



# LHISD

# EMPLOYEE BENEFITS GUIDE

## 2024-2025



**US** Employee Benefits  
Services Group.

245 Landa Street New Braunfels, TX 78130 | (830) 606-5100



## INTRODUCTION

Liberty Hill Independent School District is pleased to offer our employees a wide variety of benefit options to suit your needs. The information found within the benefit guide is designed to assist you in making important decisions regarding your benefits. U.S. Employee Benefits Services Group is the Third-Party Administrator for the District's benefits program.

### WHO IS ELIGIBLE?

**TRS ActiveCare Health Insurance:** To be eligible for TRS ActiveCare, an individual:

- Must either be (i) a participating member who is currently employed by a participating district/entity in a position that is eligible for membership in the TRS pension, (ii) an individual who is currently employed by a participating district/entity for 10 or more regularly scheduled hours each week in a position that is not eligible for membership; and
- Is not receiving health care coverage as an employee or retiree under (i) the Texas State College and University employees Uniform Insurance Benefits Act (e.g., coverage offered by ERS); or (iii) TRS-Care.

**All other benefit plans:** You are eligible to enroll in all other benefits plans if you are a regular employee working at least 20 hours per week in a permanent position.

### WHO IS AN ELIGIBLE DEPENDENT?

- Your legal spouse
- Children under the age of 26, yours or your spouse's
- Dependent children of any age who are disabled
- Children under your legal guardianship

**Note:** To add a disabled child, you and your child's doctor must fill out a **Dependent Child Statement of Disability** to provide proof of the dependency. The form is available at [www.bcbstx.com.tractivecare](http://www.bcbstx.com.tractivecare).



### NEW HIRE ENROLLMENT

Online benefit enrollment must be completed within 30 days of your start date. Elected benefits will take effect on the 1st of the month following your date of employment. Payroll deductions occur in the same month as the coverage. **All new employees are required to complete the enrollment process to either enroll in or decline the district benefit plan offerings.**

**\*Please refer to page 6 for directions on enrolling.**



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## MID-YEAR CHANGES

The benefits you choose will remain in effect throughout the plan year (from September 1 – Aug 31). You may only add or cancel coverage during the year if you have a qualifying event in your family or employment status that causes you to gain or lose eligibility for benefits. **Employees have 31 days after a qualifying event to make changes based on that event. It is the responsibility of the employee to notify your employer of such changes and to complete the proper paperwork.**

### Qualifying changes may include:

- A change in your legal marital status
- A change in your number of dependents as a result of birth, adoption, legal custody, or if your dependent child satisfies or ceases to satisfy eligibility requirements for coverage, or the death of a dependent child or spouse
- A change in employment status for you or your spouse
- Loss or gain of eligibility for other insurance (including CHIP & Medicaid – 60-day notification deadline)



## QUESTIONS?

Notify the LHISD HR Benefits Department  
[benefits@libertyhill.txed.net](mailto:benefits@libertyhill.txed.net) or  
U.S Employee Benefits Services Group at  
(830) 606-5100

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# BENEFIT CONTACTS

| Benefit                         | Phone          | Website              |
|---------------------------------|----------------|----------------------|
| Health Saving Account (HSABank) | 1-817-882-0800 | WWW.EECU.ORG         |
| THE STANDARD - DISABILITY       | 1-800-368-1135 | WWW.STANDARD.COM     |
| TEXAS LIFE – PERMANENT LIFE     | 1-800-283-9233 | WWW.TEXASLIFE.COM    |
| GUARDIAN – ACCIDENT             | 1-888-600-1600 | WWW.GUARDIANLIFE.COM |
| GUARDIAN - CANCER               | 1-888-600-1600 | WWW.GUARDIANLIFE.COM |
| THE STANDARD – GROUP LIFE       | 1-800-368-1135 | WWW.STANDARD.COM     |
| THE STANDARD – VOLUNTARY LIFE   | 1-800-368-1135 | WWW.STANDARD.COM     |
| GUARDIAN – CRITICAL ILLNESS     | 1-888-600-1600 | WWW.GUARDIANLIFE.COM |
| SUNLIFE – DENTAL                | 1-800-733-7879 | WWW.SUNLIFE.COM/US   |
| SUNLIFE– VISION                 | 1-800-733-7879 | WWW.SUNLIFE.COM/US   |
| MASA – MEDICAL TRANSPORT        | 1-877-503-0585 | WWW.MASAMTS.COM      |
| NBS – FLEXIBLE SPENDING ACCOUNT | 1-800-274-0503 | WWW.NBSBENEFITS.COM  |
| GUARDIAN - HOSPITAL INDEMNITY   | 1-888-600-1600 | WWW.GUARDIANLIFE.COM |





# LHISD

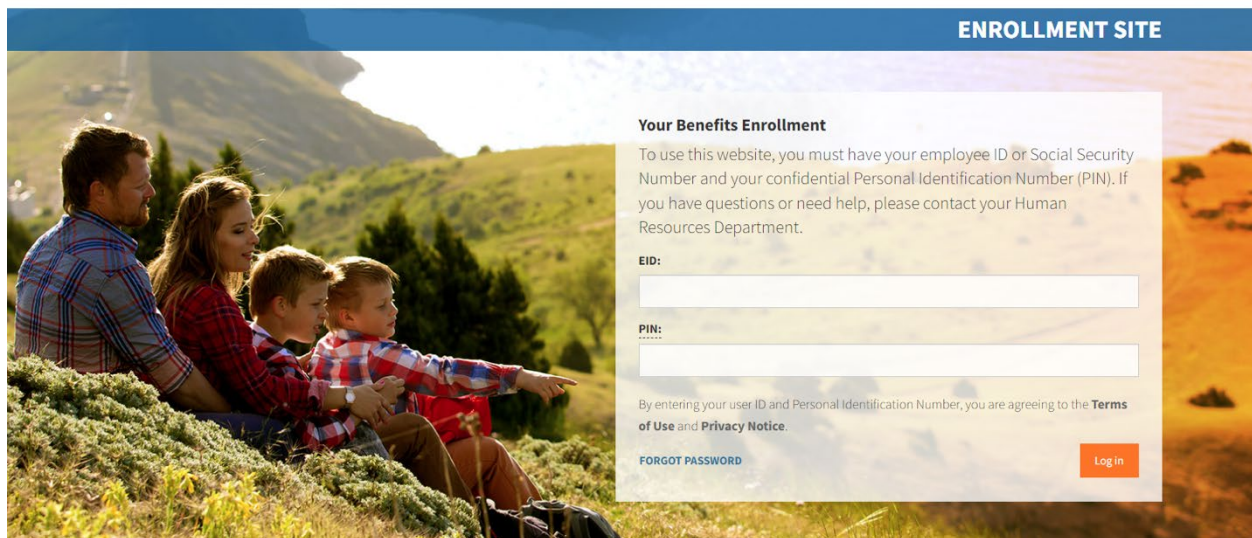
1) Click on the following link (or copy and paste it into your internet browser):

<https://app.thebenefitsbeacon.com/LibertyHillISD>

**EID:** EID or employee Social Security Number

**PIN:** The last four digits of the employee's Social Security Number followed by the last two digits of the employee's birth year.

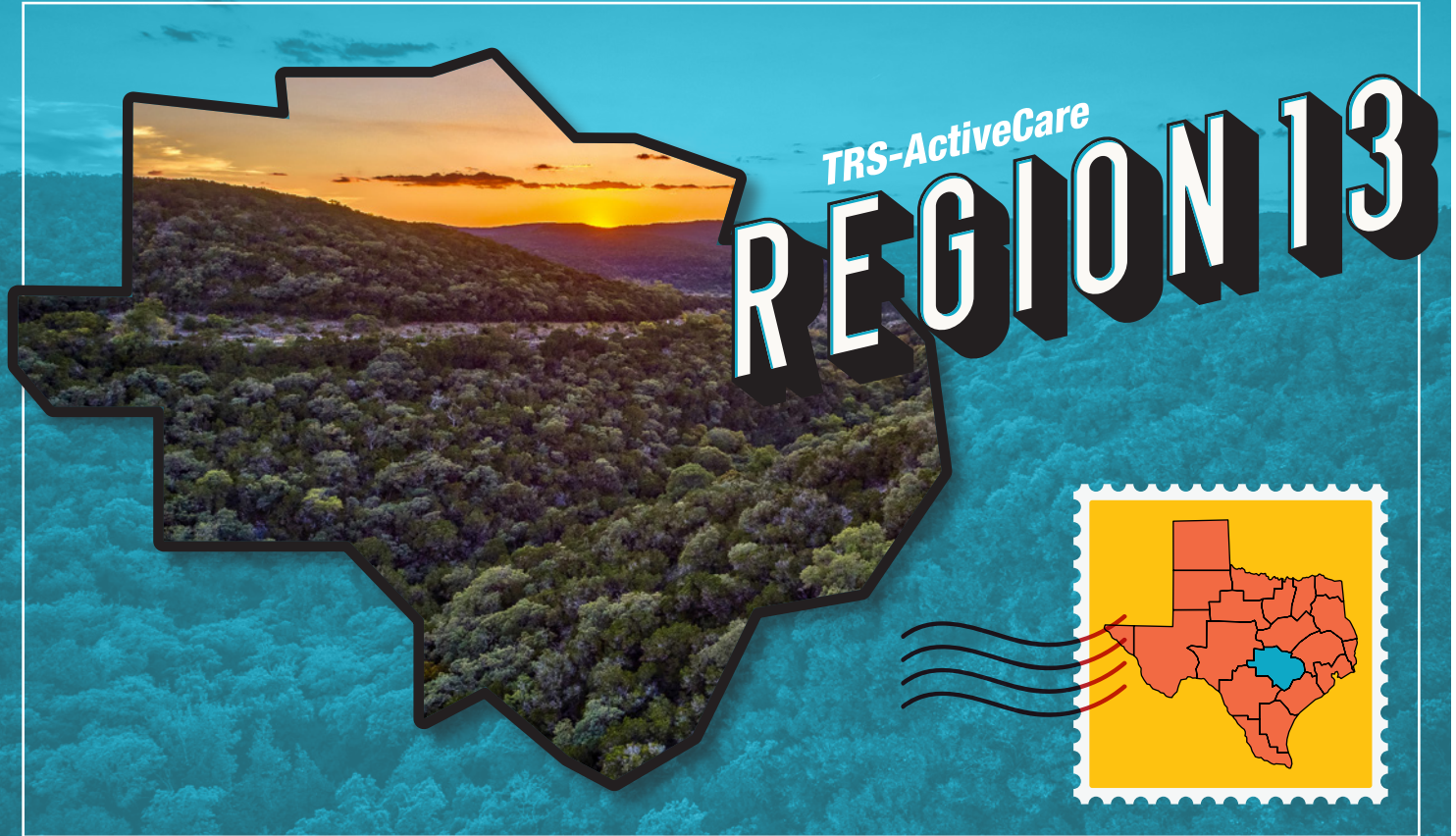
*For login assistance, please call U.S. Employee Benefits at 830-606-5100*



*Note: The background picture changes each time you log in*



*TRS-ActiveCare has more doctors and hospitals than the hill country has hills.*



## TRS-ActiveCare Plan Highlights 2024-25



### Learn the Terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

# 2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 – Aug. 31, 2025



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

## How to Calculate Your Monthly Premium

**Total Monthly Premium**  
 - Your Employer Contribution  
 = **Your Premium**  
*Ask your Benefits Administrator for your district's specific premiums.*

## Wellness Benefits at No Extra Cost\*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*\*Available for all plans. See the benefits guide for more details.*

## Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

|              | TRS-ActiveCare Primary  | TRS-ActiveCare Primary+  | TRS-ActiveCare HD   |
|--------------|---|--|---|
| Plan Summary | <ul style="list-style-type: none"> <li>• Lowest premium of all three plans</li> <li>• Copays for doctor visits before you meet your deductible</li> <li>• Statewide network</li> <li>• Primary Care Provider referrals required to see specialists</li> <li>• Not compatible with a Health Savings Account</li> <li>• No out-of-network coverage</li> </ul> | <ul style="list-style-type: none"> <li>• Lower deductible than the HD and Primary plans</li> <li>• Copays for many services and drugs</li> <li>• Higher premium</li> <li>• Statewide network</li> <li>• Primary Care Provider referrals required to see specialists</li> <li>• Not compatible with a Health Savings Account</li> <li>• No out-of-network coverage</li> </ul> | <ul style="list-style-type: none"> <li>• Compatible with a Health Savings Account</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for Primary Care Providers or referrals</li> <li>• Must meet your deductible before plan pays for non-preventive care</li> </ul> |

| Monthly Premiums      | Total Premium | Employer Contribution | Your Premium | Total Premium | Employer Contribution | Your Premium | Total Premium | Employer Contribution | Your Premium |
|-----------------------|---------------|-----------------------|--------------|---------------|-----------------------|--------------|---------------|-----------------------|--------------|
| Employee Only         | \$445         | \$445                 | \$0          | \$522         | \$445                 | \$77         | \$460         | \$445                 | \$15         |
| Employee and Spouse   | \$1,202       | \$445                 | \$757        | \$1,358       | \$445                 | \$913        | \$1,242       | \$445                 | \$797        |
| Employee and Children | \$757         | \$445                 | \$312        | \$888         | \$445                 | \$443        | \$782         | \$445                 | \$337        |
| Employee and Family   | \$1,513       | \$445                 | \$1,068      | \$1,723       | \$445                 | \$1,278      | \$1,564       | \$445                 | \$1,119      |

| Plan Features                           | In-Network Coverage Only     | In-Network Coverage Only     | In-Network                   | Out-of-Network               |
|---|------------------------------|------------------------------|------------------------------|------------------------------|
| Type of Coverage                        | In-Network Coverage Only     | In-Network Coverage Only     | In-Network                   | Out-of-Network               |
| Individual/Family Deductible            | \$2,500/\$5,000              | \$1,200/\$2,400              | \$3,200/\$6,400              | \$6,400/\$12,800             |
| Coinsurance                             | You pay 30% after deductible | You pay 20% after deductible | You pay 30% after deductible | You pay 50% after deductible |
| Individual/Family Maximum Out of Pocket | \$8,050/\$16,100             | \$6,900/\$13,800             | \$8,050/\$16,100             | \$20,250/\$40,500            |
| Network                                 | Statewide Network            | Statewide Network            | Nationwide Network           |                              |
| PCP Required                            | Yes                          | Yes                          | No                           |                              |

| Doctor Visits |            |            |                              |                              |
|---------------|------------|------------|------------------------------|------------------------------|
| Primary Care  | \$30 copay | \$15 copay | You pay 30% after deductible | You pay 50% after deductible |
| Specialist    | \$70 copay | \$70 copay | You pay 30% after deductible | You pay 50% after deductible |

| Immediate Care              |                               |                               |                               |                              |
|-----------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------|
| Urgent Care                 | \$50 copay                    | \$50 copay                    | You pay 30% after deductible  | You pay 50% after deductible |
| Emergency Care              | You pay 30% after deductible  | You pay 20% after deductible  | You pay 30% after deductible  |                              |
| TRS Virtual Health-RediMD™  | \$0 per medical consultation  | \$0 per medical consultation  | \$30 per medical consultation |                              |
| TRS Virtual Health-Teladoc® | \$12 per medical consultation | \$12 per medical consultation | \$42 per medical consultation |                              |

| Prescription Drugs   |   |   |  |  |
|--|---|---|--|--|
| Drug Deductible  | Integrated with medical                                 | \$200 deductible per participant (brand drugs only)                                   | Integrated with medical  |  |
| Generics (31-Day Supply/90-Day Supply)                                       | \$15/\$45 copay; \$0 copay for certain generics         | \$15/\$45 copay   | You pay 20% after deductible; \$0 coinsurance for certain generics |  |
| Preferred (Max does not apply if brand is selected and generic is available) | You pay 30% after deductible                            | You pay 25% after deductible (\$100 max)/<br>You pay 25% after deductible (\$265 max) | You pay 25% after deductible                                       |  |
| Non-preferred  | You pay 50% after deductible                            | You pay 50% after deductible  | You pay 50% after deductible                                       |  |
| Specialty (31-Day Max)   | \$0 if SaveOnSP eligible; You pay 30% after deductible  | \$0 if SaveOnSP eligible; You pay 30% after deductible                                | You pay 20% after deductible                                       |  |
| Insulin Out-of-Pocket Costs  | \$25 copay for 31-day supply; \$75 for 61-90 day supply | \$25 copay for 31-day supply; \$75 for 61-90 day supply                               | You pay 25% after deductible                                       |  |

**This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.**

| TRS-ActiveCare 2   |
|--|
| <ul style="list-style-type: none"> <li>• Closed to new enrollees</li> <li>• Current enrollees can choose to stay in plan</li> <li>• Lower deductible</li> <li>• Copays for many services and drugs</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for Primary Care Providers or referrals</li> </ul> |

| Total Premium | Employer Contribution | Your Premium |
|---------------|-----------------------|--------------|
| \$1,013       | \$445                 | \$568        |
| \$2,402       | \$445                 | \$1,957      |
| \$1,507       | \$445                 | \$1,062      |
| \$2,841       | \$445                 | \$2,396      |

| In-Network                   | Out-of-Network               |
|------------------------------|------------------------------|
| \$1,000/\$3,000              | \$2,000/\$6,000              |
| You pay 20% after deductible | You pay 40% after deductible |
| \$7,900/\$15,800             | \$23,700/\$47,400            |
| Nationwide Network           |                              |
| No                           |                              |

|            |                              |
|------------|------------------------------|
| \$30 copay | You pay 40% after deductible |
| \$70 copay | You pay 40% after deductible |

|   |                              |
|---|------------------------------|
| \$50 copay                                      | You pay 40% after deductible |
| You pay a \$250 copay plus 20% after deductible |                              |
| \$0 per medical consultation                    |                              |
| \$12 per medical consultation                   |                              |

|   |  |
|---|--|
| \$200 brand deductible  |  |
| \$20/\$45 copay   |  |
| You pay 25% after deductible (\$40 min/\$80 max)/<br>You pay 25% after deductible (\$105 min/\$210 max)                       |  |
| You pay 50% after deductible (\$100 min/\$200 max)/<br>You pay 50% after deductible (\$215 min/\$430 max)                     |  |
| \$0 if SaveOnSP eligible;<br>You pay 30% after deductible (\$200 min/\$900 max)/<br>No 90-day supply of specialty medications |  |
| \$25 copay for 31-day supply; \$75 for 61-90 day supply   |  |



# Compare Prices for Common Medical Services

## REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.  
Reach them at **1-866-355-5999**.

| Benefit  | TRS-ActiveCare Primary  | TRS-ActiveCare Primary+   | TRS-ActiveCare HD                          |   | TRS-ActiveCare 2  |  |
|--|---|---|--|---|---|--|
|  | In-Network Only   | In-Network Only   | In-Network                                 | Out-of-Network  | In-Network  | Out-of-Network   |
| Diagnostic Labs**  | Office/Independent Lab: You pay \$0                                 | Office/Independent Lab: You pay \$0                                 | You pay 30% after deductible               | You pay 50% after deductible                                  | Office/Independent Lab: You pay \$0                                   | You pay 40% after deductible                                     |
|  | Outpatient: You pay 30% after deductible                            | Outpatient: You pay 20% after deductible                            |  |   | Outpatient: You pay 20% after deductible                              |  |
| High-Tech Radiology  | You pay 30% after deductible  | You pay 20% after deductible  | You pay 30% after deductible               | You pay 50% after deductible                                  | You pay 20% after deductible + \$100 copay per procedure              | You pay 40% after deductible + \$100 copay per procedure         |
| Outpatient Costs   | You pay 30% after deductible  | You pay 20% after deductible  | You pay 30% after deductible               | You pay 50% after deductible                                  | You pay 20% after deductible (\$150 facility copay per incident)      | You pay 40% after deductible (\$150 facility copay per incident) |
| Inpatient Hospital Costs   | You pay 30% after deductible  | You pay 20% after deductible  | You pay 30% after deductible               | You pay 50% after deductible (\$500 facility per day maximum) | You pay 20% after deductible (\$150 facility copay per day)           | You pay 40% after deductible (\$500 facility copay per incident) |
| Freestanding Emergency Room  | You pay \$500 copay + 30% after deductible                          | You pay \$500 copay + 20% after deductible                          | You pay \$500 copay + 30% after deductible | You pay \$500 copay + 50% after deductible                    | You pay \$500 copay + 20% after deductible                            | You pay \$500 copay + 40% after deductible                       |
| Bariatric Surgery  | Facility: You pay 30% after deductible                              | Facility: You pay 20% after deductible                              | Not Covered                                | Not Covered   | Facility: You pay 20% after deductible (\$150 facility copay per day) | Not Covered  |
|  | Professional Services: You pay \$5,000 copay + 30% after deductible | Professional Services: You pay \$5,000 copay + 20% after deductible |  |   | Professional Services: You pay \$5,000 copay + 20% after deductible   |  |
|  | Only covered if rendered at a BDC+ facility                         | Only covered if rendered at a BDC+ facility                         |  |   | Only covered if rendered at a BDC+ facility                           |  |
| Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist) | You pay \$70 copay  | You pay \$70 copay  | You pay 30% after deductible               | You pay 50% after deductible                                  | You pay \$70 copay  | You pay 40% after deductible                                     |
| Annual Hearing Exam (one per plan year)  | \$30 PCP copay<br>\$70 specialist copay                             | \$15 PCP copay<br>\$70 specialist copay                             | You pay 30% after deductible               | You pay 50% after deductible                                  | \$30 PCP copay<br>\$70 specialist copay                               | You pay 40% after deductible                                     |

\*\*Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999** with questions.

# Dental Insurance



## COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Root canals

### ▶ PROTECTS YOUR SMILE.

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

### ▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

### ▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

Your employer is offering you a choice of two dental plans. Please review the information for both the basic and enhanced plans. Then, choose the one plan that best fits your needs.

## DENTAL FAST FACTS

*Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.<sup>1</sup>*

*50% of adults over the age of 30 are suffering from periodontal disease.<sup>2</sup>*

LIBERTY HILL ISD

All Eligible Employees

POLICY # 967322

Sun Life Assurance Company of Canada

2394578 DEN20 CL1 05/07/2024 08:31:39

| CALENDAR YEAR MAXIMUM                      | IN-NETWORK       | OUT-OF-NETWORK   |
|--|------------------|------------------|
| Type I, II (Preventive and Basic Services) | \$850 per person | \$850 per person |

## CALENDAR YEAR DEDUCTIBLE

| PROCEDURE                  | IN-NETWORK                   | OUT-OF-NETWORK               |
|----------------------------|------------------------------|------------------------------|
| Type I Preventive Services | N/A                          | N/A                          |
| Type II Basic Services     | \$50 individual/\$150 family | \$50 individual/\$150 family |

## THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

| PROCEDURE                  | IN-NETWORK | OUT-OF-NETWORK |
|----------------------------|------------|----------------|
| Type I Preventive Services | 100%       | 100%           |
| Type II Basic Services     | 60%        | 60%            |
| Type III Major Services    | 0%         | 0%             |

## SERVICES

### Type I Preventive Dental Services, including:

- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 14*
- Bitewing x-rays – 1 in any 12 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

### Type II Basic Dental Services, including:

- New fillings, including posterior composites
- Space maintainers – *only for children under age 19*
- Simple extractions, incision and drainage
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 12 month period
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 1 in any 6 consecutive months

- Localized delivery of antimicrobial agents
- Stainless steel crowns – *only for children under age 19*
- Major gum disease (surgical periodontics)

### Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services

| CALENDAR YEAR MAXIMUM                                  | IN-NETWORK                                       | OUT-OF-NETWORK                                   |
|--|--|--|
| Type I, II, III (Preventive, Basic and Major Services) | \$1,500 per person (includes Preventive Rewards) | \$1,500 per person (includes Preventive Rewards) |
| Type IV Ortho Service                                  | \$1,000 lifetime child and adult                 | \$1,000 lifetime child and adult                 |

## CALENDAR YEAR DEDUCTIBLE

| PROCEDURE                               | IN-NETWORK                   | OUT-OF-NETWORK               |
|---|------------------------------|------------------------------|
| Type I Preventive Services              | N/A                          | N/A                          |
| Type II, III (Basic and Major Services) | \$50 individual/\$150 family | \$50 individual/\$150 family |
| Type IV Ortho Services                  | N/A                          | N/A                          |

## THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

| PROCEDURE                  | IN-NETWORK | OUT-OF-NETWORK |
|----------------------------|------------|----------------|
| Type I Preventive Services | 100%       | 100%           |
| Type II Basic Services     | 80%        | 80%            |
| Type III Major Services    | 50%        | 50%            |
| Type IV Ortho Services     | 50%        | 50%            |

## SERVICES

### Type I Preventive Dental Services, including:

- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 14*
- Space maintainers – *only for children under age 19*
- Bitewing x-rays – 1 in any 12 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

### Type II Basic Dental Services, including:

- New fillings, including posterior composites
- Simple extractions, incision and drainage
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- General anesthesia/IV sedation – medically required
- Localized delivery of antimicrobial agents
- Stainless steel crowns – *only for children under age 19*

### Type III Major Dental Services, including:

- Dentures and bridges – subject to 10 year replacement limit
- Inlay, onlay, and crown restorations – 1 per tooth in

any 10 year period

- Dental implants – subject to 10 year replacement limit
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 1 in any 6 consecutive months
- Major gum disease (surgical periodontics)

### Type IV Ortho Services, including:

- No orthodontic treatment age limitation

### Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic or major services
- 12 months for orthodontic services

## Frequently asked questions (basic plan)

### How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

### How do I find a dentist?

Simply visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists<sup>3</sup>.

### Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>4</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>5</sup>

### What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

### Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life  
P.O. Box 2940  
Clinton, IA 52733

### How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to [www.sunlife.com/account](http://www.sunlife.com/account) and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

### What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as tooth-colored fillings for back teeth and brush biopsies for the early detection of oral cancer.

### CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$500.

1. American Academy of Periodontology <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21).

2. American Academy of Periodontology <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21).

3. Zelis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.

4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

5. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions

## Frequently asked questions (enhanced plan)

### How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

### How do I find a dentist?

Simply visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists<sup>3</sup>.

### Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>4</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>5</sup>

### What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

### Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life  
P.O. Box 2940  
Clinton, IA 52733

### How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to [www.sunlife.com/account](http://www.sunlife.com/account) and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

### What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as tooth-colored fillings for back teeth and brush biopsies for the early detection of oral cancer.

Your Enhanced plan also includes Preventive Rewards so you can get up to \$1250 added to your annual maximum for the next year. The amount added is based on your paid claims for preventive services during the prior year.

### CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$500.

1. American Academy of Periodontology <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21).

2. American Academy of Periodontology <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21).

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4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

5. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions

# Important information

## Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

## Late entrant

If you or a dependent apply for dental insurance more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first 12 months for late entrants will be limited as follows:

| TIME INSURED CONTINUOUSLY UNDER THE POLICY | BENEFITS PROVIDED FOR ONLY THESE SERVICES             |
|--|---|
| Less than 6 months                         | Preventive Services                                   |
| At least 6 months but less than 12 months  | Preventive Services and fillings under Basic Services |
| At least 12 months                         | Preventive, Basic, Major and Ortho Services           |

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

## Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

## Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit. Dental procedures for Orthodontics; TMJ; replacing a tooth missing prior the effective date; implants and implant related services; or occlusal guards for bruxism are not covered unless coverage is elected or mandated by the state.

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

This plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act (PPACA).

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01.

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SLPC 29579

# Rates

Coverage and **monthly** cost for Dental.

Rates are effective as of September 1, 2024.

Dental coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

## Basic plan

| Coverage              | Cost per pay period* |
|-----------------------|----------------------|
| Employee              | \$21.84              |
| Employee + Spouse     | \$41.87              |
| Employee + Child(ren) | \$56.86              |
| Employee + Family     | \$76.66              |

## Enhanced plan

| Coverage              | Cost per pay period* |
|-----------------------|----------------------|
| Employee              | \$34.41              |
| Employee + Spouse     | \$66.82              |
| Employee + Child(ren) | \$89.04              |
| Employee + Family     | \$117.61             |

\*Contact your employer to confirm your part of the cost.



# Vision Insurance



## COMMONLY COVERED

- ✓ Annual exams
- ✓ Lenses
- ✓ Frames
- ✓ Contact lenses
- ✓ Laser vision correction discount

### ▶ PROTECTS YOUR EYES.

You can help protect your eyesight by visiting an eye doctor regularly. Vision insurance includes an annual comprehensive eye exam with an eye care doctor. Taking care of your eyes today can lead to a better quality of life later.

### ▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help detect signs of chronic health conditions such as high blood pressure and diabetes. Early detection can be key before costly symptoms arise.<sup>1</sup>

### ▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network eye care provider can reduce your expenses with savings on frames, lenses, contacts, eye exams and more.

## VISION INSURANCE FAST FACTS

*Roughly, 90% of diabetes-related blindness can be avoided by getting an annual eye exam.<sup>2</sup>*

*59% of adults report experiencing symptoms of digital eye strain, such as blurred vision or headaches.<sup>3</sup>*

LIBERTY HILL ISD

All Eligible Employees

POLICY # 967322

Sun Life Assurance Company of Canada

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800-247-6875 • [sunlife.com/us](https://sunlife.com/us)

Vision Insurance

## What's covered

| BENEFIT   | FREQUENCY  | IN-NETWORK BENEFIT   | OUT-OF-NETWORK BENEFIT |
|---|--|--|------------------------|
| <b>Exam services</b>                                    |  |  |                        |
| WellVision exam®  | 1 per 12 months  | \$5 for exam   | Up to \$45             |
| Routine retinal screening                               |  | No more than a \$39 copay  | N/A                    |
| <b>Laser vision correction discount</b>                 | Once per eye per life-time.  | Average 15% off the regular price or 5% off the promotional price.<br><br>Discounts only available from contracted facilities. | N/A                    |
| <b>Lenses</b>   |  |  |                        |
| Single lined  | 1 per 12 months  | \$5 (lenses and frame)   | Up to \$30             |
| Bifocal lined   |  |  | Up to \$50             |
| Trifocal  |  |  | Up to \$60             |
| Lenticular  |  |  | Up to \$100            |
| Necessary contacts                                      |  |  | Up to \$210            |
| <b>Lens enhancements</b>                                |  |  |                        |
| Standard  |  | No cost  | N/A                    |
| Premium progressive                                     |  | \$95-\$105 copay   | N/A                    |
| Custom progressive                                      |  | \$150-\$175 copay  | N/A                    |
| Other   |  | Average savings of 20-25%  | N/A                    |
| <b>Frames</b>   | 1 per 24 months  | \$150 for the frame of your choice and 20% off the amount over your allowance<br><br>\$80 allowance at Costco®*                | Up to \$70             |
| <i>Includes a wide selection of frames at Walmart®.</i> |  |  |                        |
| <b>Elective contact lenses</b>                          | 1 per 12 months  | \$60 for your contact lens exam (fitting and evaluation)<br><br>\$150 for contact lenses                                       | Up to \$105            |
| <i>Contact lenses are in place of lenses and frame.</i> |  |  |                        |
| <b>Additional glasses and sunglasses discount</b>       | 20% off complete pairs of prescription and non-prescription glasses, including sunglasses. Discounts are unlimited for 12 months following exam.   |  | N/A                    |
| <b>Coverage with retail providers</b>                   | *Coverage with retail providers may be different. Check with Costco for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers. |  |                        |

This chart outlines services for Plan 3.

Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP)®.

## Frequently asked questions

### How do I use my vision benefit?

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

### How do I locate an in-network VSP doctor?

You will have access to the largest national network<sup>4</sup> of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are three ways to find an in-network doctor:

1. Visit [vsp.com](http://vsp.com) and select the Choice network.
2. Call VSP at 800-877-7195.
3. Download our mobile app, Benefit Tools, and search for a doctor near you.

### What happens if I use an out-of-network doctor?

You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

### When will my coverage become effective?

Your coverage starts on the effective date specified in your group policy, provided you are actively at work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

### Can I enroll as a late entrant?

If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>5</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>6</sup>

### How can I get more information about my coverage?

After the effective date of your coverage, you can visit [www.sunlife.com/account](http://www.sunlife.com/account) to create a Sun Life account. Once you're logged in, you'll be able to see your plan details and more. Or you can call VSP Customer Service at 800-877-7195.

### Can I use my benefits to buy glasses or contacts online?

Absolutely. Just visit [www.eyeconic.com](http://www.eyeconic.com). Once you have linked your benefits you will be able to see how your coverage will be applied to different options that you are reviewing. Eyeconic features a virtual try-on tool so you can see how the glasses will look on you before you make your purchase.

1. <https://www.vsp.com/eyewear-wellness/eye-health/health-conditions/health-conditions-detected-during-eye-exams> (accessed 07/21).

2. <https://www.diabetes.org/diabetes/eye-health> (accessed 07/21).

3. "2021 Update: Computer Vision Syndrome", April 25, 2021 on [optometrists.org](http://optometrists.org).

4. Netminder as of January 2021.

5. If permitted by the Employer's benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

6. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions.

# Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

## Limitations and exclusions

The below conditions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

## Vision

We will not pay a benefit for any vision materials, services or options that are not shown in the Benefit Highlights section of the certificate. Any vision service incurred prior to the Effective date or after the termination date is not covered. A member must be a covered vision member under the Plan to receive vision benefits. In no event will benefits exceed the lesser of the actual cost of the examination or materials or the limits of coverage shown in the Benefit Highlights section of the certificate. The plan is designed to cover visually necessary materials rather than cosmetic materials; the member will be responsible for any additional costs above the basic cost.

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This vision plan does not provide coverage for pediatric vision health services that satisfies the requirement for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act ("PPACA").

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# Rates

Coverage and **monthly** cost for Vision.

Rates are effective as of September 1, 2024.

Vision coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

| Coverage          | Cost per pay period* |
|-------------------|----------------------|
| Employee          | \$8.78               |
| Employee + Family | \$20.68              |

\*Contact your employer to confirm your part of the cost.

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# Signing up for a Flexible Spending Account (FSA) puts more money in your pocket.

You can pay less in taxes and reduce your medical expenses simply by signing up for an FSA!

A Flexible Spending Account (FSA) lets you set aside a portion of your paycheck—before taxes—into an account to help you pay for medical expenses. An FSA is a planning tool with great tax benefits. With an FSA, you must use the account balance in full before the end of the plan year or it will be forfeited.

## A Flexible Spending Account (FSA):

- ✓ **Two Types of FSAs.** To take advantage of a health FSA, start by choosing an annual election amount. This amount will be available on day one of your plan year for eligible medical expenses. Payroll deductions will then be made throughout the plan year to fund your account. A dependent care FSA works differently than a health FSA. Dependent care FSA money only becomes available as it is contributed, and can only be used to pay expenses for the care of your dependents while you work. Both are pre-tax benefits your employer offers through a cafeteria plan. Choose one or both — whichever is right for you.
  - ✓ **Reduces your taxable income.** Your FSA contributions are deducted from your paycheck by your employer before taxes are withheld. These deductions lower your taxable income, which can save you money on income taxes.
  - ✓ **Enrollment Consideration.** After the enrollment period ends, you may increase, decrease or stop your contribution only when you experience a qualifying “change in status” event (e.g. marriage, divorce, employment change, dependent change). Be conservative in the total amount you elect to avoid forfeiting money at the end of the plan year.
  - ✓ **What if I don’t use it all?** You must use the account balance in full before the end of the plan year or it will be forfeited. This is known as the “use it or lose it” rule. Your employer may offer a grace period or a rollover to help if you miss the mark a little bit. Check your Summary Plan Description for specifics on your employer's plan, and make sure to plan carefully when you enroll.
-



## Spending is easy

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

## Account access is easy

Get account information from our easy-to-use online portal and mobile app. You can submit claims online, and see your account balance, contributions, and account history in real time.

## Eligible Expenses

Expenses can be reimbursed from your health FSA if the expenses are for the diagnosis, cure, mitigation, treatment or prevention of disease and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses solely for cosmetic reasons generally are not considered expenses for medical care. Also, expenses that are merely beneficial to your general health are not eligible.

The following list shows common examples of qualified medical expenses. Complete lists of eligible and non-eligible expenses can be found in IRS Publication 502, which can be ordered from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or by visiting [www.irs.gov](http://www.irs.gov).



# Sample Expenses

## Medical Expenses

- Acupuncture
- Addiction programs
- Adoption (medical expenses for baby birth)
- Alternative healer fees
- Ambulance
- Body scans
- Breast pumps
- Care for mentally handicapped
- Chiropractor
- Copayments
- Crutches
- Diabetes (insulin, glucose monitor)
- Eye patches
- Fertility treatment
- First aid (e.g., bandages, gauze)
- Hearing aids & batteries
- Hypnosis (for treatment of illness)
- Incontinence products (e.g., Depends, Serene)
- Joint support bandages and hosiery
- Lab fees
- Menstrual Products\*
- Monitoring device (blood pressure, cholesterol)
- Non-prescription medicines or drugs (vitamins/supplements without a prescription are not eligible)\*
- Physical exams
- Pregnancy tests
- Prescription medicines or drugs
- Psychiatrist/psychologist (for mental illness)
- Physical therapy
- Speech therapy
- Vaccinations
- Vaporizers or humidifiers
- Weight loss program fees (if prescribed by physician)
- Wheelchair

*\*After January 1, 2020*

## Dental Expenses

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

## Vision Expenses

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

## Items that generally do not qualify for reimbursement

- Personal hygiene (e.g., deodorant, soap, body powder, sanitary products. Does not include menstrual products)
- Addiction products\*\*
- Cosmetic surgery\*\*
- Cosmetics (e.g., makeup, lipstick, cotton swabs, cotton balls, baby oil)
- Counseling (e.g., marriage/family)
- Dental care - routine (e.g., toothpaste, toothbrushes, dental floss, anti-bacterial mouthwashes, fluoride rinses, teeth whitening/bleaching)\*\*
- Exercise equipment\*\*
- Haircare (e.g., hair color, shampoo, conditioner, brushes, hair loss products)
- Health club or fitness program fees\*\*
- Homeopathic supplement or herbs\*\*
- Household or domestic help
- Laser hair removal
- Massage therapy\*\*
- Nutritional and dietary supplements (e.g., bars, milkshakes, power drinks, Pedialyte)\*\*
- Skin care (e.g., moisturizing lotion, lip balm)
- Sleep aids (e.g., snoring strips)\*\*
- Vitamins\*\*
- Weight reduction aids (e.g., Slimfast, appetite suppressant)\*\*

*\*\*Portions of these expenses may be eligible for reimbursement if they are recommended by a licensed medical professional as medically necessary for treatment of a specific medical condition.*



Multiple Resources to  
Help You

## Manage Your Account

Does managing your new HSA, FSA, or HRA sound complicated? Don't worry, our dedicated service center is available to help with any of your individual needs including accessing your account or requesting new debit cards.

We look forward to serving you!

**Hours of Operation:** 6:00 a.m. - 6:00 p.m. MST Mon - Fri

**Phone:** 855-399-3035

**Fax:** (844) 438-1496

**Email:** [service@nbsbenefits.com](mailto:service@nbsbenefits.com)

Our IVR is accessible 24/7 for account balance information.



### For Self-Service

Visit [my.nbsbenefits.com](http://my.nbsbenefits.com)

- View account balances
- Access transaction history
- Submit Claims
- Send receipts for debit card transactions
- Pay Providers
- Report and re-issue lost or stolen Benefits Cards

Or download the NBS Mobile App



# What is a Dependent Care Assistance Program (DCAP)?

The Dependent Care Assistance Program (DCAP) allows you to use tax-free dollars to pay for child day care or elder day care expenses that you incur because you and your spouse are both gainfully employed.

To participate, determine the annual amount that you want to deduct from your paycheck before taxes. The maximum amount you can elect depends on your federal tax filing status (\$5,000 if you are married and filing a joint return or if you are a single parent, \$2,500 if you are married but filing separately)

Your annual amount will be divided by the number of pay periods in the plan year and that amount will be deducted from each paycheck.

## **Who is an eligible dependent?**

You can use DCAP for expenses incurred for:

- Your qualifying child who is age twelve or younger for whom you claim a dependency exemption on your income tax
- Your qualifying relative (e.g. a child over twelve, your parent, a spouse's parent) who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as you for more than half of the year.
- Your spouse who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as you for more than half of the year.

### *Special Rule for Parents Who Are Divorced, Separated, or Living Apart*

*Only the custodial parent can claim expenses from the DCAP. The custodial parent is generally the parent with whom the child resides for the greater number of nights during the calendar year. Additionally, the custodial parent cannot be reimbursed from the DCAP for child-care expenses while the child lives with the non-custodial parent because such expenses are not incurred to enable the custodial parent to be gainfully employed.*

## **What are eligible expenses for the DCAP?**

The expenses which are eligible for reimbursement must have been incurred during the plan year and in connection with you and your spouse to remain gainfully employed.

Examples of eligible expenses:

- Before and After School and/or Extended Day Programs
- Daycare in your home or elsewhere so long as the dependent regularly spends at least 8 hours a day in your home.
- Base cost of day camps or similar programs.

Examples of ineligible expenses:

- Schooling for a child in kindergarten or above
- Babysitter while you go to the movies or out to eat
- Cost of overnight camps

## ***What does it mean to be "gainfully employed"?***

This means that you are working and earning an income (i.e. not doing volunteer work). You are not considered gainfully employed during paid vacation time or sick days. Gainful employment is determined on a daily basis.

If you are married, then your spouse would also need to be gainfully employed for your day care expenses to be eligible for reimbursement.

You are also considered gainfully employed if you are unemployed but actively looking for work, you are self-employed, you are physically or mentally not capable of self-care, or you are a full-time student (must attend for the number of hours that the school considers full-time, must have been a student for some part of each of 5 calendar months during the year, cannot be attending school only at night, does not include on-the-job training courses or correspondence schools).

## ***What are some other important IRS regulations?***

- You cannot be reimbursed for dependent care expenses that were paid to (1) one of your dependents, (2) your spouse, or (3) one of your children who is under the age of nineteen.
- In the event that you use a day care center that cares for more than six children, the center must be licensed.
- You must provide the day care provider's Social Security Number/Tax Identification Number (EIN) on form 2441 when you file your taxes.

## ***What are some other important IRS regulations?***

The IRS allows you to take a tax credit for your dependent care expenses. The tax credit may provide you with a greater benefit than the DCAP if you are in a lower tax bracket. To determine whether the tax credit or the DCAP is best for you, you will need to review your individual tax circumstances. You cannot use the same expenses for both the tax credit and the DCAP, however, you may be able to coordinate the federal dependent care tax credit with participation in the DCAP for expenses not reimbursed through DCAP.

For more information, please call  
**855-399-3035**



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

855-399-3035

[service@nbsbenefits.com](mailto:service@nbsbenefits.com)



# Health Savings Account

Save and conveniently pay for qualified medical expenses while you earn tax-free interest.\*

## What is a **Health Savings Account (HSA)?**

An HSA works like a retirement account or checking account and allows you to save for and pay for eligible health care expenses tax-free.\*

## Advantages of an HSA

### Control

You decide how and when to spend the money

### Flexibility

Your unused HSA balance rolls over from year to year.

### Portability

The money in your HSA is yours even if you change jobs, switch your health plan, or retire

### Triple Tax Benefits

HSAs allow for tax-free deposits, tax-free earnings and tax-free withdrawals for qualified medical expenses

## Are You Eligible for an HSA?

You can enroll in and contribute to an HSA, if you have a qualified High Deductible Health Plan (HDHP), are not covered by any other health plan, including Medicare & TriCare, and cannot be claimed as a dependent on someone else's tax return.

## Account Features<sup>1</sup>

- No monthly service fees
- Earn interest
- Easy access to your funds with a free Debit Mastercard®, free online banking and mobile banking app
- Federally insured up to \$250,000

Ask an advisor for details and start saving today!

[eecu.org/hsa](http://eecu.org/hsa)

# EECU

\* Contributions, investment earnings, and distributions are tax free for federal tax purposes if used to pay for qualified medical expenses, and may or may not be subject to state taxation. A list of Eligible Medical Expenses can be found in IRS Publication 502. As described in IRS publication 969, certain over-the-counter medications (when prescribed by a doctor) are considered eligible medical expenses for HSA purposes. If an individual is 65 or older, there is no penalty to withdraw HSA funds. However, income taxes will apply if the distribution is not used for qualified medical expenses. All contributions and distributions are your responsibility and must be within IRS regulatory limits.

Other restrictions and exceptions may also apply. We recommend that you consult a tax, legal or financial advisor to discuss your personal circumstances.

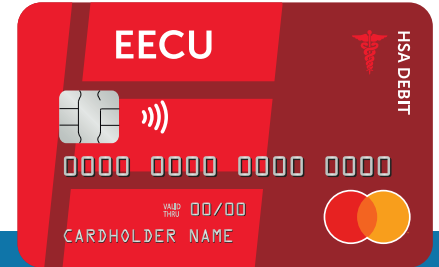
<sup>1</sup> Minimum opening deposit and balance of \$.01 required.

Federally Insured by NCUA

TCN3S3ZFQAYU-1656369029-163

# Quick Start Guide

Your Health Savings Account (HSA) can help you save for and pay for qualified medical expenses now and in the future. Here's how:



## Getting Started



### Step 1: Log In

A "Register for EECU Online Banking" email will be sent to the email address associated with your account, or call us and ask for one to be sent to you. Open the email and click the "Register" button to easily complete registration. Then, you can check your balance, pay bills, transfer funds, retrieve online account statements and more.

Search for **EECU Mobile App** from your Apple or Android device to download the mobile app today.



### Step 2: Activate Your Debit Card

When you receive your HSA Debit Mastercard®, activate it by calling the phone number on the sticker affixed to the card. You can use your debit card to pay for qualified medical expenses anywhere Mastercard is accepted.



### Step 3: Read This Guide

Learn how easy it is to put your HSA to work for you.

## How to Make the Most Out of Your HSA

### How does a Health Savings Account work?

A health savings account (HSA) can help people with high-deductible health insurance plans (HDHP) pay for their out-of-pocket costs. Contributions to HSAs aren't subject to federal income tax, and the earnings in the account grow tax-free. Unspent money in an HSA rolls over at the end of the year, so it's available for future health expenses.

### Funding your HSA

You can make pre-tax, current year contributions through your employer payroll deduction or make post-tax, current year contributions directly online, through a mailed deposit or at an EECU financial center.

### Making payments with your HSA

You can pay qualified medical expenses<sup>1</sup> with your EECU HSA Debit Mastercard®, through EECU's free online banking & bill pay or by writing an HSA check (optional, fees apply<sup>2</sup>). You can also pay out-of-pocket for eligible medical expenses and then reimburse yourself from your HSA.

### Managing your HSA

You can easily access your EECU HSA anytime, anywhere from EECU Online Banking or our Mobile App. You can check your balance, pay bills, transfer funds, retrieve online account statements and more.

## How to Make the Most Out of Your HSA

### HSA Qualified Medical Expenses

Use your HSA to pay for qualified medical expenses, as defined by the Internal Revenue Service, for yourself, your spouse or tax dependents<sup>1</sup>. Here are some examples:

- Acupuncture • Ambulance Service • Chiropractor
- Dental Care • Doctor's Fees • Hearing Aids
- Laboratory Fees • Prescription Drugs • Surgery
- Vaccines • Vision Care • Wheel Chairs • X-Rays

A complete list of Eligible Medical Expenses can be found in IRS Publication 502 - Medical and Dental Expenses.<sup>1</sup>

Save your receipts for all qualified medical expenses. EECU does not verify eligibility. You are responsible for making sure payments are for qualified medical expenses.

### Designate a Beneficiary

You may designate a beneficiary to receive your HSA assets in the event of your death. To do so, simply sign the Beneficiary Designation form which will automatically be sent to the email address associated with your account or call us and ask for one to be sent to you.

### Transfer or Rollover HSA Funds

If you already have a Health Savings Account at another institution, you can easily transfer or rollover your existing HSA into your EECU HSA.

#### To transfer funds:

Login to EECU Online Banking, download our pre-populated Transfer Form, sign it and send it directly to your other HSA provider who will send us a check to deposit into your EECU HSA. The Direct Transfer form is also available at [www.eecu.org/hsa](http://www.eecu.org/hsa).

#### To roll over funds:

Withdraw your HSA funds from your other HSA provider and then roll over (deposit) them to your EECU HSA, within 60 days after the date you received the funds. (If you fail to do so, the IRS will levy income tax on the amount you rolled over, plus a 20% penalty.) You can complete one rollover between HSAs per year.

Have a question? We're here for you! Connect with us your way.



**Online/Mobile:** Login for 24/7 account access or visit [www.eecu.org/hsa](http://www.eecu.org/hsa) for a detailed Product Guide and important forms.



**Call/Text:** (817) 882-0800. Our dedicated member service representatives are available to assist you with any questions. Our hours of operation are Monday through Friday from 8:00 a.m. to 7:00 p.m. CT, Saturday 9:00 a.m. – 1:00 p.m. CT and closed on Sunday.



**Lost/Stolen Debit Card:** Call our 24/7 debit card hotline at (800) 333-9934.



**Stop by:** A local EECU financial center for in-person assistance; find EECU locations & service hours at [www.eecu.org/locations](http://www.eecu.org/locations).

<sup>1</sup> A list of Eligible Medical Expenses be found in IRS Publication 502, <http://www.irs.gov/pub/irs-pdf/p502.pdf>. As described in IRS publication 969, <http://www.irs.gov/pub/irs-pdf/p969.pdf>, over-the-counter medications (when prescribed by a doctor) are considered Eligible Medical Expenses for HSA purposes.

<sup>2</sup> Call 817-882-0800 or stop by a financial center to order Standard checks at no charge, excludes shipping & handling or order custom checks, prices vary.



# Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Liberty Hill Independent School District.

## Eligibility

|                                   |  |
|-----------------------------------|--|
| <b>Definition of a Member</b>     | You are a member if you are a regular employee of Liberty Hill Independent School District and actively working at least 10 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor. |
| <b>Eligibility Waiting Period</b> | You are eligible on the first of the month that follows or coincides with the date you become a member.  |

## Benefits

|                                       |   |
|---------------------------------------|---|
| <b>Basic Life Coverage Amount</b>     | Your Basic Life coverage amount is \$10,000.  |
| <b>Basic AD&amp;D Coverage Amount</b> | For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable. |
| <b>Life Age Reductions</b>            | Basic Life and AD&D insurance coverage amount reduces to 67 percent at age 65 and to 34 percent at age 70.  |

## Other Basic Life Features and Services

- Accelerated Death Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

## Other Basic AD&D Features

- Family Benefits Package
- Helmet Benefit
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Liberty Hill Independent School District. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Liberty Hill Independent School District may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

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

SI 22165-D-TX-172731 (6/24)

7623177-1185675





# Group Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).



## This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die

## 🔗 About This Coverage

| Life Insurance   |   |
|--|---|
| <p><b>How Much Can I Apply For?</b></p> <p>The coverage amount for your spouse cannot exceed 50 percent of your Life coverage.<br/>                     The coverage amount for your child(ren) cannot exceed 100 percent of your Life coverage.</p>   | <p>For You: <b>\$20,000 – \$300,000</b> in increments of <b>\$10,000</b></p> <p>For Your Spouse: <b>\$5,000 – \$150,000</b> in increments of <b>\$5,000</b></p> <p>For Your Child(ren): <b>\$1,000, \$5,000 or \$10,000</b></p> |
| <p><b>What is the Guarantee Issue Maximum?</b></p> <p>Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.</p> <p>To apply for an amount over the guarantee issue, visit <a href="https://myeoi.standard.com/172731">https://myeoi.standard.com/172731</a> to complete and submit a medical history statement online.</p> | <p>For You: Up to <b>\$150,000</b></p> <p>For Your Spouse: Up to <b>\$50,000</b></p>  |

### AD&D Insurance

The benefit is paid if you or your dependents are seriously injured or pass away as a result of a covered accident.

#### What Does My AD&D Benefit Provide?

Note: You cannot buy more coverage for your spouse or child(ren) than you buy for yourself.

For You:

If you elect Life insurance, you may elect AD&D insurance in increments of \$10,000 from \$20,000 to \$300,000. Your elected AD&D amount cannot exceed your Additional Life amount.

For Your Spouse:

If you elect Dependent Life insurance, you may elect AD&D insurance in increments of \$5,000 from \$5,000 to \$150,000. Your elected AD&D amount cannot exceed your Dependents Life amount.

For Your Child(ren):

If you elect Dependent Life insurance, you may elect AD&D insurance for an amount of \$1,000, \$5,000 or \$10,000. Your elected AD&D amount cannot exceed your Dependent Life amount.

Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

## ☰ Additional Features

Your coverage comes with some added features:

| Life Insurance                           |  |
|--|--|
| <b>Accelerated Death Benefit</b>         | If you become terminally ill, you may be eligible to receive up to 80 percent of your Life benefit to a maximum of \$500,000.  |
| <b>Travel Assistance<sup>1</sup></b>     | Available 24 hours a day, this service connects you to resources when you're traveling at least 100 miles from home or in a foreign country for up to 180 days.  |
| <b>Life Services Toolkit<sup>2</sup></b> | This service allows you and your beneficiaries access to online content for will preparation, identity theft support and other tools and calculators, and provides your beneficiaries with services for grief, and legal and financial matters.                |
| AD&D Insurance                           |  |
| <b>Seat Belt and Air Bag Benefits</b>    | The Standard may pay an additional benefit if you die while wearing a seat belt, provided certain conditions are met. If the car's air bags deploy during an accident, an air bag benefit may also be payable.   |
| <b>Helmet Benefit</b>                    | An additional benefit may be available if you accidentally die while riding a motorcycle or bicycle and you were wearing a helmet.   |
| <b>Family Benefits Package</b>           | This benefit is designed to help surviving family members maintain their standard of living and pursue their dreams. Included in the package are benefits to help with child care, career adjustment for your spouse and higher education for your child(ren). |

<sup>1</sup> This service is provided through an arrangement with a service provider who is not affiliated with The Standard. Travel Assistance is not an insurance product. For more information, visit [www.standard.com/travel-info](http://www.standard.com/travel-info).

<sup>2</sup> The Life Services Toolkit is offered through an arrangement with a service provider that is not affiliated with The Standard. For more information, visit [www.standard.com/mytoolkit-info](http://www.standard.com/mytoolkit-info).

## How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at [www.standard.com/life/needs](http://www.standard.com/life/needs).

## How Much Your Coverage Costs

Because this insurance is offered through Liberty Hill Independent School District, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

### Use this formula to calculate your premium payment:

$$\frac{\text{_____}}{1000} = \text{_____} \times \text{_____} = \text{_____}$$

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

Enter your rate from the rate table.

This amount is an estimate of how much you would pay each month.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Life coverage for your child(ren), your monthly rate is \$0.20 per \$1,000, no matter how many children you're covering. If you elect AD&D insurance with your Dependent Life insurance for your child(ren), your child(ren)'s monthly AD&D rate is \$0.02 per \$1,000 added to the above rate. The amount of AD&D you elect for your child(ren) may differ from the amount of Dependent Life insurance you elect for your child(ren).

| Age<br>(as of today) | Your Rate*<br>(Per \$1,000<br>of Total Coverage) | Your Spouse's Rate**<br>(Per \$1,000<br>of Total Coverage) |
|----------------------|--|--|
| All Ages             | \$0.223  | \$0.26   |

\*If you elect AD&D insurance with your Life insurance, your monthly AD&D rate is \$0.02 per \$1,000 of AD&D benefit. The amount of AD&D you elect may differ from the amount of Life insurance you elect.

\*\*If you elect AD&D insurance with your Dependent Life insurance for your spouse, your spouse's monthly AD&D rate is \$0.02 per \$1,000 of AD&D benefit. The amount of AD&D you elect for your spouse may differ from the amount of Dependent Life insurance you elect for your spouse.

## Important Details

Here's where you'll find the details about the plan.

### Life and AD&D Insurance Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective. To be eligible for coverage, you must be:

- A regular employee of Liberty Hill Independent School District
- Actively working at least 15 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Life insurance for yourself, you may also buy Life coverage for your eligible children and/or spouse. This is called Dependent Life insurance.

If you buy Life insurance for yourself, you may also buy AD&D insurance.

If you buy AD&D insurance for yourself, you can also buy AD&D insurance for your dependents.

You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law.

You may also choose to cover your child. Child means your child from live birth through age 25. Please note:

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a spouse.

### Medical Underwriting Approval for Life Coverage

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements, if required
- Employees eligible but not insured under the prior life insurance plan

Medical Underwriting approval is not required for children.

Visit <https://myeoi.standard.com/172731> to complete and submit a medical history statement online.

### Coverage Effective Date for Life Coverage

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period\*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance, including Dependent Life insurance, will not become effective until the day after you complete one full day of active work as an eligible employee.

You may have a different effective date for Life coverage below and above the guarantee issue amount.

**If your dependent is confined to a hospital or nursing home on the scheduled effective date of your dependent's insurance, your dependent's insurance will not become effective until the day the dependent is released.**

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including any Dependent Life insurance.

\*Defined as first of the month that follows or coincides with the date you become a member

### Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 67 percent at age 65 and to 34 percent at age 70. Your spouse's coverage amount reduces by your age as follows: to 67 percent at age 65 and to 34 percent at age 70. If you are age 65 or over, ask your Human Resources representative or plan administrator for the amount of coverage available.

### Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled. Please contact your benefits administrator for more details.

### Life and AD&D Insurance Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

### Life Insurance Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

### Life Insurance Exclusions

Subject to state variations, you and your spouse are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

### AD&D Benefits

If you elect AD&D insurance, the amount of the AD&D benefit may be equal to the amount payable for your or your spouse's or child(ren)'s Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. Satisfactory proof of loss is required for loss of life.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

| <b>Covered loss:</b>                                 | <b>Percentage of AD&amp;D benefit payable:</b> |
|--|--|
| Life <sup>1</sup>                                    | 100%   |
| One hand or one foot <sup>2</sup>                    | 50%  |
| Sight in one eye, speech or hearing in both ears     | 50%  |
| Two or more of the losses listed above               | 100%   |
| Thumb and index finger of the same hand <sup>3</sup> | 25%  |
| Quadriplegia   | 100%   |
| Triplegia  | 75%  |
| Paraplegia   | 75%  |
| Hemiplegia   | 50%  |
| Uniplegia  | 25%  |

1 Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.

2 Even if the severed part is surgically re-attached. If you lose a hand or foot and an AD&D benefit is payable for quadriplegia, triplegia, paraplegia, hemiplegia, or uniplegia, involving that same hand or foot, the benefit will be the higher of the AD&D benefit for that loss.

3 This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

### AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, fumes or drug, unless used or consumed according to the directions of a physician
- Alcohol – if your blood alcohol content is in excess of the legal limit for operating a motor vehicle as defined by the jurisdiction where the accident or loss occurred
- Sickness, pregnancy, heart attack or stroke existing at the time of the accident
- Medical or surgical treatment for any of the above

### When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- The date your Life coverage ends, your AD&D coverage will end as well

In addition to the above requirements, your Dependent Life and AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

### **Group Insurance Certificate**

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

### **About Standard Insurance Company**

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at [www.standard.com](http://www.standard.com).

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

GP1219-LIFE, GP1219-LIFE-ASSOC, GP1219-LIFE-TRUST

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204  
[www.standard.com](http://www.standard.com)

SI 22169-D-VLVA-TX-172731 (6/24)

7623177-1185674

# A helping hand when you need it.



Rely on the support, guidance and resources of your Employee Assistance Program.

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,<sup>1</sup> which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential – information will be released only with your permission or as required by law.


## Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)<sup>2</sup> and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone or through video.

### EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation and other legal documents





Contact **EAP**

**888.293.6948**  
(TTY Services: 711)  
24 hours a day,  
seven days a week

[healthadvocate.com/standard3](http://healthadvocate.com/standard3)

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

## WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

## Online Resources

Visit [healthadvocate.com/standard3](http://healthadvocate.com/standard3) to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

<sup>1</sup> The EAP service is provided through an arrangement with Health Advocate<sup>SM</sup>, which is not affiliated with The Standard. Health Advocate<sup>SM</sup> is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

<sup>2</sup> Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](http://standard.com)

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





# LIFE INSURANCE YOU CAN KEEP!



PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS is permanent life insurance which features long guarantees<sup>1</sup> and one of the highest death benefits per payroll-deducted dollar offered at the worksite.<sup>2</sup> PURELIFE-PLUS is an ideal complement to any group term and optional life insurance your employer might provide, and it has the following features:



**YOU OWN IT**



**YOU CAN TAKE IT WITH YOU WHEN YOU CHANGE JOBS OR RETIRE<sup>4</sup>**



**YOU PAY FOR IT THROUGH CONVENIENT PAYROLL DEDUCTIONS**



**YOU CAN COVER YOUR SPOUSE, CHILDREN AND GRANDCHILDREN, TOO<sup>3</sup>**



**YOU CAN GET A LIVING BENEFIT IF YOU BECOME TERMINALLY ILL<sup>5</sup>**



**THE COST IS REASONABLE**

## 3 QUICK QUESTIONS

You can qualify by answering just 3 questions.<sup>6</sup>

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

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

## TEXASLIFE INSURANCE COMPANY

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

1 Guarantees are subject to product terms, limitations, exclusions and the insurer's claims paying ability and financial strength. Current average premium guarantee is 45 years.  
 2 Voluntary Universal and Whole Life Products, Eastbridge Consulting Group, Inc. (2022)  
 3 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.  
 4 As long as the necessary premiums are paid.  
 5 Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07  
 6 Issuance of coverage will depend on answers to these questions.

23Mo21-C Generic 1019 (exp0325) Not for use in CA, FL or NH.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO. Texas Life is licensed to do business in the District of Columbia and every state but New York. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died.



# LIFE INSURANCE HIGHLIGHTS

## For the employee

PURELIFE-PLUS

Voluntary permanent life insurance can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary permanent universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

The contract, PURELIFE-PLUS, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-PLUS features one of the highest death benefits per payroll-deducted dollar offered at the worksite.<sup>1</sup>
- **Refund of Premium.** Unique in the workplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICCo7-ULABR-07 or Form Series ULABR-07)*

**TEXASLIFE** INSURANCE  
COMPANY  
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

# Additional Features

- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-PLUS helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).<sup>2</sup>

You may apply for this permanent coverage, not only for yourself, but also for your spouse, children and grandchildren.<sup>3</sup>



## 3 QUICK QUESTIONS

You can qualify by answering just 3 questions<sup>4</sup> – no exams or needles.

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

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

Important Note: Texas Life does not offer legal or financial advice. Contact an attorney and a financial advisor in your state for legal and financial information on wills, estates and trusts.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the Purelife-plus brochure for costs and complete details. Contract Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO.

<sup>1</sup> Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022

<sup>2</sup> As long as you pay the necessary premium. Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength. 45 years average for all ages based on our actuarial review.

<sup>3</sup> Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

<sup>4</sup> Issuance of coverage will depend on the answer to these questions.

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

| Issue Age (ALB) | Monthly Premiums for Life Insurance Face Amounts Shown |          |          |          |          |          |           |           |           | GUARANTEED PERIOD                                    |
|-----------------|--|----------|----------|----------|----------|----------|-----------|-----------|-----------|--|
|                 | \$10,000   | \$15,000 | \$25,000 | \$40,000 | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 | Age to Which Coverage is Guaranteed at Table Premium |
| 15D-1           |  |          | 9.25     |          |          |          |           |           |           | 81   |
| 2-4             |  |          | 9.50     |          |          |          |           |           |           | 80   |
| 5-8             |  |          | 9.75     |          |          |          |           |           |           | 79   |
| 9-10            |  |          | 10.00    |          |          |          |           |           |           | 79   |
| 11-16           |  |          | 10.25    |          |          |          |           |           |           | 77   |
| 17-20           |  |          | 10.25    | 15.05    | 18.25    | 26.25    | 34.25     | 42.25     | 50.25     | 75   |
| 21-22           |  |          | 10.50    | 15.45    | 18.75    | 27.00    | 35.25     | 43.50     | 51.75     | 74   |
| 23              |  |          | 10.75    | 15.85    | 19.25    | 27.75    | 36.25     | 44.75     | 53.25     | 75   |
| 24-25           |  |          | 11.00    | 16.25    | 19.75    | 28.50    | 37.25     | 46.00     | 54.75     | 74   |
| 26              |  |          | 11.50    | 17.05    | 20.75    | 30.00    | 39.25     | 48.50     | 57.75     | 75   |
| 27-28           |  |          | 11.75    | 17.45    | 21.25    | 30.75    | 40.25     | 49.75     | 59.25     | 74   |
| 29              |  |          | 12.00    | 17.85    | 21.75    | 31.50    | 41.25     | 51.00     | 60.75     | 74   |
| 30-31           |  |          | 12.25    | 18.25    | 22.25    | 32.25    | 42.25     | 52.25     | 62.25     | 73   |
| 32              |  |          | 13.00    | 19.45    | 23.75    | 34.50    | 45.25     | 56.00     | 66.75     | 74   |
| 33              |  |          | 13.50    | 20.25    | 24.75    | 36.00    | 47.25     | 58.50     | 69.75     | 74   |
| 34              |  |          | 14.25    | 21.45    | 26.25    | 38.25    | 50.25     | 62.25     | 74.25     | 75   |
| 35              |  | 10.05    | 15.25    | 23.05    | 28.25    | 41.25    | 54.25     | 67.25     | 80.25     | 76   |
| 36              |  | 10.35    | 15.75    | 23.85    | 29.25    | 42.75    | 56.25     | 69.75     | 83.25     | 76   |
| 37              |  | 10.80    | 16.50    | 25.05    | 30.75    | 45.00    | 59.25     | 73.50     | 87.75     | 77   |
| 38              |  | 11.25    | 17.25    | 26.25    | 32.25    | 47.25    | 62.25     | 77.25     | 92.25     | 77   |
| 39              |  | 12.00    | 18.50    | 28.25    | 34.75    | 51.00    | 67.25     | 83.50     | 99.75     | 78   |
| 40              | 9.25   | 12.75    | 19.75    | 30.25    | 37.25    | 54.75    | 72.25     | 89.75     | 107.25    | 79   |
| 41              | 9.95   | 13.80    | 21.50    | 33.05    | 40.75    | 60.00    | 79.25     | 98.50     | 117.75    | 80   |
| 42              | 10.75  | 15.00    | 23.50    | 36.25    | 44.75    | 66.00    | 87.25     | 108.50    | 129.75    | 81   |
| 43              | 11.45  | 16.05    | 25.25    | 39.05    | 48.25    | 71.25    | 94.25     | 117.25    | 140.25    | 82   |
| 44              | 12.15  | 17.10    | 27.00    | 41.85    | 51.75    | 76.50    | 101.25    | 126.00    | 150.75    | 83   |
| 45              | 12.85  | 18.15    | 28.75    | 44.65    | 55.25    | 81.75    | 108.25    | 134.75    | 161.25    | 83   |
| 46              | 13.65  | 19.35    | 30.75    | 47.85    | 59.25    | 87.75    | 116.25    | 144.75    | 173.25    | 84   |
| 47              | 14.35  | 20.40    | 32.50    | 50.65    | 62.75    | 93.00    | 123.25    | 153.50    | 183.75    | 84   |
| 48              | 15.05  | 21.45    | 34.25    | 53.45    | 66.25    | 98.25    | 130.25    | 162.25    | 194.25    | 85   |
| 49              | 15.95  | 22.80    | 36.50    | 57.05    | 70.75    | 105.00   | 139.25    | 173.50    | 207.75    | 85   |
| 50              | 16.95  | 24.30    | 39.00    | 61.05    | 75.75    | 112.50   |           |           |           | 86   |
| 51              | 18.15  | 26.10    | 42.00    | 65.85    | 81.75    | 121.50   |           |           |           | 87   |
| 52              | 19.45  | 28.05    | 45.25    | 71.05    | 88.25    | 131.25   |           |           |           | 88   |
| 53              | 20.45  | 29.55    | 47.75    | 75.05    | 93.25    | 138.75   |           |           |           | 88   |
| 54              | 21.45  | 31.05    | 50.25    | 79.05    | 98.25    | 146.25   |           |           |           | 88   |
| 55              | 22.55  | 32.70    | 53.00    | 83.45    | 103.75   | 154.50   |           |           |           | 89   |
| 56              | 23.55  | 34.20    | 55.50    | 87.45    | 108.75   | 162.00   |           |           |           | 89   |
| 57              | 24.75  | 36.00    | 58.50    | 92.25    | 114.75   | 171.00   |           |           |           | 89   |
| 58              | 25.85  | 37.65    | 61.25    | 96.65    | 120.25   | 179.25   |           |           |           | 89   |
| 59              | 27.05  | 39.45    | 64.25    | 101.45   | 126.25   | 188.25   |           |           |           | 89   |
| 60              | 28.55  | 41.70    | 68.00    | 107.45   | 133.75   | 199.50   |           |           |           | 90   |
| 61              | 29.85  | 43.65    | 71.25    | 112.65   | 140.25   | 209.25   |           |           |           | 90   |
| 62              | 31.45  | 46.05    | 75.25    | 119.05   | 148.25   | 221.25   |           |           |           | 90   |
| 63              | 33.05  | 48.45    | 79.25    | 125.45   | 156.25   | 233.25   |           |           |           | 90   |
| 64              | 34.75  | 51.00    | 83.50    | 132.25   | 164.75   | 246.00   |           |           |           | 90   |
| 65              | 36.65  | 53.85    | 88.25    | 139.85   | 174.25   | 260.25   |           |           |           | 90   |
| 66              | 38.75  |          |          |          |          |          |           |           |           | 90   |
| 67              | 41.05  |          |          |          |          |          |           |           |           | 91   |
| 68              | 43.55  |          |          |          |          |          |           |           |           | 91   |
| 69              | 46.05  |          |          |          |          |          |           |           |           | 91   |
| 70              | 48.65  |          |          |          |          |          |           |           |           | 91   |

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

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

| Issue Age (ALB) | Monthly Premiums for Life Insurance Face Amounts Shown |          |          |          |          |          |           |           |           | GUARANTEED PERIOD                                    |
|-----------------|--|----------|----------|----------|----------|----------|-----------|-----------|-----------|--|
|                 | \$10,000   | \$15,000 | \$25,000 | \$40,000 | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 | Age to Which Coverage is Guaranteed at Table Premium |
| 15D-1           |  |          |          |          |          |          |           |           |           | 81   |
| 2-4             |  |          |          |          |          |          |           |           |           | 80   |
| 5-8             |  |          |          |          |          |          |           |           |           | 79   |
| 9-10            |  |          |          |          |          |          |           |           |           | 79   |
| 11-16           |  |          |          |          |          |          |           |           |           | 77   |
| 17-20           |  |          | 15.25    | 23.05    | 28.25    | 41.25    | 54.25     | 67.25     | 80.25     | 71   |
| 21-22           |  |          | 16.00    | 24.25    | 29.75    | 43.50    | 57.25     | 71.00     | 84.75     | 71   |
| 23              |  |          | 16.75    | 25.45    | 31.25    | 45.75    | 60.25     | 74.75     | 89.25     | 72   |
| 24-25           |  |          | 17.25    | 26.25    | 32.25    | 47.25    | 62.25     | 77.25     | 92.25     | 71   |
| 26              |  |          | 17.75    | 27.05    | 33.25    | 48.75    | 64.25     | 79.75     | 95.25     | 72   |
| 27-28           |  |          | 18.25    | 27.85    | 34.25    | 50.25    | 66.25     | 82.25     | 98.25     | 71   |
| 29              |  |          | 18.50    | 28.25    | 34.75    | 51.00    | 67.25     | 83.50     | 99.75     | 71   |
| 30-31           |  |          | 21.00    | 32.25    | 39.75    | 58.50    | 77.25     | 96.00     | 114.75    | 72   |
| 32              |  |          | 21.75    | 33.45    | 41.25    | 60.75    | 80.25     | 99.75     | 119.25    | 72   |
| 33              |  |          | 22.00    | 33.85    | 41.75    | 61.50    | 81.25     | 101.00    | 120.75    | 72   |
| 34              |  |          | 22.25    | 34.25    | 42.25    | 62.25    | 82.25     | 102.25    | 122.25    | 71   |
| 35              |  | 15.30    | 24.00    | 37.05    | 45.75    | 67.50    | 89.25     | 111.00    | 132.75    | 72   |
| 36              |  | 15.75    | 24.75    | 38.25    | 47.25    | 69.75    | 92.25     | 114.75    | 137.25    | 72   |
| 37              |  | 16.80    | 26.50    | 41.05    | 50.75    | 75.00    | 99.25     | 123.50    | 147.75    | 73   |
| 38              |  | 17.25    | 27.25    | 42.25    | 52.25    | 77.25    | 102.25    | 127.25    | 152.25    | 73   |
| 39              |  | 18.45    | 29.25    | 45.45    | 56.25    | 83.25    | 110.25    | 137.25    | 164.25    | 74   |
| 40              | 14.15  | 20.10    | 32.00    | 49.85    | 61.75    | 91.50    | 121.25    | 151.00    | 180.75    | 76   |
| 41              | 15.05  | 21.45    | 34.25    | 53.45    | 66.25    | 98.25    | 130.25    | 162.25    | 194.25    | 77   |
| 42              | 16.15  | 23.10    | 37.00    | 57.85    | 71.75    | 106.50   | 141.25    | 176.00    | 210.75    | 78   |
| 43              | 17.55  | 25.20    | 40.50    | 63.45    | 78.75    | 117.00   | 155.25    | 193.50    | 231.75    | 80   |
| 44              | 18.25  | 26.25    | 42.25    | 66.25    | 82.25    | 122.25   | 162.25    | 202.25    | 242.25    | 80   |
| 45              | 19.25  | 27.75    | 44.75    | 70.25    | 87.25    | 129.75   | 172.25    | 214.75    | 257.25    | 81   |
| 46              | 20.05  | 28.95    | 46.75    | 73.45    | 91.25    | 135.75   | 180.25    | 224.75    | 269.25    | 81   |
| 47              | 21.05  | 30.45    | 49.25    | 77.45    | 96.25    | 143.25   | 190.25    | 237.25    | 284.25    | 82   |
| 48              | 21.95  | 31.80    | 51.50    | 81.05    | 100.75   | 150.00   | 199.25    | 248.50    | 297.75    | 82   |
| 49              | 23.25  | 33.75    | 54.75    | 86.25    | 107.25   | 159.75   | 212.25    | 264.75    | 317.25    | 83   |
| 50              | 24.35  | 35.40    | 57.50    | 90.65    | 112.75   | 168.00   |           |           |           | 83   |
| 51              | 25.45  | 37.05    | 60.25    | 95.05    | 118.25   | 176.25   |           |           |           | 83   |
| 52              | 27.05  | 39.45    | 64.25    | 101.45   | 126.25   | 188.25   |           |           |           | 84   |
| 53              | 28.45  | 41.55    | 67.75    | 107.05   | 133.25   | 198.75   |           |           |           | 85   |
| 54              | 29.75  | 43.50    | 71.00    | 112.25   | 139.75   | 208.50   |           |           |           | 85   |
| 55              | 31.15  | 45.60    | 74.50    | 117.85   | 146.75   | 219.00   |           |           |           | 85   |
| 56              | 32.75  | 48.00    | 78.50    | 124.25   | 154.75   | 231.00   |           |           |           | 85   |
| 57              | 34.35  | 50.40    | 82.50    | 130.65   | 162.75   | 243.00   |           |           |           | 86   |
| 58              | 36.05  | 52.95    | 86.75    | 137.45   | 171.25   | 255.75   |           |           |           | 86   |
| 59              | 37.75  | 55.50    | 91.00    | 144.25   | 179.75   | 268.50   |           |           |           | 86   |
| 60              | 39.55  | 58.20    | 95.50    | 151.45   | 188.75   | 282.00   |           |           |           | 86   |
| 61              | 41.85  | 61.65    | 101.25   | 160.65   | 200.25   | 299.25   |           |           |           | 86   |
| 62              | 44.05  | 64.95    | 106.75   | 169.45   | 211.25   | 315.75   |           |           |           | 87   |
| 63              | 46.25  | 68.25    | 112.25   | 178.25   | 222.25   | 332.25   |           |           |           | 87   |
| 64              | 48.45  | 71.55    | 117.75   | 187.05   | 233.25   | 348.75   |           |           |           | 87   |
| 65              | 50.85  | 75.15    | 123.75   | 196.65   | 245.25   | 366.75   |           |           |           | 87   |
| 66              | 53.45  |          |          |          |          |          |           |           |           | 88   |
| 67              | 56.25  |          |          |          |          |          |           |           |           | 88   |
| 68              | 59.15  |          |          |          |          |          |           |           |           | 88   |
| 69              | 62.25  |          |          |          |          |          |           |           |           | 88   |
| 70              | 65.55  |          |          |          |          |          |           |           |           | 89   |

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

## Voluntary Long Term Disability (LTD) Insurance

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through Liberty Hill Independent School District.

## Eligibility Requirements

### Policy #172731

#### Employee

- A regular employee of Liberty Hill Independent School District
- Actively working at least 20 hours each week
- A citizen or resident of the United States or Canada
- Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible

#### Premium

- You pay 100 percent of the premium for this coverage through easy payroll deduction

## Benefit Amount

#### Benefit Amount

You may select a monthly benefit amount in \$100 increments, based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly predisability earnings. The minimum monthly amount you may elect is \$200.

#### Plan Maximum Monthly Benefit

The lesser of \$8,000 or 66 2/3 percent of your predisability earnings

#### Plan Minimum Monthly Benefit

25 percent of your LTD benefit before reduction by deductible income

Note:

- If you do not apply for this coverage within 31 days after becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.

## Disability Needs Calculator

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: <http://www.standard.com/calculators/dineeds.html>

## Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding the requirements that must be satisfied for your insurance to become effective.

## Understanding Your Plan Design

### Benefit Waiting Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The benefit waiting period options associated with your plan include:

| <u>Accidental Injury</u> | <u>Other Disabilities</u> |
|--------------------------|---------------------------|
| 0 days                   | 7 days                    |
| 14 days                  | 14 days                   |
| 30 days                  | 30 days                   |
| 60 days                  | 60 days                   |
| 90 days                  | 90 days                   |
| 180 days                 | 180 days                  |

### Own Occupation Definition of Disability

For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

### Any Occupation Definition of Disability

After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

### Deductible Income

Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

## Understanding Your Plan Design (Continued)

### Maximum Benefit Period

The maximum period for which benefits are payable is shown in the table below:

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

| <u>Age</u> | <u>Maximum Benefit Period</u> |
|------------|-------------------------------|
| 62         | 3 years 6 months              |
| 63         | 3 years                       |
| 64         | 2 years 6 months              |
| 65         | 2 years                       |
| 66         | 1 year 9 months               |
| 67         | 1 year 6 months               |
| 68         | 1 year 3 months               |
| 69+        | 1 year                        |

## Benefit Calculation

### Example

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of \$100, from a minimum of \$200 to a maximum of the lesser of \$8,000 or 66 2/3 percent of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are \$4,500, you may select any dollar amount (in \$100 increments) between \$200 and \$2,700 (66 2/3 percent of predisability earnings). In the example below, assume you elected the maximum benefit amount of \$2,700, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900. Your monthly LTD benefit would be calculated as follows:

|   |                |
|---|----------------|
| Insured predisability earnings          | \$4,500        |
| Maximum benefit percentage              | X 66 2/3%      |
| Maximum benefit amount                  | <u>\$3,000</u> |
| Less Social Security disability benefit | -\$1,200       |
| Less retirement benefit                 | <u>-\$900</u>  |
| <b>Amount of LTD benefit</b>            | <b>\$900</b>   |



## Additional Features

Please see your human resources representative for additional information about the features and benefits below.

|   |  |
|---|--|
| <b>24 Hour Coverage</b>                         | 24-hour LTD plans provide coverage for disabilities occurring on or off the job.   |
| <b>Rehabilitation Plan</b>                      | If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.   |
| <b>Reasonable Accommodation Expense Benefit</b> | If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.  |
| <b>Survivors Benefit</b>                        | If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three time your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).  |
| <b>First Day Hospital Benefit</b>               | If you are hospital confined for at least 4 hours during the benefit waiting period, the following will apply; the remainder of your benefit waiting period will be waived, LTD benefits will become payable on the first day you are hospital confined, and your maximum benefit period will begin on the date your LTD benefits are payable. You are eligible for this benefit only if your elected benefit waiting period is less than 45 days. |
| <b>Family Care Expense Benefit</b>              | Applies when a disabled employee has returned to work and continues to receive LTD benefits. For 12 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings.  |

## Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- If applicable, with respect to insurance increases, you are not covered for the insurance increase if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period

## Preexisting Condition Provision

**Preexisting Condition** For the first 90 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 90 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply. Benefit amounts subject to the preexisting condition exclusion will be excluded from payment.

A preexisting condition is a mental or physical condition:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

**Preexisting Condition Period** The 90-day period just before your insurance becomes effective or any insurance increases become effective

**Specified Exclusion and Limitation Period** 12 months

## Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work during the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If applicable, if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period
- If your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

## When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

## **When Insurance Ends**

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

## **Group Insurance Certificate**

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

## **Rates**

Employees can select a monthly LTD benefit ranging from a minimum of \$200 to a maximum amount based on how much they earn. Referencing the attached chart, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

- Find the maximum LTD benefit by locating the amount of your earnings in either the annual earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
- Select the desired monthly LTD benefit between the minimum of \$200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
- In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period, or the premium payment of your desired benefit, please contact your human resources representative.

| Annual Earnings | Monthly Earnings | Monthly Disability Benefit | Accident/Sickness Benefit Waiting Period |        |       |       |       |         |
|-----------------|------------------|----------------------------|--|--------|-------|-------|-------|---------|
|                 |                  |                            | Cost Per Month                           |        |       |       |       |         |
|                 |                  |                            | 0-7                                      | 14-14  | 30-30 | 60-60 | 90-90 | 180-180 |
| 3,600           | 300              | 200                        | 6.38                                     | 5.62   | 4.78  | 3.10  | 2.68  | 1.96    |
| 5,400           | 450              | 300                        | 9.57                                     | 8.43   | 7.17  | 4.65  | 4.02  | 2.94    |
| 7,200           | 600              | 400                        | 12.76                                    | 11.24  | 9.56  | 6.20  | 5.36  | 3.92    |
| 9,000           | 750              | 500                        | 15.95                                    | 14.05  | 11.95 | 7.75  | 6.70  | 4.90    |
| 10,800          | 900              | 600                        | 19.14                                    | 16.86  | 14.34 | 9.30  | 8.04  | 5.88    |
| 12,600          | 1,050            | 700                        | 22.33                                    | 19.67  | 16.73 | 10.85 | 9.38  | 6.86    |
| 14,400          | 1,200            | 800                        | 25.52                                    | 22.48  | 19.12 | 12.40 | 10.72 | 7.84    |
| 16,200          | 1,350            | 900                        | 28.71                                    | 25.29  | 21.51 | 13.95 | 12.06 | 8.82    |
| 18,000          | 1,500            | 1,000                      | 31.90                                    | 28.10  | 23.90 | 15.50 | 13.40 | 9.80    |
| 19,800          | 1,650            | 1,100                      | 35.09                                    | 30.91  | 26.29 | 17.05 | 14.74 | 10.78   |
| 21,600          | 1,800            | 1,200                      | 38.28                                    | 33.72  | 28.68 | 18.60 | 16.08 | 11.76   |
| 23,400          | 1,950            | 1,300                      | 41.47                                    | 36.53  | 31.07 | 20.15 | 17.42 | 12.74   |
| 25,200          | 2,100            | 1,400                      | 44.66                                    | 39.34  | 33.46 | 21.70 | 18.76 | 13.72   |
| 27,000          | 2,250            | 1,500                      | 47.85                                    | 42.15  | 35.85 | 23.25 | 20.10 | 14.70   |
| 28,800          | 2,400            | 1,600                      | 51.04                                    | 44.96  | 38.24 | 24.80 | 21.44 | 15.68   |
| 30,600          | 2,550            | 1,700                      | 54.23                                    | 47.77  | 40.63 | 26.35 | 22.78 | 16.66   |
| 32,400          | 2,700            | 1,800                      | 57.42                                    | 50.58  | 43.02 | 27.90 | 24.12 | 17.64   |
| 34,200          | 2,850            | 1,900                      | 60.61                                    | 53.39  | 45.41 | 29.45 | 25.46 | 18.62   |
| 36,000          | 3,000            | 2,000                      | 63.80                                    | 56.20  | 47.80 | 31.00 | 26.80 | 19.60   |
| 37,800          | 3,150            | 2,100                      | 66.99                                    | 59.01  | 50.19 | 32.55 | 28.14 | 20.58   |
| 39,600          | 3,300            | 2,200                      | 70.18                                    | 61.82  | 52.58 | 34.10 | 29.48 | 21.56   |
| 41,400          | 3,450            | 2,300                      | 73.37                                    | 64.63  | 54.97 | 35.65 | 30.82 | 22.54   |
| 43,200          | 3,600            | 2,400                      | 76.56                                    | 67.44  | 57.36 | 37.20 | 32.16 | 23.52   |
| 45,000          | 3,750            | 2,500                      | 79.75                                    | 70.25  | 59.75 | 38.75 | 33.50 | 24.50   |
| 46,800          | 3,900            | 2,600                      | 82.94                                    | 73.06  | 62.14 | 40.30 | 34.84 | 25.48   |
| 48,600          | 4,050            | 2,700                      | 86.13                                    | 75.87  | 64.53 | 41.85 | 36.18 | 26.46   |
| 50,400          | 4,200            | 2,800                      | 89.32                                    | 78.68  | 66.92 | 43.40 | 37.52 | 27.44   |
| 52,200          | 4,350            | 2,900                      | 92.51                                    | 81.49  | 69.31 | 44.95 | 38.86 | 28.42   |
| 54,000          | 4,500            | 3,000                      | 95.70                                    | 84.30  | 71.70 | 46.50 | 40.20 | 29.40   |
| 55,800          | 4,650            | 3,100                      | 98.89                                    | 87.11  | 74.09 | 48.05 | 41.54 | 30.38   |
| 57,600          | 4,800            | 3,200                      | 102.08                                   | 89.92  | 76.48 | 49.60 | 42.88 | 31.36   |
| 59,400          | 4,950            | 3,300                      | 105.27                                   | 92.73  | 78.87 | 51.15 | 44.22 | 32.34   |
| 61,200          | 5,100            | 3,400                      | 108.46                                   | 95.54  | 81.26 | 52.70 | 45.56 | 33.32   |
| 63,000          | 5,250            | 3,500                      | 111.65                                   | 98.35  | 83.65 | 54.25 | 46.90 | 34.30   |
| 64,800          | 5,400            | 3,600                      | 114.84                                   | 101.16 | 86.04 | 55.80 | 48.24 | 35.28   |
| 66,600          | 5,550            | 3,700                      | 118.03                                   | 103.97 | 88.43 | 57.35 | 49.58 | 36.26   |
| 68,400          | 5,700            | 3,800                      | 121.22                                   | 106.78 | 90.82 | 58.90 | 50.92 | 37.24   |
| 70,200          | 5,850            | 3,900                      | 124.41                                   | 109.59 | 93.21 | 60.45 | 52.26 | 38.22   |
| 72,000          | 6,000            | 4,000                      | 127.60                                   | 112.40 | 95.60 | 62.00 | 53.60 | 39.20   |

| Annual Earnings | Monthly Earnings | Monthly Disability Benefit | Accident/Sickness Benefit Waiting Period |        |        |        |        |         |
|-----------------|------------------|----------------------------|--|--------|--------|--------|--------|---------|
|                 |                  |                            | Cost Per Month                           |        |        |        |        |         |
|                 |                  |                            | 0-7                                      | 14-14  | 30-30  | 60-60  | 90-90  | 180-180 |
| 73,800          | 6,150            | 4,100                      | 130.79                                   | 115.21 | 97.99  | 63.55  | 54.94  | 40.18   |
| 75,600          | 6,300            | 4,200                      | 133.98                                   | 118.02 | 100.38 | 65.10  | 56.28  | 41.16   |
| 77,400          | 6,450            | 4,300                      | 137.17                                   | 120.83 | 102.77 | 66.65  | 57.62  | 42.14   |
| 79,200          | 6,600            | 4,400                      | 140.36                                   | 123.64 | 105.16 | 68.20  | 58.96  | 43.12   |
| 81,000          | 6,750            | 4,500                      | 143.55                                   | 126.45 | 107.55 | 69.75  | 60.30  | 44.10   |
| 82,800          | 6,900            | 4,600                      | 146.74                                   | 129.26 | 109.94 | 71.30  | 61.64  | 45.08   |
| 84,600          | 7,050            | 4,700                      | 149.93                                   | 132.07 | 112.33 | 72.85  | 62.98  | 46.06   |
| 86,400          | 7,200            | 4,800                      | 153.12                                   | 134.88 | 114.72 | 74.40  | 64.32  | 47.04   |
| 88,200          | 7,350            | 4,900                      | 156.31                                   | 137.69 | 117.11 | 75.95  | 65.66  | 48.02   |
| 90,000          | 7,500            | 5,000                      | 159.50                                   | 140.50 | 119.50 | 77.50  | 67.00  | 49.00   |
| 91,800          | 7,650            | 5,100                      | 162.69                                   | 143.31 | 121.89 | 79.05  | 68.34  | 49.98   |
| 93,600          | 7,800            | 5,200                      | 165.88                                   | 146.12 | 124.28 | 80.60  | 69.68  | 50.96   |
| 95,400          | 7,950            | 5,300                      | 169.07                                   | 148.93 | 126.67 | 82.15  | 71.02  | 51.94   |
| 97,200          | 8,100            | 5,400                      | 172.26                                   | 151.74 | 129.06 | 83.70  | 72.36  | 52.92   |
| 99,000          | 8,250            | 5,500                      | 175.45                                   | 154.55 | 131.45 | 85.25  | 73.70  | 53.90   |
| 100,800         | 8,400            | 5,600                      | 178.64                                   | 157.36 | 133.84 | 86.80  | 75.04  | 54.88   |
| 102,600         | 8,550            | 5,700                      | 181.83                                   | 160.17 | 136.23 | 88.35  | 76.38  | 55.86   |
| 104,400         | 8,700            | 5,800                      | 185.02                                   | 162.98 | 138.62 | 89.90  | 77.72  | 56.84   |
| 106,200         | 8,850            | 5,900                      | 188.21                                   | 165.79 | 141.01 | 91.45  | 79.06  | 57.82   |
| 108,000         | 9,000            | 6,000                      | 191.40                                   | 168.60 | 143.40 | 93.00  | 80.40  | 58.80   |
| 109,800         | 9,150            | 6,100                      | 194.59                                   | 171.41 | 145.79 | 94.55  | 81.74  | 59.78   |
| 111,600         | 9,300            | 6,200                      | 197.78                                   | 174.22 | 148.18 | 96.10  | 83.08  | 60.76   |
| 113,400         | 9,450            | 6,300                      | 200.97                                   | 177.03 | 150.57 | 97.65  | 84.42  | 61.74   |
| 115,200         | 9,600            | 6,400                      | 204.16                                   | 179.84 | 152.96 | 99.20  | 85.76  | 62.72   |
| 117,000         | 9,750            | 6,500                      | 207.35                                   | 182.65 | 155.35 | 100.75 | 87.10  | 63.70   |
| 118,800         | 9,900            | 6,600                      | 210.54                                   | 185.46 | 157.74 | 102.30 | 88.44  | 64.68   |
| 120,600         | 10,050           | 6,700                      | 213.73                                   | 188.27 | 160.13 | 103.85 | 89.78  | 65.66   |
| 122,400         | 10,200           | 6,800                      | 216.92                                   | 191.08 | 162.52 | 105.40 | 91.12  | 66.64   |
| 124,200         | 10,350           | 6,900                      | 220.11                                   | 193.89 | 164.91 | 106.95 | 92.46  | 67.62   |
| 126,000         | 10,500           | 7,000                      | 223.30                                   | 196.70 | 167.30 | 108.50 | 93.80  | 68.60   |
| 127,800         | 10,650           | 7,100                      | 226.49                                   | 199.51 | 169.69 | 110.05 | 95.14  | 69.58   |
| 129,600         | 10,800           | 7,200                      | 229.68                                   | 202.32 | 172.08 | 111.60 | 96.48  | 70.56   |
| 131,400         | 10,950           | 7,300                      | 232.87                                   | 205.13 | 174.47 | 113.15 | 97.82  | 71.54   |
| 133,200         | 11,100           | 7,400                      | 236.06                                   | 207.94 | 176.86 | 114.70 | 99.16  | 72.52   |
| 135,000         | 11,250           | 7,500                      | 239.25                                   | 210.75 | 179.25 | 116.25 | 100.50 | 73.50   |
| 136,800         | 11,400           | 7,600                      | 242.44                                   | 213.56 | 181.64 | 117.80 | 101.84 | 74.48   |
| 138,600         | 11,550           | 7,700                      | 245.63                                   | 216.37 | 184.03 | 119.35 | 103.18 | 75.46   |
| 140,400         | 11,700           | 7,800                      | 248.82                                   | 219.18 | 186.42 | 120.90 | 104.52 | 76.44   |
| 142,200         | 11,850           | 7,900                      | 252.01                                   | 221.99 | 188.81 | 122.45 | 105.86 | 77.42   |
| 144,000         | 12,000           | 8,000                      | 255.20                                   | 224.80 | 191.20 | 124.00 | 107.20 | 78.40   |



## **Standard Insurance Company**

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at [www.standard.com](http://www.standard.com).

\* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

GP190-LTD/S399



# Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

## Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

## What does it cover?

Accident Insurance pays you lump sum of benefits after you suffer an accident. This could be more than 40 different circumstances, including: emergency treatment, ambulance, burns, dislocations, fractures, hospital confinement, and surgery.

## Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



## Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **\$2,500**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **\$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **\$1,700**

Amanda's Guardian Accident policy pays her a benefit of **\$1,700**, which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your accident coverage

| <b>ACCIDENT</b>   |   |
|---|---|
| <b>COVERAGE - DETAILS</b>   |   |
| <b>Your Monthly premium</b>   | \$13.80   |
| You and Spouse  | \$22.66   |
| You and Child(ren)  | \$23.01   |
| You, Spouse and Child(ren)  | \$31.87   |
| <b>Accident Coverage Type</b>   | On and Off Job  |
| <b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment.  | Included  |
| <b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>   |   |
| <b>Benefit Amount(s)</b>  | Employee \$25,000<br>Spouse \$25,000<br>Child \$5,000   |
| <b>Catastrophic Loss</b>  | Quadriplegia, Loss of speech & hearing (both ears),<br>Loss of Cognitive function: 100% of AD&D<br>Hemiplegia & Paraplegia: 50% of AD&D |
| <b>Common Carrier</b>   | 200% of AD&D benefit  |
| <b>Common Disaster</b>  | 200% of Spouse AD&D benefit   |
| <b>Dismemberment</b> - Hand, Foot, Sight  | Single: 50% of AD&D benefit<br>Multiple: 100% of AD&D benefit   |
| <b>Dismemberment</b> - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot   | 25% of AD&D benefit   |
| <b>Seatbelts and Airbags</b>  | Seatbelts: \$10,000 & Airbags: \$15,000   |
| <b>Reasonable Accommodation to Home or Vehicle</b>  | \$2,500   |
| <b>WELLNESS BENEFIT</b> - Per Year Limit  | \$75  |
| <b>Child(ren) Age Limits</b>  | Children age birth to 26 years  |
| <b>FEATURES</b>   |   |
| Air Ambulance   | \$1,000   |
| Ambulance   | \$200   |
| Blood/Plasma/Platelets  | \$300   |
| Burns (2nd Degree/3rd Degree)   | 9 sq inches To 18 sq inches: \$0/\$2,000<br>18 sq inches To 35 sq inches: \$1,000/\$4,000<br>Over 35 sq inches: \$3,000/\$12,000        |
| Burns - Skin Graft  | 50% of burn benefit   |
| Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate. | 25% increase to child benefits  |
| Chiropractic Visits   | \$50/visit, up to 6 visits  |
| Coma  | \$10,000  |

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LIBERTY HILL INDEPENDENT SCHOOL DISTRICT  
ALL ELIGIBLE EMPLOYEES

Kit created 05/28/2024  
Group number: 00066409





# Your accident coverage

## FEATURES (Cont.)

|  |  |
|--|--|
| Concussion Baseline Study  | \$25   |
| Concussions  | \$200  |
| Diagnostic Exam (Major)  | \$200  |
| Dislocations   | Schedule up to \$7,000   |
| Doctor Follow-Up Visits  | \$25, up to 6 treatments   |
| Emergency Dental Work  | \$300/Crown, \$75/Extraction   |
| Emergency Room Treatment   | \$200  |
| Epidural Anesthesia Pain Management  | \$100, 2 times per accident  |
| Eye Injury   | \$300  |
| Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident. | \$20/day, up to 30 days  |
| Fractures  | Schedule up to \$7,000   |
| Hospital Admission   | \$1,000  |
| Hospital Confinement   | \$250/day - up to 1 year   |
| Hospital ICU Admission   | \$2,000  |
| Hospital ICU Confinement   | \$500/day - up to 15 days  |
| Initial Dr. Office/Urgent Care Facility Treatment  | \$75   |
| Joint Replacement (Hip/Knee/Shoulder)  | \$2,500/\$1,250/\$1,250  |
| Knee Cartilage   | \$500  |
| Laceration   | Schedule up to \$500   |
| Lodging - The hospital stay must be more than 50 miles from the insured's residence.   | \$125/day, up to 30 days for companion hotel stay                        |
| Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.   | Schedule up to \$300   |
| Outpatient Therapies   | \$25/day, up to 10 days  |
| Prosthetic Device/Artificial Limb  | 1: \$500<br>2 or more: \$1,000   |
| Rehabilitation Unit Confinement  | \$100/day, up to 15 days   |
| Ruptured Disc With Surgical Repair   | \$500  |
| Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max  | Schedule up to \$1,250<br>Hernia: \$250                                  |
| Surgery (Exploratory or Arthroscopic)  | \$300  |
| Tendon/Ligament/Rotator Cuff   | 1: \$500<br>2 or more: \$1,000   |
| Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.  | \$0.50 per mile, limited to \$500/round trip, up to 3 times per accident |
| X - Ray  | \$40   |

## UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.



# Your accident coverage

## UNDERSTANDING YOUR BENEFITS (Cont.):

- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the

policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-1-ACC-18

*If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.*

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18

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Group number: 00066409



**Watch our video**  
How cancer insurance can ease the financial burden of a cancer diagnosis.

# Cancer insurance

If you're diagnosed with cancer, the last thing you need to think about is the cost. Cancer insurance helps ease the financial burden.

Every year, more and more people are diagnosed with cancer. Unfortunately, in addition to bearing the physical and emotional toll of this disease, patients are often saddled with added financial expenses.

## Who is it for?

Cancer insurance is for people who want added financial protection, in addition to their regular health insurance. It comes into play if you are diagnosed with cancer—providing additional financial support to help keep the focus on your cancer treatment and recovery.

## What does it cover?

Cancer insurance benefits can help you handle medical plan deductibles, co-pays and other out-of-pocket costs by providing benefits when you receive radiation or chemotherapy treatment, or are hospitalized for surgery to treat cancer. These benefits can be used for non-medical expenses such as transportation to treatment facilities, and even everyday living expenses like groceries, rent, and mortgage payments.

## Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. The unexpected out-of-pocket expenses of cancer recovery, including transportation, co-pays, and deductibles, can add up fast. What's more, some of the costs you may incur during recovery are non-medical, such as covering a mortgage, childcare, and household expenses. Cancer insurance can help you pay for all of them.

Plus, cancer insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



## Extra support

Sarah's diagnosed with kidney cancer after a screening test and decides to undergo kidney removal surgery.

Average surgical expense: **\$25,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Sarah's still responsible for 20%: **\$4,700**

Total out-of-pocket amount for Sarah (deductible + coinsurance): **\$6,200**

Sarah has Guardian's Cancer Advantage policy, which pays her **\$2,500** as an initial diagnosis benefit and **\$2,100** for a 7-day hospital stay.

This gives her a total of **\$4,600** to help cover a portion of her out-of-pocket amount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your cancer coverage

## CANCER

| COVERAGE - DETAILS          | Option 1 | Option 2 |
|-----------------------------|----------|----------|
| <b>Your Monthly premium</b> | \$21.28  | \$28.78  |
| You and Spouse              | \$32.00  | \$42.12  |
| You and Child(ren)          | \$27.12  | \$32.30  |
| You, Spouse and Child(ren)  | \$37.84  | \$45.64  |

**INITIAL DIAGNOSIS BENEFIT** - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.

|   |   |   |
|---|---|---|
| <b>Benefit Amount(s)</b>  | Employee \$2,500<br>Spouse \$2,500<br>Child \$2,500 | Employee \$5,000<br>Spouse \$5,000<br>Child \$5,000 |
| <b>Benefit Waiting Period</b> - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable. | 30 Days   | 30 Days   |

### CANCER SCREENING

|                       |                                    |                                    |
|-----------------------|------------------------------------|------------------------------------|
| <b>Benefit Amount</b> | \$50; \$50 for Follow-Up screening | \$50; \$50 for Follow-Up screening |
|-----------------------|------------------------------------|------------------------------------|

### RADIATION THERAPY OR CHEMOTHERAPY

|  |   |   |
|--|---|---|
| <b>Benefit</b>   | Schedule amounts up to a \$15,000 benefit year maximum.   | Schedule amounts up to a \$20,000 benefit year maximum.   |
| <b>Pre-Existing Conditions Limitation:</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. | 3 months prior/ 6 months treatment free/ 12 months after. | 3 months prior/ 6 months treatment free/ 12 months after. |
| <b>Portability:</b> Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.   | Included  | Included  |
| <b>Child(ren) Age Limits</b>   | Children age birth to 26 years                            | Children age birth to 26 years                            |

### FEATURES

|   |   |   |
|---|---|---|
| Air Ambulance                               | \$1,500/trip, limit 2 trips per hospital confinement  | \$1,500/trip, limit 2 trips per hospital confinement  |
| Ambulance                                   | \$200/trip, limit 2 trips per hospital confinement  | \$200/trip, limit 2 trips per hospital confinement  |
| Anesthesia                                  | 25% of surgery benefit  | 25% of surgery benefit  |
| Anti-Nausea                                 | \$50/day up to \$150 per month  | \$50/day up to \$150 per month  |
| Attending Physician                         | \$25/day while hospital confined. Limit 75 visits.  | \$25/day while hospital confined. Limit 75 visits.  |
| Blood/Plasma/Platelets                      | \$100/day up to \$5,000 per year  | \$100/day up to \$5,000 per year  |
| Bone Marrow/Stem Cell                       | Bone Marrow: \$7,500<br>Stem Cell: \$1,500<br>50% benefit for 2nd transplant.<br>\$1,000 benefit if a donor | Bone Marrow: \$7,500<br>Stem Cell: \$1,500<br>50% benefit for 2nd transplant.<br>\$1,000 benefit if a donor |
| Experimental Treatment                      | \$100/day up to \$1,000/month   | \$100/day up to \$1,000/month   |
| Extended Care Facility/Skilled Nursing care | \$100/day up to 90 days per year  | \$100/day up to 90 days per year  |



# Your cancer coverage

| FEATURES (Cont.)  | Option 1   | Option 2   |
|---|--|--|
| Government or Charity Hospital  | \$300 per day in lieu of all other benefits  | \$300 per day in lieu of all other benefits  |
| Home Health Care  | \$50/visit up to 30 visits per year  | \$50/visit up to 30 visits per year  |
| Hormone Therapy   | \$25/treatment up to 12 treatments per year  | \$25/treatment up to 12 treatments per year  |
| Hospice   | \$50/day up to 100 days/lifetime   | \$50/day up to 100 days/lifetime   |
| Hospital Confinement  | \$300/day for first 30 days; \$600/day for 31st day thereafter per confinement   | \$300/day for first 30 days; \$600/day for 31st day thereafter per confinement   |
| ICU Confinement   | \$400/day for first 30 days; \$600/day for 31st day thereafter per confinement   | \$400/day for first 30 days; \$600/day for 31st day thereafter per confinement   |
| Immunotherapy   | \$500 per month, \$2500 lifetime max   | \$500 per month, \$2500 lifetime max   |
| Inpatient Special Nursing   | \$100/day up to 30 days per year   | \$100/day up to 30 days per year   |
| Medical Imaging   | \$100/image up to 2 per year   | \$100/image up to 2 per year   |
| Outpatient and family member lodging - Lodging must be more than 50 miles from your home. | \$75/day, up to 90 days per year   | \$75/day, up to 90 days per year   |
| Outpatient or Ambulatory Surgical Center  | \$250/day, 3 days per procedure  | \$250/day, 3 days per procedure  |
| Physical or Speech Therapy  | \$25/visit up to 4 visits per month, \$400 lifetime max  | \$25/visit up to 4 visits per month, \$400 lifetime max  |
| Prosthetic  | Surgically Implanted: \$2,000/device, \$4,000 lifetime max<br>Non-Surgically: \$200/device, \$400 lifetime max   | Surgically Implanted: \$2,000/device, \$4,000 lifetime max<br>Non-Surgically: \$200/device, \$400 lifetime max                                 |
| Reconstructive Surgery  | Breast TRAM Flap \$2,000<br>Breast reconstruction \$500<br>Breast Symmetry \$250<br>Facial reconstruction \$500  | Breast TRAM Flap \$2,000<br>Breast reconstruction \$500<br>Breast Symmetry \$250<br>Facial reconstruction \$500                                |
| Second Surgical Opinion   | \$200/surgery procedure  | \$200/surgery procedure  |
| Skin Cancer   | Biopsy Only: \$100<br>Reconstructive Surgery: \$250<br>Excision of a skin cancer: \$375<br>Excision of a skin cancer with flap or graft: \$600   | Biopsy Only: \$100<br>Reconstructive Surgery: \$250<br>Excision of a skin cancer: \$375<br>Excision of a skin cancer with flap or graft: \$600 |
| Specified Disease Rider   | The benefits of this plan will also pay if a covered person is diagnosed with one of the following Specified Diseases while coverage is in force: Addisons Disease, ALS, Brucellosis, Cerebrospinal Meningitis, Cystic Fibrosis, Diphtheria, Encephalitis, Hansens Disease, Hepatitis (Chronic B or Chronic C with liver failure), Legionnaires Disease, Lyme Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis, Rabies, Reyes Syndrome, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Systemic Lupus, Erythematosis, Tetanus, Thalassemia, Tuberculosis, Tularemia, Typhoid Fever. Only one specified disease from this list may be claimed under this plan. |  |



# Your cancer coverage

| FEATURES (Cont.)  | Option 1   | Option 2   |
|---|--|--|
| Surgical Benefit  | Schedule amount up to \$4,125  | Schedule amount up to \$4,125  |
| Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.  | \$0.50/mile up to \$1,000 per round trip/equal benefit for companion | \$0.50/mile up to \$1,000 per round trip/equal benefit for companion |
| Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled. | Included   | Included   |

## UNDERSTANDING YOUR BENEFITS :

- Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.
- Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the initial enrollment period or annual open enrollment period.

This plan will not pay benefits for: Services or treatment not included in the Features. Services or treatment provided by a family member. Services or treatment rendered for hospital confinement outside the United States. Any cancer diagnosed solely outside of the United States. Services or treatment provided primarily for cosmetic purposes. Services or treatment for premalignant conditions. Services or treatment for conditions with malignant potential. Services or treatment for non-cancer sicknesses.

Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country.

*If Cancer insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.*

Contract # GP-I-CAN-IC-12

Guardian's Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. 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. Policy Form # GP-1-CAN-IC-12, et al, GP-1-LAH-12R



# Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

## Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

## What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

Plus, critical illness insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



## Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300**.

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800**.

John has a **\$10,000** Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your critical illness coverage

## CRITICAL ILLNESS

### Benefit Amount(s)

Employee may choose a lump sum benefit of \$5,000 to \$30,000 in \$5,000 increments.

### CONDITIONS

#### Lung and Vascular Disorder

|                                 | 1 <sup>st</sup> OCCURRENCE | 2 <sup>nd</sup> OCCURRENCE |
|---------------------------------|----------------------------|----------------------------|
| Aneurysm                        | 10%                        | 10%                        |
| Pulmonary Embolism              | 30%                        | 30%                        |
| Stroke – Moderate               | 50%                        | 50%                        |
| Stroke – Severe                 | 100%                       | 100%                       |
| Transient Ischemic Attack (TIA) | 10%                        | 10%                        |

#### Heart Conditions

|   |      |      |
|---|------|------|
| Coronary Artery Disease                 | 10%  | 10%  |
| Coronary Artery Disease – bypass needed | 50%  | 50%  |
| Heart Attack                            | 100% | 100% |
| Heart Failure                           | 100% | 100% |
| Pacemaker                               | 10%  | 10%  |

#### Additional Conditions

|                               |      |      |
|-------------------------------|------|------|
| Infectious Contagious Disease | 30%  | 0%   |
| Kidney Failure                | 100% | 100% |
| Major Organ Failure           | 100% | 100% |

#### 1<sup>st</sup> OCCURRENCE ONLY

|                     |                          |
|---------------------|--------------------------|
| Addison's Disease   | 30%                      |
| Coma                | 100%                     |
| Loss of Hearing     | 100%                     |
| Loss of Sight       | 100%                     |
| Loss of Speech      | 100%                     |
| Permanent Paralysis | 100% for 1 or more limbs |
| Severe Burns        | 100%                     |

#### Chronic Disorders

|                    |     |
|--------------------|-----|
| Crohn's Disease    | 30% |
| Epilepsy           | 10% |
| Lupus              | 30% |
| Ulcerative Colitis | 30% |

#### Neurological Disorders

|                                |      |
|--------------------------------|------|
| Alzheimer's Disease – Early    | 50%  |
| Alzheimer's Disease – Advanced | 100% |
| ALS (Lou Gehrig's Disease)     | 100% |
| Dementia – other causes        | 100% |
| Huntington's Disease           | 30%  |
| Multiple Sclerosis – Early     | 50%  |

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# Your critical illness coverage

## CRITICAL ILLNESS

|  |   |
|--|---|
| Multiple Sclerosis – Advanced  | 100%  |
| Myasthenia Gravis  | 30%   |
| Parkinson's Disease – Early  | 50%   |
| Parkinson's Disease – Advanced   | 100%  |
| <b>Childhood Illnesses and Disorders</b>   |   |
| Autism Spectrum Disorder   | 100%  |
| Cerebral Palsy   | 100%  |
| Cleft Lip/Cleft Palate   | 100%  |
| Club Foot  | 100%  |
| Congenital Heart Defect  | 100%  |
| Cystic Fibrosis  | 100%  |
| Diabetes – Type I  | 100%  |
| Down Syndrome  | 100%  |
| Hemophilia   | 100%  |
| Multisystem Inflammatory Disease (MLS)   | 100%  |
| Muscular Dystrophy   | 100%  |
| Spina Bifida   | 100%  |
| <b>Spouse Benefit</b>  | May choose a lump sum benefit of \$5,000 to \$30,000 in \$5,000 increments up to 100% of the employee's lump sum benefit.   |
| <b>Child Benefit-</b> children age Birth to 26 years   | 50% of employee's lump sum benefit  |
| <b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period. | We Guarantee Issue up to:<br>\$30,000<br><br>For a spouse:<br>\$30,000<br><br>For a child: All Amounts<br><br><b>Health questions are required if the elected amount exceeds the Guarantee Issue.</b> |
| <b>Portability:</b> Allows you to take your Critical Illness coverage with you if you terminate employment.  | Included  |
| <b>Pre-Existing Condition Limitation:</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.                          | Not Applicable  |
| <b>Waiver of Premium:</b> If you become disabled due to a covered critical illness that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.      | Included  |
| <b>Occupational HIV/Hepatitis Benefit</b>  | 100% of employee benefit for the first occurrence.  |
| <b>Health Screening Benefit</b>  | \$50 Employee, \$50 Spouse, \$50 Child per year limit.  |

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# Your critical illness coverage

## Condition Definitions

- Stroke - Moderate: requires clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage.
- Stroke - Severe: a permanent neurological deficit which persists at least 30 days after the event.
- Coronary Artery Disease: requires a diagnosis and severity level that requires one or more of the following procedures: atherectomy (rotation or laser), balloon angioplasty, laser angioplasty, stent implantation, thrombectomy (angiojet).
- Coronary Artery Disease - requiring a bypass: requires a diagnosis to be of such a severity that it requires one or more coronary artery bypass grafts.
- Heart Failure: requires a heart valve replacement or acceptance into the heart transplant waiting list.
- Infectious Contagious Disease: benefit is only payable if: 1) the insured is diagnosed with a covered infectious or contagious disease by a doctor while insured by Guardian and 2) the insured is hospital confined due to the infectious or contagious disease for 5 or more consecutive days. The Infectious Contagious Disease benefit covers Antibiotic resistant bacteria (including MRSA), Coronavirus (Covid-19), Diphtheria, Encephalitis, Legionnaire's Disease, Lyme Disease, Malaria, Meningitis, Necrotizing fasciitis (flesh eating bacteria), Osteomyelitis, Rabies, Tuberculosis. This benefit will pay for only one Infectious Contagious Disease, once per lifetime.
- Kidney Failure: occurs on the earlier date of when renal or peritoneal dialysis begins, or the date you're accepted onto the kidney transplant waiting list of a recognized kidney transplant program in the United States.
- Major Organ Failure: occurs on the date you're accepted onto the liver, pancreas or lung transplant waiting list of a recognized transplant program in the United States.
- Crohn's Disease: benefit is available for the initial diagnosis of the disease, not the periodic flare-ups that may occur after the initial diagnosis.
- Epilepsy: requires initial diagnosis after at least two seizures, which are 24 hours apart and have no known trigger.
- Lupus: requires at least four symptoms be present at time of diagnosis. The benefit is available for initial diagnosis of the disease, not for periodic flare-ups that may occur after the initial diagnosis.
- Ulcerative Colitis: benefit is available for the initial diagnosis based on the results of a colonoscopy, not for periodic flare-ups that may occur after the initial diagnosis.
- Early-Stage Alzheimer's Disease: occurs on the date a physician diagnoses the progression which causes a loss of cognitive ability and functioning.
- Advanced Alzheimer's Disease: occurs on the date a physician diagnoses the cognitive decline to have progressed to the point that there's permanent inability to perform 2 or more Activities of Daily Living.
- Early-Stage Multiple Sclerosis (MS): must be diagnosed by a physician and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- Advanced Stage Multiple Sclerosis (MS): requires neurological deficits for at least six months and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- Early-Stage Parkinson's Disease: occurs on the date diagnosed by a physician with at least 1 symptom(s) affecting movement and the central nervous system.
- Advanced Parkinson's Disease: occurs on the date diagnosed by a physician and requires at least 3 or more symptom(s) affecting movement and the central nervous system.

## Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

|  | Monthly Premiums Displayed    |         |         |         |         |         |         |         |         |          |          |
|--|-------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|
|  | Election Cost Per Age Bracket |         |         |         |         |         |         |         |         |          |          |
|  | < 25                          | 25-29   | 30-34   | 35-39   | 40-44   | 45-49   | 50-54   | 55-59   | 60-64   | 65-69    | 70+      |
| Employee   |                               |         |         |         |         |         |         |         |         |          |          |
| \$5,000  | \$2.15                        | \$2.15  | \$3.45  | \$3.45  | \$5.20  | \$5.20  | \$11.50 | \$11.50 | \$14.65 | \$17.65  | \$17.65  |
| \$10,000   | \$4.30                        | \$4.30  | \$6.90  | \$6.90  | \$10.40 | \$10.40 | \$23.00 | \$23.00 | \$29.30 | \$35.30  | \$35.30  |
| \$15,000   | \$6.45                        | \$6.45  | \$10.35 | \$10.35 | \$15.60 | \$15.60 | \$34.50 | \$34.50 | \$43.95 | \$52.95  | \$52.95  |
| \$20,000   | \$8.60                        | \$8.60  | \$13.80 | \$13.80 | \$20.80 | \$20.80 | \$46.00 | \$46.00 | \$58.60 | \$70.60  | \$70.60  |
| \$25,000   | \$10.75                       | \$10.75 | \$17.25 | \$17.25 | \$26.00 | \$26.00 | \$57.50 | \$57.50 | \$73.25 | \$88.25  | \$88.25  |
| \$30,000   | \$12.90                       | \$12.90 | \$20.70 | \$20.70 | \$31.20 | \$31.20 | \$69.00 | \$69.00 | \$87.90 | \$105.90 | \$105.90 |
| <b>Benefit Amount Up To 100% of Employee Amount to a Maximum of \$30,000</b> |                               |         |         |         |         |         |         |         |         |          |          |
| Spouse   |                               |         |         |         |         |         |         |         |         |          |          |
| \$5,000  | \$2.15                        | \$2.15  | \$3.45  | \$3.45  | \$5.20  | \$5.20  | \$11.50 | \$11.50 | \$14.65 | \$17.65  | \$17.65  |
| \$10,000   | \$4.30                        | \$4.30  | \$6.90  | \$6.90  | \$10.40 | \$10.40 | \$23.00 | \$23.00 | \$29.30 | \$35.30  | \$35.30  |
| \$15,000   | \$6.45                        | \$6.45  | \$10.35 | \$10.35 | \$15.60 | \$15.60 | \$34.50 | \$34.50 | \$43.95 | \$52.95  | \$52.95  |
| \$20,000   | \$8.60                        | \$8.60  | \$13.80 | \$13.80 | \$20.80 | \$20.80 | \$46.00 | \$46.00 | \$58.60 | \$70.60  | \$70.60  |
| \$25,000   | \$10.75                       | \$10.75 | \$17.25 | \$17.25 | \$26.00 | \$26.00 | \$57.50 | \$57.50 | \$73.25 | \$88.25  | \$88.25  |
| \$30,000   | \$12.90                       | \$12.90 | \$20.70 | \$20.70 | \$31.20 | \$31.20 | \$69.00 | \$69.00 | \$87.90 | \$105.90 | \$105.90 |

## EXCLUSIONS AND LIMITATIONS

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 6 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a doctor. If one illness causes or contributes to another illness, we'll pay benefits for only one of these illnesses. We'll pay for the illness that has the larger benefit. If the benefit amounts for the illness are the same, we'll let you choose which one we pay.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

*The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..*

*If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..*

Contract # CI – 23 - P



# Hospital indemnity insurance

Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

## Who is it for?

Hospital indemnity insurance is for people who need help covering the costs associated with a hospital stay if they suddenly become sick or injured.

## What does it cover?

If you are admitted to a hospital for a covered sickness or injury, you'll receive payments that can be used to cover all sorts of costs, including:

- Deductibles and co-pays.
- Travel to and from the hospital for treatment.
- Childcare service assistance while recovering.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Hospital indemnity insurance can help pay for out-of-pocket costs associated with being hospitalized, giving you more of a financial safety net for unplanned expenses brought on by a hospital stay.

Plus, hospital indemnity insurance is portable and payments are made directly to you – even if you didn't incur any out-of-pocket expenses.

You will receive these benefits if you meet the conditions listed in the policy.



## Be prepared

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300**.

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800**.

John's Guardian Hospital Indemnity policy pays him **\$1,000** for hospital admission.

The policy gives him a total payment of **\$1,000** to help cover the out-of-pocket amount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your hospital indemnity coverage

| <b>Hospital Indemnity</b>   |   |   |
|---|---|---|
|   | Option 1  | Option 2  |
| <b>Coverage Details</b>   |   |   |
| <b>Your Monthly premium</b>   | \$15.17   | \$22.83   |
| You and Spouse  | \$31.48   | \$49.14   |
| You and Child(ren)  | \$23.50   | \$36.06   |
| You, Spouse and Child(ren)  | \$39.81   | \$62.37   |
| <b>Benefits</b>   |   |   |
| Hospital/ICU Admission  | \$1,500 per admission, limited to 2 admission(s) per insured.         | \$2,500 per admission, limited to 2 admission(s) per insured.         |
| Hospital/ICU Confinement  | \$50/\$50 per day, limited to 15 day(s) per insured per benefit year. | \$50/\$50 per day, limited to 15 day(s) per insured per benefit year. |
| <b>Pre-Existing Conditions Limitation</b> - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. | Not Applicable  | Not Applicable  |
| <b>Portability</b> - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.  | Included  | Included  |
| <b>Child(ren) Age Limits</b>  | Children age birth to 26 years  | Children age birth to 26 years  |

## UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.



# Your hospital indemnity coverage

## LIMITATIONS AND EXCLUSIONS:

In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for:

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection.

- Suicide or any intentionally self-inflicted injury

Elective surgery;

Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;

Dental care, dental xrays, or dental treatment;

Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit ;

Rest cures or custodial care, or treatment of sleep disorders;

Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:

(a) on an injured part of the body following infection or disease of the involved part;

(b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or

(c) on a nondiseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;

Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;

Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;

Care or treatment for mental or nervous disorders;

Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union.

Surgery and treatment, procedures, products or services that are experimental or investigative.

Treatment of a Covered Dependent Child's Children;

Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.

GP-1-HI-15

Guardian Hospital Indemnity Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services.  
Policy Form # GP-1-HI-15, GP-1-LAH-12R



# Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

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## Important information



### **Notice Informing Individuals about Nondiscrimination and Accessibility Requirements**

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

### **No Cost Language Services**

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

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# Global Emergency Assistance Services

Connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling 100 miles away from home or outside the country for up to 90 days. Requests for reimbursement for medical transport or other services arranged independently by you will not be accepted.

## How it can help



### Medical Emergency Assistance

- Medical consultation, evaluation, and referrals
- Medical monitoring
- Emergency medical evacuation
- And more



### Travel Emergency Assistance

- Care of minor children
- Compassionate visit
- Return of traveling companion
- And more



### Additional Emergency Assistance Services

- Lost luggage
- Document assistance
- Legal and interpreter referrals
- And more

## ID Theft Protection Services

Prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. Services include:

- 24/7 access to identity protection specialists
- Credit card and document registration
- Lost and stolen credit and debit card assistance
- 24/7 identity fraud support

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

ComPsych Corporation (ComPsych) is a vendor to The Guardian Life Insurance Company of America (Guardian). ComPsych and Guardian are not affiliated entities. Global emergency assistance services (Services) are provided by ComPsych through its subcontractor Assist America. Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and ComPsych reserve the right to discontinue Services at anytime without notice. Services may not be available in all states. Global emergency assistance services are not available in the state of New York. Provision of Services shall be in a manner consistent with applicable law.



## How to access

Reference number  
01-AA-GLI-10231



### Call

1 800 872 1414 (within the US)  
1 609 986 1234 (outside the US)



### Email

medservices@assistamerica.com



### Download

Assist America mobile app  
Available on Google Play and  
the App Store

## How to access ID Theft Protection

Access code  
18327



### Call

1 877 409 9597 (within the US)  
1 816 396 9192 (outside the US)



\$14/month

# Stay prepared with MASA<sup>®</sup> Access<sup>SM</sup>

Comprehensive coverage and care for emergency transport.

## Our Emergent Plus membership plan includes:

### Emergency Ground Ambulance Coverage<sup>1</sup>

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

### Emergency Air Ambulance Coverage<sup>1</sup>

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

### Hospital to Hospital Ambulance Coverage<sup>1</sup>

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

### Repatriation Near Home Coverage<sup>1</sup>

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

#### Coverage territories

1: United States and Canada.

#### Disclaimers

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not guarantee coverage and do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums, benefits, and coverage vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: <https://info.masamts.com/masa-mts-disclaimers>



## Did you know?

# 51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMESIS, National EMS Data Report, 2023

## About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no “out-of-network” ambulance. Just send us the bill when it arrives and we’ll work to ensure charges are covered. Plus, we’ll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family’s financial future with MASA.

# Protect your family's future with a Legal Plan

Legal Plan proudly offered to  
Liberty Hill ISD



Get the peace of mind you want and the protection you need with a Legal Plan. Your legal plan offers valuable benefits to help your family save money from unexpected legal issues.

#### With a legal plan, you will get:

- The right attorney with expertise specific to your legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- Concierge help navigating the legal world
- Financial coaching
- Identity theft coaching

#### Enroll now in the legal plan.

To learn more:

Call: 1(800) 248-9000

Visit: <https://www.legaleaseplan.com/libertyhill>

 LegalACCESS

## A legal plan based on a strong idea.

People deserve to feel prepared and confident when facing a legal matter. The Family Legal Plan is a robust product offering that protects members when it matters most. Legal Access has been putting people in touch with quality local attorneys and helping solve problems since 1971.

### Plan Details:

**\$9.98 monthly,  
via payroll deduction**

**Who's  
covered:**

Employee

Spouse

Dependent Children  
Up to age 23

Parents  
Elder Benefits designed for Plan  
member's and Spouse's parents

### The value of having a legal plan.

Being a legal plan member saves you time and costly legal fees. But most importantly, it gives you confidence and provides coverage for:

- **Telephone Advice and Consultation on Legal and Financial Matters** - Consultation by toll-free telephone with a Plan Attorney.
- **Initial Law Office Consultation** - with a Plan Attorney in his/her office on any personal legal problem, civil or criminal, except those specifically excluded.
- **Miscellaneous Law Office Services** - Benefits not specifically covered or excluded hereunder to be provided by a Referral Attorney at an amount shown in the Schedule of Benefits.
- **Review of Simple Documents** - The Plan Attorney will verbally explain the meaning or impact of any form or document, or make suggestions for changes to a form or document being drafted of up to the maximum number of pages as shown in the Schedule of Benefits.
- **Document Preparation** - Preparation of the following documents: simple deed, promissory note, general power of attorney and consumer dispute correspondence
- **Legal Correspondence** - The Plan Attorney will write a letter or make a telephone call when it may result in a prompt resolution of a simple matter.
- **Will and Codicil Preparation** - Preparation of one simple will or codicil (an amendment to an existing will) for Member only.
- **Living Will and/or Health Care Power of Attorney** - Preparation of a living will and/or health care power of attorney for Member and Family Member(s), as authorized by state law.



**For more information, visit:**

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



**To learn more, call:**

1(800) 248-9000

LegalACCESS

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. Home Office: 5151 San Felipe, Suite 2300, Houston, TX. If this benefit summary conflicts in any way with the documents issued to your employer, the policy/contract or agreement shall prevail.



**MEANINGFUL NOTICE / PLAN SUMMARY INFORMATION****403(b) PLAN AND 457(b) DEFERRED COMPENSATION PLAN**

The 403(b) and 457(b) Plans are valuable retirement savings options. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) and 457(b) Plans offered.

Plan administration services for the 403(b) and 457(b) plans are provided by U.S. OMNI & TSACG Compliance Services. Visit the U.S. OMNI & TSACG Compliance Services' website (<https://www.tsacg.com>) for information about enrollment in the plan, investment product providers available, distributions, exchanges or transfers, 403(b) and/or 457(b) loans, and rollovers.

**ELIGIBILITY**

Most employees are eligible to participate in the 403(b) and 457(b) plans immediately upon employment; however, private contractors, appointed/elected trustees and/or school board members are not eligible to participate in the 403(b) plan. Please verify if your employer allows student workers to participate in the 403(b) plan. Eligible employees may make voluntary elective deferrals to both the 403(b) and 457(b) plans and participants are fully vested in their contributions and earnings at all times.

**EMPLOYEE CONTRIBUTIONS**Traditional 403(b) and 457(b)

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) and/or 457(b) account(s) up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Contributions to the participant's 403(b) or 457(b) accounts are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

Roth 403(b) & 457(b) Contributions

Contributions made to a Roth account are after-tax deductions from your paycheck and are subject to limit coordination with traditional accounts. Income taxes are not reduced by contributions you make to your account. All qualified distributions from Roth accounts are tax-free. Any earnings on your deposits are not taxed as long as they remain in your account for five years from the date that your first Roth contribution was made. Roth 403(b) and Roth 457(b) distributions may be taken if you are 59½ (subject to plan document provisions) or at separation from service.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. U.S. OMNI & TSACG Compliance Services monitors 403(b) plan contributions and notifies the employer in the event of an excess contribution.

**THE BASIC CONTRIBUTION LIMIT FOR 2024 IS \$23,000.**

Additional provisions allowed:

**AGE-BASED ADDITIONAL AMOUNT**

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to \$7,500 to the 403(b) and/or 457(b) accounts.

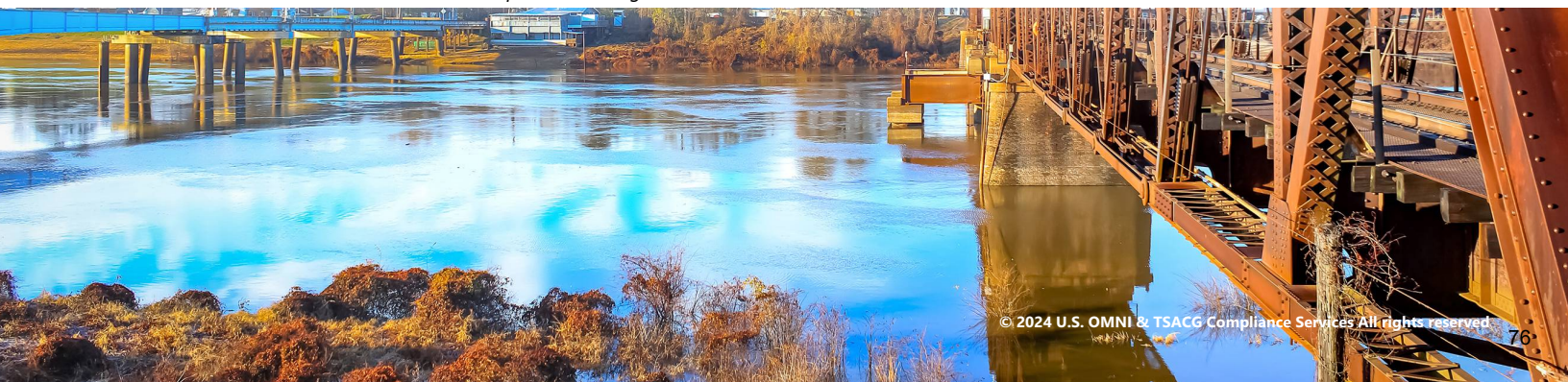
**THE SERVICE-BASED CATCH UP AMOUNT**

The 403(b) special catch-up provision allows participants to make additional contributions of up to \$3,000 to the 403(b) account if, as of the preceding calendar year, the participant has completed 15 or more full years of employment with the current employer, not averaged over \$5,000 per year in annual contributions, and has not utilized catch-up contributions in excess of the aggregate of \$15,000. For a detailed explanation of this provision, please visit <https://www.tsacg.com>.

**ENROLLMENT**

Employees who wish to enroll in the 403(b) and/or 457(b) plan must first select the provider and investment product best suited for their account. Upon establishment of the account with the selected provider, a "Salary Reduction Agreement" (SRA) form and/or a deferred compensation enrollment form and any disclosure forms must be completed and submitted to the employer. These forms authorize the employer to withhold 403(b) and/or 457(b) contributions from the employee's pay and send those funds to the Investment Provider on their behalf. A SRA form and/or a deferred compensation enrollment form must be completed to start, stop or modify contributions to 403(b) and/or 457(b) accounts. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

*Please note: The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available at <https://www.tsacg.com>.*



## INVESTMENT PROVIDER INFORMATION

A current list of authorized 403(b) and 457(b) Investment Providers and current employer forms are available on the employer's specific Web page at <https://www.tsacg.com>.

## PLAN DISTRIBUTION TRANSACTIONS

Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing. Prior to taking a loan, participants should consult a tax advisor.

## PLAN-TO-PLAN TRANSFERS

A plan-to-plan transfer is defined as the movement of a 403(b) and/or 457(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.

## ROLLOVERS

Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

## DISTRIBUTIONS

Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations unless they have attained age 59½ or separated from service. Generally, a distribution cannot be made from a 457(b) account until you have reach age 59½ or have a severance from employment. In most cases, any withdrawals made from a 403(b) or 457(b) account are taxable in full as ordinary income.

## EXCHANGES

Within each plan, participants may exchange account accumulations from one investment provider to another investment provider that is authorized under the same plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange. Exchanges can only be made from one 457(b) plan to another 457(b) plan, or from one 403(b) plan to another 403(b) plan.

## 403(b) and 457(b) PLAN LOANS

Participants may be eligible to borrow their 403(b) and/or 457(b) plan accumulations depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider.

## HARDSHIP WITHDRAWALS

Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. To be eligible for a hardship withdrawal according to IRS Safe Harbor regulations, you must certify and may be asked to provide evidence that the distribution is being taken for specific reasons. These eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at <https://www.tsacg.com>.

## UNFORESEEN FINANCIAL EMERGENCY WITHDRAWAL

You may be able to take a withdrawal from your 457(b) account in the event of an unforeseen financial emergency. An unforeseeable emergency is defined as a severe financial hardship of the participant or beneficiary. The eligibility requirements to receive a Unforeseen Financial Emergency Withdrawal are provided on the Unforeseen Financial Emergency Withdrawal Disclosure form at <https://www.tsacg.com>.

## EMPLOYEE INFORMATION STATEMENT

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) and 457(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

## PLAN ADMINISTRATOR CONTACT INFORMATION

### Transactions

P.O. Box 4037 | Fort Walton Beach, FL 32549  
Toll-free: 1-888-796-3786 | <https://www.tsacg.com>

### For overnight deliveries

73 Eglin Parkway NE, Suite 202 | Fort Walton Beach, FL 32548  
Toll-free: 1-888-796-3786 | <https://www.tsacg.com>

# Plan Participation Guide

## What you will find in your Plan Participation Guide

**Meet Our Team. . . . . 2**

**Getting Started. . . . . 3**

- Understanding your Plan
- Why Contribute?
- Online Resources
- Submitting Distributions
- Submitting SRAs

**Enrollment. . . . . 4**

Dear Employee,

Our goal at U.S. OMNI & TSACG Compliance Services is to make your life easier by ensuring your employer’s supplemental retirement plan is administered properly and by ensuring that you have the resources you need to take full advantage of the opportunity to participate.

Your employer has placed the administration of their plan(s) in our hands, and this is not a responsibility we take lightly. It is our promise to you that no matter where you are at in life - actively working, nearing retirement, or retired - we will dedicate the time and effort to simplify how you access your account and manage your contributions.

This Plan Participation Guide was developed to provide resource information, but as you dive deeper into the management of your retirement accounts, you may find that you still have questions. Don’t worry. We are here to help. Our Customer Service Representatives are available to assist with distribution submission and approval questions as well as salary reduction agreement submission questions. The contact information for our teams can be found later in this document.

Welcome to your benefits plan. We are happy you are here.

Sincerely,  
U.S. OMNI & TSACG Compliance Services

# Enrollment

You have decided to participate in the plan. Now what?

After reviewing your employer's 403(b) or 457(b) plan, you will likely want to take advantage of saving for retirement on a tax-deferred basis. Here are some tips on how to get started.

## Pick Your Investment Provider

You will want to review your employer's list of authorized investment providers and determine where you want to invest your money. A complete list of your investment providers is available to you when you visit your employer's page on <https://www.tsacg.com/individual/plan-sponsor/>. Not sure which investment provider to choose? Review company marketing materials, consult with your financial advisor, or ask a trusted colleague or mentor if they work with an advisor or investment provider they would recommend.

## Contact Your Chosen Investment Provider

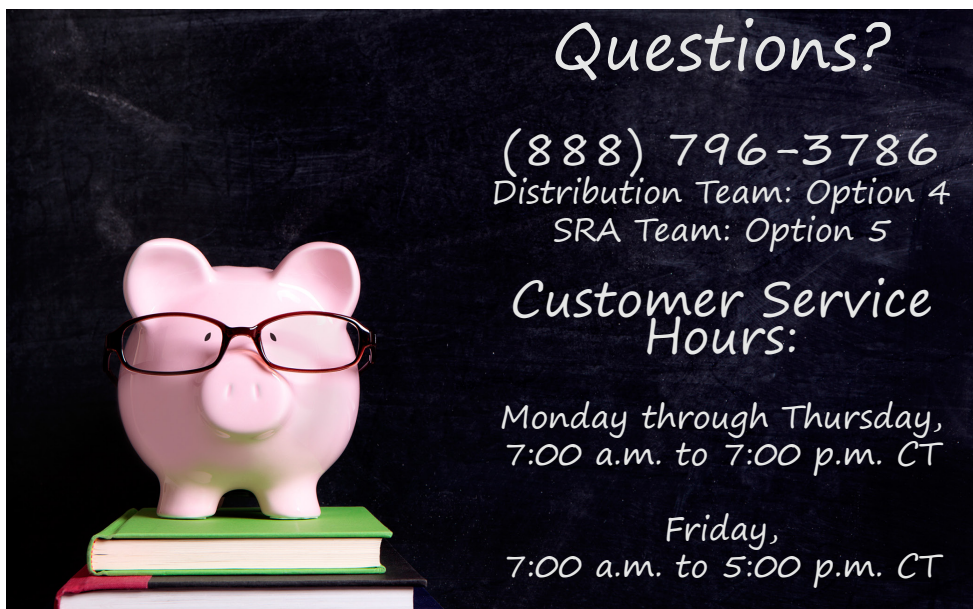
Once you have decided on an investment provider or providers, be sure to contact them and establish an account.

## Complete a Salary Reduction Agreement

Next, you simply complete a Salary Reduction Agreement (SRA) via the process defined by your employer. Your employer's page at <https://www.tsacg.com/individual/plan-sponsor/> will either reflect the instructions to submit an SRA via U.S. OMNI & TSACG Compliance Services' online SRA system, and/or house an SRA which can be completed and submitted via the instructions provided by your employer.

## What Happens Next?

Once you have submitted your SRA request, your employer will begin deducting your contribution amount from your paycheck and send the funds to your chosen investment provider or providers.



**Questions?**

**(888) 796-3786**  
Distribution Team: Option 4  
SRA Team: Option 5

**Customer Service Hours:**

Monday through Thursday,  
7:00 a.m. to 7:00 p.m. CT

Friday,  
7:00 a.m. to 5:00 p.m. CT