City of Edinburg Benefits Guidebook 2026-2027

INSURANCE CARRIERS

Core Benefits

Medical, Dental, Vision, Life Insurance & Long Term Disability

- **Blue Cross Blue Shield (Health)**
  - **Website www.bcbstx.com**
  - **Customer Service: 1-800-521-2227**

- **Delta Dental (Dental)**
  - **Website: www.deltadentalins.com**
  - **Customer Service:800-521-2651**

- **Davis Vision through AFLAC (Vision)**
  - **Website: www.davisvision.com**
  - **Customer Service: 1-800-999-5431**

- **Dearborn of Blue Cross Blue Shield (Group & Voluntary Life)**
  - **Website: www.dearbornnational.com**
  - **Customer Service: 1-800-348-4512**

- **Madison National (Long-Term Disability)**
  - **Website: www.ochsinc.com**
  - **Customer Service: 1-800-392-7295**

Voluntary Products

Cancer, Accident, Hospital Indemnity, Pet Insurance, Short-term Disability, Legal, Emergency Transportation, Critical Illness, Permanent Life, Loan Program, and 457 options

- **Colonial (Cancer)**
  - **Website: coloniallife.com**
  - **Customer Service: 1-800-325-4368**

- **The Hartford (Accident & Hospital Indemnity)**
  - **Website: www.thehartford.com**
  - **Customer Service: 866-547-4205**

- **Pet Partners, Inc. (Pet Insurance)**
  - **Customer Service: 1-844-738-4242**

- **Voya Financial (Short-Term Disability)**
  - **City of Edinburg pg: https://presents.voya.com/EBRC/cityofedinburg**
    Claims submission: https://eb.voyacdn.com/175506/compass.html
  - **Customer Service: 1-800-955-7736**

- **Texas Legal (Legal Services)**
  - **Website: https://texaslegal.org/**
  - **Customer Service: 1-800-252-9346**

- **MASA (Ambulance and Air Services)**
  - **Representative: Brice Calahan 956-252-6818**
  - **Customer Service: 1-800-423-3226**

- **Wellfleet (Critical Illness)**
  - **Website: www.wellfleetworkplace.com**
  - **Customer Service: 1-855-900-4777**

- **Texas Republic Life Insurance Company (Permanent – Universal Life)**
  - **Customer Service: 800-263-7590**
  - **https://texasrepublicife.com/**

- **Community Loan**
  - **Website: www.rgvcommunityloancenter.com**
  - **Customer Service: 956-356-6600**

- **Nationwide (457 Deferred Compensation Plans)**
  - **Representative: Sarita Null**
  - **Customer Service: 1-877-677-3678**

- **Mission Square Retirement – (457 Deferred Compensation Plans)**
  - **Representative: Sandra Aguilar**
  - **Customer Service: 1-800-669-7400**

- **VOYA (457 Deferred Compensation Plans)**
  - **Representative: Rolando Guerra 956-380-6475**
  - **Customer Service: 1-877-884-5050**

- **Employee Assistance Program (Access to Counselors)**
  - **Website: www.niseap.com**
  - **Customer Service: 1-866-451-5465**

EAP for Employees Only

Special Notice: Government Assistance May Be Available to Help Pay Your Health Care Contributions

This notice is required to be distributed to participants in group health plans sponsored by City of Edinburg. Please refer to the information in your Benefits Guide and Summary Plan Descriptions (SPDs) for more details about your benefits, including other required notices.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2016. Contact your State for further information on eligibility.

To see if any more states have added a premium assistance program since January 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, ext. 61565

Texas (Medicaid)	http://www.gethipptexas.com/	1-800-440-0493

THE CITY OF Edinburg

Employee Insurance Premium Rate Sheet
Effective October 01, 2026 - September 30, 2027

BlueCross BlueShield
HMO Health Insurance (Low Plan)

	Monthly Premium	City Share Monthly	Employee Share Monthly	Employee Share Per Pay Period
Employee Only	$582.62	$582.62	$0.00	$0.00
Employee & Child(ren)	$906.96	$726.96	$180.00	$90.00
Employee & Spouse	$1,415.58	$1,095.58	$320.00	$160.00
Employee & Family	$1,638.93	$1,113.93	$525.00	$262.50

BlueCross BlueShield
PPO Health Insurance (High Plan)

	Monthly Premium	City Share Monthly	Employee Share Monthly	Employee Share Per Pay Period
Employee Only	$642.62	$582.62	$60.00	$30.00
Employee & Child(ren)	$1,022.50	$780.68	$241.82	$120.91
Employee & Spouse	$1,575.04	$1,176.39	$398.65	$199.33
Employee & Family	$1,826.43	$1,197.34	$629.09	$314.55

Delta Dental
Dental Insurance (Low Plan)

	Monthly Premium	City Share Monthly	Employee Share Monthly	Employee Share Per Pay Period
Employee Only	$6.42	$6.42	$0.00	$0.00
Employee & Child(ren)	$14.63	$6.42	$8.21	$4.11
Employee & Spouse	$15.94	$6.42	$9.52	$4.76
Employee & Family	$20.44	$6.42	$14.02	$7.01

Delta Dental
Dental Insurance (High Plan)

	Monthly Premium	City Share Monthly	Employee Share Monthly	Employee Share Per Pay Period
Employee Only	$27.18	$6.42	$20.76	$10.38
Employee & Child(ren)	$61.61	$6.42	$55.19	$27.60
Employee & Spouse	$63.06	$6.42	$56.64	$28.32
Employee & Family	$83.30	$6.42	$76.88	$38.44

AFLAC (Davis Vision)
Vision Insurance (Low Plan)

	Monthly Premium	City Share Monthly	Employee Share Monthly	Employee Share Per Pay Period
Employee Only	$5.09	$0.00	$5.09	$2.55
Employee & Child(ren)	$9.95	$0.00	$9.95	$4.98
Employee & Spouse	$8.89	$0.00	$8.89	$4.45
Employee & Family	$13.93	$0.00	$13.93	$6.97

AFLAC (Davis Vision)
Vision Insurance (High Plan)

	Monthly Premium	City Share Monthly	Employee Share Monthly	Employee Share Per Pay Period
Employee Only	$8.05	$0.00	$8.05	$4.03
Employee & Child(ren)	$17.20	$0.00	$17.20	$8.60
Employee & Spouse	$14.71	$0.00	$14.71	$7.36
Employee & Family	$21.64	$0.00	$21.64	$10.82

Dearborn National - Life Insurance Note: Rate Coverage is Dependent on Age and Coverage Amount				
	Monthly Premium	**City Share Monthly**	**Employee Share Monthly**	**Employee Share Per Pay Period**
Employee Only (incl. AD&D)	$0.50	$0.50	$0.00	$0.00
Buy-Up Dep. Child(ren) ($10,000)	$1.28	$0.00	$1.28	$0.64
Buy-Up Employee (Max up to $500,000) (Guarantee Issue $100,000- New Hire only)	Starts 0.64 per $1,000	$0.00	Dependent on Employee Election Options	Dependent on Employee Election Options
Buy-Up Spouse (Max up to $200,000) (Guarantee Issue $25,000- New Hire only)	Starts .064 per $1,000	$0.00	Dependent on Employee Election Options	Dependent on Employee Election Options

Madison National - Long Term Disability 100% Employer Paid	
Coverage	**Rate per $100 of covered payroll per month**
Long Term Disability	$0.19

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-521-2227 or at https://policy-srv.box.com/s/g5df1kpa5wktp9ekvm5hjbmdzqhufzam.
For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For In-Network: $2,000 Individual / $4,000 Family For Out-of-Network: $4,000 Individual / $8,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Services that charge a copayment, prescription drugs, emergency room services, inpatient hospital expenses, certain preventive care, and In-Network diagnostic tests, home health, skilled nursing, and hospice are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	Yes. Per occurrence: $250 Out-of-Network inpatient admission. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	For In-Network: $6,500 Individual / $13,000 Family For Out-of-Network: $19,500 Individual / $39,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbstx.com or call 1-800-810-2583 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$35/visit; deductible does not apply	30% coinsurance after deductible	Virtual visits are available, please refer to your plan policy for more details.
	Specialist visit	$50/visit; deductible does not apply	30% coinsurance after deductible	None
	Preventive care/screening/ immunization	No Charge; deductible does not apply	30% coinsurance after deductible	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. No Charge for child immunizations Out-of-Network through the 6th birthday.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge; deductible does not apply	30% coinsurance after deductible	Office visit copayment may apply.
	Imaging (CT/PET scans, MRIs)	20% coinsurance after deductible	50% coinsurance after deductible	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.bcbstx.com	Generic drugs	$15 retail/$37.50 mail order/prescription; deductible does not apply	$15/prescription plus 30% coinsurance; deductible does not apply	Retail covers a 30-day supply. With appropriate prescription, up to a 90-day supply is available. Mail order covers a 90-day supply. Out-of-Network mail order is not covered. Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available. For Out-of-Network pharmacy, member must file claim. Certain drugs require approval before they will be covered. The cost-sharing for insulin included in the drug list will not exceed $25 per prescription for a 30-day supply, regardless of the amount or type of insulin needed to fill the prescription.
	Preferred brand drugs	$35 retail/$87.50 mail order/prescription; deductible does not apply	$35/prescription plus 30% coinsurance; deductible does not apply	
	Non-preferred brand drugs	$55 retail/$137.50 mail order/prescription; deductible does not apply	$55/prescription plus 30% coinsurance; deductible does not apply	
	Specialty drugs	35% coinsurance; deductible does not apply	50% coinsurance; deductible does not apply	For In-Network benefit, specialty drugs must be obtained from In-Network specialty pharmacy provider. Specialty retail limited to a 30-day supply. Mail order is not covered.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance after deductible	50% coinsurance after deductible	None
	Physician/surgeon fees	20% coinsurance after deductible	50% coinsurance after deductible	None
If you need immediate medical attention	Emergency room care	$350/visit plus 20% coinsurance; deductible does not apply	$350/visit plus 20% coinsurance; deductible does not apply	Emergency room copayment waived if admitted.
	Emergency medical transportation	20% coinsurance after deductible	20% coinsurance after deductible	Ground and air transportation covered.
	Urgent care	$100/visit; deductible does not apply	30% coinsurance after deductible	You may have to pay for services that are not covered by the visit fee. For an example, see "If you have a test" on page 2.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance; deductible does not apply	50% coinsurance; deductible does not apply	Plan deductible does not apply; a per-admission deductible of $250 does apply Out-of-Network.
	Physician/surgeon fees	20% coinsurance; deductible does not apply	50% coinsurance; deductible does not apply	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$35/office visit; deductible does not apply 20% coinsurance after deductible for other outpatient services	30% coinsurance after deductible office visit 50% coinsurance after deductible for other outpatient services	Certain services must be preauthorized; refer to your benefit booklet* for details. Virtual visits are available, please refer to your plan policy for more details.
	Inpatient services	20% coinsurance; deductible does not apply	50% coinsurance; deductible does not apply	Plan deductible does not apply; a per-admission deductible of $250 does apply Out-of-Network.
If you are pregnant	Office visits	$35 PCP/ $50 SPC; deductible does not apply	30% coinsurance after deductible	Copayment applies to first prenatal visit (per pregnancy). Cost sharing does not apply for preventive services. Depending on the type of services, a copayment or coinsurance may apply. Maternity care may include tests and service described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance; deductible does not apply	50% coinsurance; deductible does not apply	
	Childbirth/delivery facility services	20% coinsurance; deductible does not apply	50% coinsurance; deductible does not apply	Plan deductible does not apply; a per-admission deductible of $250 does apply Out-of-Network.

*For more information about limitations and exceptions, see the plan or policy document at https://policy-srv.box.com/s/g5df1kpa5wktp9ekvm5hjbmdzqhufzam.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	20% coinsurance; deductible does not apply	50% coinsurance after deductible	Limited to 60 visits per calendar year. Preauthorization is required.
	Rehabilitation services	$35 PCP/ $50 SPC/visit; deductible does not apply 20% coinsurance after deductible for other outpatient services	30% coinsurance after deductible office visit 50% coinsurance after deductible for other outpatient services	Limited to 35 visits combined for all therapies per calendar year. Includes, but is not limited to, occupational, physical, and manipulative therapy.
	Habilitation services	$35 PCP/ $50 SPC/visit; deductible does not apply 20% coinsurance after deductible for other outpatient services	30% coinsurance after deductible office visit 50% coinsurance after deductible for other outpatient services	
	Skilled nursing care	20% coinsurance; deductible does not apply	50% coinsurance after deductible	Limited to 60 visits per calendar year.
	Durable medical equipment	20% coinsurance after deductible	50% coinsurance after deductible	None
	Hospice services	20% coinsurance; deductible does not apply	50% coinsurance after deductible	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	$35 PCP/ $50 SPC; deductible does not apply	30% coinsurance after deductible	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care
- Hearing aids (1 per ear per 36-month period)
- Routine eye care (Adult)

*For more information about limitations and exceptions, see the plan or policy document at https://policy-srv.box.com/s/g5df1kpa5wktp9ekvm5hjbmdzqhufzam.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$2,000
Specialist copayment	$50
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$2,000
Copayments	$50
Coinsurance	$1,900
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$4,010**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$2,000
Specialist copayment	$50
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$800
Copayments	$800
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,620**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$2,000
Specialist copayment	$50
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$1,300
Copayments	$600
Coinsurance	$80
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,980**

The plan would be responsible for the other costs of these EXAMPLE covered services.

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For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$1,250 Individual / $3,750 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Services that charge a copayment, prescription drugs, and preventive care are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$6,500 Individual / $13,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbstx.com or call 1-800-810-2583 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$35/visit; deductible does not apply	Not Covered	None
	Specialist visit	$50/visit; deductible does not apply	Not Covered	Referral required.
	Preventive care/screening/ immunization	No Charge; deductible does not apply	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance after deductible	Not Covered	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance after deductible	Not Covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.bcbstx.com	Preferred generic drugs	$15 retail/$37.50 mail order/prescription; deductible does not apply	Not Covered	Retail covers a 30-day supply. With appropriate prescription, up to a 90-day supply is available. Mail order covers a 90-day supply. Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available. Certain drugs require approval before they will be covered. The cost-sharing for insulin included in the drug list will not exceed $25 per prescription for a 30-day supply, regardless of the amount or type of insulin needed to fill the prescription.
	Non-preferred generic drugs	$30 retail/$75 mail order/prescription; deductible does not apply	Not Covered	
	Preferred brand drugs	$45 retail/$112.50 mail order/prescription; deductible does not apply	Not Covered	
	Non-preferred brand drugs	$60 retail/$150 mail order/prescription; deductible does not apply	Not Covered	
	Specialty drugs	$150/prescription; deductible does not apply	Not Covered	Specialty drugs must be obtained from In-Network specialty pharmacy provider. Specialty retail limited to a 30-day supply. Mail order is not covered.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance after deductible	Not Covered	None
	Physician/surgeon fees	20% coinsurance after deductible	Not Covered	None
If you need immediate medical attention	Emergency room care	$350/visit plus 20% coinsurance; deductible does not apply	$350/visit plus 20% coinsurance; deductible does not apply	Emergency room copayment waived if admitted.
	Emergency medical transportation	20% coinsurance after deductible	20% coinsurance after deductible	Ground and air transportation covered.
	Urgent care	$100/visit; deductible does not apply	Not Covered	You may have to pay for services that are not covered by the visit fee. For an example, see "If you have a test" on page 2.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance after deductible	Not Covered	None
	Physician/surgeon fees	20% coinsurance after deductible	Not Covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$35/office visit; deductible does not apply 20% coinsurance after deductible for other outpatient services	Not Covered	Certain services must be preauthorized; refer to your benefit booklet* for details.
	Inpatient services	20% coinsurance after deductible	Not Covered	None
If you are pregnant	Office visits	$35 PCP/ $50 SPC; deductible does not apply	Not Covered	Copayment applies to first prenatal visit (per pregnancy). Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, coinsurance, or deductible may apply. Maternity care may include tests and service described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance after deductible	Not Covered	
	Childbirth/delivery facility services	20% coinsurance after deductible	Not Covered	None

*For more information about limitations and exceptions, see the plan or policy document at https://policy-srv.box.com/s/toazv42sacf45x53kg866nym8if44fwn.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	20% coinsurance after deductible	Not Covered	None
	Rehabilitation services	$35 PCP/ $50 SPC/visit; deductible does not apply 20% coinsurance after deductible for other outpatient services and inpatient services	Not Covered	None
	Habilitation services	$35 PCP/ $50 SPC/visit; deductible does not apply 20% coinsurance after deductible for other outpatient services and inpatient services	Not Covered	
	Skilled nursing care	20% coinsurance after deductible	Not Covered	Limited to 60 days per calendar year. Preauthorization is required.
	Durable medical equipment	20% coinsurance after deductible	Not Covered	None
	Hospice services	20% coinsurance after deductible	Not Covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	$35 PCP/ $50 SPC; deductible does not apply	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Cosmetic surgery (limited coverage services)
- Dental care (Adult and children, limited coverage services)
- Hearing aids (1 per ear per 36-month period)
- Infertility treatment (diagnosis of infertility covered; invitro not covered)
- Routine eye care (Adult)

*For more information about limitations and exceptions, see the plan or policy document at https://policy-srv.box.com/s/toazv42sacf45x53kg866nym8if44fwn.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$1,250
Specialist copayment	$50
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$1,250
Copayments	$50
Coinsurance	$2,300
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$3,660**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$1,250
Specialist copayment	$50
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$900
Copayments	$800
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,720**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$1,250
Specialist copayment	$50
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$1,250
Copayments	$300
Coinsurance	$200
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,750**

The plan would be responsible for the other costs of these EXAMPLE covered services.

BlueCross BlueShield of Texas

Blue Access Mobile℠

allows you to conveniently and securely access your health coverage and wellness information via your mobile devices anywhere, anytime.

BCBSTX App and Mobile Website:

- Find a doctor, hospital or urgent care facility or search for Spanish-speaking providers
- Register or log in to Blue Access for Members℠
  - View coverage details
  - Check claims status
  - Access ID card information

Centered App for iPhone®:

- Promote wellness through mindful meditation and activity
  - Set a daily steps goal and a weekly meditation goal
  - Choose from three meditation sessions - short, mindful or body awareness
  - Record activity automatically

Text Messaging:

- Set up personalized, daily reminders to take your prescriptions, multi-vitamins or check your blood glucose
- Get weekly diet, exercise and fitness tips
- Send texts to BCBSTX when you need instant account information

Learn more about Blue Access Mobile at bcbstx.com/mobile or text* GOTX to 33633.

*Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.

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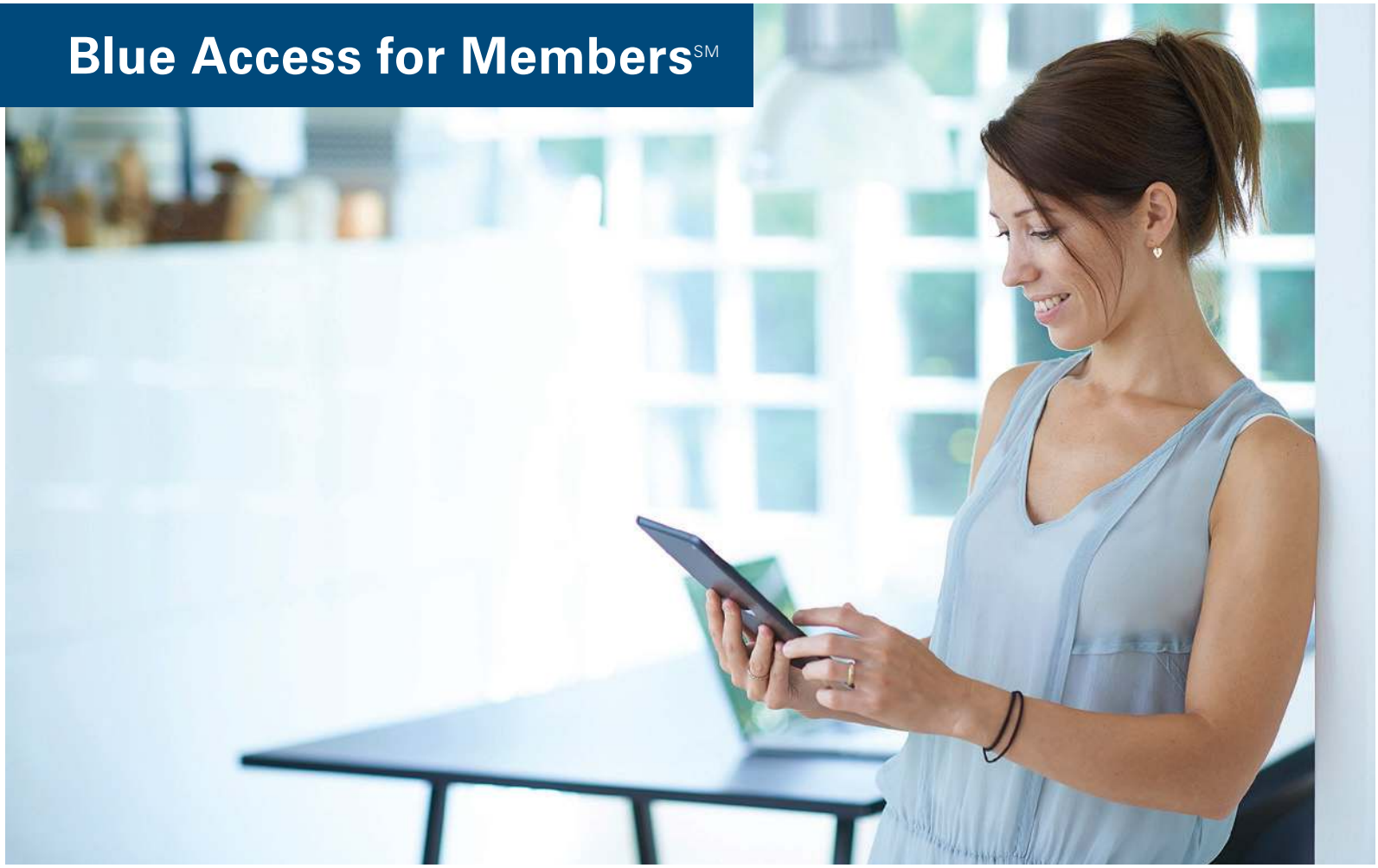
Blue Access for Members℠



Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Texas (BCBSTX) secure member website, Blue Access for Members (BAM℠).

With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one

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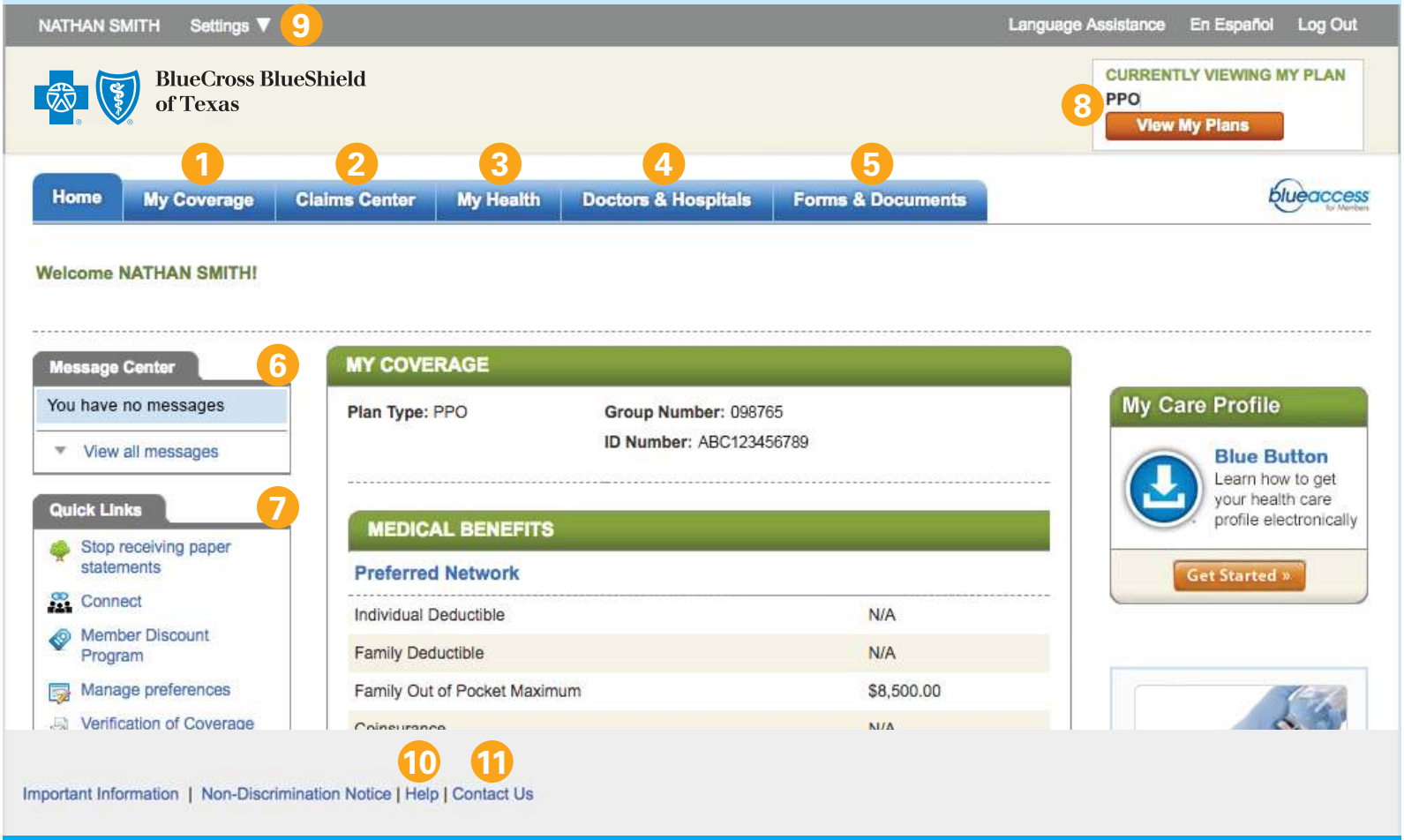
BlueCross BlueShield of Texas

Find what you need with Blue Access for Members



1 My Coverage: Review benefit details for you and family members covered under your plan.

2 Claims Center: View and organize details such as payments, dates of service, provider names, claims status and more.

3 My Health: Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.

4 Doctors & Hospitals: Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.

5 Forms & Documents: Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.

6 Message Center: Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.

7 Quick Links: Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.

8 View My Plan: See the details of your current health plan, as well as other plans you've had in the past.

9 Settings: Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.

10 Help: Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.

11 Contact Us: Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.

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Well onTarget®

Make Your Fitness Program Membership Work for You

The Fitness Program gives you flexible options to help you live a healthy lifestyle.

The Fitness Program* gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.**
- *

Base	Core	Power	Elite	Pro	Signature	Premier
$19/mo	$29/mo	$39/mo	$129/mo	$159/mo	$199/mo	$239/mo
3500+ Standard Gyms†	8,500+ Standard Gyms	13,000+ Standard Gyms	Access to 1 Luxury Gym + All 13,000+ Standard (Luxury Gyms differ by tier, 180+ Available)†			
$19 enrollment fee						
Digital Content Only: Video and Live Stream ($10/mo)						

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your family at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

† Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.

Features

- **Mobile App:** Allows members to access location search, studio class registration, location check-in and activity history.

  Check out the Well onTarget Fitness mobile app, available from Apple® or Google Play™. It can help you work on your fitness goals — anytime and anywhere.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Complementary and Alternative Medicine Discounts on a Variety of Products and Services through Choices by WholeHealth Living**: Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. Wherever you are in your health journey, Choices by WholeHealth Living can support your health goals. You may gain access to this program when you join the Well onTarget Fitness Program.***
- **Blue Points℠:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for a gift for yourself or someone else.****
- **Web Resources:** You can go online to find fitness locations and track your visits.
- **Digital Fitness:** Stay active from the comfort of your own home. Access thousands of digital fitness videos and live classes including cardio, bootcamp, barre, yoga, and more through an online platform. Digital access is included with Base, Core, Power and Elite memberships. You can also join the Digital Only plan option if only interested in access to digital fitness options.

To join, call 888-762-BLUE (2583) Monday through Friday, between 7 a.m. and 7 p.m., CT (6 a.m. and 6 p.m., MT).

Find fitness buddies, take a digital class and try something new!

Join the Fitness Program today to help you reach your health and wellness goals.

*Individuals must be 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can login and join through the primary member's account as an "additional member."

**Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.

The WholeHealth Living Choices program is administered by Tivity Health™ Services, LLC. This is NOT insurance. Some of the services offered through this program may be covered by a health plan. The relationship between these vendors and Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico and Blue Cross and Blue Shield of Texas is that of independent contractors.

***WholeHealth Living Choices is not available in Montana and Oklahoma.

Participation in the Well onTarget program, including the completion of a Health Assessment, is voluntary and you are not required to participate. Visit Well onTarget for complete details and terms and conditions.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

****Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

No endorsements, representations or warranties are made regarding third-party vendors and the products and services offered by them.

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BlueCross BlueShield of Texas

Confused About Where to Go for Care?

SmartER Care℠ options may save you money.

If you aren't having an emergency, deciding where to go for medical care may save you time and money.

You have choices for where you get non-emergency care — what we call SmartER Care. Use this chart to help you figure out when to use each type of care.

When you use in-network providers for your family's health care, you usually pay less for care. Search for in-network providers in your area at **bcbstx.com** or by calling the Customer Service number on your member ID card.

24/7 Nurseline

- Available 24 hours a day, seven days a week
- 24/7 Nurseline* can help you identify options when you or a family member have a health problem or concern
- Call **800-581-0393** to speak with a nurse
- At no additional cost as part of your health plan

Doctor's Office

- Office hours vary
- Generally the best place to go for non-emergency care
- Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history
- Average wait time is 18 minutes[1]

$

Retail Health Clinic

- Based on retail store hours
- Usually lower out-of-pocket cost to you than urgent care
- Often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems

$

Urgent Care Center

- Generally includes evenings, weekends and holidays
- Often used when your doctor's office is closed, and you don't consider it an emergency
- Average wait time is 16-24 minutes[2]
- Many have online and/or telephone check-in

$$

Hospital ER

- Open 24 hours, seven days a week
- Average wait time is 35-49 minutes (variable)[3]
- If you receive emergency room (ER) care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- Multiple bills for services such as doctors and facility

$$$

Freestanding ER

- Open 24 hours, seven days a week
- Could be transferred to a hospital-based ER depending on medical situation
- Services do not include trauma care
- Often freestanding ERs are out-of-network. If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- All freestanding ERs charge a facility fee that urgent care centers do not. You may receive other bills for each doctor you see.[4]

$$$$

If you need emergency care, call **911** or seek help from any doctor or hospital immediately.

* 24/7 Nurseline is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

[1] Vitals Annual Wait Time Report, 2017.

[2] Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.

[3] National Center for Health Statistics, Centers for Disease Control and Prevention. 2019.

[4] The Texas Association of Health Plans.

Note: The relative costs described here are for independently contracted network providers. Your costs for out-of-network providers may be significantly higher. Wait times described are just estimates.

The information provided in this guide is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for individualized advice on the information provided. Coverage may vary depending on your specific benefit plan and use of network providers. For questions, please call the number on the back of your member ID card.

Deciding Where to Go? Doctor's Office, Retail Clinic, Urgent Care or ER.

	Doctor's Office	Retail Health Clinic	Urgent Care Center	Hospital ER	Freestanding ER
					
Who usually provides care	**Primary Care Doctor**	**Physician Assistant or Nurse Practitioner**	**Internal Medicine, Family Practice and Pediatric**	**ER Doctors, Internal Medicine, Specialists**	**ER Doctors**
Sprains, strains	■	■	■	• Any life-threatening or disabling conditions • Sudden or unexplained loss of consciousness • Major injuries • Chest pain; numbness in the face, arm or leg; difficulty speaking • Severe shortness of breath • High fever with stiff neck, mental confusion or difficulty breathing • Coughing up or vomiting blood • Cut or wound that won't stop bleeding • Possible broken bones	• Most major injuries except for trauma[†] • May also provide imaging and lab services but do not offer trauma or cardiac services requiring catheterization[1] • Do not always accept ambulances
Animal bites	■	■	■		
X-rays			■		
Stitches			■		
Mild asthma	■	■	■		
Minor headaches	■	■	■		
Back pain	■	■	■		
Nausea, vomiting, diarrhea	■	■	■		
Minor allergic reactions	■	■	■		
Coughs, sore throat	■	■	■		
Bumps, cuts, scrapes	■	■	■		
Rashes, minor burns	■	■	■		
Minor fevers, colds	■	■	■		
Ear or sinus pain	■	■	■		
Burning with urination	■	■	■		
Eye swelling, irritation, redness or pain	■	■	■		
Vaccinations	■	■	■		

Urgent Care Center or Freestanding ER – Knowing the Difference Can Save You Money

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers, but costs may be higher. A visit to a freestanding ER often results in significantly higher medical bills than the rate charged by urgent care centers for the same services.

Here are some ways to know if you are at a freestanding ER:

- Looks like urgent care centers, but have the word "Emergency" in their name or on the building.
- Is open 24 hours a day, seven days a week.
- Is not attached to and may not be affiliated with a hospital.
- Is subject to the same ER member share which may include a copay, coinsurance and applicable deductible.

Find urgent care centers[1] near you by texting[2] **URGENTTX** to **33633**.

[†] "Freestanding ED 101: What you need to know" July 2016, The Advisory Board Company.

[1] The closest urgent care center may not be in your network. Be sure to check Provider Finder® to make sure the center you go to is in-network.

[2] Message and data rates may apply. Read terms, conditions and privacy policy at bcbstx.com/mobile/text-messaging.

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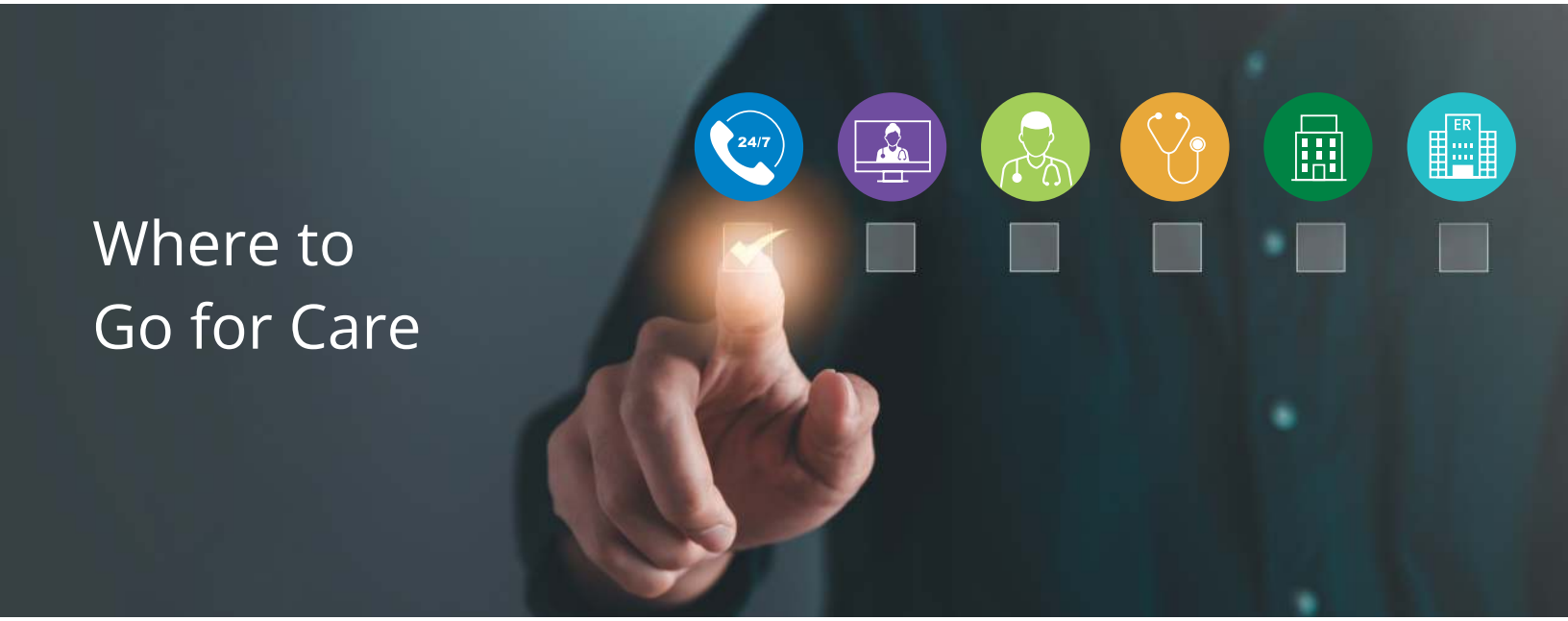
BlueCross BlueShield of Texas



Where to Go for Care

What do you do if your clutch player breaks an arm in the big game? Or you slice your finger chopping veggies? Or have stomach cramps after last night's sushi date? Often the choice is clear. If you have signs of a heart attack, it's best to go to the emergency room. But what if you have a sore throat? Or lower back pain?

Knowing where to go can make a big difference in the cost of your care – especially when you use in-network providers.

We make it easy to find independently contracted, in-network providers near you:

- Go to **bcbstx.com** and click **Find Care**
- For personalized search results, go to **bcbstx.com**, click **Log In or Sign Up**, choose **Member Log In or Sign Up** and search in Blue Access for Members℠
- Call BCBSTX Customer Service at the number on your ID card

24/7 Nurseline[1]

Wonder if your heartburn needs an antacid or trip to the ER? Is your kiddo's fever 102? Confused about a health test? Talk confidentially with a registered nurse in English or Spanish – anytime. Call **800-581-0393**.

Good for: health questions and health advice

Average Wait: none

Cost: none

Virtual Visits[2]

Got an itchy rash? Sinuses stopped up? Fighting a fever? Talk with a doctor – 24/7. Online appointments via MDLIVE® put care at your fingertips. Call **888-680-8646** or go to **MDLIVE.com/bcbstx**.

Good for: health exams, colds, flu, minor injuries

Average Wait: less than 20 minutes

Cost: in network **$**

Doctor

Is your blood pressure high? Are allergies making you miserable? Can't sleep? Your go-to provider is a good place to start. Some even offer telemedicine. If you need a specialist, your doctor will tell you.

Good for: health exams, shots, cough, sore throat

Average Wait: less than 20 minutes[3]

Cost: in network **$** out of network **$$**

Retail Health Clinic

Need a flu shot? Feel queasy? Have an earache or rash? Many grocery stores and pharmacies have on-site medical clinics. Some may even see patients evenings, weekends and holidays.

Good for: headache, stomach ache, sinus pain

Average Wait: variable

Cost: in network **$** out of network **$$**

Urgent Care Center[4]

Sprain your ankle? Have a monster migraine? Can't stop coughing? Need non-emergency care right away, but your doctor's office isn't open? These centers offer care evenings, weekends and holidays.

Good for: back pain, vomiting, animal bite, asthma

Average Wait: 30 minutes or less[5]

Cost: in network **$$** out of network **$$$**

Hospital ER

Worried you may be having a heart attack? Did you black out after a nasty fall? ER doctors and staff treat serious and life-threatening health issues 24/7. If you receive ER care from an out-of-network provider, you may have to pay more.

Good for: chest pain, bleeding, broken bones

Average Wait: 1 hour or more[6]

Cost: in network **$$$** out of network **$$$$**

Know the Difference: Freestanding ER vs. Urgent Care Center

Freestanding ERs look a lot like urgent care centers, but may not be affiliated with an in-network hospital. That means you could end up with a hefty bill (or several bills). You might even be sent to a hospital ER for care! Here are ways to spot a freestanding ER:

1. Look for "Emergency" on the building exterior.
2. Check the hours. If it's open 24/7, it's a freestanding ER. Urgent care centers close at night.
3. Confirm it's not connected to a hospital.
4. Ask if it follows the copay, coinsurance and deductible payment model.

If you need emergency care, call 911 or seek help from any doctor or hospital immediately.

Note: Many sites of care now offer telehealth options for your visit. Check with your preferred provider to see if they offer telehealth visits.

1. 24/7 Nurseline is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.
2. Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.
   MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.
3. Vitals Annual Wait Time Report, 2017.
4. The closest urgent care center may not be in your network. Be sure to check Provider Finder® to make sure the center you go to is in-network.
5. Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.
6. National Center for Health Statistics, Centers for Disease Control and Prevention, 2019.

BlueCross BlueShield of Texas

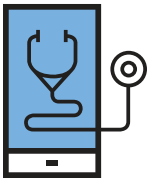
Your Doctor Is In...Provider Finder®

Spend less time looking for a doctor and more time enjoying your life.

Provider Finder from Blue Cross and Blue Shield of Texas (BCBSTX) is a fast, easy-to-use tool to find your next health care provider. Plus, it can help you manage health care costs.

Go to **bcbstx.com** and log in or create a Blue Access for Members℠ (BAM℠) account and click on the Doctors and Hospitals tab in Provider Finder to:

- Find in-network providers, hospitals, laboratories and more.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Estimate the out-of-pocket costs of more than 1,600 health care procedures, treatments and tests.*
- Use quality awards such as Blue Distinction® Center (BDC), BDC+ or Total Care to inform your choices.
- See side-by-side provider or facility quality ratings and patient reviews.*



Go Mobile with BCBSTX

At bcbstx.com, log into or create your BAM account. You can stay linked to your claims activity, member ID card and coverage details. It's also where to see prescription refill reminders and health tips by text messages at 33633.

*Available for most networks and plans.

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BlueCross BlueShield of Texas

Here's One Call You Don't Want to Miss

If you get a call from Blue Cross and Blue Shield of Texas (BCBSTX), we're calling to help you take good care of your health. Please answer or call us back.

Your health plan includes support for you and your covered family members from nurses and other medical professionals called health advisors.* This extra help is at no added cost to you.

BCBSTX may call to help you:

- Get the care you need for serious illnesses or injuries
- Have a healthy pregnancy and baby
- If you have been in the hospital or have had a major surgery

Calls from health advisors are not sales calls. We may ask you for information, like your name, date of birth or home address, to make sure that we are talking to the right person.

If we miss you, we will leave a message with a number for you to call us back at your convenience. We're here for you!

Connect with Us – Your Way

You can set the time you want your health advisor to call or send them messages in your Blue Access for Members℠ account.

They can also email or text you helpful information. Any information you share with BCBSTX is confidential, as required by law.

*Health advisors do not replace the care of a doctor. You should talk to your doctor about any medical questions or concerns.

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BlueCross BlueShield of Texas

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Connect with Us – Your Way

You can set the time you want your health advisor to call or send them messages in your Blue Access for Members℠ account.

They can also email or text you helpful information. Any information you share with BCBSTX is confidential, as required by law.

*Health advisors do not replace the care of a doctor. You should talk to your doctor about any medical questions or concerns.

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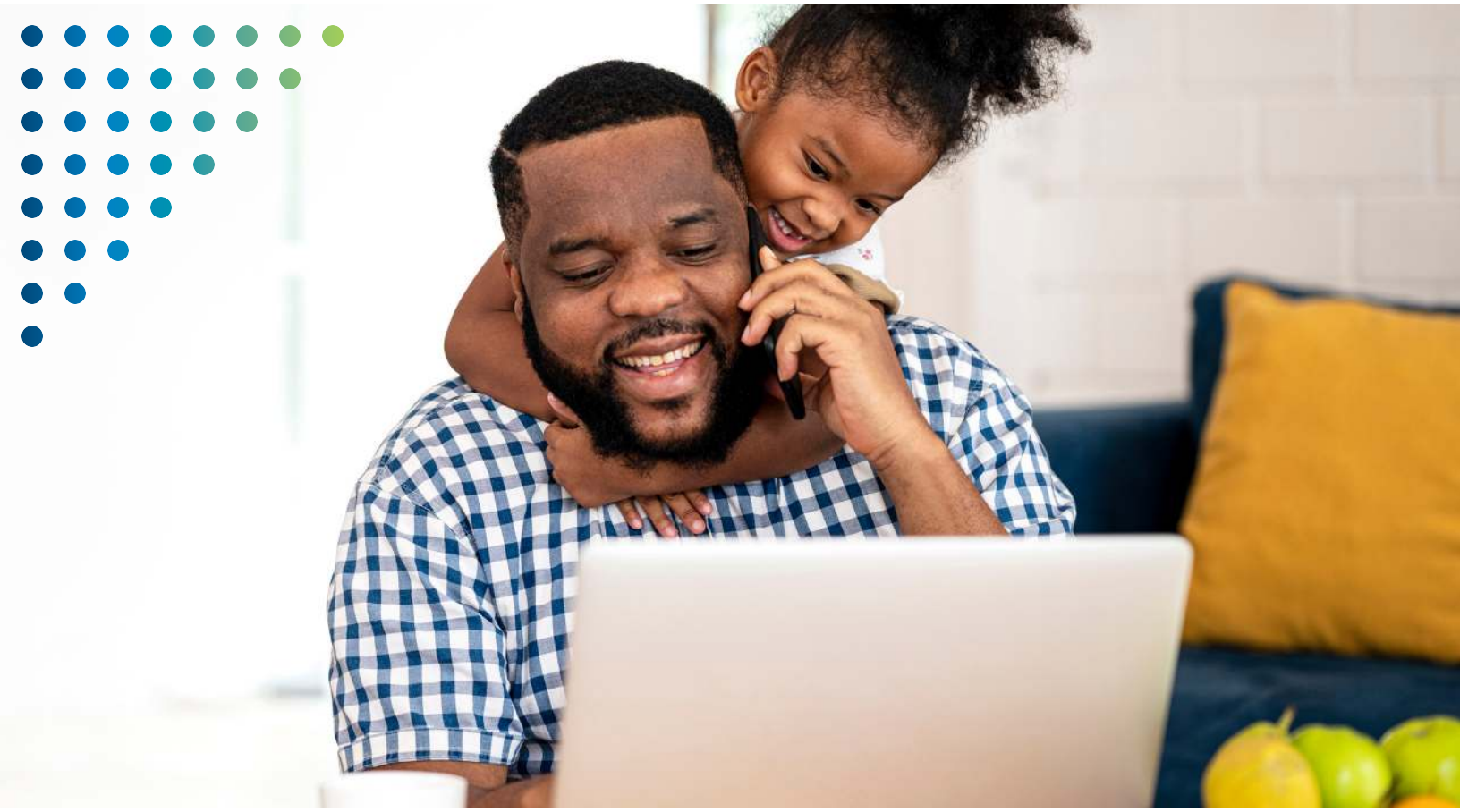
BlueCross BlueShield of Texas



24/7 Nurseline Audio Health Topics

What are audio health topics?

Health care questions and concerns are present even when symptoms are not. The 24/7 Nurseline audio health topics are available to help you and your family educate yourselves about many common and chronic illnesses and diseases – 24 hours a day, 7 days a week. Pre-recorded messages provide the information you need to help:

- Prevent illness
- Identify warning signs
- Administer self care

How can I listen to audio health topics?

It's easy, just call the same toll-free number you call to speak with a nurse. You can call anytime for information on a variety of health care topics. If you are calling from a dial phone (rotary phone), please stay on the line and a nurse can direct you to a topic. Calling instructions are as follows:

1. Look up the 4-digit number for the topic you want to hear.
2. Call the toll-free number.
3. Select the option for audio health topics.
4. Listen to the recording. Topics are usually 2 to 5 minutes in length.
5. Press * to replay the topic.

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BlueCross BlueShield of Texas

Prepare for Your Life-Changing Journey

Women's and Family Health Pregnancy and Parenting Support

Whether you are pregnant or planning to get pregnant, you should prepare as much as you can. Blue Cross and Blue Shield of Texas (BCBSTX) has tools to help you – at no extra cost to you.

- **Ovia Health**™† apps are for tracking your cycle, pregnancy and baby's growth. The apps are available in English and Spanish*, and provide videos, tips, coaching and more.
  - **Ovia Fertility:** Track your cycle and predict when you are more likely to get pregnant.
  - **Ovia Pregnancy:** Monitor your pregnancy and baby's growth week by week leading up to your baby's due date.
  - **Ovia Parenting:** Keep up with your child's growth and milestones from birth through three years old.
- **Well onTarget**® has self-guided courses about pregnancy that you can take online, covering topics such as healthy foods, body changes and labor.

Plus, if your pregnancy is high-risk, BCBSTX will provide support from maternity specialists to help you care for yourself and your baby. Having a baby changes everything, so use these tools to help you get ready.

Download any of the Ovia Health apps from the Apple App Store or Google Play. During sign-up, make sure to choose "I have Ovia Health as a benefit." Then select BCBSTX as your health plan and enter your employer name (optional). Also, visit **wellontarget.com** to explore our online courses.

Please call **888-421-7781** if you have questions or want to learn more.

†Ovia Health is an independent company that provides maternity and family benefits solutions for Blue Cross and Blue Shield of Texas.
*To access the Spanish version of the Ovia Fertility, Ovia Pregnancy and Ovia Parenting apps, you must select "Español" as the language preference in your mobile phone or device settings.

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BlueCross BlueShield of Texas

24/7 Nurseline

Nurses available anytime you need them.

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline*.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

So, put the 24/7 Nurseline phone number in your contacts today, because health happens 24/7.

Call 800-581-0393 to reach the 24/7 Nurseline and talk to a nurse. Hours of Operation: Anytime

*24/7 Nurseline is not available to HMO members. For medical emergencies, call 911.
This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

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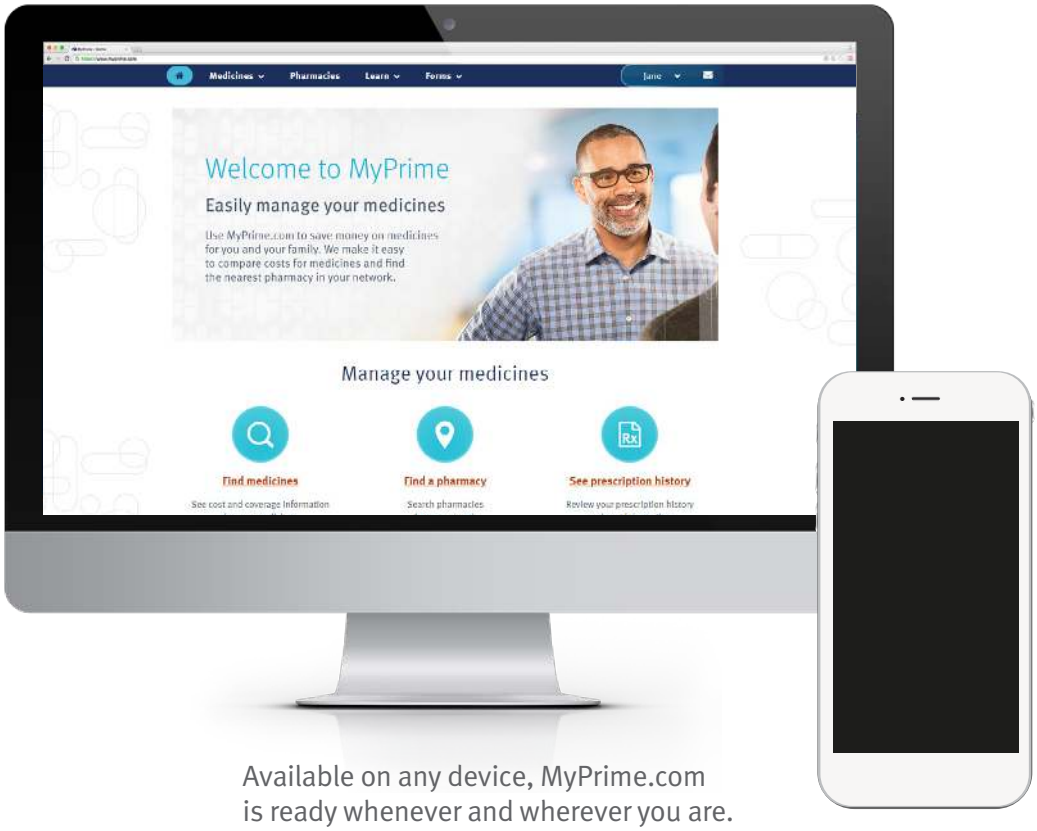
MyPrime.com helps you manage your pharmacy benefits when you're at home or on the go

Use MyPrime.com to find information about your current medicines, prescription history, ways to save and forms you may need.



Available on any device, MyPrime.com is ready whenever and wherever you are.

REGISTER TODAY AND START MANAGING YOUR MEDICINES ANYTIME, ANYWHERE.

- Check medicine cost and coverage.
- See your prescription history.
- Find in-network pharmacies and compare pricing.
- See how much you can save by switching to Express Scripts® Pharmacy home delivery.
- Learn about drug interactions, possible side effects and more.

SET UP YOUR ACCOUNT AND PREFERENCES

Make MyPrime.com work for you

Customize your experience by registering your account. Set your preferences to receive communications in your preferred language and delivery method.*

QUESTIONS?

Click the "Contact us" link on MyPrime.com

Or, for questions about your pharmacy benefits, please call the phone number on the back of your member ID card.

*We strive to send messages in your preferred language and delivery method (email, phone call, mail or text). Not all messages can be sent in the language or delivery method you select. At times, we may default to another delivery method and in English only.

About Prime Therapeutics
We are trusted by your health plan to help you get the medicine you need to feel better and live well. Our pharmacy experts are working hard to make medicine more affordable and your experience easier.

MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, is an Independent Licensee of the Blue Cross Blue Shield Association.

Express Scripts® Pharmacy is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Texas.

Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

BlueCross BlueShield of Texas

Blue Points℠ Are Rewards for Healthy Living

It may be hard to consistently maintain a healthy lifestyle. That's why the Well onTarget program offers a little motivation with Blue Points rewards.[1] The program may help you get on track, and stay on track, to reach your wellness goals.

With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points for gift cards for yourself or friends and family.

Created with your needs in mind, the Blue Points program has many convenient, user-friendly, personalized and flexible features:

Earn Points Instantly

The program gives you points immediately, so you can start using them right away.[2]

Easily Manage Your Points

The interactive Well onTarget portal, available at **wellontarget.com**, employs the the latest user-friendly technology. This makes it easy to find out how many points are available for you to earn. You can also track the total number of points you've earned year-to-date. All of your points information will appear on one screen.

Well onTarget®

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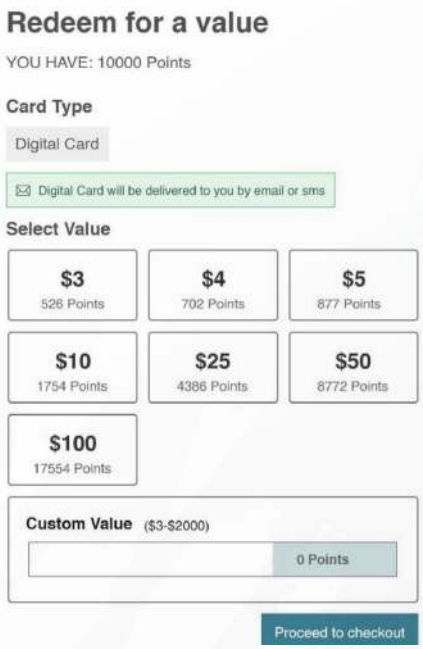
Choose from a Large Selection of Gift Card Rewards.

Redeem your points for digital gift cards from a variety of over 75 merchants like Amazon, Best Buy and others.[3, 4] They'll be available at **wellontarget.com** and in the AlwaysOn mobile app. Example of redemption below:



Participate in Activities That Match Your Goals

Look how quickly your Blue Points can add up! Here are some sample activities you can complete to earn Blue Points:

Activities	Potential Blue Points Amounts
Completing the Health Assessment every six months[4]	2,500 points every six months
Complete a Self-management Program	1,000 points per quarter
Using the trackers to track your progress toward your goals	10 points, up to a maximum of 70 points per week
Enrolling in the Fitness Program	2,500 points
Adding weekly Fitness Program center visits to your routine	Up to 300 points each week
Completing Progress Check-ins	Up to 250 points per month
Connecting a compatible fitness device or app to the portal	2,675 points
Tracking progress using a synced fitness device or app	55 points per day

Log on to **wellontarget.com** today to find all the interactive tools and resources you need to start racking up Blue Points. Keep yourself motivated to earn more points by seeing the gift cards you can select from and checking out all the rewards you can earn for adopting — and continuing — healthy habits.

1. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information. Blue Points will expire 90 days after coverage on a qualifying BCBSTX plan terminates.
2. This does not apply to points you earn for completing Fitness Program activities.
3. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.
4. Merchants are subject to change.

Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program. Well onTarget is an informational resource provided to members and is not a substitute for the independent medical judgment of a health care provider. Members are instructed to consult with their health care provider before beginning their journey toward wellness.

The Fitness Program is provided by Tivity Health®, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

BlueCross BlueShield of Texas

Take Advantage of Preventive Services

Your family's track to better health begins with a single step

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family.

Your health plan covers screenings and services with no out-of-pocket costs like copays or coinsurance as long as you visit a doctor in your plan's provider network. This is true even if you haven't met your deductible.

Some examples of preventive care services covered by your plan include general wellness exams each year, recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

For more details on what preventive services are covered at no cost to you, refer to the back of this flier for a listing of services, or see your benefits materials.

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at **www.cdc.gov/vaccines**.

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bcbstx.com

FOR ADULTS
Annual preventive medical history and physical exam

SCREENINGS FOR

- ☐ Abdominal aortic aneurysm
- ☐ Alcohol abuse and tobacco use
- ☐ Anxiety
- ☐ Asymptomatic Bacteriuria
- ☐ Breast cancer screening, breast cancer prevention medication, genetic testing and counseling
- ☐ Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- ☐ Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy
- ☐ Cervical cancer screening
- ☐ Colorectal and lung cancer
- ☐ Depression
- ☐ Falls prevention
- ☐ High blood pressure, obesity, prediabetes and diabetes
- ☐ Human papillomavirus (HPV) DNA test
- ☐ Osteoporosis screening
- ☐ PrEP medication use for the prevention of HIV including baseline and monitoring services
- ☐ Sexually transmitted infections, Chlamydia, gonorrhea, syphilis, HIV, HPV, hepatitis B, and hepatitis C
- ☐ Tuberculosis

COUNSELING FOR

- ☐ Alcohol and drug misuse
- ☐ Contraceptive methods
- ☐ Domestic violence
- ☐ Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular disease risk factors
- ☐ Obesity
- ☐ Sexually transmitted infections
- ☐ Skin cancer prevention
- ☐ Tobacco use, including certain medicine to stop
- ☐ Urinary incontinence screening

CERTAIN VACCINES
Learn more on immunization recommendations and schedules by visiting: **www.cdc.gov/vaccines**

- ☐ COVID-19
- ☐ Diphtheria, Pertussis ("Whooping Cough"), Tetanus
- ☐ Haemophilus Influenzae Type B (Hib)
- ☐ Hepatitis A and B
- ☐ Human Papillomavirus (HPV)
- ☐ Inactivated Poliovirus (Polio)
- ☐ Influenza (Flu)
- ☐ Measles, Mumps, Rubella (MMR)
- ☐ Meningitis
- ☐ Mpox
- ☐ Pneumococcal
- ☐ Rotavirus
- ☐ Respiratory Syncytial Virus (RSV)[1]
- ☐ Varicella (Chicken Pox)
- ☐ Zoster (Herpes, Shingles)

PREGNANCY

- ☐ Aspirin for preeclampsia prevention
- ☐ Breastfeeding support, supplies and counseling
- ☐ Counseling for alcohol and tobacco use during pregnancy
- ☐ Counseling for healthy weight gain during pregnancy
- ☐ Diabetes screening after pregnancy
- ☐ Folic acid supplementation during pregnancy
- ☐ Hepatitis B Screening
- ☐ HPV
- ☐ Screenings related to pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility, preeclampsia and perinatal depression

FOR CHILDREN
Annual preventive medical history and physical exam

SCREENINGS FOR

- ☐ Anemia
- ☐ Anxiety
- ☐ Autism
- ☐ Bilirubin, Blood for newborns
- ☐ Cervical dysplasia
- ☐ Critical congenital heart defect screening for newborns
- ☐ Depression
- ☐ Developmental delays
- ☐ Dyslipidemia (for children at higher risk)
- ☐ Hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- ☐ Hematocrit or hemoglobin
- ☐ HIV
- ☐ Lead poisoning
- ☐ Obesity
- ☐ Sexually transmitted infections and HIV
- ☐ Tuberculosis
- ☐ Vision screening

ASSESSMENTS AND COUNSELING

- ☐ Alcohol and drug use assessment for adolescents
- ☐ Obesity counseling
- ☐ Oral health risk assessment, dental caries prevention fluoride varnish and oral fluoride supplements
- ☐ Skin cancer prevention counseling
- ☐ Tobacco cessation

1. The RSV vaccine for adults 60+ and the vaccine for infants/children are different vaccines and may be covered differently depending on the plan.

Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. You may have to pay all or part of the cost of preventive care if your health plan is grandfathered. To find out if your plan is grandfathered or non-grandfathered, call the Customer Service number listed on your member ID card.

DELTA DENTAL®

Keep smiling

DPO

Save with DPO

Visit a dentist in the DPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a DPO dentist at **deltadentalins.com**.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at **deltadentalins.com**.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.[4] Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care[5], you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a DPO dentist

DPO NON-DPO

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

[2] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-DPO dentist. Network dentists are paid contracted fees.

[3] You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

[4] Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under this plan. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

[5] Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

Benefit Highlights: DPO from Delta Dental

Plan Benefit Highlights for: City of Edinburg
Group Number: 23587 - Plan 1 Low Plan **Effective Date:** 10/1/2025

Benefits	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member / per family each calendar year	$50/ $150	$50/ $150	$50/ $150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Maximums Per member each calendar year	$1,000	$1,000	$1,000
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings and Simple Extractions	80%	80%	80%
Endodontics Root Canals	Not Covered	Not Covered	Not Covered
Periodontics Surgical and Non-Surgical Periodontics	Not Covered	Not Covered	Not Covered
Oral Surgery	Not Covered	Not Covered	Not Covered
Major Services Crowns, Inlays, Onlays and Cast Restorations	Not Covered	Not Covered	Not Covered
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	Not Covered	Not Covered	Not Covered

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on DPO contracted fees for DPO dentists, Premier contracted fees for Premier dentists and DPO contracted fees for non-Delta Dental dentists.

Delta Dental Insurance Company	Customer Service	Claims Address
1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	800-521-2651 deltadentalins.com	P.O. Box 1809 Alpharetta, GA 30023-1809

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Revised 8/8/2025

Benefit Highlights: DPO from Delta Dental

Plan Benefit Highlights for: City of Edinburg
Group Number: 23587 - Plan 2 High Plan **Effective Date:** 10/1/2025

Benefits	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member / per family each calendar year	$50/ $150	$50/ $150	$50/ $150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
Maximums Per member each calendar year	$1,200	$1,200	$1,200
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings and Simple Extractions	80%	80%	80%
Endodontics Root Canals	80%	80%	80%
Periodontics Surgical and Non-Surgical Periodontics	80%	80%	80%
Oral Surgery	80%	80%	80%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	50%	50%	50%
Implants Implant Services	50%	50%	50%
Orthodontic Services Dependent Children	50%	50%	50%
Orthodontic Maximums	$1,500 Lifetime	$1,500 Lifetime	$1,500 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on DPO contracted fees for DPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company	Customer Service	Claims Address
1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	800-521-2651 deltadentalins.com	P.O. Box 1809 Alpharetta, GA 30023-1809

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Revised 8/8/2025

High - Plan Benefits

(Descriptions of specific benefits may vary by state.)

In-Network Benefits (Network Available at www.davisvision.com)	Custom
Service Type	**Frequency – Once Every:**
Eye Examinations with Dilation (as necessary)	12 months
Spectacle Lenses	12 months
Frame	12 months
Contact Lens (In lieu of eyeglasses)	12 months
In Network	
Eye Examination	$10
Retinal Imaging	$39
Spectacle Lenses	$0
Non-elective (visually required) Contact Lens Evaluation, Fitting & Follow-Up Care	$0
Eyeglass Benefit - Frame	
Frame Allowance (Retail)	Up to $150 or Up to $200 at Visionworks
Additional Pairs	30% discount on additional pairs at select retailers
Davis Vision Frame Collection (in Lieu of Allowance)	**Member Co-Pays**
Fashion level/Designer level/Premier level	$0/$0/$0
Eyeglass Benefits - Spectacle Lenses	**Member Co-Pays**
Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular)	$0
Tinting of Plastic Lenses	$0
Scratch Resistant Coating	$0
Polycarbonate Lenses (Children/Adults)	$0/$30
Digital Single Vision (Intermediate)	$30
Ultraviolet Coating	$12
Blue Light Filtering	$15
Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate)	$35/$48/$60/$85
Progressive Lenses (Standard/Premium/Ultra/Ultimate)	$0/$90/$140/$175

High Index Lenses	$55
Polarized Lenses	$75
Plastic Photochromatic Lenses	$65
Scratch Protection Plan: Single Vision/Multifocal Lenses	$20/$40

Eyeglass Benefit - Fram Contact Lens Benefit (in lieu of eyeglasses)	
Contact Lens Material Allowance	Up to $150
Evaluation, Fitting & Follow Up Care - Standard Lens Types	$0 Copay
Evaluation, Fitting & Follow Up Care - Specialty Lens Types	15% Discount

Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance)	
Materials Disposable: up to	8 boxes/multi-packs
Planned Replacement: up to	4 boxes/multi-packs
Evaluation, Fitting & Follow Up Care	$0 Copay

Non-Elective Contact Lenses (with Prior Approval)	
Materials, Evaluation, Fitting & Follow Up Care	$0 Copay

Out-of-Network Reimbursement Allowance Schedule: Up to	
Eye Examination	Up to $35
Frame	Up to $50
Lenses - Single Vision	Up to $25
Lenses - Bifocal/Progressive	Up to $40
Lenses – Trifocal	Up to $50
Lenses – Lenticular	Up to $80
Elective Contact Lenses	Up to $128
Visually Required Contact Lenses	Up to $250

High Plan - Benefit and Premium Rates

Premiums			
Members/Coverage	**Lives**	**Monthly Rate**	**Annual Premium**
Employee	320	$8.05	$30,912.00
Employee & Spouse	55	$14.71	$9,708.60
Employee & Child(ren)	74	$17.20	$15,273.60
Family	83	$21.64	$21,553.44
TOTALS	532		$77,447.64

Note:

- If participation changes by more than 15%, we reserve the right to review and adjust premiums based on final participation
- The rates and product availability indicate in this proposal are subject to change as a result of final underwriting

Low - Plan Benefits

(Descriptions of specific benefits may vary by state.)

In-Network Benefits (Network Available at www.davisvision.com)	Custom
Service Type	**Frequency – Once Every:**
Eye Examinations with Dilation (as necessary)	12 months
Spectacle Lenses	12 months
Frame	24 months
Contact Lens (In lieu of eyeglasses)	12 months
In Network	
Eye Examination	$10
Retinal Imaging	$39
Spectacle Lenses	$0
Non-elective (visually required) Contact Lens Evaluation, Fitting & Follow-Up Care	$0
Eyeglass Benefit - Frame	
Frame Allowance (Retail)	Up to $150 or Up to $200 at Visionworks
Additional Pairs	30% discount on additional pairs at select retailers
Davis Vision Frame Collection (in Lieu of Allowance)	**Member Co-Pays**
Fashion level/Designer level/Premier level	$0/$0/$0
Eyeglass Benefits - Spectacle Lenses	**Member Co-Pays**
Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular)	$0
Tinting of Plastic Lenses	$0
Scratch Resistant Coating	$0
Polycarbonate Lenses (Children/Adults)	$0/$30
Digital Single Vision (Intermediate)	$30
Ultraviolet Coating	$12
Blue Light Filtering	$15
Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate)	$35/$48/$60/$85
Progressive Lenses (Standard/Premium/Ultra/Ultimate)	$50/$90/$140/$175

High Index Lenses	$55
Polarized Lenses	$75
Plastic Photochromatic Lenses	$65
Scratch Protection Plan: Single Vision/Multifocal Lenses	$20/$40

Eyeglass Benefit - Fram Contact Lens Benefit (in lieu of eyeglasses)	
Contact Lens Material Allowance	Up to $150
Evaluation, Fitting & Follow Up Care - Standard Lens Types	$0 Copay
Evaluation, Fitting & Follow Up Care - Specialty Lens Types	15% Discount

Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance)	
Materials Disposable: up to	8 boxes/multi-packs
Planned Replacement: up to	4 boxes/multi-packs
Evaluation, Fitting & Follow Up Care	$0 Copay

Non-Elective Contact Lenses (with Prior Approval)	
Materials, Evaluation, Fitting & Follow Up Care	$0 Copay

Out-of-Network Reimbursement Allowance Schedule: Up to	
Eye Examination	Up to $30
Frame	Up to $50
Lenses - Single Vision	Up to $25
Lenses - Bifocal/Progressive	Up to $40
Lenses – Trifocal	Up to $50
Lenses – Lenticular	Up to $80
Elective Contact Lenses	Up to $128
Visually Required Contact Lenses	Up to $250

Low Plan - Benefit and Premium Rates

Premiums			
Members/Coverage	**Lives**	**Monthly Rate**	**Annual Premium**
Employee	151	$5.09	$9,223.08
Employee & Spouse	20	$8.89	$2,133.60
Employee & Child(ren)	28	$9.95	$3,343.20
Family	12	$13.93	$2,005.92
TOTALS	211		$16,705.80

Note:

- If participation changes by more than 15%, we reserve the right to review and adjust premiums based on final participation
- The rates and product availability indicate in this proposal are subject to change as a result of final underwriting

LIMITATIONS AND EXCLUSIONS

Limitations and exclusions vary by state. Please see the master policy for full and complete information. All benefit descriptions, limitations and exclusions appear regardless of the benefit options chosen. Appearance of benefit descriptions, limitations or exclusions does not necessarily indicate inclusion of the corresponding benefits in your plan design. Descriptions of specific benefits may vary by state.

LIMITATIONS

Eyeglass Lenses and Frames are paid in lieu of the Contact Lenses benefit.

Contact Lenses are payable in lieu of Eyeglass Lenses and Frames.

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

Exclusions

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

- Services and procedures performed by an Ophthalmologist, Optician, and Optometrist who is the Insured Person, or a Family Member;
- Replacement frames and/or lenses, except at normal intervals when Covered Services or Materials are otherwise available;
- Plano lens or non-prescription lenses or sunglasses;
- Orthoptics, vision training and any associated supplemental testing;
- Frame cases;
- Low (subnormal) vision aids or aniseikonic lenses;
- Medical and surgical treatment of the eyes;
- Charges incurred after (a) the Policy ends; or (b) the Insured Person's coverage under the Policy ends, except as stated in the Policy;
- Any eye examination or corrective eyewear required by an Employer as a condition of employment;
- Services for which benefits are paid by Worker's Compensation;
- Blended bifocal lenses;
- Groove, Drill or Notch, and Roll and Polish;
- Two pairs of glasses, in lieu of bifocals, trifocals or progressives;
- Coating on lenses (Factory scratch coat, anti-reflective, sunglass colors, etc.);
- Cosmetic items;
- Faceted lenses;
- High-Index lenses;
- Laminated lenses;
- Oversize lenses – any lens with an eye size of 61mm or greater;
- Photochromic (Transition) lenses;
- Polaroid lenses;
- Polished bevel lenses;
- Polycarbonate lenses, except for Insured Members under 19;
- Prism lenses;
- Slab-off lenses;
- Tints (except Pink tint #1 and #2);
- Ultra-violet tint or coating;
- Additional cost for contact lenses over the allowance;
- Additional cost for a frame over the allowance;
- Progressive power lenses;

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

BlueCross BlueShield of Texas

Group Benefit Program Summary for

City of Edinburg - F022937

Term Life/Accidental Death & Dismemberment (AD&D)

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

Eligibility	All eligible, active full time employees
Group Term Life/AD&D Benefit: Employee	$10,000
Guarantee Issue Amount	$10,000
Age Reduction Schedule	Life and AD&D benefits reduce by 35% of the original amount at age 65; further reduce by 50% of the original amount at age 70 and 65% of the original amount at age 75.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of nine months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: $7,500. Maximum $250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege (Life Coverage)	Included
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Online Will Preparation Services	Provides members the ability to quickly and easily create a valid and legal will at their convenience - free of charge.
Travel Resource Services	Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet.

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

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

*Loss must occur within 365 days of accident.

AD&D PRODUCT FEATURES INCLUDED:

- ▲ Seatbelt and Airbag Benefits
- ▲ Repatriation Benefit
- ▲ Education Benefit
- ▲ Coma Benefit
- ▲ Spouse Training Benefit
- ▲ Day Care Benefit

EXCLUSIONS

Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof
2. infections, except those from an accidental cut or wound
3. suicide or attempted suicide
4. intentionally self-inflicted injury
5. war or act of war
6. travel or flight in any aircraft while a member of the crew
7. commission of, or participation in a felony
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician or
9. intoxication as defined in the jurisdiction where the accident occurred
10. participation in a riot

BlueCross BlueShield of Texas

Group Benefit Program Summary for

City of Edinburg - F022937

Supplemental Term Life

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

Eligibility	All eligible, active full time employees
Group Term Life Benefit Employee	$10,000 - $500,000 in increments of $10,000
Guarantee Issue Amount* Employee	$100,000 (subject to eligibility runes and enrollment status guidelines) *Guarantee issue amounts are based on a minimum participation requirement of 25% of all eligible employees. If participation requirements are not achieved, underwriting will be utilized on all employees and spouse applications.
Group Term Life Benefit Spouse (Includes Domestic Partner)	$5,000 - $200,000 in increments of $5,000, not to exceed 100% of the employee benefit amount.
Guarantee Issue Amount - Spouse	$25,000
Group Term Life Benefit Child(ren)	Birth to 14 days: $1,000 Age 15 days to 6 months: $1,000 Age 6 months to 19 years (23 if full-time student): $5,000 or $10,000
Age Reduction Schedule	Benefits reduce by 35% of the original amount at age 65; further reduce by 50% of the original amount at age 70 and 65% of the original amount at age 75.
Employee Contribution	100 percent
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of nine months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: $7,500. Maximum $250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life Coverage)	Included (employee & spouse)
Conversion Privilege (Life Coverage)	Included
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Online Will Preparation Services	Provides members the ability to quickly and easily create a valid and legal will at their convenience - free of charge.
Travel Resource Services	Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet.
Exclusions	**One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.**

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in issued policy. Please consult the policy for the actual terms of coverage.

Supplemental Life
PREMIUM RATE GRID

BlueCross BlueShield of Texas

City of Edinburg (All Active Full-Time Employees - excluding Board Members)

Eligibility

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

Supplemental Life

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

Spouse Benefit: **$5,000 to $200,000 in $5,000 increments.**
(not to exceed 100% of the employee benefit)

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

The Spouse amount may not exceed the amount for which the employee is eligible in TX and NY.

Guarantee Issue*

Employee	**$100,000**
Spouse	**$25,000**

*Assumes 33% participation

Child Coverage

Birth to 14 days:	**$1,000**
15 days to 6 months:	**$1,000**
6 months to age 26:	**$5,000 to $10,000 in increments of $5,000**

Benefits reduce by 35% of the original amount at age 65; and further reduce by: 50% of the original amount at age 70; and 65% of the original amount at age 75.

Employee Supplemental Life

Monthly rates per $1,000

Age	Rates
Under 20	$0.064
20-24	$0.064
25-29	$0.064
30-34	$0.076
35-39	$0.112
40-44	$0.176
45-49	$0.280
50-54	$0.392
55-59	$0.656
60-64	$0.752
65-69	$1.472
70-74	$2.552
75+	$8.320

Dependent Life (Children)

Monthly Premium per Family Life

$5,000	$0.64
$10,000	$1.28

Supplemental Life

Premium Cost (Based on 24 payroll deductions per year)

		ATTAINED AGE											
Benefit Amount		<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
$10,000		$0.32	$0.32	$0.32	$0.38	$0.56	$0.88	$1.40	$1.96	$3.28	$3.76	$7.36	$12.76
$20,000		$0.64	$0.64	$0.64	$0.76	$1.12	$1.76	$2.80	$3.92	$6.56	$7.52	$14.72	$25.52
$30,000		$0.96	$0.96	$0.96	$1.14	$1.68	$2.64	$4.20	$5.88	$9.84	$11.28	$22.08	$38.28
$40,000		$1.28	$1.28	$1.28	$1.52	$2.24	$3.52	$5.60	$7.84	$13.12	$15.04	$29.44	$51.04
$50,000		$1.60	$1.60	$1.60	$1.90	$2.80	$4.40	$7.00	$9.80	$16.40	$18.80	$36.80	$63.80
$60,000		$1.92	$1.92	$1.92	$2.28	$3.36	$5.28	$8.40	$11.76	$19.68	$22.56	$44.16	$76.56
$70,000		$2.24	$2.24	$2.24	$2.66	$3.92	$6.16	$9.80	$13.72	$22.96	$26.32	$51.52	$89.32
$80,000		$2.56	$2.56	$2.56	$3.04	$4.48	$7.04	$11.20	$15.68	$26.24	$30.08	$58.88	$102.08
$90,000		$2.88	$2.88	$2.88	$3.42	$5.04	$7.92	$12.60	$17.64	$29.52	$33.84	$66.24	$114.84
$100,000		$3.20	$3.20	$3.20	$3.80	$5.60	$8.80	$14.00	$19.60	$32.80	$37.60	$73.60	$127.60
$150,000		$4.80	$4.80	$4.80	$5.70	$8.40	$13.20	$21.00	$29.40	$49.20	$56.40	$110.40	$191.40
$200,000		$6.40	$6.40	$6.40	$7.60	$11.20	$17.60	$28.00	$39.20	$65.60	$75.20	$147.20	$255.20
$250,000		$8.00	$8.00	$8.00	$9.50	$14.00	$22.00	$35.00	$49.00	$82.00	$94.00	$184.00	$319.00
$300,000		$9.60	$9.60	$9.60	$11.40	$16.80	$26.40	$42.00	$58.80	$98.40	$112.80	$220.80	$382.80
$350,000		$11.20	$11.20	$11.20	$13.30	$19.60	$30.80	$49.00	$68.60	$114.80	$131.60	$257.60	$446.60
$400,000		$12.80	$12.80	$12.80	$15.20	$22.40	$35.20	$56.00	$78.40	$131.20	$150.40	$294.40	$510.40
$450,000		$14.40	$14.40	$14.40	$17.10	$25.20	$39.60	$63.00	$88.20	$147.60	$169.20	$331.20	$574.20
$500,000		$16.00	$16.00	$16.00	$19.00	$28.00	$44.00	$70.00	$98.00	$164.00	$188.00	$368.00	$638.00

Supplemental Life
PREMIUM RATE GRID

BlueCross BlueShield of Texas

City of Edinburg (All Active Full-Time Employees - excluding Board Members)

Eligibility

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

Supplemental Life

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

Spouse Benefit: **$5,000 to $200,000 in $5,000 increments.**
(not to exceed 100% of the employee benefit)

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

The Spouse amount may not exceed the amount for which the employee is eligible in TX and NY.

Guarantee Issue*

Employee	**$100,000**
Spouse	**$25,000**

*Assumes 33% participation

Child Coverage

Birth to 14 days:	**$1,000**
15 days to 6 months:	**$1,000**
6 months to age 26:	**$5,000 to $10,000 in increments of $5,000**

Benefits reduce by 35% of the original amount at age 65; and further reduce by: 50% of the original amount at age 70; and 65% of the original amount at age 75.

Spouse Supplemental Life

Monthly rates per $1,000

Age	Rates
Under 20	$0.064
20-24	$0.064
25-29	$0.064
30-34	$0.076
35-39	$0.112
40-44	$0.176
45-49	$0.280
50-54	$0.392
55-59	$0.656
60-64	$0.752
65-69	$1.472
70-74	$2.552
75+	$8.320

Dependent Life (Children)

Monthly Premium per Family Life

$5,000	$0.64
$10,000	$1.28

Supplemental Life

Premium Cost (Based on 24 payroll deductions per year)

		ATTAINED AGE											
Benefit Amount		<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
$5,000		$0.16	$0.16	$0.16	$0.19	$0.28	$0.44	$0.70	$0.98	$1.64	$1.88	$3.68	$6.38
$10,000		$0.32	$0.32	$0.32	$0.38	$0.56	$0.88	$1.40	$1.96	$3.28	$3.76	$7.36	$12.76
$15,000		$0.48	$0.48	$0.48	$0.57	$0.84	$1.32	$2.10	$2.94	$4.92	$5.64	$11.04	$19.14
$20,000		$0.64	$0.64	$0.64	$0.76	$1.12	$1.76	$2.80	$3.92	$6.56	$7.52	$14.72	$25.52
$25,000		$0.80	$0.80	$0.80	$0.95	$1.40	$2.20	$3.50	$4.90	$8.20	$9.40	$18.40	$31.90
$30,000		$0.96	$0.96	$0.96	$1.14	$1.68	$2.64	$4.20	$5.88	$9.84	$11.28	$22.08	$38.28
$35,000		$1.12	$1.12	$1.12	$1.33	$1.96	$3.08	$4.90	$6.86	$11.48	$13.16	$25.76	$44.66
$40,000		$1.28	$1.28	$1.28	$1.52	$2.24	$3.52	$5.60	$7.84	$13.12	$15.04	$29.44	$51.04
$45,000		$1.44	$1.44	$1.44	$1.71	$2.52	$3.96	$6.30	$8.82	$14.76	$16.92	$33.12	$57.42
$50,000		$1.60	$1.60	$1.60	$1.90	$2.80	$4.40	$7.00	$9.80	$16.40	$18.80	$36.80	$63.80
$75,000		$2.40	$2.40	$2.40	$2.85	$4.20	$6.60	$10.50	$14.70	$24.60	$28.20	$55.20	$95.70
$100,000		$3.20	$3.20	$3.20	$3.80	$5.60	$8.80	$14.00	$19.60	$32.80	$37.60	$73.60	$127.60
$125,000		$4.00	$4.00	$4.00	$4.75	$7.00	$11.00	$17.50	$24.50	$41.00	$47.00	$92.00	$159.50
$150,000		$4.80	$4.80	$4.80	$5.70	$8.40	$13.20	$21.00	$29.40	$49.20	$56.40	$110.40	$191.40
$175,000		$5.60	$5.60	$5.60	$6.65	$9.80	$15.40	$24.50	$34.30	$57.40	$65.80	$128.80	$223.30
$200,000		$6.40	$6.40	$6.40	$7.60	$11.20	$17.60	$28.00	$39.20	$65.60	$75.20	$147.20	$255.20

Help keep your bank account healthy while you heal.

Accident Insurance

City of Edinburg

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

If you have any questions about your benefit options, contact the HR Service Center.

What are Accidental Injury Benefits?

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

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

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

Benefit	Amount		
	Plan 1	Plan 2	Plan 3
X-ray	$100	$150	$200
Follow-up Care	$100	$150	$200
Diagnostic Exam	$300	$400	$500
Initial Physician Visit	$150	$200	$250
Therapy	$75	$100	$125
Urgent Care	$150	$200	$250
Medical Appliance	$150	$300	$450
Ground Ambulance	$750	$1,000	$1,250

Stay proactive about your health and get rewarded.

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

The Hartford

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

How Accidental Injury Benefits work:

Jayden's Story

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

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

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

Service	Accident Plan Pays
Ground Ambulance	$1,250
ER	$250
X-ray	$200
CT Scan (Diagnostic exam)	$500
Wrist Fracture	$6,000
Accident Follow-up Care	$600 ($200/visit x3)
Chiropractor	$1,000 ($100/visit x10)
Physical Therapy	$1,250 ($125/visit x10)
Total	**$11,050**

If you have any questions about your benefit options, contact the HR Service Center.

The Hartford

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

2940287 05-25

A little help when you're not 100%.

Hospital Indemnity Insurance

THE CITY OF Edinburg

City of Edinburg

Hospital Indemnity Insurance which we call Hospital Cash Benefits provides financial support for each day you or your dependent stays in the hospital. This coverage can help alleviate the financial burden during a hospital stay, allowing you to focus on your recovery rather than worrying about unexpected expenses.

If you have any questions about your benefit options, contact the HR Service Center.

What are Hospital Cash Benefits?

To support your financial well-being, your company is offering Hospital Cash Benefits for all eligible employees. This coverage is paid by you and is available for yourself and your eligible dependents. This benefit offers cash payments if you're admitted to the hospital due to illness or injury. The payments can help offset the costs associated with a hospital stay and give you flexibility to use the money where you need it most. You must be actively at work with your employer on the day your coverage takes effect.Use it for things like:

- **Hospital Admission Fees**
- **Transportation**
- **Lodging for Family**
- **Recovery Support Services**

Our Hospital Benefits provide financial support for hospital stays. Here are some commonly covered benefits.

Benefit	Amount	
	Plan 1	Plan 2
First Day Hospital Confinement	$1,000	$1,500
Daily Hospital Confinement	$100	$200
First Day ICU Confinement	$2,000	$3,000
Daily ICU Confinement	$200	$400

The Hartford

Stay proactive about your health and get rewarded.

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

How Hospital Cash Benefits work:

Samantha's Story[1]

Samantha was excited about the arrival of her first child, but her delivery didn't go as planned. Complications led to an unexpected C-section and a longer-than-expected hospital stay. While her health insurance covered a portion of the medical costs, the extra days in the hospital added up quickly.

Luckily, Samantha had enrolled in Hospital Indemnity Insurance during open enrollment. The plan paid a set cash benefit for each day she was in the hospital, which she used to help with medical bills, childcare, and even groceries while she recovered at home.

Thanks to her hospital indemnity coverage, Samantha had one less thing to worry about during a stressful time.

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

Service	Hospital Cash Benefits Plan Pays
First Day Hospital Confinement	$1,500
Daily Hospital Confinement	$200
Total	**$1,700**

If you have any questions about your benefit options, contact the HR Service Center.

The Hartford

Hospital Indemnity Form Series includes GBD-2800, GBD-2900 or state equivalent

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

2999350 05-25

CRITICAL ILLNESS INSURANCE FOR

City of Edinburg

Presented by

WELLFLEET WORKPLACE

A personalized guide to understanding your Critical Illness coverage

CRITICAL ILLNESS INSURANCE

Benefit Summary

What is Critical Illness Insurance?

This coverage pays a lump-sum benefit following the diagnosis of a critical illness, such as a heart attack, cancer or stroke. It can help protect you and your family from the financial challenges that can come from a critical illness.

Use your benefits any way you like.

Benefit proceeds can be used however you want, whether it's toward your medical bills, student loans or child care expenses. It's up to you.

Who can be covered?

The coverage offered by your employer allows you to cover yourself, and your spouse and children. Note that you may only cover other family members if you are insured by this coverage yourself.

Approximately every
40 seconds
an American will have a heart attack.[1]

Each year in the United States, more than
1.6 million people
are diagnosed with cancer.[2]

24 million people or 10% of adults are carrying debt from medical expenses that they had to pay out of pocket in the past year.[3]

What's the difference between health insurance & Critical Illness Insurance?

Health insurance covers medical expenses and pays your provider directly but may leave you responsible for some out-of-pocket costs. The amount paid depends on your coverage, the type of care and whether you've hit your out-of-pocket maximum.

Critical Illness Insurance is supplemental coverage that can complement your health insurance and help cover your out-of-pocket expenses. The benefit amount is based upon the diagnosis of a critical illness, is paid to you directly and can be used however you like.

Let's say you carry health insurance and Critical Illness Insurance, and you go to the hospital, where you are diagnosed with having had a stroke. Your health insurance will pay the treating providers for some or all your medical expenses. Your Critical Illness Insurance will pay you a lump sum directly that can be used however you like. You could put it to toward uncovered medical expenses, like co-pays, or use it to cover your rent, or to replace lost income during treatment or recovery.

Coverage highlights:

- No health questions asked
- Select the coverage amount that fits your life
- Affordable premiums
- Convenient payroll deductions
- Simplified claims-filing with dedicated support
- If you leave your employer, you may be able to take your coverage with you at the same rate

23% of Americans report forgoing one or more types of health care in the past year due to affordability. [3]

$20,246
Average cost of a heart attack.[4]

Alzheimer's disease affects about **5.7 million Americans**.[5]

How does it work?

The amount paid is based on the benefit amount you elect from the chart below. Critical Illness benefits are paid for the initial occurrence, reoccurrences of the same critical illness and occurrences of a different critical illness, up to the elected maximum payment. There is no wait between initial occurrences and different critical illnesses. Reoccurrences of the same critical illness can be paid 6 months after the initial critical illness. Check your benefit schedule for more details around the covered critical illnesses.

Coverage	Amount range	Maximum payout
Employee	$10,000.00 - $30,000.00	Unlimited
Spouse	$5,000.00 - $15,000.00	
Child(ren)	$2,500.00 - $7,500.00	

Choose to Enroll
in Critical illness coverage through your employer.

File a Critical Illness claim
for a qualifying critical illnness **over the phone or via US mail**.

Benefits are paid
directly to you based on the diagnosed critical illness and whether it is an initial occurrence, a reoccurence of the same critical illness or an occurrence of a different critical illness.

BENEFIT SNAPSHOT: AMY'S HEART ATTACK

Critical Illness Insurance coverage: Base coverage with unlimited maximum payout
Benefit amount elected by Amy: $30,000.00

As a longtime runner and yogi, Amy was in great shape, which is why she never expected to have a heart attack at the age of 48. Amy was even more surprised when she had a second heart attack the following year, at which point she underwent coronary artery bypass.

Fortunately for Amy, she'd enrolled in her employer's Critical Illness plan. Having these benefits helped offset the medical bills not covered by insurance, cover her regular bills and replace lost income during her recovery.

Amy's Critical Illness policy provided these benefits:

First occurrence:	$30,000.00
Reoccurrence:	$30,000.00
Coronary artery bypass:	$7,500.00
Total benefits paid:	$67,500.00

BENEFIT SNAPSHOT: MATEO'S CANCER DIAGNOSIS

Benefit amount elected by Mateo: $30,000.00

As a self-proclaimed "health nut", who regularly participates in triathlons, Mateo never thought he'd receive a cancer diagnosis, let alone at 42. Fortunately for Mateo, he'd enrolled in his employer's Cancer-Only Critical Illness plan. Having these benefits helped offset the medical bills not covered by insurance and replace lost income during both of his recoveries.

Mateo's Cancer-Only Critical Illness policy provided these benefits:

First occurrence:	$30,000
Total benefits paid:	$30,000

What benefits are included in my coverage?

Your Critical Illness Insurance includes a range of covered critical illnesses and benefits, as outlined below. A percentage of the total benefit is paid for spouse and child coverage. For additional details, see your certificate.

CRITICAL ILLNESS PLAN BENEFITS	CI Only Plan	Cancer Only Plan	CI and Cancer Plan
Critical Illness Benefits			
Heart Attack	100%	N/A	100%
Stroke	100%	N/A	100%
Major Organ Failure	100%	N/A	100%
End Stage Renal Failure	100%	N/A	100%
Benign Brain Tumor	100%	N/A	100%
Bone Marrow or Stem Cell Transplant	25%	N/A	25%
Coronary Artery Bypass Surgery	25%	N/A	25%
Cancer Benefits			
Cancer	N/A	100%	100%
Carcinoma in Situ	N/A	25%	25%
Skin Cancer	N/A	10%	10%
Enhanced Package			
Coma	100%	N/A	100%
Paralysis	100%	N/A	100%
Loss of Hearing	100%	N/A	100%
Loss of Sight	100%	N/A	100%
Sudden Cardiac Arrest	50%	N/A	50%
Aneurism	10%	N/A	10%
Angioplasty	10%	N/A	10%
Transient Ischemic Attacks	10%	N/A	10%
Severe Burns	50%	N/A	50%
Occupational HIV	100%	N/A	100%
Occupational Hepatitis B or C	100%	N/A	100%
Type 1 Diabetes	100%	N/A	100%
Progressive Disease Benefits			
ALS	100%	N/A	100%
Parkinson's Disease	100%	N/A	100%
Advanced Dementia	100%	N/A	100%
Multiple Sclerosis	100%	N/A	100%
Systemic Lupus	25%	N/A	25%
Myasthenia Gravis	50%	N/A	50%
Addison's Disease	50%	N/A	50%
Huntington's Disease	50%	N/A	50%
Systemic Sclerosis	25%	N/A	25%

Enhanced Cancer Rider			
Maximum treatments per diagnosis	---	15	15
Blood, Plasma, Platelets	N/A	$200.00	$200.00
Surgery Benefit			
Inpatient	N/A	$250.00	$250.00
Outpatient	N/A	$400.00	$400.00
Hospital Confinement	N/A	$100.00	$100.00
Maximum duration per year	---	60 days	60 days
Durable Goods and Equipment	N/A	$250.00	$250.00
Experimental Drug or Medical Service	N/A	$300.00	$300.00
Extended Care			
Maximum duration	---	60 days	60 days
Home Health Care	N/A	$14.00	$14.00
Maximum duration	---	60 days	60 days
NCI Evaluation or Consultation	N/A	$250.00	$250.00
Additional Optional Riders & Benefits			
Health Screening Benefit Rider:	$50.00	$50.00	$50.00
Number of payments per year, per covered person.	1	1	1
Transportation (up to 1200 miles per trip)	N/A	$0.30/mile	$0.30/mile
Companion Lodging	N/A	$100.00	$100.00
Maximum per year	---	30 days	30 days

Examples of Eligible Screening Events			
Annual exams for adults	Chicken pox immunization	Genetic screening testing for medical diagnosis and treatment	Serum cholesterol HDL/LDL
Blood tests for triglycerides	Colonoscopy	Hepatitis B immunization	Sports physicals
Bone marrow testing	Concussion baseline testing	HPV immunization	Stress test
Bone density screening	Dermatological screenings for skin cancer	Mammography	Tetanus
Breast MRI	Fasting blood glucose test	Pap smear	Virtual colonoscopy
Carotid ultrasound	Flu vaccination	Pneumonia immunization	Well child visits

How much does it cost?

The cost of coverage is based upon the covered person's age. See the rate chart below to determine your exact costs. To cover your spouse and/or child(ren), refer to the rate chart below.

CI Only Plan

$10,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	$2.58	$4.74
25-29	$2.77	$5.02
30-34	$3.01	$5.37
35-39	$3.71	$6.43
40-44	$4.59	$7.75
45-49	$6.22	$10.19
50-54	$8.25	$13.24
55-59	$10.80	$17.07
60-64	$14.75	$23.00
65-69	$17.77	$27.52
70+	$21.10	$32.52

$20,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	$3.55	$6.27
25-29	$3.92	$6.83
30-34	$4.40	$7.53
35-39	$5.80	$9.65
40-44	$7.57	$12.28
45-49	$10.82	$17.17
50-54	$14.88	$23.27
55-59	$19.98	$30.92
60-64	$27.88	$42.78
65-69	$33.92	$51.82
70+	$40.58	$61.82

$30,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	$4.52	$7.79
25-29	$5.07	$8.64

30-34	$5.79	$9.69
35-39	$7.89	$12.87
40-44	$10.54	$16.82
45-49	$15.42	$24.14
50-54	$21.52	$33.29
55-59	$29.17	$44.77
60-64	$41.02	$62.57
65-69	$50.07	$76.12
70+	$60.07	$91.12

$10,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	$3.24	$5.78
25-29	$3.56	$6.27
30-34	$3.96	$6.86
35-39	$5.14	$8.63
40-44	$6.62	$10.86
45-49	$9.37	$14.97
50-54	$12.79	$20.11
55-59	$17.09	$26.56
60-64	$23.75	$36.54
65-69	$28.82	$44.17
70+	$34.44	$52.59

$20,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	$4.87	$8.35
25-29	$5.50	$9.32
30-34	$6.30	$10.50
35-39	$8.67	$14.05
40-44	$11.63	$18.50
45-49	$17.12	$26.73
50-54	$23.97	$37.00
55-59	$32.57	$49.90
60-64	$45.88	$69.87
65-69	$56.03	$85.12
70+	$67.27	$101.97

$30,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	$6.49	$10.92
25-29	$7.44	$12.37
30-34	$8.64	$14.14
35-39	$12.19	$19.47
40-44	$16.64	$26.14
45-49	$24.87	$38.49
50-54	$35.14	$53.89
55-59	$48.04	$73.24
60-64	$68.02	$103.19
65-69	$83.24	$126.07
70+	$100.09	$151.34

Cancer Only Plan

$10,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	$2.59	$5.15
25-29	$3.07	$6.00
30-34	$3.58	$6.89
35-39	$4.65	$8.74
40-44	$6.45	$11.86
45-49	$9.12	$16.47
50-54	$12.53	$22.43
55-59	$16.38	$29.05
60-64	$21.49	$37.59
65-69	$25.86	$45.02
70+	$30.52	$52.88

$20,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	$2.92	$5.68
25-29	$3.62	$6.87
30-34	$4.41	$8.16
35-39	$6.06	$10.90
40-44	$8.82	$15.44
45-49	$12.97	$22.27

50-54	$18.10	$30.81
55-59	$24.08	$40.63
60-64	$32.54	$54.21
65-69	$39.54	$65.57
70+	$47.11	$77.79

$30,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	$3.25	$6.20
25-29	$4.18	$7.73
30-34	$5.25	$9.44
35-39	$7.48	$13.06
40-44	$11.18	$19.01
45-49	$16.82	$28.07
50-54	$23.66	$39.20
55-59	$31.78	$52.20
60-64	$43.60	$70.82
65-69	$53.23	$86.12
70+	$63.70	$102.69

$10,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	$3.34	$6.64
25-29	$4.14	$8.06
30-34	$5.01	$9.56
35-39	$6.81	$12.68
40-44	$9.85	$17.95
45-49	$14.34	$25.70
50-54	$20.09	$35.74
55-59	$26.57	$46.91
60-64	$35.18	$61.29
65-69	$42.55	$73.81
70+	$50.39	$87.06

$20,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	$3.91	$7.52
25-29	$5.08	$9.52
30-34	$6.42	$11.71

35-39	$9.20	$16.31
40-44	$13.84	$23.97
45-49	$20.82	$35.48
50-54	$29.47	$49.86
55-59	$39.54	$66.42
60-64	$53.82	$89.29
65-69	$65.60	$108.44
70+	$78.35	$129.03

$30,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	$4.47	$8.40
25-29	$6.02	$10.98
30-34	$7.82	$13.86
35-39	$11.59	$19.94
40-44	$17.83	$30.00
45-49	$27.31	$45.25
50-54	$38.86	$63.97
55-59	$52.52	$85.92
60-64	$72.47	$117.29
65-69	$88.66	$143.06
70+	$106.31	$171.01

CI and Cancer Plan

$10,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	$3.59	$6.77
25-29	$4.27	$7.92
30-34	$5.02	$9.17
35-39	$6.80	$12.08
40-44	$9.49	$16.57
45-49	$13.81	$23.65
50-54	$19.27	$32.71
55-59	$25.67	$43.20
60-64	$34.72	$57.68
65-69	$42.12	$69.67
70+	$50.10	$82.55

$20,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	$4.86	$8.77
25-29	$5.95	$10.54
30-34	$7.21	$12.55
35-39	$10.26	$17.38
40-44	$14.78	$24.59
45-49	$22.19	$36.31
50-54	$31.36	$50.95
55-59	$42.39	$68.40
60-64	$58.70	$93.74
65-69	$71.68	$114.11
70+	$85.85	$136.28

$30,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	$6.12	$10.77
25-29	$7.63	$13.17
30-34	$9.41	$15.93
35-39	$13.73	$22.68
40-44	$20.06	$32.62
45-49	$30.56	$48.97
50-54	$43.45	$69.18
55-59	$59.12	$93.59
60-64	$82.67	$129.79
65-69	$101.25	$158.55
70+	$121.60	$190.00

$10,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	$4.99	$9.30
25-29	$6.13	$11.23
30-34	$7.40	$13.34
35-39	$10.39	$18.25
40-44	$14.94	$25.81
45-49	$22.21	$37.74
50-54	$31.40	$53.01
55-59	$42.20	$70.68

60-64	$57.44	$95.08
65-69	$69.90	$115.28
70+	$83.36	$136.98

$20,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	$7.12	$12.66
25-29	$8.96	$15.66
30-34	$11.09	$19.04
35-39	$16.24	$27.17
40-44	$23.84	$39.34
45-49	$36.32	$59.07
50-54	$51.77	$83.72
55-59	$70.38	$113.13
60-64	$97.83	$155.83
65-69	$119.70	$190.16
70+	$143.59	$227.50

$30,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	$9.26	$16.03
25-29	$11.80	$20.08
30-34	$14.79	$24.74
35-39	$22.08	$36.10
40-44	$32.74	$52.86
45-49	$50.42	$80.39
50-54	$72.14	$114.44
55-59	$98.56	$155.57
60-64	$138.23	$216.59
65-69	$169.51	$265.04
70+	$203.83	$318.02

How do I enroll?

You can enroll in your employer's Critical Illness Insurance during your eligible enrollment period. To get started, follow the steps outlined by your plan administrator.

Who provides my coverage?

Your Critical Illness coverage is provided by Wellfleet, a Berkshire Hathaway company. Wellfleet is focused on providing customer-centric insurance solutions that protect people against risk through every stage of life - from birth to college, the workplace and beyond.

Exclusions & limitations

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary by state and may not be available in all states. In addition to any benefit-specific exclusion, benefits under the policy and any attached rider(s) will not be payable for any loss caused in whole or part by or resulting in whole or part from the following:

- A specified health event for the insured or covered spouse, or for a specified health event for the covered dependent child(ren) occurring prior to the effective date of coverage for a covered person
- Any condition not specifically listed as a specified health event for the insured or covered spouse or for a specified health event for the covered dependent child(ren)
  Suicide or attempt at suicide, or intentional self-inflicted injury or sickness
- Participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions), or while intoxicated as defined by the law of the jurisdiction in which the cause of the loss occurs
- Use of alcohol, drugs or narcotics
- Commission of or attempt to commit an assault or felony
- Engaging in illegal activity or occupation
- Declared war or any act of declared war

Questions?

Contact your plan administrator with questions about the offered Critical Illness coverage.

1 American Heart Association. (2021.) Heart disease & stroke statistics-2021 update: a report from the American Heart Association. Retrieved from https://www.cdc.gov/heartdisease/facts.htm
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3 Federal Reserve. (May 2017. Report on the Economic Well-Being of U.S. Households in 2016. Retrieved from: https://disabilitycanhappen.org/disability-statistic/.
4 Matthew, Michael. (2018, May 1. The 35 most expensive reasons you might have to visit a hospital in the US - and how much it costs if you do. Retrieved from: https://www.businessinsider.com/most-expensive-health-conditions-hospital-costs-2018-2
5 Hurd MD, Martorell P, Delavande A, Mullen KJ, Langa KM. Monetary costs of dementia in the United States. N Engl J Med 2013;368(14: 1326-34. Retrieved from: https://www.cdc.gov/aging/aginginfo/alzheimers.htm

This document is meant to highlight some, but not all the features Wellfleet coverage provides. It is not an insurance contract. Wellfleet Workplace Benefits provide limited benefits and is not a substitute for mandated ACA healthcare coverage. Like most supplemental offerings these benefits may have state-specific variations, and some product offerings and details may not be available in all states. Rates are subject to change. Wellfleet reserves the right to raise premium rates with proper notice as noted in the policy and proposal.

Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states.

 WB Critical Illness 20 - 100033 - 09012020

AVAILABLE SUPPLEMENTAL HEALTH COVERAGES
By Wellfleet Workplace

ACCIDENT INSURANCE

Accident Insurance pays benefits for injuries and expenses associated with a covered accident. From stitches to broken bones, concussions and dental injuries, this coverage provides you and your family with an added layer of financial support. Plus, benefits are paid directly to you and can be used however you want.

- No health questions asked
- Option to cover your spouse & children
- Annual $50 Health Screening Benefit per covered individual
- Expansive plan covers a variety of accidents & related treatments, such as: Ambulance, x-rays, hospital & ICU admission, broken bones, burns, chiropractic care, outpatient surgery & accidental death benefit

Scan the QR code to view the full benefit summary.

How it works

Let's say you carry the Wellfleet Accident plan and are in a car accident, which requires a trip to the emergency room ($150), via ground ambulance ($300), where you are x-rayed ($75) and treated for a broken leg ($4,000). You would receive a total benefit of $4,525.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance pays a lump-sum benefit following the diagnosis of a critical illness, such as a heart attack, cancer, or stroke. This coverage complements your core medical insurance by helping to cover unexpected out-of-pocket expenses and features built-in flexibility that allows you to select the coverage level that meets your family's unique needs. Benefits are paid directly to you and can be used however you like, from medical bills to student loan payments and childcare.

- No health questions asked
- Ability to elect up to $30,000 in coverage
- Option to cover your spouse & children
- Annual $50 Health Screening Benefit per covered individual
- Robust plan covers a range of critical illnesses, such as: Heart attack, stroke, cancer, coma, paralysis, ALS, Parkinson's, advanced dementia, cerebral palsy & infectious disease such as Covid-19

Scan the QR code to view the full benefit summary.

How it works

If you elect $30,000 in coverage and later receive a cancer diagnosis, you would receive a $30,000 lump-sum benefit to be used however you like. If you then had a heart attack or your cancer came back, you would receive another $30,000 benefit.

Questions?

Contact your plan administrator to learn more about the offered coverage.

Accident Insurance, Critical Illness Insurance, Hospital Indemnity Insurance and Short Term Disability Insurance are limited benefit policies. They are not health insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.
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Group Name: City of Edinburg
Group Number: 746240

Life doesn't stop when you're unable to work. If a maternity leave, planned surgery, or unexpected illness or injury affect your income, **Short Term Disability Income Insurance** can help. This document includes cost and coverage information about Short Term Disability Income Insurance. As you explore, keep in mind:

Guaranteed Issue Coverage

Group pricing makes coverage more cost-effective

One dedicated claim analyst guides you throughout your leave

Without their main source of income, only 27 percent of U.S households could cover expenses for more than six months, while 21 percent could cover expenses for less than two weeks.[1] Help keep a portion of your income protected with the Short-Term Disability Income Insurance that's available to you through your employer.

[1] "Marketing Ends Meet in 2022," Consumer Financial Protection Bureau, 2022.

Choose coverage to fit your needs

With Short Term Disability Income Insurance, you'll still be able to replace a portion of your income if a disabling illness or injury prevents you from working. When you become disabled, you must complete a waiting period before benefits are payable (Learn more in the "Waiting Period" section below). When benefit payments begin, here's how much you'll receive:

Coverage Amount
60% of your weekly earnings ($15 minimum weekly benefit/$1,000 maximum weekly benefit)

Waiting period and How long benefit payments last

If you become disabled, you must complete a waiting period before Weekly Income Benefits are payable. Short Term Disability Income Insurance is intended to replace income for a disability that lasts just a few weeks.

Option 1

- The benefit waiting period for a disability caused by an accidental injury or sickness is 7 days.
- The maximum amount of time that you're able to receive Short Term Disability benefit payments is 12 weeks.

Option 2

- The benefit waiting period for a disability caused by an accidental injury or sickness is 14 days.
- The maximum amount of time that you're able to receive Short Term Disability benefit payments is 11 weeks.

Option 3

- The benefit waiting period for a disability caused by an accidental injury or sickness is 30 days.
- The maximum amount of time that you're able to receive Short Term Disability benefit payments is 9 weeks.

How much does it cost?

Rates shown are guaranteed until: 10/01/2026. Your premiums are deducted on a post-tax basis.

Short Term Disability Monthly Rates per $10 of weekly benefit			
Issue Age*	**Option 1**	**Option 2**	**Option 3**
Under 25	$0.61	$0.49	$0.28
25-29	$0.67	$0.53	$0.30
30-34	$0.64	$0.51	$0.29
35-39	$0.53	$0.43	$0.24
40-44	$0.47	$0.38	$0.21
45-49	$0.53	$0.42	$0.23
50-54	$0.64	$0.52	$0.29
55-59	$0.90	$0.72	$0.40
60-64	$1.05	$0.84	$0.47
65-69	$1.24	$0.99	$0.55
70+	$1.36	$1.09	$0.61

*Age as of 10/01/2024. *Age at the start of the plan's current policy year.

To calculate your cost:	
1. Enter your basic annual earnings	
2. Divide your basic annual earnings by 52. This is your basic weekly earnings.	
3. Multiple the figure from step 2 by 60% (.60)	
4. Enter the lessor of the amount in step 3 or $1,000	
5. Divide the amount in Step 4 by $10	
6. Enter your Short-Term Disability rate from the table above.	
7. Multiply the result in Step 5 by the rate in Step 6. This is your **monthly premium**.	
8. Multiply your total monthly premium by 12 for your annual premium amount. Then, divide by your number of paychecks per year for your payroll deduction amount.	

Your basic annual earnings are the salary or wage you receive from your employer.

It does not include:

- Bonuses
- Commissions
- Overtime pay.

Exclusions and limitations

We won't pay benefits if your disability is caused by, contributed to by, or results from any of the following:

- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, commission or attempt to commit a felony or illegal activity.
- Engaging in any illegal occupation, work or employment.
- Operating a motorized vehicle while under the influence of alcohol as evidenced by a blood alcohol level at or in excess of the state legal intoxication limit as defined by the state law where the disability occurs.
- Intentionally self-inflicted harm.
- Attempted suicide, regardless of mental capacity.
- Participation in a war, declared or undeclared, or any act of war. An act of war is military activity by one or more national governments and does not include terrorist acts, other random acts of violence not perpetrated by you, or civil war or community faction.
- Active duty as a member of the armed forces of any nation. However, we will refund, upon written notice of such service, any Premium which has been accepted for any period not covered as a result of this exclusion.
- Active participation in a riot, insurrection or terrorist activity, but not including civil commotion, disorder, injury as an innocent bystander, or injury because of self-defense.
- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, voluntary intake of any narcotic or other controlled substance, unless the narcotic or controlled substance is taken under the direction of and as directed by a doctor.
- Voluntary intake of poison, drugs or fumes, unless a direct result of an occupational accident.
- Cosmetic surgery except when required for your appropriate care as a result of your injury or sickness; cosmetic surgery shall not include (1) reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, (2) reconstructive surgery because of congenital disease or anomaly resulting in a functional defect and (3) surgery necessitated by gender dysphoria.
- Traveling in any aircraft other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
- Traveling in any aircraft (or device) used for testing or an experimental purpose, used by or for any military authority, or used for travel beyond the earth's atmosphere.
- Hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing.
- Participation in recreational motor sports events, racing, speed or endurance contest (auto, truck, cycle or boat), rock or mountain climbing, skin or scuba diving, or bungee jumping.
- Participation in any sport for wage, compensation or profit.

If your employer's plan covers only non-occupational injuries, then the following exclusion also applies:

- Occupational sickness or injury

We will not pay a benefit for any period of Disability during which you are incarcerated.

Pre-existing conditions: We won't pay benefits if your disability is due to a pre-existing condition, and you became disabled during the first 12 months** following the effective date of your coverage. A pre-existing condition is any condition for which you have done any of the following at any time during the 12** months just prior to your effective date of coverage, whether or not that condition is diagnosed, undiagnosed or misdiagnosed:

- Received medical treatment or consultation.
- Taken or were prescribed drugs or medicine.
- Received care or services, including diagnostic measures.

Your benefits may be reduced by other income you are eligible to receive while disabled.

*Limitations and exclusions will vary by state and by your employer's benefit plan.
**The length of the pre-existing condition "limitation" period and "look-back" period may vary for your employer's plan. Contact your employer for details.

Questions?

Enrollment instructions will be provided by your employer.

If you have additional questions before you enroll, please call:

Voya Employee Benefits Customer Service at 800-955-7736
or go to https://presents.voya.com/EBRC/cityofedinburg.

This is a summary of benefits only. A complete description of benefits limitations exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents the policy documents will govern. To keep coverage in force premiums are payable up to the date of coverage termination. Short Term Disability Income Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis MN) a member of the Voya® family of companies. Policy form ICC19 RL-STD-POL-19; RL-STD-POL-20.

VOL-STD

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Texas Legal™
Always by your side

When You Need an Attorney, Texas Legal Has You Covered

Texas Legal, a nonprofit organization, founded by the State Bar and the Texas State Legislature, provides legal plans to Texans. Our legal plans cover the in-network Attorney's billable time, ensuring the resolution of personal legal matters is always affordable, accessible, and convenient.

Why You Should be a Member of Texas Legal

Always Have Legal Help When You Need It

Every year, 70 percent of people have a legal issue. But many Texans don't get the help they need because hiring an attorney is too expensive, time-consuming, or stressful. Texas Legal can help.

"Texas Legal has saved us thousands of dollars and provides peace of mind knowing we don't have to worry about legal issues."

- Gloria R., Texas Legal Member

Affordable Access to High-Quality Attorneys

Texas Legal has experienced and qualified attorneys to serve our members in multiple practice areas. We have the most comprehensive plans on the market covering:

- Wills & Trusts
- Divorce
- Criminal Defense
- ID Monitoring
- Consumer Protection
- And Much More

With a vast network of licensed attorneys across the State of Texas, our members have access to the best legal help without the high price tag.

Serving Texans – Not Profiting

As a nonprofit, our mission is to protect and serve Texans, not profit from them. Our goal is to make receiving comprehensive legal services from high-quality attorneys affordable and accessible for every Texan. Rest easy knowing Texas Legal has you and your family covered for the majority of life's personal legal needs.

Need a Will? We Have You Covered!

PROBLEM: You need a will, but you don't know an attorney and wills are expensive.

SOLUTION: A Texas Legal membership fully covers estate planning. You simply call one of our attorneys, and he or she takes you through the whole process.

$1,600 - The average cost of a basic will and estate planning package

$300 - The average yearly premium paid by Texas Legal Members

Process: Easy

Saved: $1,300

Gained: Priceless Peace of Mind

Built By Texans FOR TEXANS Est. 1972

Please see the next page to learn about our legal plans.

Payroll Group Plan Coverage

Please note that while the vast majority of personal legal needs are covered, not all limitations or exclusions are listed below, especially for contested/complex matters. *

	Preferred Plan* $14 Composite, Monthly
GENERAL ATTORNEY ACCESS & DISCOUNTS	
Legal Access Line Dedicated hotline for quick legal questions and general legal advice	Included!
Attorney Consultations	4 Consultations
General Legal Services Anything not covered, but not excluded	6 Hours Covered
In-Network Discount	25% Discount
ESTATE PLANNING	
Wills, Trusts, Living Wills & Power of Attorney	Covered!
Elder Law	4 Hours Covered
Social Security / Veterans / Medicare	4 Hours Covered
Probate	Uncontested — Covered! All Others — 15 Hours Covered
FAMILY LAW	
Pre / Postnuptial Agreements	Covered!
Adoption	Covered!
Name Change	Covered!
Gender Identifier Change	Covered!
Divorce **-OR-** **Modification / Establishment or Enforcements**	All Uncontested — Covered! Contested Divorce: w/o children — 15 Hours Covered with children — 30 Hours Covered Contested Mod/Establishment/Enforce: 20 Hours Covered
Protective Order	Covered!
Guardianship / Conservatorship	Uncontested — Covered! Contested — 15 Hours Covered
Annual Accounting of Guardianship	6 Hours Covered
Family Immigration Assistance	6 Hours Covered
CIVIL LAW	
Defense of Civil Action	20 Hours Covered
Consumer Protection	Covered!
School Administrative Hearings	4 Hours Covered
CRIMINAL LAW	
Habeas Corpus	Covered!
Misdemeanor	Covered!
Felony	Covered!
Driving / Boating while Intoxicated	Covered!
Public Intoxication	Covered!
Defense of Incompetency or Infirmity	Covered!
Juvenile Court	Covered!
Traffic Tickets	Covered!
Defense of Driving Privileges	Covered!
Expunction & Order of Nondisclosure	Covered!
REAL ESTATE & FINANCIAL	
Residential Real Estate Transaction	Covered!
Property Tax - Primary Residence	Covered!
Deeds	2 Hours Covered
Bankruptcy Chapter 7-OR-Chapter 13	Covered!
Tax Audit	4 Hours Covered
Free Financial Counseling with Balance Pro	Included!
Experian Identity Theft Monitoring & Repair	Included!

This document is for illustrative purposes only, and is not a contract. Please see the Summary of Benefits or a sample Plan Policy for details.

Gain priceless peace of mind – don't put legal issues off another day

Contact your **HR department** and join today!

For more information, visit **TexasLegal.org** or contact us at **1.800.252.9346**.

Texas Legal™
Always by your side

What Can You Expect From Your Texas Legal Attorney?

Professional, High-Quality Legal Representation

- All Texas Legal Attorneys are licensed to practice law in the state of Texas and in good standing with the State Bar of Texas.
- You can expect your Texas Legal Attorney to be competent, prompt, and effective, resolving your legal issue as efficiently as possible, while keeping you informed of the status throughout the process.

Thorough Legal Analysis and Explanation of Your Options

- Your attorney will be able to answer your questions, present your options, and advise you on the best course of action to handle your legal issue.
- It's your attorney's job to explain your legal rights, protect your interests, and negotiate on your behalf.

Confidential and Consistent Communication

- Everything you discuss with your Texas Legal Attorney pertaining to your legal matter is under attorney-client privilege and completely confidential.
- You and your Texas Legal Attorney decide the best way and how often to communicate.

With a network of over 500 licensed attorneys with diverse experience, expertise and practice areas, you can expect to work with attorneys well-versed in your legal matters and highly qualified to counsel and represent you.

Our network of attorneys are committed to protecting and serving Texans by providing high-quality, comprehensive legal services, and they are ready to help you.

Texas Legal™
Always by your side

For more information or to find an attorney in your area, visit **TexasLegal.org** or contact us at **1-800-252-9346**.

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Limitations and exclusions apply. Legal insurance products/memberships are provided by Texas Legal and are in compliance with the provisions of the Texas Department of Insurance. Services are only available through membership in Texas Legal. Membership does not cover previously established or filed legal issues or disputes. This information is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, see your plan documents. If you have questions or would like to join, call Member Services toll free at 1-800-252-9346.

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Texas Legal™
Always by your side

Preparing for Your Estate Planning

Estate Planning protects your family in the event that something happens to you. It will not only give you peace of mind, but your family as well. You can reduce the anxiety of meeting with an attorney by coming prepared. Organize your personal affairs using the following as a guide.

5 Steps to Prepare for Estate Planning

1 List What You Own

Create an itemized list to provide the attorney with a clear picture of all of your assets, including:

Property
Real estate, valuables, etc. Also anything that has deep personal meaning, like heirlooms, jewelry, photographs, etc.

Financial Accounts
Bank, brokerage and retirement.

Insurance Accounts
Homeowners, auto, disability, health, life. Make sure to note who is listed as the beneficiary for each – the listed beneficiary takes precedence over your will.

2 List What You Owe

Credit cards, mortgages, loans, and any other debts you may have.

3 Choose an Executor

A will is a set of instructions for after you pass away – an executor is the person chosen to carry out those instructions. It can be a spouse, a sibling, a parent, or anyone in your life you trust to distribute your property and possessions.

4 Document Your Medical Wishes

Part of planning your future is making decisions about your health. With a Medical Power of Attorney and a Living Will, you manage your own health care. You can choose a person to make decisions for you and what kind of care you would or wouldn't want if you were to be faced with a serious illness or condition where you couldn't communicate your wishes.

5 Consider Where You Want to Give

Start a list of charitable organizations that you support or would consider making a contribution toward with a portion of the proceeds from your estate.

Choose from the highest quality Texas-licensed attorneys for your estate planning needs

Estate Planning Costs are Covered

As a member of Texas Legal, you have access to the best estate planning attorneys in the state – and we'll cover the bill! You will not pay a dime, and you'll get the priceless peace of mind knowing that your family is protected, no matter what happens.

Contact Texas Legal at **512-327-1372** or at **members@texaslegal.org** if you have any questions. We are here to help!

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Texas Legal
Always by your side

experian

IdentityWorks

World-Class Identity Protection from Experian

Sign up for your free Identity Theft Protection benefits

Your Identity Theft Protection benefits need to be activated so that Experian can start monitoring for any potential identity thieves.

Here's how Texas Legal members activate benefits

1. Go to **experianidworks.com/RR1Bplus** and enter your code: **TexasLegal**
2. On the next page, complete the enrollment process.
3. Once you are enrolled, you can also expand your protection by adding credit card and bank accounts, your drivers license number, passport and medical ID information. Use the "Child Monitoring" tab in the Experian dashboard to add any minor children to your account.
4. Have a spouse or children over 18 on your plan? They'll need to sign up with their own account. Make sure to clear your cookies if you're signing up on the same device.

Don't want to enroll online? Having trouble signing up?

Call Experian directly at 1-877-534-7034
and use the engagement number DB12399.

BALANCE
Financially Empowering You

Texas Legal™
Always by your side

Your Guide to Financial Fitness

We know that managing your money can sometimes seem overwhelming. That is why Texas Legal has partnered with BALANCE to offer a financial fitness program. Through this partnership, you can take advantage of free and confidential financial counseling services:

Financial Coach Hotline

Have money management or credit questions? Our Certified Financial Coaches are standing by with answers.

Debt and Budget Counseling

Speak with a Certified Credit Counselor and create an action plan to reach your financial goals. You can learn the basics of personal finance with the BalanceTrack education modules. You can create a budget plan that helps you achieve your financial goals with MyBalance: A Budget Tool from BALANCE.

Credit Report Review

A Certified Credit Counselor will guide you through your credit report, go over credit reporting regulations, and show you how to correct inaccuracies.

Home Ownership Education

Our Certified Counselors can help you from pre-purchase counseling to foreclosure prevention. Topics include credit scores, saving for a down payment, mortgages, and more. We'll help you take the next step with your homeownership journey.

Debt Management Plan

If you're overwhelmed with debt, we can consolidate bills to streamline repayment. Best of all, creditors may be willing to lower payments and/or reduce or even eliminate interest and fees.

Foreclosure Prevention Counseling

If you're struggling with mortgage payments, or fear you may be unable to pay in the future, contact us. Our Certified Foreclosure Specialists provide early delinquency intervention counseling, and can explore your options.

Student Loan Coaching

Our student loan counselors speak the language of student loan financing fluently. We can help guide you through the different programs available. If you have student loans, we can do a comprehensive review, provide recommendations on how to address outstanding loans, help you how address defaulted student loans and more.

Rental Coaching

Our specialized rental counselors can help you calculate an affordable rent, educate you on lease agreements and basic tenant rights. We also offer free education on building credit and becoming a desirable tenant.

Call BALANCE toll-free:* 888.456.2227
Explore educational resources online:
texaslegal.balancepro.org

* *You will need your Texas Legal subscriber ID number when you call BALANCE to confirm coverage.*

BALANCE has the answers

Basics of Personal Finance

- I'm having trouble paying my bills and I can't get a consolidation loan. What can I do?
- How can I design a realistic budget to achieve my financial goals?
- I just got notice that my wages will be garnished. What can I do?
- What are my options for getting out of debt?
- How can I get a copy of my credit report?
- My child will be going to college in a few years. How can I plan for it now?
- How can I remove inaccurate information from my credit report?
- What's the difference between a Roth IRA and a traditional IRA?
- I think I may be a victim of identity theft. What should I do?
- I want to buy a home in the next few years. What can I do to be financially-prepared?
- I am getting a divorce. Who is responsible for bills and how will this affect my credit?
- What do lenders look at when approving a mortgage loan application?

Online Educational Resources

Mastering your money just got easier with the library of educational resources on our website. You'll find short articles on a wide range of personal finance topics. You'll also find more in-depth programs and podcasts on topics ranging from money management to identity theft, to planning for the future. Want to know how long it will take to pay off your credit card, or how much you need to save per paycheck to get a down payment for a house? Use the financial calculators to get answers.

Contact a Certified Counselor by calling 888.456.2227* or get more information online by visiting texaslegal.balancepro.org.

** You will need your Texas Legal subscriber ID number when you call BALANCE to confirm coverage.*

Texas Legal™
Always by your side

www.texaslegal.org | 888.456.2227 | facebook.com/BALANCEFinFit | twitter.com/BAL_Pro

REV1220

Colonial Life

Group Cancer

Plan 4 – Level 1

When a cancer diagnosis takes life on an unexpected turn, your focus should be on treatment and recovery — not finances. Colonial Life's group critical illness insurance helps relieve the stress of financial worry by providing a lump-sum benefit payable directly to you to cover any expenses.

Coverage amount: _____

Facing challenges together

Tom enjoys the outdoors, including hiking with his family, bike riding and walking his dog. When he was diagnosed with lung cancer, he worried that he'd never do those things again.

HOW TOM'S COVERAGE HELPED*

With his coverage, he received benefits for:

Initial lung cancer diagnosis
$5,000

Second opinion
$150

MRI scan
$50

Hospital stay of 3 nights
$300

Total amount **$5,500**

**For illustrative purposes only. Coverage amounts vary based on benefit level.*

Cancer benefits

COVERED CONDITION[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis	$400 per lifetime

Reoccurrence of invasive cancer (including all breast cancer)

If you receive a benefit for invasive cancer and are later diagnosed with a reoccurrence of invasive cancer, 25% of the coverage amount is payable if treatment-free for at least 12 months and in complete remission prior to the date of reoccurrence; excludes non-invasive or skin cancer.

Colonial Life

Group Critical Illness Insurance

Exclusions and Limitations

STATE-SPECIFIC EXCLUSIONS

AK: Alcoholism or Drug Addiction Exclusion does not apply

CA: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics replaced with Intoxicants or Controlled Substances. Insureds must be covered by comprehensive health insurance before applying for insurance.

CO: Suicide exclusion: whether sane or not replaced with while sane

CT: Alcoholism or Drug Addiction Exclusion replaced with Intoxication or Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply

DC: Alcoholism or Drug Addiction Exclusion does not apply. Insureds must be covered by comprehensive health insurance before applying for insurance.

DE: Alcoholism or Drug Addiction Exclusion does not apply

GA: Insureds must be covered by comprehensive health insurance before applying for insurance.

IA: Exclusions and Limitations headers renamed to Exclusions and Limitations for Critical Illness Covered Conditions and Critical Illness Cancer Covered Conditions

ID: War or Armed Conflict Exclusion replaced with War; Felonies and Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

IL: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism or Substance Abuse Disorder

KS: Alcoholism or Drug Addiction Exclusion does not apply

KY: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion replaced with Intoxicants, Narcotics and Hallucinogenics.

LA: Alcoholism or Drug Addiction Exclusion does not apply; Domestic Partner added to Spouse

MA: Exclusions and Limitations headers renamed to Limitations and Exclusions for critical illness and cancer. Insureds must be covered by comprehensive health insurance before applying for insurance.

MD: Alcoholism or Drug Addiction Exclusion does not apply; Felonies or Illegal Occupations Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Prohibited Practitioner Referral added as an additional exclusion for cancer

MI: Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion does not apply

MN: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion does not apply; Felonies and Illegal Occupations Exclusion replaced with Felonies or Illegal Jobs; Intoxicants and Narcotics Exclusion replaced with Narcotic Addiction. Insureds must be covered by comprehensive health insurance before applying for insurance.

MO: Alcoholism or Drug Addiction Exclusion replaced with Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Illegal Activities

MS: Alcoholism or Drug Addiction Exclusion does not apply

ND: Alcoholism or Drug Addiction Exclusion does not apply

NV: Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

PA: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion: whether sane or not removed

SD: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply

TX: Alcoholism or Drug Addiction Exclusion does not apply; Doctor or Physician Relationship added as an additional exclusion

UT: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism

VT: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion: whether sane or not removed. Insureds must be covered by comprehensive health insurance before applying for insurance.

WA: Intoxicants and Narcotics Exclusion does not apply

WY: Exclusions and Limitations header for Cancer renamed to Limitations for Specified Disease

STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

CA: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date shown on the Certificate Schedule.

FL: Pre-existing is 6/12; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date shown on the Certificate Schedule. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

GA: Pre-existing Condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date.

ID: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition which caused a covered person to seek medical advice, diagnosis, care or treatment during the six months immediately preceding the coverage effective date shown on the Certificate Schedule.

IL: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed, treated, had medical testing by a legally qualified physician, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date shown on the Schedule of Benefits.

IN: Pre-existing is 6 months/12 months

MA: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MD: Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date shown on the Certificate Schedule. Pre-existing condition does not include a condition revealed on the application unless excluded by a signed waiver rider.

ME: Pre-existing is 6 months/6 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MI: Pre-existing is 6 months/6 months

NC: Pre-existing Condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the effective date of a covered person. If a covered person is 65 or older when this certificate is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated.

NV: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date. Pre-existing Condition does not include genetic information in the absence of a diagnosis of the condition related to such information.

PA: Pre-existing is 90 days/12 months; Pre-existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date shown on the Certificate Schedule.

SD: Pre-existing is 6 months/12 months

TX: Pre-existing condition means a sickness or physical condition for which a covered person received medical advice or treatment within 12 months before the coverage effective date shown on the Certificate Schedule.

UT: Pre-existing is 6 months/6 months

WY: Pre-existing is 6 months/12 months

CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The insurance, its name or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without base form 385403, 387100, 387169, 402383, 402558 or 387238, and rider form 387307, 387381, 387452, 387523, 387594, 387665, 402605 or 402671.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

KEY BENEFITS

- Available coverage for spouse and eligible dependent children
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Level 1 benefits

Cancer benefits can help provide financial protection through a variety of benefits.

Air ambulance ..... $2,000 per trip
Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)

Ambulance ..... $250 per trip
Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)

Anesthesia
Administered during a surgical procedure treatment of invasive cancer

- **General** ..... 25% of surgical procedures benefit
- **Local** ..... $25 per procedure

Anti-nausea medication ..... $25 per day administered or per prescription filled
Doctor-prescribed medication as a result of radiation or chemotherapy (max. benefit amount of $100 per covered person per calendar month)

Blood/plasma/platelets/immunoglobulins[2] ..... $150 per day
A transfusion required during the treatment of invasive cancer (max. benefit amount of $10,000 per covered person per calendar year)

Bone marrow donor screening $50
Testing in connection with being a potential donor (max. of one per covered person per lifetime)

Bone marrow or peripheral stem cell donation $500
Receiving another person's bone marrow or stem cells for a transplant (max. of one per covered person per lifetime)

Bone marrow or peripheral stem cell transplant ..... $3,500 per transplant
Transplant you receive for the treatment of invasive cancer (max. of two transplant benefits per covered person per lifetime)

Cancer vaccine $50
An FDA-approved vaccine for the prevention of invasive cancer (max. of one per covered person per lifetime)

Companion transportation ..... $.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment (max. benefit amount of $1,000 per covered person per round trip)

Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation)
Extracted/harvested or collected before chemotherapy, radiation or immunotherapy (max. of one per covered person per lifetime)

- **Egg(s) extraction or harvesting or sperm collection** $500
- **Egg(s) or sperm storage** $150

Experimental treatment ..... $200 per day
Hospital, medical or surgical care for experimental treatment of invasive cancer (max. benefit amount of $2,000 per covered person per calendar year)

Hair/external breast/voice box prosthesis ..... $200 per year
Prosthesis needed as a direct result of invasive cancer (per covered person per calendar year)

Home health care services ..... $50 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment (max. of 30 days per covered person per calendar year or twice the number of days of hospital confinement per covered person per calendar year)

Hospice
(max. benefit amount of $15,000 for initial and daily hospice care per covered person per lifetime)

- **Initial hospice care** $1,000
  (max. of one per covered person per lifetime)
- **Daily hospice care** ..... $50 per day

Hospital confinement
Hospital stay (including intensive care) required for the treatment of invasive cancer (per covered person)

- **30 days or less** ..... $100 per day
- **31 days or more** ..... $200 per day

Lodging ..... $50 per day
Hotel/motel expenses while being treated for invasive cancer more than 50 miles from home (max. of 90 days per covered person per calendar year)

Medical imaging studies ..... $50 per study
Specific studies for cancer treatment (max. benefit amount of $100 per covered person per calendar year)

Outpatient surgical center ..... $150 per day
Surgery at an outpatient center for the treatment of invasive cancer (max. benefit amount of $450 per covered person per calendar year)

Private full-time nursing services ..... $50 per day
Services while hospital confined other than those regularly furnished by a hospital (per covered person)

Prosthetic device/artificial limb ..... $1,000 per device or limb
A surgical implant needed because of invasive cancer surgery (max. benefit amount of $2,000 per covered person per lifetime)

Radiation/chemotherapy or immunotherapy
(max. benefit amount per covered person)

- **Self-administered** ..... $100 per calendar month
  Self-injected/topical/oral non-hormonal
  (max. benefit amount of $1,200 per covered person per calendar year)
- **Physician-administered** ..... $250 per calendar month
  Injected chemotherapy by medical personnel/pump/immunotherapy
  (max. benefit amount of $3,000 per covered person per calendar year)
- **Hormonal therapy** ..... $50 per calendar month
  Oral hormonal
  (max. benefit amount of $600 per covered person per calendar year)

Reconstructive surgery ..... $30 per surgical unit
Surgery to reconstruct anatomical defects resulting from treatment of invasive cancer (max. benefit amount of $1,500 per covered person per procedure, including 25% for general anesthesia; limit two per site)

Second medical opinion $150
A second physician's opinion on surgery or treatment following the positive diagnosis of invasive cancer (max. of one per covered person per lifetime)

Skilled nursing care facility ..... $75 per day
Confinement to a covered facility after hospital release during the treatment of invasive cancer (per covered person per day up to the number of days for hospital confinement)

Supportive/protective care drugs and colony stimulating factors ..... $25 per day
Doctor-prescribed drugs for the treatment of invasive cancer (max. benefit amount of $200 per covered person per calendar year)

Surgical procedures ..... $30 per surgical unit
Inpatient or outpatient surgery for the treatment of invasive cancer (max. benefit amount of $1,800 per covered person per procedure)

Transportation ..... $.50 per mile
Travel expenses when being treated for invasive cancer more than 50 miles from home (max. benefit amount of $1,000 per covered person per round trip)

Waiver of premium ..... Yes
No premiums due if the named insured is disabled longer than 90 consecutive days (lifetime maximum of 24 months)

For more information, talk with your benefits counselor.

Colonial Life

ColonialLife.com

Preparing for the unexpected is simpler than you think. With Colonial Life, you'll have the support you need to face life's toughest challenges.

1. Refer to the certificate for complete definitions of covered conditions.
2. In North Carolina, pays actual charges incurred for blood/plasma/platelets/immunoglobulins and their administration, subject to the maximum benefit amount.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Invasive Cancer (including all Breast Cancer) Benefit, Non-Invasive Cancer Benefit, Benefit Payable Upon Reoccurrence of Invasive Cancer (including all Breast Cancer) or Skin Cancer Initial Diagnosis Benefit for a covered person's invasive cancer or non-invasive cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having invasive or non-invasive cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered under the certificate, and who are continuously covered from the date of birth or adoption.

EXCLUSIONS AND LIMITATIONS FOR CANCER BENEFITS RIDER

We will not pay Cancer Benefits for treatment of invasive cancer, including skin cancer where applicable, that is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date the covered person receives treatment for invasive cancer, including skin cancer where applicable, or is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX) and rider form R-GCI6000-CB. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

5-20 | 402383

Colonial Life

Group Cancer

Plan 4 – Level 2

When a cancer diagnosis takes life on an unexpected turn, your focus should be on treatment and recovery — not finances. Colonial Life's group critical illness insurance helps relieve the stress of financial worry by providing a lump-sum benefit payable directly to you to cover any expenses.

Coverage amount: _____

Facing challenges together

Tom enjoys the outdoors, including hiking with his family, bike riding and walking his dog. When he was diagnosed with lung cancer, he worried that he'd never do those things again.

HOW TOM'S COVERAGE HELPED*

With his coverage, he received benefits for:

Initial lung cancer diagnosis
$7,000

Second opinion
$200

MRI scan
$75

Hospital stay of 3 nights
$600

Total amount **$7,875**

**For illustrative purposes only. Coverage amounts vary based on benefit level.*

Cancer benefits

COVERED CONDITION[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis	$400 per lifetime

Reoccurrence of invasive cancer (including all breast cancer)

If you receive a benefit for invasive cancer and are later diagnosed with a reoccurrence of invasive cancer, 25% of the coverage amount is payable if treatment-free for at least 12 months and in complete remission prior to the date of reoccurrence; excludes non-invasive or skin cancer.

KEY BENEFITS

- Available coverage for spouse and eligible dependent children
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Level 2 benefits

Cancer benefits can help provide financial protection through a variety of benefits.

Air ambulance ..... $2,000 per trip
Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)

Ambulance ..... $250 per trip
Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)

Anesthesia
Administered during a surgical procedure for treatment of invasive cancer

- **General** ..... 25% of surgical procedures benefit
- **Local** ..... $30 per procedure

Anti-nausea medication ..... $40 per day administered or per prescription filled
Doctor-prescribed medication as a result of radiation or chemotherapy (max. benefit amount of $160 per covered person per calendar month)

Blood/plasma/platelets/immunoglobulins[2] ..... $175 per day
A transfusion required during the treatment of invasive cancer (max. benefit amount of $10,000 per covered person per calendar year)

Bone marrow donor screening $50
Testing in connection with being a potential donor (max. of one per covered person per lifetime)

Bone marrow or peripheral stem cell donation $750
Receiving another person's bone marrow or stem cells for a transplant (max. of one per covered person per lifetime)

Bone marrow or peripheral stem cell transplant ..... $4,000 per transplant
Transplant you receive for the treatment of invasive cancer (max. of two transplant benefits per covered person per lifetime)

Cancer vaccine $50
An FDA-approved vaccine for the prevention of invasive cancer (max. of one per covered person per lifetime)

Companion transportation ..... $.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment (max. benefit amount of $1,000 per covered person per round trip)

Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation)
Extracted/harvested or collected before chemotherapy, radiation or immunotherapy (max. of one per covered person per lifetime)

- **Egg(s) extraction or harvesting or sperm collection** $700
- **Egg(s) or sperm storage** $175

Experimental treatment ..... $250 per day
Hospital, medical or surgical care for experimental treatment of invasive cancer (max. benefit amount of $2,500 per covered person per calendar year)

Hair/external breast/voice box prosthesis ..... $200 per year
Prosthesis needed as a direct result of invasive cancer (per covered person per calendar year)

Home health care services ..... $75 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment (max. of 30 days per covered person per calendar year or twice the number of days of hospital confinement per covered person per calendar year)

Hospice
(max. benefit amount of $15,000 for initial and daily hospice care per covered person per lifetime)

- **Initial hospice care** $1,000
  (max. of one per covered person per lifetime)
- **Daily hospice care** ..... $50 per day

Hospital confinement
Hospital stay (including intensive care) required for the treatment of invasive cancer (per covered person)

- **30 days or less** ..... $200 per day
- **31 days or more** ..... $400 per day

Lodging ..... $50 per day
Hotel/motel expenses while being treated for invasive cancer more than 50 miles from home (max. of 90 days per covered person per calendar year)

Medical imaging studies ..... $75 per study
Specific studies for cancer treatment (max. benefit amount of $150 per covered person per calendar year)

Outpatient surgical center ..... $250 per day
Surgery at an outpatient center for the treatment of invasive cancer (max. benefit amount of $750 per covered person per calendar year)

Private full-time nursing services ..... $100 per day
Services while hospital confined other than those regularly furnished by a hospital (per covered person)

Prosthetic device/artificial limb ..... $1,500 per device or limb
A surgical implant needed because of invasive cancer surgery (max. benefit amount of $3,000 per covered person per lifetime)

Radiation/chemotherapy or immunotherapy
(max. benefit amount per covered person)

- **Self-administered** ..... $200 per calendar month
  Self-injected/topical/oral non-hormonal
  (max. benefit amount of $2,400 per covered person per calendar year)
- **Physician-administered** ..... $350 per calendar month
  Injected chemotherapy by medical personnel/pump/immunotherapy
  (max. benefit amount of $4,200 per covered person per calendar year)
- **Hormonal therapy** ..... $75 per calendar month
  Oral hormonal
  (max. benefit amount of $900 per covered person per calendar year)

Reconstructive surgery ..... $40 per surgical unit
Surgery to reconstruct anatomical defects resulting from treatment of invasive cancer (max. benefit amount of $2,000 per covered person per procedure, including 25% for general anesthesia; limit two per site)

Second medical opinion $200
A second physician's opinion on surgery or treatment following the positive diagnosis of invasive cancer (max. of one per covered person per lifetime)

Skilled nursing care facility ..... $100 per day
Confinement to a covered facility after hospital release during the treatment of invasive cancer (per covered person per day up to the number of days for hospital confinement)

Supportive/protective care drugs and colony stimulating factors ..... $40 per day
Doctor-prescribed drugs for the treatment of invasive cancer (max. benefit amount of $320 per covered person per calendar year)

Surgical procedures ..... $50 per surgical unit
Inpatient or outpatient surgery for the treatment of invasive cancer (max. benefit amount of $3,500 per covered person per procedure)

Transportation ..... $.50 per mile
Travel expenses when being treated for invasive cancer more than 50 miles from home (max. benefit amount of $1,200 per covered person per round trip)

Waiver of premium ..... Yes
No premiums due if the named insured is disabled longer than 90 consecutive days (lifetime maximum of 24 months)

For more information, talk with your benefits counselor.

Colonial Life

ColonialLife.com

Preparing for the unexpected is simpler than you think. With Colonial Life, you'll have the support you need to face life's toughest challenges.

1. Refer to the certificate for complete definitions of covered conditions.
2. In North Carolina, pays actual charges incurred for blood/plasma/platelets/immunoglobulins and their administration, subject to the maximum benefit amount.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Invasive Cancer (including all Breast Cancer) Benefit, Non-Invasive Cancer Benefit, Benefit Payable Upon Reoccurrence of Invasive Cancer (including all Breast Cancer) or Skin Cancer Initial Diagnosis Benefit for a covered person's invasive cancer or non-invasive cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having invasive or non-invasive cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered under the certificate, and who are continuously covered from the date of birth or adoption.

EXCLUSIONS AND LIMITATIONS FOR CANCER BENEFITS RIDER

We will not pay Cancer Benefits for treatment of invasive cancer, including skin cancer where applicable, that is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date the covered person receives treatment for invasive cancer, including skin cancer where applicable, or is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX) and rider form R-GCI6000-CB. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

5-20 | 402558

Colonial Life

Group Critical Illness Insurance

Exclusions and Limitations

STATE-SPECIFIC EXCLUSIONS

AK: Alcoholism or Drug Addiction Exclusion does not apply

CA: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics replaced with Intoxicants or Controlled Substances. Insureds must be covered by comprehensive health insurance before applying for insurance.

CO: Suicide exclusion: whether sane or not replaced with while sane

CT: Alcoholism or Drug Addiction Exclusion replaced with Intoxication or Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply

DC: Alcoholism or Drug Addiction Exclusion does not apply. Insureds must be covered by comprehensive health insurance before applying for insurance.

DE: Alcoholism or Drug Addiction Exclusion does not apply

GA: Insureds must be covered by comprehensive health insurance before applying for insurance.

IA: Exclusions and Limitations headers renamed to Exclusions and Limitations for Critical Illness Covered Conditions and Critical Illness Cancer Covered Conditions

ID: War or Armed Conflict Exclusion replaced with War; Felonies and Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

IL: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism or Substance Abuse Disorder

KS: Alcoholism or Drug Addiction Exclusion does not apply

KY: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion replaced with Intoxicants, Narcotics and Hallucinogenics.

LA: Alcoholism or Drug Addiction Exclusion does not apply; Domestic Partner added to Spouse

MA: Exclusions and Limitations headers renamed to Limitations and Exclusions for critical illness and cancer. Insureds must be covered by comprehensive health insurance before applying for insurance.

MD: Alcoholism or Drug Addiction Exclusion does not apply; Felonies or Illegal Occupations Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Prohibited Practitioner Referral added as an additional exclusion for cancer

MI: Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion does not apply

MN: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion does not apply; Felonies and Illegal Occupations Exclusion replaced with Felonies or Illegal Jobs; Intoxicants and Narcotics Exclusion replaced with Narcotic Addiction. Insureds must be covered by comprehensive health insurance before applying for insurance.

MO: Alcoholism or Drug Addiction Exclusion replaced with Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Illegal Activities

MS: Alcoholism or Drug Addiction Exclusion does not apply

ND: Alcoholism or Drug Addiction Exclusion does not apply

NV: Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

PA: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion: whether sane or not removed

SD: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply

TX: Alcoholism or Drug Addiction Exclusion does not apply; Doctor or Physician Relationship added as an additional exclusion

UT: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism

VT: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion: whether sane or not removed. Insureds must be covered by comprehensive health insurance before applying for insurance.

WA: Intoxicants and Narcotics Exclusion does not apply

WY: Exclusions and Limitations header for Cancer renamed to Limitations for Specified Disease

STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

CA: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date shown on the Certificate Schedule.

FL: Pre-existing is 6/12; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date shown on the Certificate Schedule. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

GA: Pre-existing Condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date.

ID: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition which caused a covered person to seek medical advice, diagnosis, care or treatment during the six months immediately preceding the coverage effective date shown on the Certificate Schedule.

IL: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed, treated, had medical testing by a legally qualified physician, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date shown on the Schedule of Benefits.

IN: Pre-existing is 6 months/12 months

MA: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MD: Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date shown on the Certificate Schedule. Pre-existing condition does not include a condition revealed on the application unless excluded by a signed waiver rider.

ME: Pre-existing is 6 months/6 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MI: Pre-existing is 6 months/6 months

NC: Pre-existing Condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the effective date of a covered person. If a covered person is 65 or older when this certificate is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated.

NV: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date. Pre-existing Condition does not include genetic information in the absence of a diagnosis of the condition related to such information.

PA: Pre-existing is 90 days/12 months; Pre-existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date shown on the Certificate Schedule.

SD: Pre-existing is 6 months/12 months

TX: Pre-existing condition means a sickness or physical condition for which a covered person received medical advice or treatment within 12 months before the coverage effective date shown on the Certificate Schedule.

UT: Pre-existing is 6 months/6 months

WY: Pre-existing is 6 months/12 months

CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The insurance, its name or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without base form 385403, 387100, 387169, 402383, 402558 or 387238, and rider form 387307, 387381, 387452, 387523, 387594, 387665, 402605 or 402671.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

Colonial Life

Group Cancer

Plan 4 – Level 3

When a cancer diagnosis takes life on an unexpected turn, your focus should be on treatment and recovery — not finances. Colonial Life's group critical illness insurance helps relieve the stress of financial worry by providing a lump-sum benefit payable directly to you to cover any expenses.

Coverage amount: _____

Facing challenges together

Tom enjoys the outdoors, including hiking with his family, bike riding and walking his dog. When he was diagnosed with lung cancer, he worried that he'd never do those things again.

HOW TOM'S COVERAGE HELPED*

With his coverage, he received benefits for:

Initial lung cancer diagnosis
$10,000

Second opinion
$300

MRI scan
$125

Hospital stay of 3 nights
$900

Total amount **$11,325**

**For illustrative purposes only. Coverage amounts vary based on benefit level.*

Cancer benefits

COVERED CONDITION[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis	$400 per lifetime

Reoccurrence of invasive cancer (including all breast cancer)

If you receive a benefit for invasive cancer and are later diagnosed with a reoccurrence of invasive cancer, 25% of the coverage amount is payable if treatment-free for at least 12 months and in complete remission prior to the date of reoccurrence; excludes non-invasive or skin cancer.

KEY BENEFITS

- Available coverage for spouse and eligible dependent children
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Level 3 benefits

Cancer benefits can help provide financial protection through a variety of benefits.

Air ambulance ..... $2,000 per trip
Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)

Ambulance ..... $250 per trip
Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)

Anesthesia
Administered during a surgical procedure for treatment of invasive cancer

- **General** ..... 25% of surgical procedures benefit
- **Local** ..... $50 per procedure

Anti-nausea medication ..... $50 per day administered or per prescription filled
Doctor-prescribed medication as a result of radiation or chemotherapy (max. benefit amount of $200 per covered person per calendar month)

Blood/plasma/platelets/immunoglobulins[2] ..... $250 per day
A transfusion required during the treatment of invasive cancer (max. benefit amount of $10,000 per covered person per calendar year)

Bone marrow donor screening $50
Testing in connection with being a potential donor (max. of one per covered person per lifetime)

Bone marrow or peripheral stem cell donation $1,000
Receiving another person's bone marrow or stem cells for a transplant (max. of one per covered person per lifetime)

Bone marrow or peripheral stem cell transplant ..... $7,000 per transplant
Transplant you receive for the treatment of invasive cancer (max. of two transplant benefits per covered person per lifetime)

Cancer vaccine $50
An FDA-approved vaccine for the prevention of invasive cancer (max. of one per covered person per lifetime)

Companion transportation ..... $.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment (max. benefit amount of $1,000 per covered person per round trip)

Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation)
Extracted/harvested or collected before chemotherapy, radiation or immunotherapy (max. of one per covered person per lifetime)

- **Egg(s) extraction or harvesting or sperm collection** $1,000
- **Egg(s) or sperm storage** $300

Experimental treatment ..... $300 per day
Hospital, medical or surgical care for experimental treatment of invasive cancer (max. benefit amount of $3,000 per covered person per calendar year)

Hair/external breast/voice box prosthesis ..... $350 per year
Prosthesis needed as a direct result of invasive cancer (per covered person per calendar year)

Home health care services ..... $100 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment (max. of 30 days per covered person per calendar year or twice the number of days of hospital confinement per covered person per calendar year)

Hospice
(max. benefit amount of $15,000 for initial and daily hospice care per covered person per lifetime)

- **Initial hospice care** $1,000
  (max. of one per covered person per lifetime)
- **Daily hospice care** ..... $50 per day

Hospital confinement
Hospital stay (including intensive care) required for the treatment of invasive cancer (per covered person)

- **30 days or less** ..... $300 per day
- **31 days or more** ..... $600 per day

Lodging ..... $75 per day
Hotel/motel expenses while being treated for invasive cancer more than 50 miles from home (max. of 90 days per covered person per calendar year)

Medical imaging studies ..... $125 per study
Specific studies for cancer treatment (max. benefit amount of $250 per covered person per calendar year)

Outpatient surgical center ..... $500 per day
Surgery at an outpatient center for the treatment of invasive cancer (max. benefit amount of $1,500 per covered person per calendar year)

Private full-time nursing services ..... $150 per day
Services while hospital confined other than those regularly furnished by a hospital (per covered person)

Prosthetic device/artificial limb ..... $3,000 per device or limb
A surgical implant needed because of invasive cancer surgery (max. benefit amount of $6,000 per covered person per lifetime)

Radiation/chemotherapy or immunotherapy
(max. benefit amount per covered person)

- **Self-administered** ..... $400 per calendar month
  Self-injected/topical/oral non-hormonal
  (max. benefit amount of $4,800 per covered person per calendar year)
- **Physician-administered** ..... $700 per calendar month
  Injected chemotherapy by medical personnel/pump/immunotherapy
  (max. benefit amount of $8,400 per covered person per calendar year)
- **Hormonal therapy** ..... $150 per calendar month
  Oral hormonal
  (max. benefit amount of $1,800 per covered person per calendar year)

Reconstructive surgery ..... $60 per surgical unit
Surgery to reconstruct anatomical defects resulting from treatment of invasive cancer (max. benefit amount of $3,000 per covered person per procedure, including 25% for general anesthesia; limit two per site)

Second medical opinion $300
A second physician's opinion on surgery or treatment following the positive diagnosis of invasive cancer (max. of one per covered person per lifetime)

Skilled nursing care facility ..... $150 per day
Confinement to a covered facility after hospital release during the treatment of invasive cancer (per covered person per day up to the number of days for hospital confinement)

Supportive/protective care drugs and colony stimulating factors ..... $50 per day
Doctor-prescribed drugs for the treatment of invasive cancer (max. benefit amount of $400 per covered person per calendar year)

Surgical procedures ..... $60 per surgical unit
Inpatient or outpatient surgery for the treatment of invasive cancer (max. benefit amount of $4,800 per covered person per procedure)

Transportation ..... $.50 per mile
Travel expenses when being treated for invasive cancer more than 50 miles from home (max. benefit amount of $1,500 per covered person per round trip)

Waiver of premium ..... Yes
No premiums due if the named insured is disabled longer than 90 consecutive days (lifetime maximum of 24 months)

For more information, talk with your benefits counselor.

Colonial Life

ColonialLife.com

Preparing for the unexpected is simpler than you think. With Colonial Life, you'll have the support you need to face life's toughest challenges.

1. Refer to the certificate for complete definitions of covered conditions.
2. In North Carolina, pays actual charges incurred for blood/plasma/platelets/immunoglobulins and their administration, subject to the maximum benefit amount.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Invasive Cancer (including all Breast Cancer) Benefit, Non-Invasive Cancer Benefit, Benefit Payable Upon Reoccurrence of Invasive Cancer (including all Breast Cancer) or Skin Cancer Initial Diagnosis Benefit for a covered person's invasive cancer or non-invasive cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having invasive or non-invasive cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered under the certificate, and who are continuously covered from the date of birth or adoption.

EXCLUSIONS AND LIMITATIONS FOR CANCER BENEFITS RIDER

We will not pay Cancer Benefits for treatment of invasive cancer, including skin cancer where applicable, that is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date the covered person receives treatment for invasive cancer, including skin cancer where applicable, or is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX) and rider form R-GCI6000-CB. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

Colonial Life

Group Critical Illness Insurance

Exclusions and Limitations

STATE-SPECIFIC EXCLUSIONS

AK: Alcoholism or Drug Addiction Exclusion does not apply

CA: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics replaced with Intoxicants or Controlled Substances. Insureds must be covered by comprehensive health insurance before applying for insurance.

CO: Suicide exclusion: whether sane or not replaced with while sane

CT: Alcoholism or Drug Addiction Exclusion replaced with Intoxication or Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply

DC: Alcoholism or Drug Addiction Exclusion does not apply. Insureds must be covered by comprehensive health insurance before applying for insurance.

DE: Alcoholism or Drug Addiction Exclusion does not apply

GA: Insureds must be covered by comprehensive health insurance before applying for insurance.

IA: Exclusions and Limitations headers renamed to Exclusions and Limitations for Critical Illness Covered Conditions and Critical Illness Cancer Covered Conditions

ID: War or Armed Conflict Exclusion replaced with War; Felonies and Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

IL: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism or Substance Abuse Disorder

KS: Alcoholism or Drug Addiction Exclusion does not apply

KY: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion replaced with Intoxicants, Narcotics and Hallucinogenics.

LA: Alcoholism or Drug Addiction Exclusion does not apply; Domestic Partner added to Spouse

MA: Exclusions and Limitations headers renamed to Limitations and Exclusions for critical illness and cancer. Insureds must be covered by comprehensive health insurance before applying for insurance.

MD: Alcoholism or Drug Addiction Exclusion does not apply; Felonies or Illegal Occupations Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Prohibited Practitioner Referral added as an additional exclusion for cancer

MI: Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion does not apply

MN: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion does not apply; Felonies and Illegal Occupations Exclusion replaced with Felonies or Illegal Jobs; Intoxicants and Narcotics Exclusion replaced with Narcotic Addiction. Insureds must be covered by comprehensive health insurance before applying for insurance.

MO: Alcoholism or Drug Addiction Exclusion replaced with Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Illegal Activities

MS: Alcoholism or Drug Addiction Exclusion does not apply

ND: Alcoholism or Drug Addiction Exclusion does not apply

NV: Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

PA: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion: whether sane or not removed

SD: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply

TX: Alcoholism or Drug Addiction Exclusion does not apply; Doctor or Physician Relationship added as an additional exclusion

UT: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism

VT: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion: whether sane or not removed. Insureds must be covered by comprehensive health insurance before applying for insurance.

WA: Intoxicants and Narcotics Exclusion does not apply

WY: Exclusions and Limitations header for Cancer renamed to Limitations for Specified Disease

STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

CA: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date shown on the Certificate Schedule.

FL: Pre-existing is 6/12; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date shown on the Certificate Schedule. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

GA: Pre-existing Condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date.

ID: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition which caused a covered person to seek medical advice, diagnosis, care or treatment during the six months immediately preceding the coverage effective date shown on the Certificate Schedule.

IL: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed, treated, had medical testing by a legally qualified physician, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date shown on the Schedule of Benefits.

IN: Pre-existing is 6 months/12 months

MA: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MD: Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date shown on the Certificate Schedule. Pre-existing condition does not include a condition revealed on the application unless excluded by a signed waiver rider.

ME: Pre-existing is 6 months/6 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MI: Pre-existing is 6 months/6 months

NC: Pre-existing Condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the effective date of a covered person. If a covered person is 65 or older when this certificate is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated.

NV: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date. Pre-existing Condition does not include genetic information in the absence of a diagnosis of the condition related to such information.

PA: Pre-existing is 90 days/12 months; Pre-existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date shown on the Certificate Schedule.

SD: Pre-existing is 6 months/12 months

TX: Pre-existing condition means a sickness or physical condition for which a covered person received medical advice or treatment within 12 months before the coverage effective date shown on the Certificate Schedule.

UT: Pre-existing is 6 months/6 months

WY: Pre-existing is 6 months/12 months

CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The insurance, its name or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without base form 385403, 387100, 387169, 402383, 402558 or 387238, and rider form 387307, 387381, 387452, 387523, 387594, 387665, 402605 or 402671.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

Colonial Life

Group Cancer Insurance

Wellbeing Assistance Benefit

For more information, talk with your benefits counselor.

ColonialLife.com

The wellbeing assistance benefit can help reduce the risk of serious illness through early detection of disease or risk factors.

Wellbeing assistance benefit ..... $ 50

Maximum of one test per covered person per calendar year; subject to a 30-day waiting period before the benefit is payable. The test must be performed after the waiting period.

- Blood test for triglycerides
- Bone marrow testing
- BRCA1 or BRCA2 testing (genetic test for breast cancer)
- Breast ultrasound
- CA 15-3 (blood test for ovarian cancer)
- CA 125 (blood test for breast cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

TEXAS REPUBLIC LIFE INSURANCE COMPANY

EMPLOYEE

FINANCIAL PROTECTION FOR TODAY AND TOMORROW, STARTS AT WORK.

The TrueFlex UL with Living Benefits offers you protection if you encounter some hardship along life's journey, or simply would like to leave some resources to those close to you when your journey ends. Employee, spouse, children and grandchildren are eligible. For less than a cup of coffee, a premium of $3.16 a week, a 35-year-old employee can purchase $30,000 of life insurance coverage, through Texas Republic Life's, TrueFlex Universal life product. (See form: TRLIC-TF-NT52LO)

EMPLOYEES CAN EASILY QUALIFY

TrueFlex is guaranteed issue up to $50,000 in coverage and for more coverage only answer 3 questions (at right) covering the last six months:

NO MEDICAL EXAM!

TRUEFLEX IS EASY TO ENROLL IN

TrueFlex is easy to enroll in, right at your place of employment. No one coming to your home.

TRUEFLEX IS EASY TO FUND

TrueFlex is easy to fund by payroll deduction.

TRUEFLEX IS EASY TO PORT

TrueFlex policies are easy to port, you keep the same premium, your payment simply changes from a payroll deduction to a bank draft. No requalifying, no conversions and no decreasing face amounts.

TRUEFLEX IS EASY TO KEEP AND MAINTAIN

TrueFlex is easy to keep, *(See form: TRLIC-WFUL1)* you have permanent life insurance coverage to age 121 as long as you pay the required premiums. Texas Republic Life has a service desk to address any questions you may have, or policy services that you may need.

*GUARANTEED ISSUE UP TO $50,000

QUALIFICATION QUESTIONS FROM $50,001 - $150,000

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 five 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 therapy, dialysis treatment, or treatment for alcohol or drug abuse?

BI-WEEKLY PREMIUM RATE
LIFE WITH ADB • NON-TOBACCO

Age	Face Amount		
	$25,000	$50,000	$75,000
25	$4.96	$8.88	$12.81
35	$6.37	$11.69	$17.02
45	$11.62	$22.19	$32.77

13215 Bee Cave Pkwy, Ste A120, Austin, TX 78738 | 512.330.0099 | www.texasrepublicife.com

TRLIC-TF-EE-BIWADBGI

*The Guarantee Issue offer is based on meeting the individual group participation requirements as set forth in the offer.

TrueFlex

Class: Non-Tobacco

TEXAS REPUBLIC LIFE INSURANCE COMPANY

Issue Age (ALB)	Semi-Monthly Premium with ADB (24 Pay Periods per Year)											Age to Which Coverage is Guaranteed at Table Premium
	10,000	15,000	20,000	25,000	30,000	40,000	50,000	75,000	100,000	125,000	150,000	
17-20				5.15	5.95	7.56	9.17	13.19	17.21	21.23	25.25	66
21				5.26	6.09	7.74	9.40	13.53	17.67	21.80	25.94	66
22				5.26	6.09	7.74	9.40	13.53	17.67	21.80	25.94	65
23				5.38	6.23	7.93	9.63	13.88	18.13	22.38	26.63	63
24				5.38	6.23	7.93	9.63	13.88	18.13	22.38	26.63	63
25				5.38	6.23	7.93	9.63	13.88	18.13	22.38	26.63	63
26				5.50	6.38	8.13	9.88	14.25	18.63	23.00	27.38	63
27				5.61	6.51	8.31	10.10	14.59	19.08	23.57	28.06	63
28				5.61	6.51	8.31	10.10	14.59	19.08	23.57	28.06	62
29				5.73	6.65	8.49	10.33	14.94	19.54	24.15	28.75	62
30				5.84	6.79	8.68	10.56	15.28	20.00	24.72	29.44	60
31				5.84	6.79	8.68	10.56	15.28	20.00	24.72	29.44	60
32				6.07	7.06	9.04	11.02	15.97	20.92	25.86	30.81	61
33				6.31	7.35	9.43	11.50	16.69	21.88	27.06	32.25	62
34				6.54	7.62	9.79	11.96	17.37	22.79	28.21	33.62	62
35		4.59	5.74	6.90	8.05	10.36	12.67	18.44	24.21	29.98	35.75	64
36		4.73	5.93	7.13	8.33	10.73	13.13	19.13	25.13	31.13	37.13	64
37		4.86	6.11	7.35	8.60	11.09	13.58	19.81	26.04	32.27	38.50	64
38		5.08	6.39	7.71	9.03	11.66	14.29	20.88	27.46	34.04	40.63	65
39		5.35	6.76	8.17	9.57	12.39	15.21	22.25	29.29	36.33	43.37	66
40	4.13	5.63	7.13	8.64	10.14	13.14	16.15	23.66	31.17	38.68	46.19	67
41	4.36	5.98	7.60	9.22	10.84	14.08	17.31	25.41	33.50	41.59	49.69	68
42	4.69	6.47	8.25	10.03	11.81	15.38	18.94	27.84	36.75	45.66	54.56	70
43	5.01	6.96	8.90	10.84	12.79	16.68	20.56	30.28	40.00	49.72	59.44	72
44	5.34	7.44	9.55	11.66	13.76	17.98	22.19	32.72	43.25	53.78	64.31	73
45	5.71	8.00	10.29	12.58	14.88	19.46	24.04	35.50	46.96	58.42	69.88	74
46	6.08	8.56	11.04	13.52	16.00	20.96	25.92	38.31	50.71	63.10	75.50	75
47	6.41	9.05	11.69	14.33	16.98	22.26	27.54	40.75	53.96	67.17	80.38	76
48	6.78	9.61	12.43	15.26	18.09	23.74	29.40	43.53	57.67	71.80	85.94	77
49	7.20	10.24	13.28	16.31	19.35	25.43	31.50	46.69	61.88	77.06	92.25	78
50	7.71	11.00	14.29	17.58	20.88	27.46	34.04	50.50	66.96	83.42	99.88	79
51	8.31	11.91	15.50	19.09	22.69	29.88	37.06	55.03	73.00	90.97	108.94	80
52	9.06	13.03	16.99	20.96	24.93	32.86	40.79	60.63	80.46	100.29	120.13	82
53	9.80	14.14	18.48	22.81	27.15	35.83	44.50	66.19	87.88	109.56	131.25	83
54	10.55	15.26	19.97	24.68	29.39	38.81	48.23	71.78	95.33	118.89	142.44	85
55	11.20	16.23	21.27	26.30	31.34	41.41	51.48	76.66	101.83	127.01	152.19	86
56	11.66	16.93	22.20	27.47	32.74	43.28	53.81	80.16	106.50	132.84	159.19	85
57	11.99	17.42	22.85	28.28	33.71	44.58	55.44	82.59	109.75	136.91	164.06	84
58	12.36	17.98	23.59	29.21	34.83	46.06	57.29	85.38	113.46	141.54	169.63	84
59	12.83	18.68	24.53	30.38	36.23	47.93	59.63	88.88	118.13	147.38	176.63	84
60	13.12	19.12	25.12	31.11	37.11	49.11	61.10	91.09	121.08	151.07	181.06	84
61	14.19	20.72	27.26	33.79	40.32	53.39	66.46	99.12	131.79	164.46	197.12	85
62	15.49	22.67	29.86	37.04	44.22	58.59	72.96	108.87	144.79	180.71	216.62	87
63	16.38	24.00	31.63	39.25	46.88	62.13	77.38	115.50	153.63	191.75	229.88	89
64	17.28	25.35	33.43	41.50	49.58	65.73	81.88	122.25	162.63	203.00	243.38	93
65	18.23	26.78	35.33	43.88	52.43	69.53	86.63	129.38	172.13	214.88	257.63	94
66	19.28											95
67	20.43											96
68	21.68											96
69	22.98											96
70	24.28											95

Child Term Rider: $2.50 per Pay Period

Children's Policy: $4.50 per Pay Period [15 days through 25 years]

Grandchildren's Policy: $4.50 Pay Period [15 days through 25 years]

TrueFlex

Class: Tobacco

TEXAS REPUBLIC LIFE INSURANCE COMPANY

Issue Age (ALB)	Semi-Monthly Premium with ADB (24 Pay Periods per Year)											Age to Which Coverage is Guaranteed at Table Premium
	10,000	15,000	20,000	25,000	30,000	40,000	50,000	75,000	100,000	125,000	150,000	
17-20				7.13	8.33	10.73	13.13	19.13	25.13	31.13	37.13	66
21				7.35	8.60	11.09	13.58	19.81	26.04	32.27	38.50	66
22				7.35	8.60	11.09	13.58	19.81	26.04	32.27	38.50	65
23				7.71	9.03	11.66	14.29	20.88	27.46	34.04	40.63	63
24				7.71	9.03	11.66	14.29	20.88	27.46	34.04	40.63	63
25				7.71	9.03	11.66	14.29	20.88	27.46	34.04	40.63	63
26				7.82	9.16	11.84	14.52	21.22	27.92	34.61	41.31	63
27				7.94	9.30	12.03	14.75	21.56	28.38	35.19	42.00	63
28				8.05	9.44	12.21	14.98	21.91	28.83	35.76	42.69	62
29				8.17	9.57	12.39	15.21	22.25	29.29	36.33	43.37	62
30				9.10	10.70	13.89	17.08	25.06	33.04	41.02	49.00	60
31				9.10	10.70	13.89	17.08	25.06	33.04	41.02	49.00	60
32				9.33	10.98	14.26	17.54	25.75	33.96	42.17	50.38	61
33				9.45	11.11	14.44	17.77	26.09	34.42	42.74	51.06	62
34				9.56	11.25	14.63	18.00	26.44	34.88	43.31	51.75	62
35		6.54	8.34	10.15	11.95	15.56	19.17	28.19	37.21	46.23	55.25	64
36		6.75	8.63	10.50	12.38	16.13	19.88	29.25	38.63	48.00	57.38	64
37		7.09	9.08	11.07	13.06	17.04	21.02	30.97	40.92	50.86	60.81	64
38		7.31	9.37	11.43	13.49	17.61	21.73	32.03	42.33	52.64	62.94	65
39		7.73	9.93	12.13	14.33	18.73	23.13	34.13	45.13	56.13	67.13	66
40	5.94	8.35	10.76	13.17	15.57	20.39	25.21	37.25	49.29	61.33	73.37	67
41	6.27	8.84	11.41	13.98	16.55	21.69	26.83	39.69	52.54	65.40	78.25	68
42	6.69	9.47	12.25	15.03	17.81	23.38	28.94	42.84	56.75	70.66	84.56	70
43	7.34	10.44	13.55	16.66	19.76	25.98	32.19	47.72	63.25	78.78	94.31	72
44	7.71	11.00	14.29	17.58	20.88	27.46	34.04	50.50	66.96	83.42	99.88	73
45	8.22	11.77	15.32	18.86	22.41	29.51	36.60	54.34	72.08	89.82	107.56	74
46	8.69	12.47	16.25	20.03	23.81	31.38	38.94	57.84	76.75	95.66	114.56	75
47	9.15	13.16	17.18	21.19	25.20	33.23	41.25	61.31	81.38	101.44	121.50	76
48	9.62	13.86	18.11	22.35	26.60	35.09	43.58	64.81	86.04	107.27	128.50	77
49	10.36	14.98	19.59	24.21	28.83	38.06	47.29	70.38	93.46	116.54	139.63	78
50	10.87	15.74	20.62	25.49	30.36	40.11	49.85	74.22	98.58	122.95	147.31	79
51	11.66	16.93	22.20	27.47	32.74	43.28	53.81	80.16	106.50	132.84	159.19	80
52	12.64	18.39	24.15	29.91	35.66	47.18	58.69	87.47	116.25	145.03	173.81	82
53	13.43	19.58	25.73	31.89	38.04	50.34	62.65	93.41	124.17	154.93	185.69	83
54	14.40	21.04	27.68	34.32	40.96	54.24	67.52	100.72	133.92	167.11	200.31	85
55	15.10	22.09	29.08	36.07	43.06	57.04	71.02	105.97	140.92	175.86	210.81	86
56	15.71	23.00	30.29	37.58	44.88	59.46	74.04	110.50	146.96	183.42	219.88	85
57	16.17	23.69	31.22	38.74	46.26	61.31	76.35	113.97	151.58	189.20	226.81	84
58	17.01	24.95	32.89	40.83	48.78	64.66	80.54	120.25	159.96	199.67	239.38	84
59	17.71	26.00	34.29	42.58	50.88	67.46	84.04	125.50	166.96	208.42	249.88	84
60	18.15	26.66	35.17	43.68	52.19	69.21	86.23	128.78	171.33	213.89	256.44	84
61	19.35	28.47	37.58	46.70	55.81	74.04	92.27	137.84	183.42	228.99	274.56	85
62	20.89	30.77	40.65	50.53	60.41	80.18	99.94	149.34	198.75	248.16	297.56	87
63	22.47	33.14	43.81	54.48	65.15	86.49	107.83	161.19	214.54	267.90	321.25	89
64	24.19	35.72	47.25	58.78	70.31	93.38	116.44	174.09	231.75	289.41	347.06	93
65	25.35	37.46	49.58	61.69	73.80	98.03	122.25	182.81	243.38	303.94	364.50	94
66	26.65											95
67	27.95											96
68	29.40											96
69	30.88											96
70	32.51											95

Child Term Rider: $2.50 per Pay Period

Children's Policy: $4.50 per Pay Period [15 days through 25 years]

Grandchildren's Policy: $4.50 Pay Period [15 days through 25 years]

NIS
National Insurance Services

Client Focused. Solution Driven.

Embedded Employee Assistance Program (EAP) with Claimant Assist

Support for Employees* with Life or Disability Insurance Through National Insurance Services

The EAP Program

Everyday life can be stressful and can affect your health, well-being, and performance. Fortunately, our Employee Assistance Program can aid in finding solutions. When facing personal problems, you might struggle with where to turn for help. The first step is usually the hardest, and guidance is often the key. That's why National Insurance Services (NIS) offers an Employee Assistance Program (EAP). An EAP offers a confidential place to find the answers that work for you.

Your EAP Service Provider

LifeWorks is a leader in the field of Employee Assistance and has been providing employee assistance services for over 40 years. LifeWorks has the experience to provide the broad range of services and guidance that is paramount to an EAP – whether it's help with day-to-day concerns or guidance through a challenging crisis. The information you discuss through the EAP is kept confidential in accordance with federal and state laws.

The EAP Process

When you access the EAP, LifeWorks counselors listen and take action toward finding solutions. The next step may include meeting with a mental health counselor for up to three face-to-face visits, negotiating health insurance benefits, or referrals to community resources for legal and financial services.

Referrals and Resources

You can receive information and a listing of childcare and eldercare resources with confirmed vacancies meeting your specifications. If face-to-face mental health counseling sessions are required, LifeWorks counselors will refer you for counseling at a location that is convenient to your home or work. LifeWorks counselors can also refer you to self-help groups such as Alcoholics Anonymous or Gamblers Anonymous and community financial and legal resources for debt management.

Claimant Assist

NIS's Claimant Assist program offers special services to Long Term Disability claimants or Life Insurance beneficiaries at no charge. If you have Disability insurance coverage through NIS, our Long Term Disability Claimant Services are available to guide and counsel claimants and their immediate family

Under our EAP you can receive no-cost, confidential help for a wide variety of needs and concerns:

- Alcohol or Drug Addictions
- Anxiety
- Childcare
- Depression
- Eating Disorders
- Eldercare
- Family Conflict
- Financial or Legal Concerns
- Marital Difficulties
- Parenting Concerns
- Problem Gambling
- Relationship Problems
- Stress Management

EAP Services Are Available to You Two Ways:

Phone: 866.451.5465

Online: www.niseap.com
Login: NISEAP | **Password:** EAP
(Note: Password Is Case-Sensitive)

Claimant Assist Services Are Available:
866.472.2734

(over)

members. If you have Life insurance coverage through NIS, our Beneficiary Services Program provides counseling and assistance to beneficiaries when faced with the challenge of coping with loss.

Virtual Fitness

You have access to a virtual fitness platform through the EAP. LIFT session, one of the leading fitness providers, provides you with an easily accessible, effective and affordable way to reach your fitness goals anytime, anywhere for better health and well-being.

You can work out on your own with personalized programs and access coaches if you have questions, or choose to work under the live supervision of a coach online, in 1-1 personal or group sessions.

Access to Masters-Degreed Counselors 24-Hours a Day Through a Toll-Free Number

Up to three in-person assessment and counseling sessions.

- **Legal Assistance:** Counselors may refer you to a telephone and/or one in-person consultation with an attorney.
- **Financial Assistance:** Telephone consultation with a financial consultant to address questions on budgeting, taxes, and debt consolidation.
- **Eldercare Assistance:** Our specialists can help you locate eldercare options, such as residential care or in home care, provide support in dealing with the emotions of retirement, or legal aspects like estate planning. Use our website to find resources on retirement, from financial planning and calculators, to articles on coping with retirement stress, and filing your retirement days with meaningful activities.
- **Childcare Assistance:** Telephone consultation with a work-life professional to provide information, referrals, and resources related to childcare concerns.
- **Memorial Planning Assistance:** Telephone consultation with a work-life specialist to assist with memorial and funeral planning. Services include identifying potential locations, associated costs for services, and providing information to help coordinate logistics (Available to Life insurance beneficiaries only).

Your EAP and Claimant Assist Administrator:

LifeWorks

134 North LaSalle Street, Suite 2200
Chicago, IL 60602

Telephone Assistance:

EAP: 866.451.5465

Claimant Assist: 866.472.2734

Online:

www.niseap.com | Login: NISEAP | Password: EAP
(Note: Password Is Case-Sensitive)

***The EAP is for use by the covered employee only. While issues may concern family members, all contacts to the EAP must be made by the employee.**

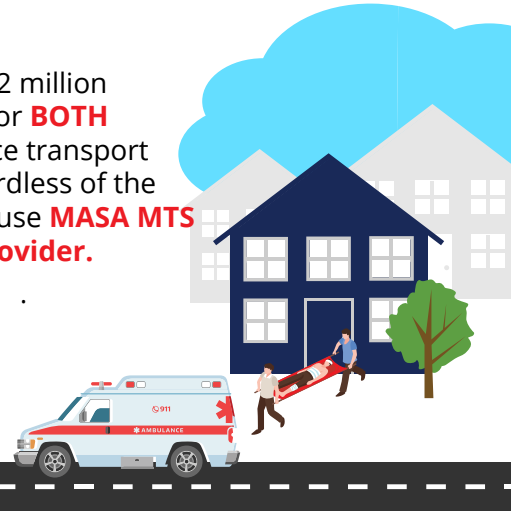
MASA Medical Transport Solutions®

TOP 4 REASONS

to become a MASA MTS Member

1

MASA MTS provides over 2 million members with coverage for **BOTH** Ground and Air Ambulance transport out-of-pocket costs* regardless of the ambulance provider because **MASA MTS is a PAYER and NOT a provider.**



2

MASA MTS protects our members and their families from the gaps in group health benefits for emergency transport expenses within the continental **United States, Alaska, Hawaii, and while traveling in Canada, regardless of in or out-of-network.** Worldwide coverage is available with a Platinum Membership for lifesaving transportation at home and far away.

3

MASA MTS gives you the peace of mind knowing **out-of-pocket costs* associated with emergency transport for deductibles, co-pays, or co-insurance are covered.**

4

MASA MTS protects you and your family from unexpected out-of-pocket costs* **regardless of any balance billing associated with ground ambulance in addition to the co-pays, co-insurance, and deductibles for both ground and air ambulance** with:

- One Low Monthly Fee
- NO Age LImits
- NO Health Questions
- Easy Claims Process

The information provided in this information sheet is for informational purposes only. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums and benefits vary depending on the benefits selected. Commercial Air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms, conditions, and restrictions, please refer to the applicable member services agreement for your territory. MASA MTS products and services are not available in AK, NY, WA, ND, and NJ. MASA MTS utilizes third-party transportation service providers for all transportation services. MASA Global, MASA MTS and MASA TRS are registered service marks of MASA Holdings, Inc., a Delaware corporation. Void where prohibited by law. *If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code section 213 (d)) once a member satisfies the statutory minimum deductible under Internal Revenue Code section 223(c) for high deductible health plan coverage that is compatible with a health savings account.

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masa Access

Compare plans

Get emergency medical transportation coverage to protect what matters most.

With a MASA plan, you'll have an additional layer of financial protection from the out-of-pocket costs of medical transportation. Explore the options below to compare the benefits offered in each plan.

Gain peace of mind and shield your finances knowing there's a MASA plan best suited for your needs.

	Emergent Plus plan	Emergent Premier plan	Platinum plan
Emergency Ground Ambulance Coverage	● [2]	● [2]	● [2]
Emergency Air Ambulance Coverage	● [2]	● [2]	● [2]
Hospital to Hospital Ambulance Coverage	● [2]	● [2]	● [2]
Repatriation to Hospital Near Home Coverage	● [2]	● [3]	● [4]
Post Admission Continued Care Transportation Coverage		● [1]	
Sick While Away From Home Expense Protection		● [4]	
Minor Return Transportation Coverage		● [3]	● [3]
Pet Return Transportation Coverage		● [3]	● [3]
Patient Return Transportation Coverage			● [4]
Companion Transportation Coverage			● [3]
Hospital Visitor Transportation Coverage			● [3]
Mortal Remains Transportation Coverage			● [4]
Vehicle & RV Return Coverage			● [3]
Organ Retrieval & Organ Recipient Transportation Coverage			● [1]

masa Access

How to use your MASA benefits

Transportation coordination services

Access transport services for the following benefits:

- Repatriation Near Home Coverage
- Child, Pet, and Vehicle Return Coverages
- Companion Transportation Coverage
- Hospital Visitor Transportation Coverage
- Patient Return Transportation Coverage
- Sick While Away from Home Expense Protection
- Organ Retrieval & Organ Recipient Transport Coverage
- Mortal Remains Transportation Coverage

When to access:

During or immediately following your emergency care treatment.

How to access:

Call 800-643-9023.

The MASA Transport Team is available 24/7/365 to assist you and will begin making the necessary arrangements, including working with your medical team.

Note: *If you are traveling out of the U.S., please submit your dates of travel through the member portal or to travel@masaglobal.com.*

View your benefits online at: masaaccess.com/member or through the MASA app.

Claims

Benefits that you submit claims for include:

- Emergency Ground Ambulance Coverage
- Emergency Air Ambulance Coverage
- Hospital to Hospital Ambulance Coverage
- Post-Admission Continued Care Transportation Coverage

When to file your claim:

When you receive the ambulance bill.

Note: *Be sure to file within 180 days of the transport.*

How to file your claim:

Online: masaaccess.com/member
Email: ambulanceclaims@masaglobal.com
Fax: (877) 681-2399

Mail: MASA Global / ATTN: Claims
1250 S. Pine Island Road, Suite 500
Plantation, FL 33324
Include your member number

Note: *To process your claim, in addition to the invoice we may require your health insurance claim form (HICFA) and explanation of benefits (EOB), the ambulance run notes, and the ambulance provider's W9. MASA claim specialists will advise you on how to obtain these.*

Check the status of your claim at: masaaccess.com/member, through the MASA app, or call (800) 643-9023.

MASA connections

Member services: (800) 643-9023

Member site: masaaccess.com/member

Download on the App Store

GET IT ON Google Play

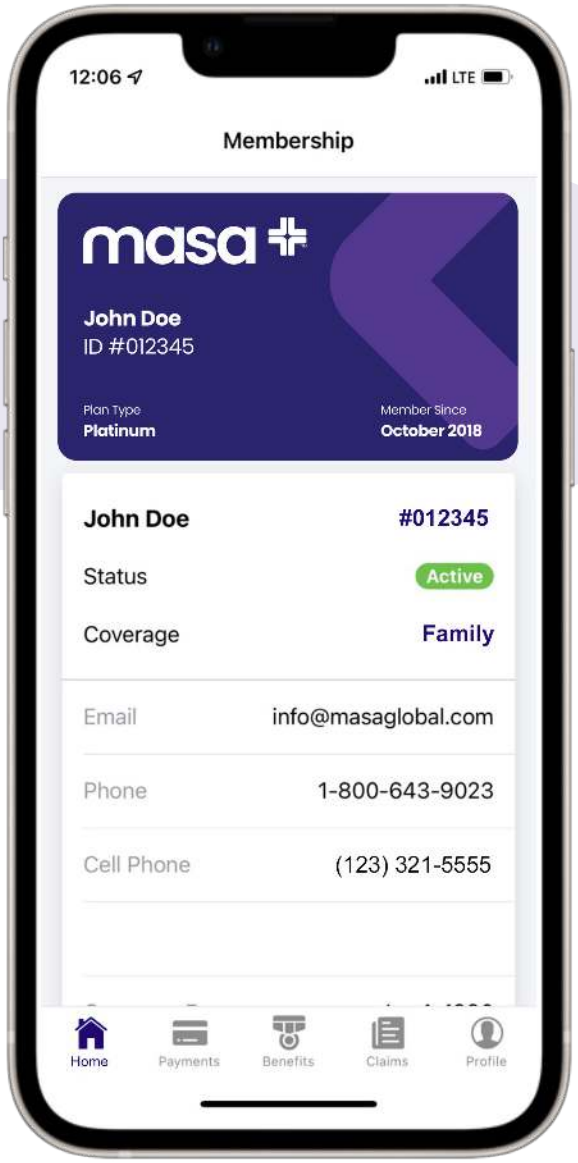
MASA app

masa

Download the MASA mobile app today!

Registration is easy with your member ID.

- Access your digital ID cards.
- View plan documents and benefits.
- View your claims history.



You now have access to emergency transportation solutions in the palm of your hand. The MASA App allows you to check and update your membership information, view payment history, immediately access benefits and to view up-to-the minute claims processing information, along with many more exciting features to come.

This one stop shop is a must have app for all MASA Global members, while at home or traveling.

Download on the App Store

GET IT ON Google Play

petpartners

You're in for a Treat

Employee Group Plan

Choose your vet
Pre-existing Condition Coverage*
Prior Coverage Credit
Simple pricing – one price for cats & one price for dogs
24/7 live vet helpline
Premiums paid through payroll deduction

- Common Illnesses
- Broken Bones
- Diagnostics
- Prescription Medication
- Surgery
- Alternative Treatments**
- Toxin Ingestion
- Digestive Issues
- Behavioral Issues**
- Cancer
- Hospitalization

Plan Details

Annual Deductible $500
Reimbursement 70%
Annual Maximum $8,000
Minimum Age 8 weeks
Maximum Age no max!

Dog $24.60
Cat $13.73
Bi-weekly

Current pets can only be enrolled during open enrollment

New pets can qualify for a special enrollment period

petpartners

Now You Can Play More and Worry Less

Protect your furry family members with plans available now during Open Enrollment.

We've Got You Covered

- Common Illnesses
- Broken Bones
- Diagnostics
- Prescription Medication
- Surgery
- Alternative Treatments**
- Toxin Ingestion
- Digestive Issues
- Behavioral Issues**
- Cancer
- Hospitalization

Take the Stress Out of Unexpected Vet Bills

Pet insurance reimburses you for the cost of accidents and illnesses throughout your pet's life.

Here's how it works:

1. Visit any licensed vet or clinic
2. Pay your vet and submit a claim
3. Get reimbursed for eligible expenses

Employee Plan

- Visit any vet
- Enjoy great perks such as Rx discounts, 24/7 live vet & more
- Pre-existing condition coverage*
- Prior Coverage Credit
- Simple, straightforward pricing
- Premiums paid through payroll deduction

Enroll today for peace of mind tomorrow

Log in to your Benefits Portal to enroll your furry family members this Open Enrollment.

Policies are administered by PetPartners, Inc. and underwritten by Independence American Insurance Company (rated A- "Excellent" by A.M. Best), with offices at 11333 N. Scottsdale Rd, Suite 160, Scottsdale, AZ 85254. PetPartners, Inc. (CA agency #OF27261) is a licensed insurance agency located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617. Eligibility restrictions apply. Terms and conditions may apply. See policy/certificate for details on coverage, terms, limitations and conditions. *Pre-Existing condition coverage may require a 365-day waiting period. Waiting period may be waived for groups over 200 employees or with prior coverage for Accident & Illness plans. Participation in this plan is voluntary and not subject to ERISA. **Eligible with optional Alternative & Behavioral Care rider

Questions? Call us at 800-956-2495

Accident & Illness Insurance - per covered pet

Underwritten by Independence American Insurance Company

Accident & Illness Coverage

Subject to any applicable Deductible, Coinsurance and Annual Limit

Medically Necessary Supplies and Treatment, including emergency care and prescription medications (when dispensed directly by a veterinarian or compounded by a pharmacist under guidance of a veterinarian, excluding over-the-counter medications) performed for conditions that started after the Benefit Waiting Period, if any, and during the Coverage Period, resulting from:

- Accidents, such as, an automobile Accident, ingestion of a foreign body, poisoning, animal bites, dental trauma, burns and fractures.
- Illnesses

Base Plan

Annual Deductible The amount you are responsible for per coverage period per pet before we will pay a claim for covered expense.	$500
Coinsurance *(% the policy pays)* The reimbursement portion of covered expenses after the deductible is met per pet.	70%
Annual Limit The maximum amount we will reimburse you for all covered expenses during a coverage period.	$8,000
Minimum Issue Age of Pet at Effective Date	8 Weeks
Maximum Issue Age of Pet at Effective Date	No Maximum Age Limit
Expiration Age of Pet	None

Benefit Waiting Periods

The time period each pet must wait before coverage is payable. The Benefit Waiting Period starts from the effective date of coverage. Conditions that occur during the Benefit Waiting Period will be excluded from coverage as pre-existing conditions.

Injuries	Waived

Illnesses	Waived
Cruciate Ligament (knee)	6 Months
Pre-Existing Conditions	6 months look back, then covered after 12 months
Prior Coverage Credit Credit toward satisfying the Benefit Waiting Periods and the Pre-Existing Condition provision for comparable, prior pet insurance which was in effect immediately before the Effective Date.	Included

Continuity of Coverage

In the event you are no longer eligible for coverage under this group plan, don't worry! You may apply for individual pet insurance through PetPartners, Inc and receive credit for the time covered under the group pet insurance plan. This means that credit will be given for the time covered under the group pet insurance plan toward satisfying the Pre-Existing Condition waiting period and the Benefit Waiting Periods. You must have no lapse in coverage between the two plans in order to qualify.

Additional Benefits (Riders)

Office Exams and Telehealth Consult Provides reimbursement toward covered expenses towards physical examination, including costs/fees for telephone consultation, not wellness or routine related.	Included - Subject to Deductible & Coinsurance
Rehabilitation and Physical Therapy Provides reimbursement toward the rehabilitation and physical therapy treatment for a covered condition, such as hydrotherapy and therapeutic massage.	Included - Subject to Deductible & Coinsurance
Inherited and Congenital Care Provides reimbursement, after a 30-day Benefit Waiting Period*, toward covered expenses for congenital and inherited conditions, such as hip dysplasia and birth defects.	Included Subject to Deductible and Coinsurance, and 30-day Benefit Waiting Period
Alternative and Behavioral Care Provides reimbursement toward holistic and alternative treatment for a covered condition such as Acupuncture, Chiropractic, Homeopathy, Herbal Therapy, Naturopathy, and Vitamins/ Supplements (Behavioral Care not available for Accident Only)	Included Subject to Deductible & Coinsurance Behavioral Care subject to $1,000 Annual Limit and 14-day Benefit Waiting Period
Final Respects Provides reimbursement toward the cremation or burial expenses of your pet due to death or humane euthanasia.	Included $300 Limit Paid in excess of Annual Limit Not subject to Deductible or Coinsurance

Definitions

Accident – a sudden, unexpected, unintended, or unpreventable event, which is specific as to place and time that causes physical Injury

Coverage Period – begins on pet's effective date coverage and ends on renewal date of group policy or date pet is no longer covered under policy

Illness(es) – sickness, disease, or any change in a pet's normal, healthy state, which is not caused by Injury to pet

Inherited – an Illness, disease or condition whose presence is determined by genetic factors

Injury – physical harm or damage to pet, caused by an Accident

Medically Necessary – medical services, Supplies or care provided to treat pets which are consistent with Symptoms or diagnosis, accepted as good veterinary practice standards, not for ease or convenience of pet owner or veterinarian, and consistent with proper supply or level of services which can be safely provided to pets

Pre-Existing Condition – an Injury or Illness* which occurred, reoccurred, existed, or showed Symptoms whether diagnosed and/ or treated by a veterinarian for time period specified above prior to Effective Date or during Benefit Waiting Period

Supplies – any item that is Medically Necessary and provided by veterinarian that is safe and effective for its intended use, and that omission would adversely affect the pet

Symptoms – first departure from normal function or feeling which is noticed by Insured or Insured's veterinarian, reflecting presence of an Injury or Illness*

Treatment – any laboratory test, x-rays, medication, surgery, hospitalization, nursing and care provided or prescribed by a veterinarian

Summary of Exclusions

- Treatment not medically necessary or considered experimental or performed prior to Effective Date or during a Benefit Waiting Period
- Pre-Existing Conditions including, but not limited to a Bilateral Condition, presenting on one side of body (i.e., a cruciate tear in left leg that showed Symptoms prior to Coverage Period or during a Benefit Waiting Period, a subsequent cruciate tear in right leg will be considered Pre-Existing)
- IVDD (Intervertebral Disc Disease) if diagnosed, treated, or showing Symptoms prior to Coverage Period or during a Benefit Waiting Period and any further episodes of IVDD or any future occurrence of this condition
- Services not performed by or under direct supervision of a licensed veterinarian
- Conditions related to racing, security, law enforcement, working dogs and organized fighting, including intentional acts, neglect, or deliberate endangerment
- More than one Injury per coverage period arising from a repetitive and specific activity or similar activity that has previously occurred (i.e., foreign body ingestion, dog fights and toxin ingestion)
- Missed appointment fees, training, and cost of treatment for failure to follow veterinarian's recommendations
- Natural supplements and vitamins
- Obesity unrelated to an underlying medical condition
- Transportation costs, including but not limited to non-emergency ground or air pet ambulance, and emergency air pet ambulance
- Treatment of breeding, pregnancy, whelping or queening, including complications

petpartners

Benefits Basics

Pet Insurance, Simplified.

Welcome to the pack! Here's a quick look at how PetPartners makes pet insurance simple.

Perks in the Pet Portal

- Log in to easily manage your pet's policy at:

  https://portal.independenceamerican.com/

  Note: You will be able to access the portal once your policy becomes effective.
- Submit and track **claims**.
- View your **coverage documents**.
- Get answers to your pet questions anytime, anywhere with our **24/7 Vet Helpline**.
- Get the best deals on pet meds from our partners at **PetGeniusRx**.

Reimbursements are quick and easy

Our average reimbursement time is just 2-5 business days!

No insurance cards are necessary

When your pet needs medical treatment, take them to the vet of your choice and pay for services at time of treatment.

Ask your vet for an itemized invoice — many offices will email you a digital copy. Then, you can upload and submit your claim for reimbursement via the Pet Portal.

Support when you need it

Questions about coverage, claims, or your policy? We're here to help.

Contact PetPartners Customer Care:

Email us at **mypolicy@petpartners.com** or call 800-956-2495

*Program applies to human-equivalent medication only. Not available in Kansas and Tennessee.

petpartners

Group Pet Insurance Employee FAQs

How do I enroll?

You can view pricing and enroll in the same system you use to enroll in your other benefits.

When can I enroll?

You can enroll your existing pet(s) during your company's designated open enrollment period. If you decide not to enroll your pet(s) during this time, then you must wait until your company's next Annual Open Enrollment.

What if I get a new pet after Open Enrollment is over?

If you get a new pet, your newly acquired pet may be eligible for a Special Enrollment Period. Make sure to notify your HR representative right away as you must enroll your new pet within 31 days of a Qualified Life Event.

Can I still use my vet?

Absolutely! You can use any licensed veterinarian, including emergency and specialty vets, within the United States and its territories. This coverage also extends to Emergency Treatment* while traveling abroad.

What pets are eligible for coverage?

Dogs and cats that are age 8 weeks and older are eligible for coverage. Please refer to your benefits guide to determine if there is a maximum age limit for enrollment.

Will my pet lose coverage because of age?

No, we will never cancel your pet's coverage because of its age.

What if my pet has pre-existing conditions?

Not to worry! PetPartners offers coverage for pre-existing conditions on Accident and Illness plans after a 12-month waiting period. We cover commonly excluded symptoms and conditions such as cancer, urinary tract infections, chronic ear infections, gastrointestinal issues, and more.

I currently have pet insurance with a different provider, but I'm curious about the PetPartners Group plan. What happens if I decide to switch?

If you currently have coverage with another pet insurance carrier, we may be able to credit your policy for previously covered pre-existing conditions. Simply provide us with your prior policy documents and you may get coverage for those pre-existing conditions sooner! As per the policy guidelines, we will need proof of prior comparable coverage and there should be no gap in coverage between plans in order to provide you with the credit.

How do I file a claim and how am I reimbursed?

Filing a claim is easy and can be completed through the Group Pet Portal. During the claim filing process, you can select if you want to be reimbursed by check or via direct deposit.

What happens to my pet(s) coverage under the Group Pet Insurance Policy if I leave my company?

If you leave your company, you'll be given the opportunity to purchase an "individual" Independence American pet insurance policy through PetPartners. You can even receive credit for time covered under the Group Pet Insurance Policy toward satisfying the Injury and Illness Waiting Periods and Pre-Existing Condition provision as long as there is no gap in coverage between the two policies.

Still have more questions?

Contact our Customer Care team at 800-956-2495 or mypolicy@petpartners.com

*Emergency Treatment is defined as requiring immediate medical attention to prevent compromising your pet's well-being or life. Policies are administered by PetPartners, Inc. and underwritten by Independence American Insurance Company (rated A- "Excellent" by A.M. Best), with offices at 11333 N. Scottsdale Rd, Suite 160, Scottsdale, AZ 85254. PetPartners, Inc. (CA agency #OF27261) is a licensed insurance agency located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617. Eligibility restrictions apply. Terms and conditions may apply. See policy/certificate for details on coverage, terms, limitations and conditions. Pre-Existing condition coverage may require a 365-day waiting period. Waiting period may be waived for groups over 200 employees or with prior coverage for Accident & Illness plans. Participation in this plan is voluntary and not subject to ERISA.

Understanding your employer's plan

Features of your governmental employer's 457(b) deferred compensation plan

This information is provided by Voya for your education only. Neither Voya nor its financial professionals offer tax or legal advice. Please consult your tax or legal advisor before making a tax-related investment/insurance decision. For more information about the Voya companies, please contact your local office or financial professional.

Were you aware that the benefits available to you as a participant in a 457(b) deferred compensation plan have increased in recent years? Time passes quickly and, as your life changes, it is often difficult to keep track of all the benefits available – and how changes can affect you.

If you want to save more, you can save up to the plan's maximum annual contribution amount. If you wish you had started saving earlier, you may be able to "catch-up". Are you at least age 50? If so, you can contribute an additional amount over the regular contribution limits.

How do you know if you're taking full advantage?

<table>
<tr><th>Feature</th><th>What it means to you</th></tr>
<tr><td>Annual contribution amount</td><td>
• Maximum annual contribution amount is shown below (or 100% of includible compensation, if less):
<table>
<tr><th>Year</th><th>Annual Maximum</th></tr>
<tr><td>2024</td><td>$23,000</td></tr>
</table>
• Annual limit is not reduced for contributions you make to other plans types (e.g., deferrals to a 403(b) or 401(k) plan). Note: Includible compensation does not include pre-tax 414(h) contributions.
</td></tr>
<tr><td>Ability to catch-up</td><td>
• The current catch-up provision, available during the three consecutive years prior to normal retirement age (as defined in your 457(b) plan), is shown below. The actual amount available under this catch-up will depend on the amount of your prior contributions to the 457(b) plan and (before 2002) to certain other retirement plans. Contact your local representative for additional information.
<table>
<tr><th>Year</th><th>Annual Maximum</th></tr>
<tr><td>2024</td><td>up to $46,000</td></tr>
</table>
• Participants who are at least age 50 by the end of the year can contribute an additional amount over the regular annual limit, as follows:
<table>
<tr><th>Year</th><th>Annual Maximum</th></tr>
<tr><td>2024</td><td>$7,500</td></tr>
</table>
Note: Participants cannot use both catch-up provisions during the same year and must use the catch-up provision which gives the greater amount.
</td></tr>
</table>

Are you aware of the features available to you?

Your employer's 457(b) deferred compensation plan offers something for everyone.* If you want more information on the options available to you, please contact your local financial professional.

Feature	What it means to you
Portability ***You may wish to compare your options for differences in cost, benefits, charges and other important features before you roll over assets. You may want to consult your legal or tax advisors.***	• At retirement or severance from employment, rollovers to/from traditional IRAs, 403(b), 401 and governmental 457(b) plans are permitted. Rollovers to a Roth IRA are also available. • Amounts rolled from a governmental 457(b) plan to a different plan type are subject to the IRS 10% premature distribution penalty tax when subsequently distributed from that other plan prior to the participant reaching age 59½ (unless another IRS exception applies). • Amounts rolled over from non-457(b) plans to a governmental 457(b) plan are subject to any applicable IRS 10% premature distribution penalty tax (unless an IRS exception applies) when distributed from that governmental 457(b) plan.
Election and distribution treatment	• There is no requirement to make a benefit payment election when you retire or sever employment if you are not yet age 73. • Your benefit payment election is not required to be irrevocable. ***Note: Some annuity options may be irrevocable. You should consider the tax consequences of your election, including required minimum distributions. Voya does not offer tax or legal advice. Seek the advice of a tax attorney or of a tax advisor prior to making a tax-related insurance/investment decision.***
Tax treatment in the event of divorce	• Amounts awarded and paid to a former spouse as a result of a qualified domestic relations order are taxable to that former spouse when distributed. • The qualified domestic relations order can permit amounts to be distributed paid to a participant's former spouse prior to the time that the participant is entitled to a plan distribution.
Ability to buy back service under governmental employer's benefit plan	• Amounts accumulated under a governmental 457(b) plan can be transferred tax-free to an employer's governmental defined benefit plan to buy service credits. • Amounts used will not be taxable in the year transferred.
Tax credit for low- and middle-income participants	• This credit will be a percentage of contributions, up to $2,000. • Participant's adjusted gross income (AGI) and income tax filing status determines credit. • For 2024, AGI must not exceed $76,500 for joint filers; AGI must not exceed $57,375 for head of household filers; AGI must not exceed $38,250 for single filers.

* Subject to the terms of the Plan.

PLAN | INVEST | PROTECT

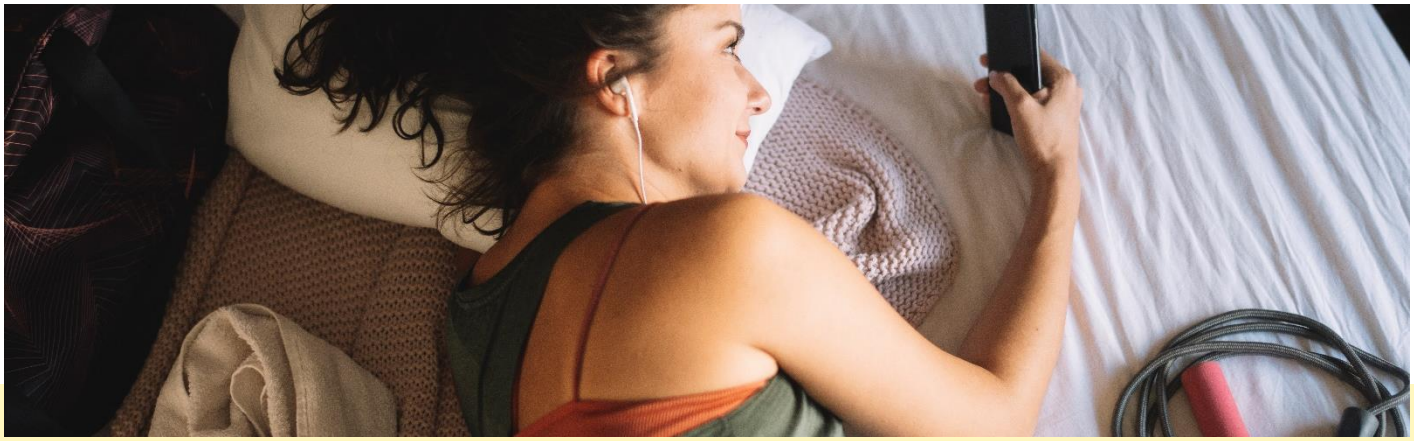
VOYA® FINANCIAL

Voya.com

5096400

LIFT session fitness

Achieve your fitness goals with unlimited fitness journeys and chat with fitness coaches



Finding a workout that fits your lifestyle is one of the most important things you can do to get started and stay consistent. With LIFT session virtual fitness through your Employee Assistance Program (EAP), you have access to unlimited fitness journeys that are customized for your goals and current fitness level.

Fitness anytime, anywhere with coach support

LIFT session virtual fitness programs are available on your mobile device, so you can stay active anytime, anywhere. Chat live online with fitness coaches who can help with fitness, nutrition, and recovery questions you have. Each session lasts 30 minutes, and the typical journey is three sessions per week for a total duration of six weeks. No equipment required!

How to get started

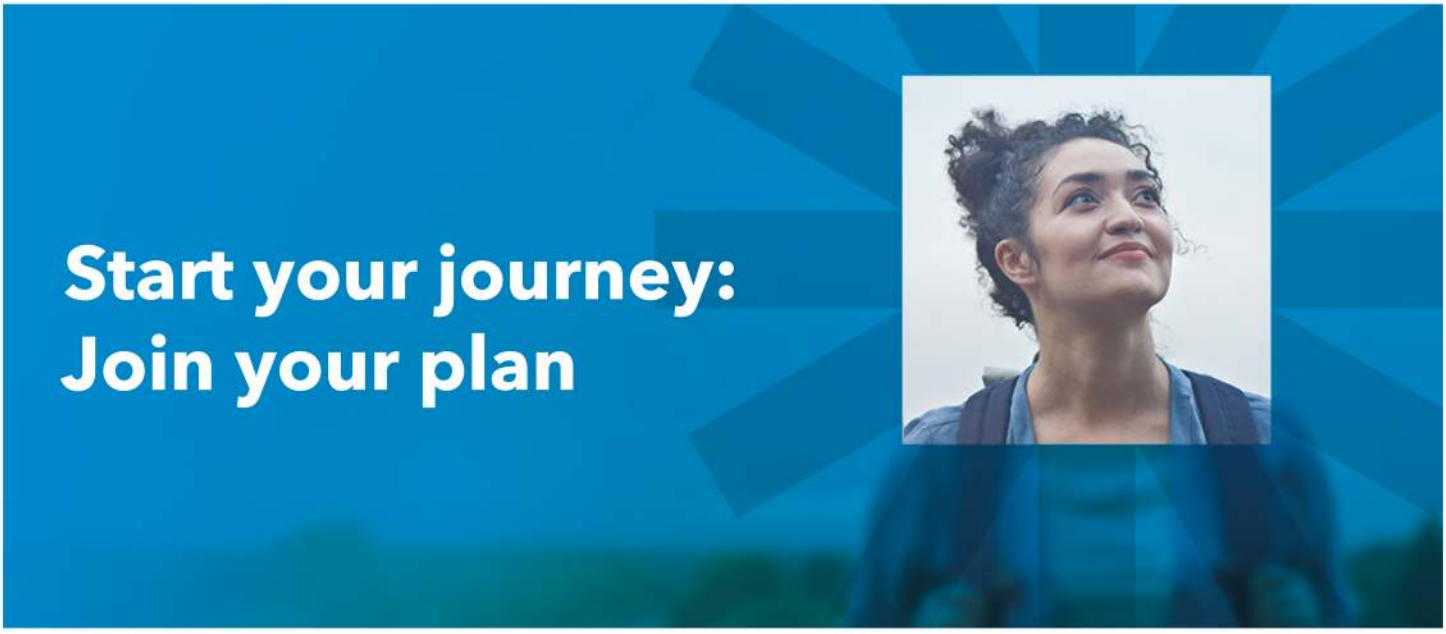
Register for LIFT Session through WorkHealthLife.com.

- Find your organization on the splash page.
- Under “My Services” scroll down and click on “LIFT session virtual fitness”.
- Click on the “LIFT session virtual fitness” link.
- This will direct you to a special external site at liftsession.com that will provide you a “Sign Up” link to register for the basic service for FREE!
- Next, download the LIFT session app in Google Play or Apple App Store and sign in to complete your online fitness assessment and start the fitness journey right for you!

The support of live coaches and personalized fitness journeys will keep you engaged, excited, and on track to hit your goals. Kick-start your fitness journey now!

Watch this video to learn more about LIFT session fitness

To reach your fitness goals, get started with LIFT session fitness today. Visit workhealthlife.com



Join your plan using your computer, tablet, or mobile device. To enroll, or view your plan's features and investment options, scan the QR code or visit:

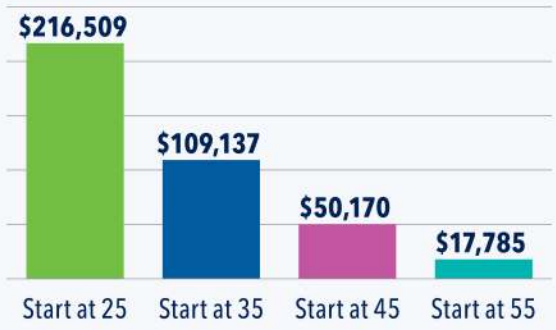
www.missionsq.org/enroll

All you need to get started is your Employer, Plan Name, or Plan State to visit your plan resource site.

How much could my account be worth at age 65?*

Saving now can help alleviate the pressure to catch up later. Starting early can give you an advantage due to compounding, in which your investments produce earnings from previous earnings.

** For illustrative purposes only. Assumes $50 bi-weekly contributions and an effective annual return of 6%, compounded bi-weekly.*



Questions? Get personalized help from your MissionSquare Retirement Plans Specialist. See next page for contact information.

While a pension and/or Social Security may go a long way, they may not to be enough. Saving to a 457 plan will supplement your retirement income and help you build a secure financial future.

- Set your own savings goals
- Control your investments
- Choose your beneficiaries
- Get tax benefits
- Access to your MissionSquare representative for personalized help

By joining your 457 Plan, you've taken an important first step on your retirement journey. For more information, visit: **www.missionsq.org/457**

For assistance with your Plan and your overall retirement goals, contact your MissionSquare representative.

Sandra Aguilar
Retirement Plans Specialist

202-759-7005
saguilar@missionsq.org

Start your journey.

Visit **www.missionsq.org/enroll** to join your plan today.

Designed to better fit your needs

When deciding which retirement plan may be best for you, consider that the Nationwide® 457(b) deferred compensation plan was created with these plan features:

Flexibility

- Easy online enrollment
- Ability to adjust your contributions as your needs change
- Unique pathways to fit your investing style
- No-penalty withdrawals after separation from service at any age

Interactivity

- My Retirement by Nationwide℠ app to manage your account from wherever you are
- My Interactive Retirement Planner℠ to plan goals and track progress
- Videos, on-demand webinars, tools, calculators and online resources

Support

- Local Retirement Specialists to serve you
- Personal Retirement Consultants to help as you prepare to transition into retirement
- Retirement Resource Group® to provide professional service by phone

This material is not a recommendation to buy or sell a financial product or to adopt an investment strategy. Investors should discuss their specific situation with their financial professional.

Investing involves market risk, including possible loss of principal. No investment strategy or program can guarantee to make a profit or avoid loss. Actual results will vary depending on your investment and market experience.

My Retirement by Nationwide and Retirement Resource Group are service marks of Nationwide Mutual Insurance Company. My Interactive Retirement Planner is a service mark of Nationwide Life Insurance Company.

www.nrsforu.com/enroll

To schedule an individual appointment, scan this code.

Sarita Null, MBA, CRC
512-497-1666
nulls4@nationwide.com

Retirement Resource Group
888-401-5272
nrsforu@nationwide.com

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COMMUNITY LOAN CENTER
OF THE RIO GRANDE VALLEY
Affordable Small Dollar Loans

You are eligible because your organization participates in the program!

Achieving financial stability should be easily attainable for everyone. The Community Loan Center is committed to helping you borrow money while you build your credit. Let's face it, there comes a time when we all need money. CLC offers you a risk-free, low-interest loan of up to $1,000.

ADVANTAGES

- No credit history needed
- No collateral
- Take up to 12 months to pay
- No prepayment penalties
- Money deposited directly into your checking account within one business day of employment verification from your organization

READY TO ENJOY THE BENEFITS?

- Apply online at www.rgvcommunityloancenter.com
- Wait for employment verification from your company's HR department
- Electronically sign loan documents
- Funds will be deposited to your account
- Pay through your employer payroll deduction

AFFORDABLE
Low-interest 12-month loans from $400 to $1,000

CONVENIENT
Online origination and servicing. Easy payments through payroll deduction

HELPFUL
Free financial coaching available

www.rgvcommunityloancenter.com
or scan the QR code above

642 E. Washington St., Brownsville, TX 78520

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THE CITY OF Edinburg

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