing

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

How much does it cost?

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

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

What does it cover?

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

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

First day of confinement (Admission Benefit)

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

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

Starting day two (Daily Confinement Benefit)

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

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

If you add a child to your family

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

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

What else is included?

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

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

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

Additional Non-Insurance Services

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

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

Exclusions and limitations

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

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

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

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

Questions?

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

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

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-HI2-POL-18; Certificate form #RL-HI2-CERT2-24; Spouse Hospital Confinement Indemnity Rider form #RL-HI2-SPR2-24; Children’s Hospital Confinement Indemnity Rider form #RL-HI2-CHR2-24; Wellness Benefit Rider form #RL-HI2-WELL2-24; Diagnostic Test Benefit Rider form #RL-HI2-DGR2-24; Accident Benefit Rider form #RL-HI2-ACD2-24; Critical Illness Rider form #RL-HI2-CIR2-24; Waiver of Premium Rider form #RL-HI2-WOP2-24. Continuation of Insurance Rider form: #RL-HI2-CNT2-24; Absence from Employment Premium Waiver form: #RL-HI2-AEPW-24. Form numbers, provisions and availability may vary by state and by your employer’s plan.

HI 2.1 only

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

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DISABILITY

BENEFIT HIGHLIGHTS FOR:

Pharr-San Juan-Alamo Independent School District

EDUCATOR DISABILITY INSURANCE OVERVIEW

What is Educator Disability Income Insurance?

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

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

Why do I need Disability Insurance Coverage?

More than half of all personal bankruptcies and mortgage foreclosures are a consequence of disability[1]

[1] Facts from LIMRA, 2016 Disability Insurance Awareness Month

The average worker faces a **1 in 3 chance** of suffering a job loss lasting 90 days or more due to a disability[2]

[2]Facts from LIMRA, 2016 Disability Insurance Awareness Month

Only 50% of American adults indicate they have enough savings to cover three months of living expenses in the event they're not earning any income[3]

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

ELIGIBILITY AND ENROLLMENT

Eligibility

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

Enrollment

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

Effective Date

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

Actively at Work

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

THE HARTFORD

FEATURES OF THE PLAN

Benefit Amount

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

Elimination Period

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

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

Maximum Benefit Duration

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

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

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

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

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

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

Mental Illness, Alcoholism and Substance Abuse, Self-Reported or Subjective Illness:

You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse or self-reported or subjective illness for a total of 24 months for all disability periods during your lifetime.

Duration	Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 months lifetime limit.
Partial Disability	Partial Disability is covered provided you have at least a 20% loss of earnings and duties of your job.
Other Important Benefits	**Survivor Benefit -** If you die while receiving disability benefits, a benefit will be paid to your spouse or child under age 26, equal to three times your last monthly gross benefit. **The Hartford's Ability Assist** service is included as a part of your group Long Term Disability (LTD) insurance program. You have access to Ability Assist services both prior to a disability and after you've been approved for an LTD claim and are receiving LTD benefits. Once you are covered you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more. In addition, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial and legal issues that may result from a disability. Ability Assist services are provided through **ComPsych®,** a leading provider of employee assistance and work/life services. **Travel Assistance Program –** Available 24/7, this program provides assistance to employees and their dependents who travel 100 miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services. **Identity Theft Protection** – An array of identity fraud support services to help victims restore their identity. Benefits include 24/7 access to an 800 number; direct contact with a certified caseworker who follows the case until it's resolved; and a personalized fraud resolution kit with instructions and resources for ID theft victims. **Workplace Modification** provides for reasonable modifications made to a workplace to accommodate your disability and allow you to return to active full-time employment.

PROVISIONS OF THE PLAN

Definition of Disability	Disability is defined as The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings. One you have been disabled for 24 months, you must be prevented from performing one or more essential duties of any occupation, and as a result, your monthly earnings are 66 2/3% or less of your pre-disability earnings.
Pre-Existing Condition Limitation	Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have been insured under this policy for 12 months before your disability begins. *If your disability is a result of a pre-existing condition, we will pay benefits for a maximum of 1 month.*

Continuity of Coverage	If you were insured under your district's prior plan and not receiving benefits the day before this policy is effective, there will not be a loss in coverage and you will get credit for your prior carrier's coverage.
Recurrent Disability	*What happens if I Recover but become Disabled again?* Periods of Recovery during the Elimination Period will not interrupt the Elimination Period, if the number of days You return to work as an Active Employee are less than one-half (1/2) the number of days of Your Elimination Period. Any day within such period of Recovery, will not count toward the Elimination Period.
Benefit Integration	Your benefit may be reduced by other income you receive or are eligible to receive due to your disability, such as: • Social Security Disability Insurance • State Teacher Retirement Disability Plans • Workers' Compensation • Other employer-based disability insurance coverage you may have • Unemployment benefits • Retirement benefits that your employer fully or partially pays for (such as a pension plan) Your plan includes a minimum benefit of 25% of your elected benefit.
General Exclusions	You cannot receive Disability benefit payments for disabilities that are caused or contributed to by: • War or act of war (declared or not) • Military service for any country engaged in war or other armed conflict • The commission of, or attempt to commit a felony • An intentionally self-inflicted injury • Any case where Your being engaged in an illegal occupation was a contributing cause to your disability • You must be under the regular care of a physician to receive benefits
Termination Provisions	Your coverage under the plan will end if: • The group plan ends or is discontinued • You voluntarily stop your coverage • You are no longer eligible for coverage • You do not make the required premium payment • Your active employment stops, except as stated in the continuation provision in the policy

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

Pharr-San Juan-Alamo Independent School District

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

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

Pharr-San Juan-Alamo Independent School District

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

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

LEGAL SHIELD

LegalShield® | IDShield®

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HAVE YOU EVER?

- ☐ Needed your Will prepared or updated
- ☐ Been overcharged for a repair or paid an unfair bill
- ☐ Had trouble with a warranty or defective product
- ☐ Signed a contract
- ☐ Received a moving traffic violation
- ☐ Had concerns regarding child support
- ☐ Worried about being a victim of Identity theft
- ☐ Been concerned about your child's identity
- ☐ Lost your wallet
- ☐ Worried about entering personal information online
- ☐ Feared the security of your medical information
- ☐ Been pursued by a collection agency

THE LEGALSHIELD MEMBERSHIP INCLUDES:

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

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

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

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

THE IDSHIELD MEMBERSHIP INCLUDES:

Social Media Monitoring
Allows you to monitor multiple social media accounts and content feeds for privacy and reputational risks.

Privacy and Security Monitoring
Internet monitoring of your name, date of birth, SSN, email address, phone numbers, and more. Monthly credit score tracking. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18 for no additional cost.

Consultation
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

Full Identity Restoration
Complete identity recovery services by Kroll Licensed Private Investigators to its pre-theft status.

$5 Million Service Guarantee
We'll do whatever it takes for as long as it takes to help recover and restore your identity.

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

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

Dependents age 18-26 receive consultation and restoration only.

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

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

WHOLE LIFE



Premier Whole Life Insurance

Explore Your Benefits & Costs

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

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

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

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

Keep your coverage even if you leave your employer

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

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

PLAN
INVEST
PROTECT

VOYA® FINANCIAL

What is Whole Life Insurance?

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

Features of Premier Whole Life Insurance include:

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

How can life insurance help?

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

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

Who is eligible for life insurance?

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

What amount of coverage am I eligible for?

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

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

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

What optional benefits are available?

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

- **Accidental Death Benefit**: If you die in a covered accident, an additional benefit equal to the base policy face amount, up to $150,000, is payable to your designated beneficiary.
    - Coverage is available for eligible employees and spouses age 15 through 60 years.
    - This rider terminates on the policy anniversary following age 65.

- **Waiver of Premium Benefit**: If you become totally disabled for four consecutive months, this benefit allows you to keep your life insurance coverage, while waiving the monthly premiums of the base policy and any benefits.
    - Coverage is available for eligible employees under 56 years of age.

- **Children's Term Insurance Benefit**: This benefit offers a fixed amount of term life insurance coverage, and guaranteed issue coverage with one premium rate for all eligible, unmarried, dependent children ages 15 days through 24 years.
    - Coverage up to $10,000 is available.
    - One underwriting question at the time of application.
    - This benefit cannot be elected after you have chosen to cover your children with an individual child policy.
    - Features a conversion privilege that allows coverage to be maintained through the balance of the insured's life.

How much does Whole Life Insurance cost?

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

Do I need to answer any health questions?

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

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

Exclusions and limitations*

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

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



Questions?

How do I enroll?

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

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

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

Pharr-San Juan-Alamo, Group #633801, Acct #2001,2002,2003, Date Prepared: 07/24/2025

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READY.CONNECTED.COMPLETE TM