



BAY CITY ISD

BENEFIT GUIDE

WWW.MYBENEFITSHUB/BAYCITYISD

PLAN YEAR: 2022-2023

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PLAN YEAR UPDATES

WELCOME TO 2022 BAY CITY ISD OPEN ENROLLMENT!

Your dates to login and update/add benefits are:

Monday, July 25th, 2022 and will run through 11:59 PM on Thursday, August 18th, 2022.

In addition to last year's offerings, we are excited to present both a new dental provider, Ameritas, and added voluntary benefit, MASA (medical transportation).

To provide you the necessary tools to (re) enroll we are offering four information sessions in the Bay City High School cafeteria:

- Thursday, July 28th
 - 10AM
 - 3PM
- Wednesday, August 3rd
 - 10AM
 - 3PM

Employees and spouses are encouraged to attend. Representatives from Blue Cross/Blue Shield(health) as well as Allison Benefit Consultants (voluntary options) will present plan details and answer questions.*

Don't miss the chance to review your options and be entered to win gift cards and a grand prize.**

Allison Benefit Consulting is hosting two days of Benefit Hub support at the Bay City Junior High Library:

- Wednesday, August 10th
 - 9AM-11AM
 - 2PM-4PM
- Tuesday, August 16th
 - 9AM-11AM
 - 2PM-4PM

After an unprecedented year, we are happy to welcome you back and look forward to providing personalized services to ensure your benefit needs are met.

*Spanish translator in attendance

**Must be present to win. One grand prize will be awarded per session. No duplicate grand prize winner(s).



HOW TO LOG IN

1

VISIT WWW.MYBENEFITSHUB/BAYCITYISD

2

CLICK **LOGIN**

3

ENTER USERNAME & PASSWORD

Username: the first six (6) characters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

Password

New Hires: your last name (excluding punctuation) followed by the last four (4) digits of your Social Security Number.

Current Employees: you will use the password that you previously created, NOT the password format listed above.



BENEFIT CONTACTS

J. CHARLES ALLISON, FOUNDER

979.240.9717

jcharles@allisonbenefits.com

JOE ALLISON, PARTNER

512.922.6416

joe@allisonbenefits.com

FLOYCE BROWN, ADMINISTRATOR

979.240.4458

flo@allisonbenefits.com

THE HARTFORD

ACCIDENT INSURANCE

ABOUT THIS BENEFIT:

Accidents are nearly impossible to predict, but with accident insurance they're easy to prepare for. Accident Insurance allows you to concentrate on your health instead of your finances by issuing a lump-sum benefit when you suffer a covered accident.

While prices vary, the average cost of a trip to the emergency room will run you \$1,233¹. You can use this money to help pay toward your emergency room fees, co-pays, and hospital bills.

¹2013 National Institute of Health

[LEARN MORE](#)



Accident Insurance Benefit Highlights

For Employees of: Bay City ISD

What is accident insurance?	<p>Accident insurance offers financial protection by paying a cash benefit if you or an insured dependent are unexpectedly injured in a covered accident. This coverage is offered by your employer which you pay for through convenient deductions from your paycheck.</p> <p>The benefits are paid in lump sum amounts to you (or your beneficiary), and can be used to help pay for health care expenses not covered by your major medical insurance, help replace income lost while not working, or however you choose.</p> <p>This highlight sheet is an overview of your accident insurance. A certificate of insurance will be available after you enroll to explain your coverage in detail.</p>
Who is eligible?	<p>You are eligible if you are an active employee who works at least 20 hours per week on a regularly scheduled basis, and are less than age 80.</p> <p>Your spouse (includes domestic partner) must also be less than age 80 to be eligible for coverage, and your dependent child(ren) must be under age 26 to be eligible.</p>
When can I enroll?	<p>You can enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.</p>
How much coverage can I purchase?	<p>Two accident plans are available to you, Plan 1, or Plan 3. You have the flexibility to enroll for the plan that best meets your financial protection needs.</p> <p>Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).</p>
Am I guaranteed coverage?	<p>During designated enrollment periods, this coverage is offered without having to provide information about your or your family's health. This is called "guaranteed issue" coverage – all you have to do is check the box to enroll and become insured.</p>
I already have medical and disability insurance. Why do I need this too?	<p>Costs associated with an accident can add up even with other types of insurance. Once treatment for an injury begins, deductibles and cost sharing (co-pays and/or coinsurance), and limitations on benefits found in some medical insurance plans may quickly lead to high out-of-pocket costs. In addition, disability insurance will only replace a portion of your income, not all of it. Accident insurance benefits can help cover what other insurance products don't.</p>
What is covered?	<p>This insurance provides benefits for medical treatment and services related to accidental injuries. Benefits for specific types of injuries and catastrophic injuries (including accidental death) are also available.</p> <p>Please refer to the benefits table on the following page for more detailed plan information.</p>
Can I keep this insurance if I leave my employer?	<p>Yes, you can take this coverage with you. If you leave your employer, you may continue coverage for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.</p>

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company, Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT.

Benefits Table

Plan Information		Option 1	Option 3
Plan Type		Plan 1	Plan 3
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
Benefits		Option 1	Option 3
Emergency, Hospital & Treatment Care		Plan 1	Plan 3
Accident Follow-Up	Up to 3 visits/accident within 90 days	\$50	\$100
Acupuncture /Chiropractic Care	Up to 10 visits each/accident within 365 days	\$25	\$50
Ambulance – Air	Once/accident within 72 hours	\$600	\$1,200
Ambulance – Ground	Once/accident within 90 days	\$200	\$400
Blood/Plasma/Platelets	Once/accident within 90 days	\$150	\$300
Child Care	Up to 30 days/accident while insured is confined	\$25	\$30
Daily Hospital Confinement	Up to 365 days/lifetime (Total daily and ICU)	\$100	\$300
Daily ICU Confinement	Up to 30 days/accident	\$300	\$600
Diagnostic Exam	Once/accident within 90 days	\$100	\$300
Emergency Dental – Crown/Extraction	Once/accident within 90 days	Up to \$150	Up to \$450
Emergency Room	Once/accident within 72 hours	\$100	\$200
Hospital Admission	Once/accident within 90 days	\$500	\$1,500
Initial Physician Office Visit	Once/accident within 90 days	\$50	\$100
Lodging	Up to 30 nights/lifetime	\$100	\$150
Medical Appliance	Once/accident within 90 days	\$50	\$150
Physical Therapy	Up to 10 visits/accident within 90 days	\$25	\$50
Rehabilitation Facility	Up to 15 days/lifetime	\$50	\$150
Transportation	Up to 3 trips/accident	\$200	\$500
Urgent Care	Once/accident within 72 hours	\$50	\$100
X-ray	Once/accident within 90 days	\$50	\$75
Specified Injury & Surgery		Plan 1	Plan 3
Abdominal/Thoracic Surgery	Once/accident within 90 days	\$1,000	\$2,000
Arthroscopic Surgery	Once/accident within 90 days	\$200	\$400
Burn – 2 nd degree (≥ 34% of body surface)	Once/accident within 72 hours	\$500	\$1,500
Burn – 3 rd degree (≥ 18in ² of body surface)		\$5,000	\$15,000
Burn – Skin graft (For 3 rd degree burn)	Once/accident	25% of burn	
Concussion	Up to 3/year within 72 hours	\$100	\$200
Dislocations – Open (Surgical)	Once/joint/lifetime	Up to \$2,000	Up to \$8,000
Dislocations – Closed (Non-surgical)		Up to \$1,000	Up to \$4,000
Eye Injury – Surgery/Object Removal	Once/accident within 90 days	Up to \$300	Up to \$600
Fractures – Open (Surgical)	Once/bone/accident within 90 days	Up to \$3,000	Up to \$9,000
Fractures – Closed (Non-surgical)		Up to \$1,500	Up to \$4,500
Hernia Repair	Once/accident within 365 days	\$100	\$200
Joint Replacement	Once/accident within 90 days	\$1,500	\$3,000
Knee Cartilage – With Repair	Highest benefit once/accident within 365 days	\$500	\$1,000
Knee Cartilage – Without repair		\$100	\$200
Laceration – 2” to 6”	Highest benefit once/accident within 72 hours	\$100	\$500
Laceration – 6” or greater		\$400	\$600
Ruptured Disc	Once/accident within 365 days	\$500	\$1,000
Tendon/Ligament/Cuff – Single	Highest benefit once/accident within 365 days	\$600	\$1,000
Tendon/Ligament/Cuff – 2 or more		\$800	\$1,500
Catastrophic		Plan 1	Plan 3
Accidental Death	Within 90 days; Spouse benefits are 50% and child benefits are 25% of employee amount	\$20,000	\$50,000
Common Carrier Death	Within 90 days	3 times death benefit	
Coma (≥ 168 continuous hours)	Once/accident within 90 days	\$5,000	\$15,000
Dismemberment – Double Losses	Once/accident within 90 days	\$20,000	\$50,000
Dismemberment – Single Losses		\$10,000	\$25,000
Dismemb. – Thumb & Index Finger		\$2,500	\$10,000
Home Health Care	Up to 30 days/accident	\$50	\$50
Paralysis – Quadriplegia	Highest benefit once/accident within 90 days	\$5,000	\$15,000
Paralysis – Paraplegia		\$2,500	\$7,500
Prosthesis – Single	Highest benefit once/accident within 365 days	\$500	\$1,000
Prosthesis – 2 or more		\$1,000	\$2,000

Benefit Example (For Demonstration Purposes Only)

With this insurance, if an accident occurs a benefit is payable for each injury, treatment or service (included in the policy) that you or an insured dependent experience. Accident benefits pay in addition to other insurance. You can use them to cover gaps in your family's health insurance, or however else you choose.

Injury/Treatment/Service	Benefit Amount*
Ground Ambulance	\$200
Emergency Room Visit	\$100
X-ray	\$50
CT (Diagnostic Exam)	\$100
Dislocated knee (Closed)	\$500
Concussion	\$100
Brace (Medical Appliance)	\$50
2 Follow-Up Visits	\$100 (\$50 x 2)
8 PT Sessions	\$200 (\$25 x 8)
Total Benefits	\$1,400

During gym class at school, Emily is playing basketball. She trips, falls hard on her knee and hits her head on the gym floor. She is taken to the emergency room (ER) by ambulance. In the ER, Emily's knee is examined by the doctor with an X-ray, and she has a CT scan to check for a head injury.

She is diagnosed with a dislocated knee and a concussion. Her knee is adjusted and put in a brace, and she is released from the ER. Emily visits her family doctor twice for follow-up care, and has 8 physical therapy (PT) sessions for her knee.

A health insurance deductible of \$1,250 had to be met before Emily's insurance would begin covering her treatment, followed by 15% coinsurance. The benefits paid by the accident insurance plan helped Emily's parents cover these out-of-pocket expenses.

**The benefit amounts used in this example are for demonstration purposes only and may vary from the benefits that are available to you. The amounts shown are from The Hartford's Accident Plan 1.*

Exclusions

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

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group. Please refer to the certificate for a full listing of exclusions.

Notices

THIS IS A LIMITED BENEFIT POLICY

This limited health benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

This benefit highlights sheet is an overview of the insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the benefit highlights sheet and the insurance policy, the terms of the insurance policy apply.

Premium Worksheet



Rates and/or benefits can change.

VOLUNTARY ACCIDENT INSURANCE		
Monthly Premium Amount (Cost per Pay Period – 12/Year)		
COVERAGE TIER	OPTION 1	OPTION 2
Employee Only	\$5.19 (\$0.17 per day)	\$12.93 (\$0.43 per day)
Employee & Spouse	\$8.15 (\$0.27 per day)	\$20.30 (\$0.67 per day)
Employee & Child(ren)	\$8.41 (\$0.28 per day)	\$21.36 (\$0.70 per day)
Employee & Family	\$13.33 (\$0.44 per day)	\$33.64 (\$1.11 per day)

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

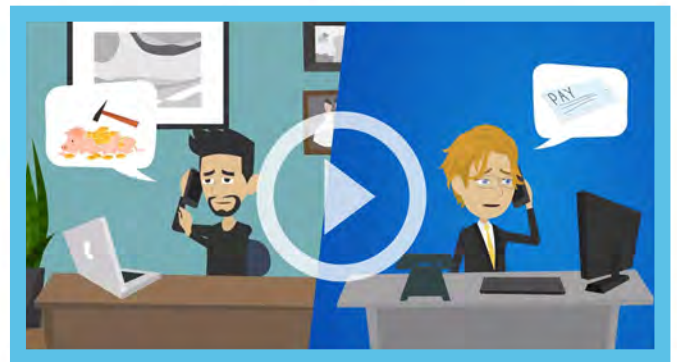
BLUE CROSS BLUE SHIELD OF TEXAS

BASIC LIFE

ABOUT THIS BENEFIT:

Basic life insurance is provided to you by your employer at no cost. This policy provides your beneficiary with a lump-sum benefit.

This cash benefit will help soften the financial blow that comes along with losing a loved one. Your beneficiary can use this benefit to help pay final expenses, bills and debt.

[LEARN MORE](#)



GROUP BENEFIT PROGRAM SUMMARY For BAY CITY ISD / TEEBC F021842 - 001

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

EMPLOYER PAID BASIC GROUP TERM LIFE/AD&D

Eligibility	All Active Full Time Employees who regularly work 10 hours per week & Bus Drivers are eligible for insurance on the first of the month following date of hire.
Group Term Life/AD&D Benefit:	\$15,000
Guarantee Issue Amount – Employee	\$15,000
Age Reduction Schedule	Life and AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 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.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
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	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.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

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

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



**BlueCross BlueShield
of Texas**

**BENEFIT PROGRAM SUMMARY
For BAY CITY ISD / TEEBC F021842 - 001**

VOLUNTARY GROUP TERM LIFE/AD&D

Eligibility	All Active Full Time Employees who regularly work 10 hours per week & Bus Drivers are eligible for insurance on their date of hire.
Group Term Life/AD&D Benefit: Employee	\$10,000 - \$500,000, in increments of \$10,000, not to exceed 5 times your annual earnings.
Guarantee Issue Amount – Employee	\$150,000 under age 65, \$30,000 age 65-69
Group Term Life/AD&D Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$250,000, in increments of \$5,000, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount – Spouse	\$50,000 under age 60, \$10,000 Age 60-69
Group Term Life Benefit: Child(ren)	Live Birth to Age 26 - \$10,000
Age Reduction Schedule	Employee Basic and Voluntary Group Term Life and AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement. Spouse Voluntary Group Term Life and AD&D benefits terminate upon the Employee's attainment of age 70.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 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)
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Voluntary Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

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**BlueCross BlueShield
of Texas**

GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PROGRAM SUMMARY

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 the Sight of One Eye	100%
Loss of One Foot and the 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 the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education 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.

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

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AMERICAN PUBLIC LIFE

CANCER INSURANCE

ABOUT THIS BENEFIT:

Cancer Insurance provides financial assistance in the form of a cash benefit upon a cancer diagnosis and treatment, ensuring you can concentrate on your health instead of your finances.

Cancer is one of the most debilitating diseases to bounce back from financially. So much so, that 42% of cancer patients drain their life savings within two years of diagnosis². You can use your benefit to help pay toward costly medicine, medical bills, co-pays or even travel and lodging associated with cancer treatment.

²The American Journal of Medicine

[LEARN MORE](#)

GC14 Limited Benefit Group Specified Disease Cancer Indemnity Insurance

For Employees of Bay City ISD

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

Summary of Benefits	Plan 1
Cancer Treatment Policy Benefits	Level 2
Radiation Therapy, Chemotherapy, Immunotherapy - Maximum per 12-month period	\$10,000
Hormone Therapy - Maximum of 12 treatments per calendar year	\$50 per treatment
Experimental Treatment	paid in same manner and under the same maximums as any other benefit
Cancer Screening Rider Benefits	Level 1
Diagnostic Testing - 1 test per calendar year	\$50 per test
Follow-Up Diagnostic Testing - 1 test per calendar year	\$100 per test
Medical Imaging - per calendar year	\$500 per test / 1 test per calendar year
Surgical Rider Benefits	Level 2
Surgical	\$30 unit dollar amount Max \$3,000 per operation
Anesthesia	25% of amount paid for covered surgery
Bone Marrow Transplant - Maximum per lifetime	\$6,000
Stem Cell Transplant - Maximum per lifetime	\$600
Prosthesis - Surgical Implantation/Non-Surgical (not Hair Piece) 1 device per site, per lifetime	\$1,000/\$100
Patient Care Rider Benefits	Level 1
Hospital Confinement	\$100
Per day of Hospital Confinement (1-30 days)	\$200
Per day for Eligible Dependent Children (1-30 days)	\$100
Per day of Hospital Confinement (31+ days)	\$200
Per day for Eligible Dependent Children (31+ days)	\$200
Outpatient Facility - Per day surgery is performed	\$200
Attending Physician - Per day of Hospital Confinement	\$30
Dread Disease - Per day of Hospital Confinement (1-30 days / 31+ days)	\$100/\$100
Extended Care Facility - Up to the same number of Hospital Confinement Days	\$100 per day
Donor	\$100 per day
Home Health Care - Up to the same number of Hospital Confinement Days	\$100 per day
Hospice Care - Up to maximum of 365 days per lifetime	\$100 per day
US Government, Charity Hospital or HMO - Per day of Hospital Confinement (1-30 days / 31+ days)	\$100/\$100
Miscellaneous Care Rider Benefits	Level 1
Cancer Treatment Center Evaluation or Consultation - 1 per lifetime	Not Included
Evaluation or Consultation Travel and Lodging - 1 per lifetime	Not Included
Second / Third Surgical Opinion - per diagnosis of cancer	\$300 / \$300
Drugs and Medicine - Inpatient / Outpatient (maximum \$150 per month)	\$150 per confinement \$50 per prescription
Hair Piece (Wig) - 1 per lifetime	\$150
Transportation - Maximum 12 trips per calendar year for all modes of transportation combined Travel by bus, plane or train	actual coach fare or \$0.40 per mile \$0.40 per mile \$50 per day
Travel by car Lodging - up to a maximum of 100 days per calendar year	
Family Transportation - Maximum 12 trips per calendar year for all modes of transportation combined Travel by bus, plane or train Travel by car Family Lodging - up to a maximum of 100 days per calendar year	actual coach fare or \$0.40 per mile \$0.40 per mile \$50 per day
Blood, Plasma and Platelets	\$300 per day
Ambulance - Ground/Air - Maximum of 2 trips per Hospital Confinement for all modes of transportation combined	\$200 / \$2,000 per trip
Inpatient Special Nursing Services - per day of Hospital Confinement	\$150 per day

GC14

Limited Benefit Group Specified Disease Cancer Indemnity Insurance

Miscellaneous Care Rider Benefits <i>Con't.</i>	Level 1
Outpatient Special Nursing Services - Up to same number of Hospital Confinement days	\$150 per day
Medical Equipment - Maximum of 1 benefit per calendar year	Not Included
Physical, Occupational, Speech, Audio Therapy & Psychotherapy / Maximum per calendar year	\$25 per visit / \$1,000
Waiver of Premium	Waive Premium
Internal Cancer First Occurrence Rider Benefits	Level 1
Lump Sum Benefit - Maximum 1 per Covered Person per lifetime	\$2,500
Lump Sum for Eligible Dependent Children - Maximum 1 per Covered Person per lifetime	\$3,750
Heart Attack/Stroke First Occurrence Rider Benefits	Level 1
Lump Sum Benefit - Maximum 1 per Covered Person per lifetime	\$2,500
Lump Sum for Eligible Dependent Children - Maximum 1 per Covered Person per lifetime	\$3,750

Total Monthly Premiums by Plan**				
Issue Ages	Individual	Individual & Spouse	1 Parent Family	2 Parent Family
	Plan 1	Plan 1	Plan 1	Plan 1
18+	\$18.84	\$40.04	\$22.80	\$43.94

**Total premium includes the Plan selected and any applicable rider premium. Premiums are subject to increase with notice. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

Benefits are only payable following a diagnosis of cancer for a loss incurred for the treatment of cancer while covered under the policy. A charge must be incurred for benefits to be payable. When coverage terminates for loss incurred after the coverage termination date, our obligation to pay benefits also terminates for a specified disease that manifested itself while the person was covered under the policy. All benefits are subject to the benefit maximums.

Cancer Treatment Benefits

Eligibility

You and your eligible dependents are eligible to be insured under this certificate if you and your eligible dependents meet our underwriting rules and you are actively at work with the policyholder and qualify for coverage as defined in the master application.

Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; or losses or medical expenses incurred prior to the covered person's effective date regardless of when specified disease was diagnosed.

Only Loss for Cancer

The policy pays only for loss resulting from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by cancer or the treatment of cancer. The policy does not cover any other disease, sickness or incapacity which existed prior to the diagnosis of cancer, even though after contracting cancer it may have been complicated, aggravated or affected by cancer or the treatment of cancer.

Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the pre-existing condition exclusion period, following the covered person's effective date as the result of a pre-existing condition. Pre-existing conditions specifically named or described as excluded in any part of the policy are never covered. If any change to coverage after the certificate effective date results in an increase or addition to coverage, the time limit on certain defenses and pre-existing condition exclusion for such increase will be based on the effective date of such increase.

Waiting Period

The policy and any attached riders contain a waiting period during which no benefits will be paid. If any covered person has a specified disease diagnosed before the end of the waiting period immediately following the covered person's effective date, coverage for that person will apply only to loss that is incurred after one year from the covered person's effective date. If any covered person is diagnosed as having a specified disease during the waiting period immediately following the covered person's effective date, you may elect to void the certificate from the beginning and receive a full refund of premium.

If the policy replaced group specified disease cancer coverage from any company that terminated within 30 days of the certificate effective date, the waiting period will be waived for those covered persons that were covered under the prior coverage. However, the pre-existing condition exclusion provision will still apply.

Termination of Certificate

Insurance coverage under the certificate and any attached riders will end on the earliest of these dates: the date the policy terminates; the end of the grace period if the premium remains unpaid; the date insurance has ceased on all persons covered under this certificate; the end of the certificate month in which the policyholder requests to terminate this coverage; the date you no longer qualify as an insured; or the date of your death.

Termination of Coverage

Insurance coverage for a covered person under the certificate and any attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the end of the grace period if the premium remains unpaid; the end of the certificate month in which the policyholder requests to terminate the coverage for an eligible dependent; the date a covered person no longer qualifies as an insured or eligible dependent; or the date of the covered person's death.

We may end the coverage of any Covered Person who submits a fraudulent claim.

Cancer Screening Benefits

Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; losses or medical expenses incurred prior to the covered person's effective date of this rider; or loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as a result of a pre-existing condition. For the purpose of benefits under this rider, the waiting period will begin on the covered person's effective date of this rider.

Surgical Benefits

Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; losses or medical expenses incurred prior to the covered person's effective date of this rider regardless of when a specified disease was diagnosed; or loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as a result of a pre-existing condition. For the purpose of benefits under this rider, the waiting period will begin on the covered person's effective date of this rider.

Patient Care Benefits

A hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; or a facility primarily affording custodial, educational care, or care of treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; losses or medical expenses incurred prior to the covered person's effective date of this rider regardless of when a specified disease was diagnosed; or loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as a result of a pre-existing condition. For the purpose of benefits under this rider, the waiting period will begin on the covered person's effective date of this rider.

Only Loss for Cancer or Dread Disease

Pays only for loss resulting from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. This rider also covers other conditions or diseases directly caused by cancer or the treatment of cancer. This rider does not cover any other disease, sickness or incapacity which existed prior to the diagnosis of cancer, even though after contracting cancer it may have been complicated, aggravated or affected by cancer or the treatment of cancer except for conditions specifically provided in the dread disease benefit.

Miscellaneous Benefits

Waiver of Premium

When the certificate is in force and you become disabled, we will waive all premiums due including premiums for any riders attached to the certificate. Disability must be due to cancer and occur while receiving treatment for such cancer.

You must remain disabled for 60 continuous days before this benefit will begin. The waiver of premium will begin on the next premium due date following the 60 consecutive days of disability. This benefit will continue for as long as you remain disabled until the earliest of either of the following: the date you are no longer disabled; the date coverage ends according to the termination provisions in the certificate; or the date coverage ends according to the termination provisions in this rider. Proof of disability must be provided for each new period of disability before a new waiver of premium benefit is payable.

Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; losses or medical expenses incurred prior to the covered person's effective date of this rider regardless of when a specified disease was diagnosed; or loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as a result of a pre-existing condition. For the purpose of benefits under this rider, the waiting period will begin on the covered person's effective date of this rider.

Termination of Cancer Screening, Surgical, Patient Care & Miscellaneous Benefit Rider(s)

The above listed rider(s) will terminate and coverage will end for all covered persons on the earliest of: the end of the grace period if the premium for the rider remains unpaid; the date the policy or certificate to which the rider is attached terminates; the end of the certificate month in which APL receives a request from the policyholder to terminate the rider; or the date of your death. Coverage on an eligible dependent terminates under the rider when such person ceases to meet the definition of eligible dependent.

Internal Cancer First Occurrence Benefits

Pays a lump sum benefit amount when a covered person receives a first diagnosis of internal cancer and the date of diagnosis occurs after the waiting period. Only one benefit per covered person, per lifetime is payable under this benefit and the lump sum benefit amount will reduce by 50% at age 70.

Limitations and Exclusions

We will not pay benefits for a diagnosis of internal cancer received outside the territorial limits of the United States or a metastasis to a new site of any cancer diagnosed prior to the covered person's effective date, as this is not considered a first diagnosis of an internal cancer.

Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as the result of a pre-existing condition.

Waiting Period

This rider contains a 30-day waiting period during which no benefits will be paid. If any internal cancer is diagnosed before the end of the waiting period immediately following the covered person's effective date of this rider, coverage will apply only to loss that is incurred after one year from the covered person's effective date of this rider.

Termination

This rider will terminate and coverage will end for all covered persons on the earliest of any of the following: the end of the grace period if the premium for this rider remains unpaid; the date the policy or certificate to which this rider is attached terminates; the end of the certificate month in which we receive a request from the policyholder to terminate this rider; the date of covered person's death or the date the lump sum benefit amount for internal cancer has been paid for all covered persons under this rider. Coverage on an eligible dependent terminates under this rider when such person ceases to meet the definition of eligible dependent.

Heart Attack/Stroke First Occurrence Benefits

Pays a lump sum benefit amount when a covered person receives a first diagnosis of heart attack or stroke and the date of diagnosis occurs after the waiting period. Only one benefit per covered person per lifetime is payable under this benefit and the lump sum benefit amount will reduce by 50% at age 70.

Limitations and Exclusions

We will not pay benefits for any loss caused by or resulting from any of the following: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; alcoholism or drug addiction; any act of war, declared or undeclared, or any act related to war, or active service in the armed forces, or military service for any country at war [(if coverage is suspended for any covered person during a period of military service, we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of the policyholder's written request)]; participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions; or participation in, or attempting to participate in, a felony, riot or insurrection (a felony is defined by the law of the jurisdiction in which the activity takes place).

Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as the result of a Pre-Existing Condition.

Waiting Period

This rider contains a 30-day waiting period during which no benefits will be paid. If any heart attack or stroke is diagnosed before the end of the waiting period immediately following the covered person's effective date of this rider, coverage will apply only to loss that is incurred after one year from the covered person's effective date.

Termination

This rider will terminate and coverage will end for all covered persons on the earliest of any of the following: the end of the grace period if the premium for this rider remains unpaid; the date the policy or certificate to which this rider is attached terminates; the end of the certificate month in which we receive a request from the policyholder to terminate this rider; the date of a covered person's death or the date the lump sum benefit amount for heart attack or stroke has been paid for all covered persons under this rider. Coverage on an eligible dependent terminates under this rider when such person ceases to meet the definition of eligible dependent, as defined in the policy.

Optionally Renewable

This policy/riders are optionally renewable. The policyholder or we have the right to terminate the policy/riders on any premium due date after the first anniversary following the policy/riders effective date. We must give at least 60 days written notice to the policyholder prior to cancellation.

Portability (Voluntary Plans Only)

When you no longer meet the definition of Insured, you will have the option to continue this coverage, including any attached riders. No Evidence of Insurability will be required. Portability must meet all of the following conditions: the certificate has been continuously in force for the last 12 months; we receive a request and payment of the first premium for the portability coverage no later than 30 days after the date you no longer qualify as an eligible insured; and the policy, under which this certificate was issued, continues to be in force on the date you cease to qualify for coverage. All future premiums due will be billed directly to you. You are responsible for payment of all premiums for the portability coverage.

The benefits, terms and condition of the portability coverage will be the same as those elected under the certificate immediately prior to the date you exercised portability. Portability coverage may include any eligible dependents who were covered under the certificate at the time you ceased to qualify as an eligible insured. No new eligible dependents may be added to the portability coverage except as provided in the New Born and Adopted Children provision. No increases in coverage will be allowed while you are exercising your rights under this rider. The premium for the portability coverage will be based on the premium tables used for such coverage at the time of the portability request.

Coverage under this rider will terminate in accordance with the provisions of the Termination of Coverage in the certificate. If the policy is no longer in force, then portability coverage is not available.



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ampublic.com | 800.256.8606

Underwritten by American Public Life Insurance Company. This is a brief description of the coverage. For detailed benefits, limitations, exclusions and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. | Policy Form GC14 Series | TX | Limited Benefit Group Specified Disease Cancer Indemnity Insurance | (10/16)

THE HARTFORD

CRITICAL ILLNESS

ABOUT THIS BENEFIT:

Critical illness insurance is a policy that provides a lump-sum benefit when you are diagnosed with a covered critical illness like a heart-attack, stroke, and other serious conditions – even cancer if it's included in your policy.

This money can be used for anything from minimizing out of pocket costs to other expenses like your mortgage, groceries, or what your medical plan doesn't cover.

[LEARN MORE](#)



Critical Illness Insurance Benefit Highlights

For Employees of: Bay City ISD

What is critical illness insurance?	<p>Critical illness insurance is coverage offered by your employer which you pay for through convenient deductions from your paycheck. It can assist you financially if you or a covered dependent are ever diagnosed with a covered critical illness (shown below).</p> <p>The benefits are paid in lump sum amounts and can serve as a source of cash to use as you wish, whether to help pay for health care expenses not covered by your major medical insurance, help replace income lost while not working, or however you choose.</p> <p>This highlight sheet is an overview of your critical illness insurance. A certificate of insurance will be available after you enroll to explain your coverage in detail.</p>
Who is eligible?	<p>You are eligible if you are an active employee who works at least 20 hours per week on a regularly scheduled basis, and are less than age 80.</p> <p>Your spouse (includes domestic partner) must also be less than age 80 to be eligible for coverage, and your dependent child(ren) must be under age 26 to be eligible.</p>
When can I enroll?	<p>You can enroll during your scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of your eligibility waiting period established by your employer.</p>
How much coverage can I purchase?	<p>You may enroll for \$5,000 \$10,000, \$20,000, or \$30,000 in coverage.</p> <p>You may also enroll your dependent(s) for the following amounts of coverage:</p> <ul style="list-style-type: none"> • Spouse: the greater of \$5,000 or 50% of your elected coverage amount • Child(ren): \$5,000
Am I guaranteed coverage?	<p>During designated enrollment periods, this coverage is offered without having to provide information about your health for coverage amounts up to \$30,000. This is called “guaranteed issue (GI)” coverage – all you have to do is check the box to enroll and become insured. All amounts of dependent coverage are guaranteed issue.</p>
I already have medical and disability insurance. Why do I need this too?	<p>Costs associated with critical illness can pile up even with other types of insurance. Once treatment for an illness begins, deductibles and cost sharing (co-pays and/or coinsurance), and limitations on benefits found in some medical insurance plans may quickly lead to high out-of-pocket costs. In addition, disability insurance will only replace a portion of your income, not all of it. Critical illness insurance benefits can help cover what other insurance products don’t.</p>

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Bay City ISD Critical Illness BHS_Creation Date: 5/11/18 (Version 6/15)

Page 1 of 3

How many times will the policy pay?	<p>This insurance will pay a benefit multiple times, in the unfortunate event you or a dependent are diagnosed with more than one covered illness. The total amount of benefits payable for covered illnesses for each covered person under the policy is subject to a maximum, as follows:</p> <ul style="list-style-type: none"> • You – 500% of the coverage amount • Spouse – 500% of the coverage amount • Child(ren) – 300% of the coverage amount <p>If the benefits paid for a dependent reach the coverage maximum, coverage for the dependent will end. If the benefits paid for you reach the coverage maximum, coverage for you and your dependent(s) will end.</p>																		
What illnesses are covered?	<p>This insurance will pay a lump sum benefit if you or a dependent are diagnosed with any of the following covered illnesses while insurance is in effect, subject to any pre-existing condition limitation.</p> <table> <tr> <th>Covered Illness</th><th>Benefit</th></tr> <tr> <td colspan="2">Cancer Conditions</td></tr> <tr> <td>Invasive Cancer; Benign Brain Tumor</td><td>100% of coverage amount</td></tr> <tr> <td>Non-Invasive Cancer</td><td>25% of coverage amount</td></tr> <tr> <td colspan="2">Vascular Conditions</td></tr> <tr> <td>Heart Attack; Heart Transplant; Stroke</td><td>100% of coverage amount</td></tr> <tr> <td>Coronary Artery Bypass Graft; Angioplasty/Stent; Aneurysm</td><td>25% of coverage amount</td></tr> <tr> <td colspan="2">Other Specified Conditions</td></tr> <tr> <td>Major Organ Transplant; End Stage Renal Failure; Coma; Paralysis; Loss of Vision; Loss of Hearing; Loss of Speech</td><td>100% of coverage amount</td></tr> </table>	Covered Illness	Benefit	Cancer Conditions		Invasive Cancer; Benign Brain Tumor	100% of coverage amount	Non-Invasive Cancer	25% of coverage amount	Vascular Conditions		Heart Attack; Heart Transplant; Stroke	100% of coverage amount	Coronary Artery Bypass Graft; Angioplasty/Stent; Aneurysm	25% of coverage amount	Other Specified Conditions		Major Organ Transplant; End Stage Renal Failure; Coma; Paralysis; Loss of Vision; Loss of Hearing; Loss of Speech	100% of coverage amount
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Other Specified Conditions																			
Major Organ Transplant; End Stage Renal Failure; Coma; Paralysis; Loss of Vision; Loss of Hearing; Loss of Speech	100% of coverage amount																		
Are any other benefits available?	<p>The following benefits are also included with this insurance:</p> <ul style="list-style-type: none"> • Expanded Cancer Benefits – Offers a benefit if a second opinion is sought for a cancer diagnosis, and a benefit for a prosthesis/wig • Recurrence Benefit – Pays a benefit for a subsequent diagnosis of a covered illness for which a benefit has already been paid under the policy 																		
Can I keep this insurance if I leave my employer?	<p>Yes, you can take this coverage with you. If you leave your employer, you may continue coverage for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.</p>																		

Important Details

Benefit Separation Periods. If a covered person is diagnosed with a covered illness, and is subsequently diagnosed with another covered illness, the following separation periods apply between benefit payments. If the subsequent diagnosis is for:

- A different, non-related covered illness than the first diagnosis (e.g. a cancer illness then a vascular illness), then no separation period applies
- A covered illness that is related to the first (e.g. two vascular illnesses, like heart attack and stroke), then a 30 day separation period applies
- The same covered illness as the first (e.g. two heart attacks), a benefit for the subsequent illness is not available

Pre-Existing Condition Limitation. We will not pay a benefit or any increase in benefits for any critical illness for a pre-existing condition, unless at the time of a positive diagnosis a covered person has been continuously insured under the policy for 12 months. Pre-existing condition, as used in this limitation, means any critical illness for which medical care is received within the 12 month period prior to the effective date of insurance for a covered person, or within the 12 month period prior to the effective date of any increase in coverage for a covered person.

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

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

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group. Please refer to the certificate for a full listing of exclusions.

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

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

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

Notices

THIS IS A LIMITED BENEFIT POLICY

This limited health benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

This benefit highlights sheet is an overview of the insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the benefit highlights sheet and the insurance policy, the terms of the insurance policy apply.



Bay City ISD Critical Illness & Accident Rate Chart

Critical Illness Insurance (includes domestic partner)

Your cost may change when you move into a new age category.

Attained Age Uni-Tobacco Monthly Premium Rates for \$5,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18-24	\$2.14	\$4.25	\$4.72	\$7.26
25-29	\$2.50	\$4.95	\$4.90	\$7.75
30-34	\$2.75	\$5.44	\$4.83	\$7.87
35-39	\$3.36	\$6.65	\$5.25	\$8.86
40-44	\$4.54	\$9.05	\$6.27	\$11.07
45-49	\$6.70	\$13.55	\$8.39	\$15.53
50-54	\$9.04	\$18.47	\$10.69	\$20.40
55-59	\$12.05	\$24.83	\$13.70	\$26.74
60-64	\$16.61	\$34.38	\$18.23	\$36.28
65-69	\$22.50	\$46.44	\$24.12	\$48.33
70-74	\$29.56	\$61.06	\$31.19	\$62.95
75-79	\$38.36	\$78.98	\$39.98	\$80.88

Attained Age Uni-Tobacco Monthly Premium Rates for \$10,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18-24	\$3.35	\$5.46	\$5.93	\$8.47
25-29	\$4.00	\$6.45	\$6.40	\$9.25
30-34	\$4.45	\$7.14	\$6.53	\$9.57
35-39	\$5.64	\$8.92	\$7.53	\$11.13
40-44	\$7.91	\$12.42	\$9.64	\$14.44
45-49	\$12.14	\$18.99	\$13.83	\$20.97
50-54	\$16.78	\$26.21	\$18.43	\$28.14
55-59	\$22.76	\$35.54	\$24.41	\$37.45
60-64	\$31.82	\$49.60	\$33.45	\$51.49
65-69	\$43.55	\$67.50	\$45.18	\$69.39
70-74	\$57.67	\$89.16	\$59.29	\$91.06
75-79	\$75.28	\$115.90	\$76.90	\$117.79

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Bay City ISD Critical Illness & Accident Rate Chart

Attained Age Uni-Tobacco Monthly Premium Rates for \$20,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18-24	\$5.77	\$9.11	\$8.35	\$12.11
25-29	\$7.00	\$10.93	\$9.39	\$13.73
30-34	\$7.85	\$12.23	\$9.93	\$14.66
35-39	\$10.19	\$15.74	\$12.09	\$17.95
40-44	\$14.65	\$22.56	\$16.39	\$24.58
45-49	\$23.01	\$35.49	\$24.71	\$37.47
50-54	\$32.26	\$49.85	\$33.92	\$51.78
55-59	\$44.18	\$68.41	\$45.82	\$70.33
60-64	\$62.25	\$96.43	\$63.87	\$98.33
65-69	\$85.67	\$132.15	\$87.29	\$134.04
70-74	\$113.88	\$175.43	\$115.50	\$177.32
75-79	\$149.11	\$228.94	\$150.74	\$230.83

Attained Age Uni-Tobacco Monthly Premium Rates for \$30,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18-24	\$8.19	\$12.75	\$10.77	\$15.76
25-29	\$9.99	\$15.42	\$12.39	\$18.22
30-34	\$11.25	\$17.32	\$13.33	\$19.74
35-39	\$14.75	\$22.56	\$16.64	\$24.77
40-44	\$21.40	\$32.69	\$23.13	\$34.71
45-49	\$33.89	\$52.00	\$35.59	\$53.97
50-54	\$47.75	\$73.49	\$49.40	\$75.41
55-59	\$65.60	\$101.29	\$67.24	\$103.20
60-64	\$92.68	\$143.27	\$94.30	\$145.16
65-69	\$127.78	\$196.79	\$129.41	\$198.69
70-74	\$170.09	\$261.69	\$171.71	\$263.59
75-79	\$222.95	\$341.98	\$224.57	\$343.87

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Bay City ISD Critical Illness & Accident Rate Chart

Accident Insurance (includes domestic partner)

Rate Information:				
PLAN TYPE	Employee	Employee & Spouse	Employee & Child(ren)	Family
MONTHLY RATES – PLAN 1	\$5.19	\$8.15	\$8.41	\$13.33
MONTHLY RATES – PLAN 3	\$12.93	\$20.30	\$21.36	\$33.64
INITIAL RATE GUARANTEE PERIOD	3 Years			

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AMERITAS

DENTAL INSURANCE

ABOUT THIS BENEFIT:

The first thing that someone notices about you is your smile. If you're not doing everything you can to protect the appearance and health of your teeth, Dental Insurance may be in your best interest.

This benefit helps cover the cost of regular checkups and teeth cleanings, basic procedures, major procedures and depending on your plan may also include a benefit for orthodontia.

Already proud of your smile? It's still recommended you go to the dentist for regular checkups no matter how perfect your teeth are. Dentists can help spot the likes of heart disease, diabetes and oral cancer before it gets too serious.

[LEARN MORE](#)

LOW PLAN - Dental Summary

Effective Date: 9/1/2022

Plan Benefit	
Type 1	MCE
Type 2	MCE
Type 3	MCE
Deductible	\$10/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum \$500 per calendar year
Maximum (per person)	
Preventive PlusSM	Included
Allowance	MCE
Waiting Period	None
Annual Open Enrollment	Included

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (1 in 6 months) • Fluoride for Children 13 and under (1 in 12 months) • Sealants (age 15 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

Monthly Rates

Employee Only (EE)	\$11.84
EE + 1 Dependent	\$23.08
EE + 2 or more Dependents	\$41.12

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **Bay City ISD**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Preventive PlusSM

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553. **Your provider network is Ameritas Classic and Plus Network.**

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

TEXAS FREEDOM 1 - MAC PLAN: Dental Summary

Effective Date: 9/1/2022

Plan Benefit	
Type 1	100%
Type 2	100%
Type 3	60%
Deductible	\$50/Calendar Year Type 2 & 3
	Waived Type 1
	No Family Maximum
Maximum (per person)	\$1,250 per calendar year
Allowance	Discounted Fee
Dental Rewards®	Included
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Ameritas RewardsSM Lifetime (per person)	\$100
	New Treatment Plan and Services Only
Waiting Period	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (1 in 6 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (1 in 6 months) Fluoride (1 in 12 months) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites (anterior and posterior teeth) Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia Pre-Diagnostic Test (age 35 and over) (1 in 2 years) 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

Ameritas RewardsSM

Ameritas Rewards is an enhanced product that offers an increased maximum for hearing, LASIK, orthodontia and vision as well as dental. It allows members to utilize unused dental maximum carryover amounts from previous years towards dental benefits or other lines of coverage included in a plan. Employees and their covered dependents may accumulate dental rewards with an unlimited maximum carryover amount. These rewards can be used to increase the maximum for the other lines of coverage which can then be used for certain covered services or materials subject to applicable deductible, coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. A member is eligible to earn rewards again the next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Ameritas Rewards amount is added to the following year's maximum
Maximum Carryover	Unlimited	Maximum possible accumulation for Dental Rewards

Monthly Rates

Employee Only (EE)	\$33.92
EE + 1 Dependent	\$62.58
EE + 2 or more Dependents	\$102.75

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **Bay City ISD**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

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Dental Network Information

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Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal. Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

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TEXAS FREEDOM 2 - 90TH UCR PLAN: Dental Summary

Effective Date: 9/1/2022

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum
Maximum (per person)	\$1,250 per calendar year
Allowance	90th U&C
Dental Rewards®	Included
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Ameritas RewardsSM Lifetime (per person)	\$100
Waiting Period	New Treatment Plan and Services Only None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (1 in 6 months) • Fluoride (1 in 12 months) • Sealants (age 15 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia • Pre-Diagnostic Test (age 35 and over) (1 in 2 years) 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

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Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
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THE HARTFORD

EDUCATOR DISABILITY

ABOUT THIS BENEFIT:

Could you imagine going months without a source of income? If you're like 69% of Americans who don't have as much as \$1,000 set aside in their savings account, you could run out of funds quickly³. Enrolling in Educator LTD helps you protect your paycheck if you were to suffer an injury or illness that left you unable to work.

[LEARN MORE](#)

Designed with school employees like you in mind, Educator LTD ensures you get the coverage you need when it matters most. These plans can let you choose the amount of money you'll receive every month, when your benefits begin and how long you'll receive the cash benefit.

Whether you're the primary source of income for your household or your income is supplemental, Educator LTD can help protect your paycheck.

³GoBanking

LONG TERM DISABILITY



Benefit Highlights for:

Bay City Independent School District

What is Long-Term Disability Insurance?	<p>Long-Term Disability Insurance pays you a portion of your earnings if you cannot work because of a disabling illness or injury. You have the opportunity to purchase Long-Term Disability Insurance through your employer.</p> <p>This highlight sheet is an overview of your Long-Term Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p>
Why do I need Long-Term Disability Coverage?	<p>Most accidents and injuries that keep people off the job happen outside the workplace and therefore are not covered by worker's compensation. When you consider that nearly three in 10 workers entering the workforce today will become disabled before retiring¹, it's protection you won't want to be without.</p> <p>¹ Social Security Administration, Fact Sheet 2009.</p>
What is disability?	<p>Disability is defined in The Hartford's* contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings.</p> <p>Once you have been disabled for 24 months, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are 66 2/3% or less of your pre-disability earnings.</p>
Am I eligible?	<p>You are eligible if you are an active employee who works at least 20 hours per week on a regularly scheduled basis.</p>
How much coverage would I have?	<p>You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$8,000 that cannot exceed 66 2/3% of your current monthly earnings. Your plan includes a minimum benefit the lessor of 25% gross benefit or \$100.</p> <p>Earnings are defined in The Hartford's contract with your employer.</p>
When can I enroll?	<p>If you choose not to elect coverage during your annual enrollment period, you will not be eligible to elect coverage until the next annual enrollment period without a qualifying change in family status.</p>
When is it effective?	<p>Coverage goes into effect subject to the terms and conditions of the policy. You must satisfy the definition of Actively at Work with your employer on the day your coverage takes effect.</p>
What is does "Actively at Work" mean?	<p>You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.</p>

How long do I have to wait before I can receive my benefit?	<p>You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a Long-Term Disability benefit payment.</p> <p>For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of disability.</p>																		
What is an elimination period?	<p>The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.</p>																		
I already have Disability coverage; do I have to do anything?	<p>If you are not changing the amount of your coverage or your elimination period option, you do not have to do anything. If you want to purchase Long-Term Disability insurance for the first time or change your coverage, please be sure to complete the online enrollment, which indicates your election.</p>																		
What other benefits are included in my disability coverage?	<ul style="list-style-type: none"> • Workplace Modification provides for reasonable modifications made to a workplace to accommodate your disability and allow you to return to active full-time employment. • Survivor Benefit - If you die while receiving disability benefits, a benefit will be paid to your spouse, or in equal shares to your surviving children under the age of 25, equal to three times the last monthly gross benefit. • The Hartford's Ability Assist service is included as a part of your group Long Term Disability (LTD) insurance program. You have access to Ability Assist services both prior to a disability and after you've been approved for an LTD claim and are receiving LTD benefits. Once you are covered you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more. In addition, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial and legal issues that may result from a disability. Ability Assist services are provided through ComPsych®, a leading provider of employee assistance and work/life services. • Travel Assistance Program – Available 24/7, this program provides assistance to employees and their dependents who travel 100 miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services. • Identity Theft Protection – An array of identity fraud support services to help victims restore their identity. Benefits include 24/7 access to an 800 number; direct contact with a certified caseworker who follows the case until it's resolved; and a personalized fraud resolution kit with instructions and resources for ID theft victims. 																		
How long will my disability payments continue? Can the duration of my benefit be reduced?	<p>Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the schedule selected and the age at which disability occurs, the maximum duration may vary. Please see the applicable schedules below based on your election of either the Premium benefit option.</p>																		
How long will my disability benefits continue if I elect the Premium benefit option?	<p>For the Premium benefit option – the table below applies to disabilities resulting from sickness or injury:</p> <table border="1"> <thead> <tr> <th>Age Disabled</th><th>Benefits Payable</th></tr> </thead> <tbody> <tr> <td>Prior to Age 63</td><td>To Normal Retirement Age or 48 months if greater</td></tr> <tr> <td>Age 63</td><td>To Normal Retirement Age or 42 months if greater</td></tr> <tr> <td>Age 64</td><td>36 months</td></tr> <tr> <td>Age 65</td><td>30 months</td></tr> <tr> <td>Age 66</td><td>27 months</td></tr> <tr> <td>Age 67</td><td>24 months</td></tr> <tr> <td>Age 68</td><td>21 months</td></tr> <tr> <td>Age 69 and older</td><td>18 months</td></tr> </tbody> </table>	Age Disabled	Benefits Payable	Prior to Age 63	To Normal Retirement Age or 48 months if greater	Age 63	To Normal Retirement Age or 42 months if greater	Age 64	36 months	Age 65	30 months	Age 66	27 months	Age 67	24 months	Age 68	21 months	Age 69 and older	18 months
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Important Details

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

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

Mental Illness, Alcoholism and Substance Abuse:

- You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime.
- Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 month lifetime limit.

Pre-existing Conditions: Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, no benefits will be payable, unless: You have been insured under this policy for 12 months before your disability begins.

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

- Social Security Disability Insurance (please see next section for exceptions)
- Workers' Compensation
- Other employer-based Insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan.)

Your benefit payments **will not be reduced** by certain kinds of other income, such as:

- Retirement benefits if you were already receiving them before you became disabled
- The portion of your Long -Term Disability payment that you place in an IRS-approved account to fund your future retirement.
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

This Benefit Highlights Sheet is an overview of the Long-Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between the Benefit Highlights Sheet and the Insurance policy, the terms of the Insurance policy apply.

Underwritten by:
Hartford Life and Accident Insurance Company
200 Hopmeadow Street
Simsbury, CT 06089

Bay City Independent School District

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

Annual Earnings	Monthly Earnings	Monthly Benefit	Accident / Sickness Elimination Period in Days					
			0 / 7	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
\$3,600	\$300	\$200	\$6.56	\$6.28	\$5.24	\$3.76	\$2.84	\$2.18
\$5,400	\$450	\$300	\$9.84	\$9.42	\$7.86	\$5.64	\$4.26	\$3.27
\$7,200	\$600	\$400	\$13.12	\$12.56	\$10.48	\$7.52	\$5.68	\$4.36
\$9,000	\$750	\$500	\$16.40	\$15.70	\$13.10	\$9.40	\$7.10	\$5.45
\$10,800	\$900	\$600	\$19.68	\$18.84	\$15.72	\$11.28	\$8.52	\$6.54
\$12,600	\$1,050	\$700	\$22.96	\$21.98	\$18.34	\$13.16	\$9.94	\$7.63
\$14,400	\$1,200	\$800	\$26.24	\$25.12	\$20.96	\$15.04	\$11.36	\$8.72
\$16,200	\$1,350	\$900	\$29.52	\$28.26	\$23.58	\$16.92	\$12.78	\$9.81
\$18,000	\$1,500	\$1,000	\$32.80	\$31.40	\$26.20	\$18.80	\$14.20	\$10.90
\$19,800	\$1,650	\$1,100	\$36.08	\$34.54	\$28.82	\$20.68	\$15.62	\$11.99
\$21,600	\$1,800	\$1,200	\$39.36	\$37.68	\$31.44	\$22.56	\$17.04	\$13.08
\$23,400	\$1,950	\$1,300	\$42.64	\$40.82	\$34.06	\$24.44	\$18.46	\$14.17
\$25,200	\$2,100	\$1,400	\$45.92	\$43.96	\$36.68	\$26.32	\$19.88	\$15.26
\$27,000	\$2,250	\$1,500	\$49.20	\$47.10	\$39.30	\$28.20	\$21.30	\$16.35
\$28,800	\$2,400	\$1,600	\$52.48	\$50.24	\$41.92	\$30.08	\$22.72	\$17.44
\$30,600	\$2,550	\$1,700	\$55.76	\$53.38	\$44.54	\$31.96	\$24.14	\$18.53
\$32,400	\$2,700	\$1,800	\$59.04	\$56.52	\$47.16	\$33.84	\$25.56	\$19.62
\$34,200	\$2,850	\$1,900	\$62.32	\$59.66	\$49.78	\$35.72	\$26.98	\$20.71
\$36,000	\$3,000	\$2,000	\$65.60	\$62.80	\$52.40	\$37.60	\$28.40	\$21.80
\$37,800	\$3,150	\$2,100	\$68.88	\$65.94	\$55.02	\$39.48	\$29.82	\$22.89
\$39,600	\$3,300	\$2,200	\$72.16	\$69.08	\$57.64	\$41.36	\$31.24	\$23.98
\$41,400	\$3,450	\$2,300	\$75.44	\$72.22	\$60.26	\$43.24	\$32.66	\$25.07
\$43,200	\$3,600	\$2,400	\$78.72	\$75.36	\$62.88	\$45.12	\$34.08	\$26.16
\$45,000	\$3,750	\$2,500	\$82.00	\$78.50	\$65.50	\$47.00	\$35.50	\$27.25
\$46,800	\$3,900	\$2,600	\$85.28	\$81.64	\$68.12	\$48.88	\$36.92	\$28.34
\$48,600	\$4,050	\$2,700	\$88.56	\$84.78	\$70.74	\$50.76	\$38.34	\$29.43
\$50,400	\$4,200	\$2,800	\$91.84	\$87.92	\$73.36	\$52.64	\$39.76	\$30.52
\$52,200	\$4,350	\$2,900	\$95.12	\$91.06	\$75.98	\$54.52	\$41.18	\$31.61
\$54,000	\$4,500	\$3,000	\$98.40	\$94.20	\$78.60	\$56.40	\$42.60	\$32.70
\$55,800	\$4,650	\$3,100	\$101.68	\$97.34	\$81.22	\$58.28	\$44.02	\$33.79
\$57,600	\$4,800	\$3,200	\$104.96	\$100.48	\$83.84	\$60.16	\$45.44	\$34.88
\$59,400	\$4,950	\$3,300	\$108.24	\$103.62	\$86.46	\$62.04	\$46.86	\$35.97
\$61,200	\$5,100	\$3,400	\$111.52	\$106.76	\$89.08	\$63.92	\$48.28	\$37.06
\$63,000	\$5,250	\$3,500	\$114.80	\$109.90	\$91.70	\$65.80	\$49.70	\$38.15
\$64,800	\$5,400	\$3,600	\$118.08	\$113.04	\$94.32	\$67.68	\$51.12	\$39.24
\$66,600	\$5,550	\$3,700	\$121.36	\$116.18	\$96.94	\$69.56	\$52.54	\$40.33
\$68,400	\$5,700	\$3,800	\$124.64	\$119.32	\$99.56	\$71.44	\$53.96	\$41.42
\$70,200	\$5,850	\$3,900	\$127.92	\$122.46	\$102.18	\$73.32	\$55.38	\$42.51
\$72,000	\$6,000	\$4,000	\$131.20	\$125.60	\$104.80	\$75.20	\$56.80	\$43.60
\$73,800	\$6,150	\$4,100	\$134.48	\$128.74	\$107.42	\$77.08	\$58.22	\$44.69
\$75,600	\$6,300	\$4,200	\$137.76	\$131.88	\$110.04	\$78.96	\$59.64	\$45.78
\$77,400	\$6,450	\$4,300	\$141.04	\$135.02	\$112.66	\$80.84	\$61.06	\$46.87
\$79,200	\$6,600	\$4,400	\$144.32	\$138.16	\$115.28	\$82.72	\$62.48	\$47.96
\$81,000	\$6,750	\$4,500	\$147.60	\$141.30	\$117.90	\$84.60	\$63.90	\$49.05
\$82,800	\$6,900	\$4,600	\$150.88	\$144.44	\$120.52	\$86.48	\$65.32	\$50.14
\$84,600	\$7,050	\$4,700	\$154.16	\$147.58	\$123.14	\$88.36	\$66.74	\$51.23
\$86,400	\$7,200	\$4,800	\$157.44	\$150.72	\$125.76	\$90.24	\$68.16	\$52.32
\$88,200	\$7,350	\$4,900	\$160.72	\$153.86	\$128.38	\$92.12	\$69.58	\$53.41
\$90,000	\$7,500	\$5,000	\$164.00	\$157.00	\$131.00	\$94.00	\$71.00	\$54.50
\$91,800	\$7,650	\$5,100	\$167.28	\$160.14	\$133.62	\$95.88	\$72.42	\$55.59
\$93,600	\$7,800	\$5,200	\$170.56	\$163.28	\$136.24	\$97.76	\$73.84	\$56.68
\$95,400	\$7,950	\$5,300	\$173.84	\$166.42	\$138.86	\$99.64	\$75.26	\$57.77
\$97,200	\$8,100	\$5,400	\$177.12	\$169.56	\$141.48	\$101.52	\$76.68	\$58.86
\$99,000	\$8,250	\$5,500	\$180.40	\$172.70	\$144.10	\$103.40	\$78.10	\$59.95
\$100,800	\$8,400	\$5,600	\$183.68	\$175.84	\$146.72	\$105.28	\$79.52	\$61.04
\$102,600	\$8,550	\$5,700	\$186.96	\$178.98	\$149.34	\$107.16	\$80.94	\$62.13
\$104,400	\$8,700	\$5,800	\$190.24	\$182.12	\$151.96	\$109.04	\$82.36	\$63.22
\$106,200	\$8,850	\$5,900	\$193.52	\$185.26	\$154.58	\$110.92	\$83.78	\$64.31
\$108,000	\$9,000	\$6,000	\$196.80	\$188.40	\$157.20	\$112.80	\$85.20	\$65.40
\$109,800	\$9,150	\$6,100	\$200.08	\$191.54	\$159.82	\$114.68	\$86.62	\$66.49
\$111,600	\$9,300	\$6,200	\$203.36	\$194.68	\$162.44	\$116.56	\$88.04	\$67.58
\$113,400	\$9,450	\$6,300	\$206.64	\$197.82	\$165.06	\$118.44	\$89.46	\$68.67
\$115,200	\$9,600	\$6,400	\$209.92	\$200.96	\$167.68	\$120.32	\$90.88	\$69.76
\$117,000	\$9,750	\$6,500	\$213.20	\$204.10	\$170.30	\$122.20	\$92.30	\$70.85
\$118,800	\$9,900	\$6,600	\$216.48	\$207.24	\$172.92	\$124.08	\$93.72	\$71.94
\$120,600	\$10,050	\$6,700	\$219.76	\$210.38	\$175.54	\$125.96	\$95.14	\$73.03
\$122,400	\$10,200	\$6,800	\$223.04	\$213.52	\$178.16	\$127.84	\$96.56	\$74.12
\$124,200	\$10,350	\$6,900	\$226.32	\$216.66	\$180.78	\$129.72	\$97.98	\$75.21
\$126,000	\$10,500	\$7,000	\$229.60	\$219.80	\$183.40	\$131.60	\$99.40	\$76.30
\$127,800	\$10,650	\$7,100	\$232.88	\$222.94	\$186.02	\$133.48	\$100.82	\$77.39
\$129,600	\$10,800	\$7,200	\$236.16	\$226.08	\$188.64	\$135.36	\$102.24	\$78.48
\$131,400	\$10,950	\$7,300	\$239.44	\$229.22	\$191.26	\$137.24	\$103.66	\$79.57
\$133,200	\$11,100	\$7,400	\$242.72	\$232.36	\$193.88	\$139.12	\$105.08	\$80.66
\$135,000	\$11,250	\$7,500	\$246.00	\$235.50	\$196.50	\$141.00	\$106.50	\$81.75
\$136,800	\$11,400	\$7,600	\$249.28	\$238.64	\$199.12	\$142.88	\$107.92	\$82.84
\$138,600	\$11,550	\$7,700	\$252.56	\$241.78	\$201.74	\$144.76	\$109.34	\$83.93
\$140,400	\$11,700	\$7,800	\$255.84	\$244.92	\$204.36	\$146.64	\$110.76	\$85.02
\$142,200	\$11,850	\$7,900	\$259.12	\$248.06	\$206.98	\$148.52	\$112.18	\$86.11
\$144,000	\$12,000	\$8,000	\$262.40	\$251.20	\$209.60	\$150.40	\$113.60	\$87.20

MASA

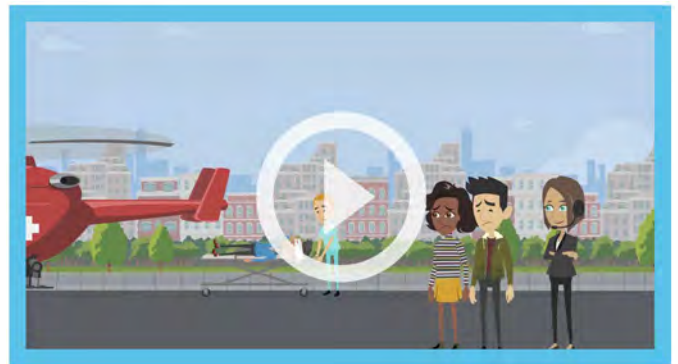
EMERGENCY TRANSPORTATION

ABOUT THIS BENEFIT:

Emergency transport insurance helps pay toward (or completely covers) the cost of ambulance and helicopter rides to the closest medical facility.

Coverage extends to your spouse and children, giving them peace of mind when the unexpected happens.

Protect your savings from that massive bill with this affordable benefit.

[LEARN MORE](#)

Enroll in the Emergent Plus plan today and protect you and your family against the financial burden of massive out-of-pocket ambulance costs, all at an **affordable group rate.**



EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members \$0 in out-of-pocket costs for emergency transport.

Emergent Air Transportation

In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

Emergent Ground Transportation

In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

Non-Emergency Inter-Facility Transportation

In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

Repatriation/Recuperation

Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

DID YOU KNOW?

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance **every year.**

Insurance companies **may not** cover all air and ground ambulance expenses which can result in excessive bills.



\$5,000



\$60,000

\$14 /MONTH

Contact Your MASA MTS Representative, **Charles Allison** to learn more about membership plan options.

@ callison@calton.com

☎ 979-244-3218

NATIONAL BENEFIT SERVICES

FLEXIBLE SPENDING ACCOUNT

ABOUT THIS BENEFIT:

A flexible spending account (FSA) is one of several tax-advantaged financial accounts that can be set up through a cafeteria plan adopted by your employer.

A medical FSA is the most common type of flexible spending account allows you to set aside a portion of your earnings to pay for qualified expenses, most commonly for medical costs, such as doctors, dentists, and optometrist copays.

A dependent care FSA can be used to help pay for costly dependent care services, such as daycare for your child or adult daycare for a senior citizen.

It should be noted that funds not used by the end of the plan year are lost to the employee, known as the “use it or lose it” rule.

[LEARN MORE](#)

Plan Highlights

Flexible Spending Plans

Congratulations!

Your employer has established a “flexible benefits plan” to help you pay for your out-of-pocket health and daycare expenses. One of the most important features of the plan is that the benefits being offered are paid for with a portion of your pay before federal income or social security taxes are withheld. This means that you will pay less tax and have more money to spend and save. However, if you receive a reimbursement for an expense under the plan, you cannot claim a federal income tax credit or deduction on your return.

Available Benefits:



Health flexible spending account:

The health flexible spending account (FSA) enables you to pay for expenses allowed under Section 105 and 213(d) of the Internal Revenue Code which are not covered by our insured medical plan.

The most that you can contribute to your Health FSA each plan year is set by the IRS. This amount can be adjusted for increases in cost-of-living in accordance with Code Section 125(i)(2).

Premium expense plan:

A premium expense portion of the plan allows you to use pretax dollars to pay for specific premiums under various insurance programs we offer you.



Dependent care flexible spending account:

The dependent care flexible spending account (DCFSA) enables you to pay for out-of-pocket, work-related dependent daycare costs. Please see the Summary Plan Description for the definition of an eligible dependent. The law places limits on the amount of money that can be paid to you in a calendar year.

Generally, your reimbursement may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns); (b) your taxable compensation; (c) your spouse's actual or deemed earned income.

Also, in order to have the reimbursements made to you and be excluded from your income, you must provide a statement from the service provider including the name, address and, in most cases, the taxpayer identification number of the service provider as well as the amount of such expense and proof that the expense has been incurred.

Determining contributions

Before each plan year begins, you will select the benefits you want and how much contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the plan year.

Generally, you cannot change the elections you have made after the beginning of the plan year. However, there are certain limited situations when you can change your elections if you have a “change in status”. Please refer to your Summary Plan Description for a change in status listing.

How do I receive reimbursements?

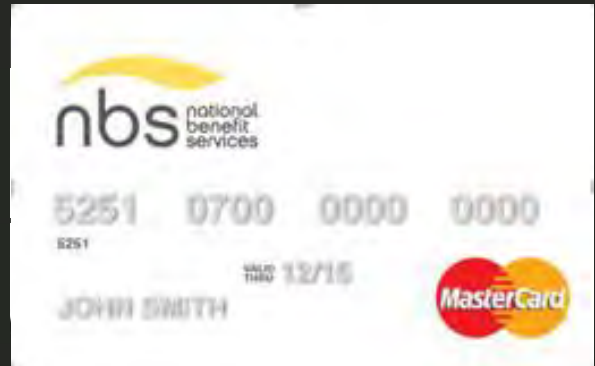
During the course of the plan year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered “incurred” when the service is performed, not necessarily when it is paid for. You can get submit a claim online at: my.nbsbenefits.com

Please note: Policies other than company sponsored policies (i.e. spouse's or dependents' individual policies) may not be paid through the flexible benefits plan. Furthermore, qualified long-term care insurance plans may not be paid through the flexible benefits plan.

NBS Benefits Card

Your employer may sponsor the use of the NBS Benefits Card, making access to your flex dollars easier than ever. You may use the card to pay merchants or service providers that accept credit cards such as hospitals and pharmacies, so there is no need to pay cash up front then wait for reimbursement.

Orthodontic expenses that are paid fully up-front at the time of initial service are reimbursable in full after the initial service has been performed and payment has been made. Ongoing orthodontia payments are reimbursable only as they are paid.



Account Information

Participants may call NBS and talk to a representative during our regular business hours, Monday-Friday, 7 a.m. to 6 p.m. Mountain Time. Participants can also obtain account information using the Automated Voice Response Unit, 24 hours a day, 7 days a week at (801) 838-7324 or toll free at (888) 353-9125. For immediate access to your account information at any time, log on to our website at my.nbsbenefits.com or download the NBS Mobile App.

What Can I Save with an FSA?



	FSA	No FSA
Annual taxable income	\$24,000	\$24,000
Health FSA	\$1,500	\$0
Dependent care FSA	\$1,500	\$0
Total pre-tax contributions	-\$3,000	\$0
Taxable income after FSA	\$21,000	\$24,000
Income taxes	-\$6,300	-\$7,200
After-tax income	\$14,700	\$16,800
After-tax health and welfare expenses	\$0	-\$3,000
Take-home pay	\$14,700	\$13,800
You saved	\$900	\$0

THE HARTFORD

HOSPITAL INDEMNITY

ABOUT THIS BENEFIT:

Hospital Indemnity insurance provides a cash benefit for every day, week or month you are hospitalized. Most policies have additional features that help with out of pocket costs related to medical care.

Benefits are paid to you directly and it works in addition to your health insurance coverage.

[LEARN MORE](#)

GROUP VOLUNTARY HOSPITAL INDEMNITY INSURANCE BENEFIT HIGHLIGHTS



Bay City Independent School District

COVERAGE INFORMATION

You have a choice of three hospital indemnity plans, which allows you the flexibility to enroll for the coverage that best meets your current financial protection needs. Benefit amounts are based on the plan in effect for you or an insured dependent at the time the covered event occurs. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		Plan 1	Plan 3
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
Covered Events		Illness and injury	Illness and injury
HSA Compatible		Yes	Yes
BENEFITS			
HOSPITAL CARE		Plan 1	Plan 3
First Day Hospital Confinement	Up to 1 day per year	\$500	\$2,000
Daily Hospital Confinement (Day 2+)	Up to 90 days per year	\$100	\$200
Pregnancy Coverage (SAAOI – Same as Any Other Illness)		SAAOI	SAAOI
Daily ICU Confinement	Up to 30 days per year	\$200	\$400
VALUE ADDED SERVICES		Plan 1	Plan 3
Ability Assist® EAP ¹ – 24/7/265 access to help for financial, legal or emotional issues		Included	Included
HealthChampion SM – Administrative & clinical support following serious illness or injury		Included	Included

PREMIUMS

The amounts shown are monthly. (Deductions actually occur on a monthly basis/12 per year)¹:

COVERAGE TIER	Plan 1	Plan 3
Employee Only	\$11.75	\$33.34
Employee & Spouse/Partner	\$22.35	\$62.91
Employee & Child(ren)	\$20.67	\$58.46
Employee & Family	\$32.75	\$95.20

ASKED & ANSWERED

WHO IS ELIGIBLE?

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

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

AM I GUARANTEED COVERAGE?

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

HOW DO I PAY FOR THIS INSURANCE?

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

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

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, if you or your dependents are enrolled for coverage prior to this date, insurance will become effective on this date. If you or your dependents are enrolled for coverage after this date, insurance will become effective in accordance with the terms of the coverage (usually the first day of the month following the date you elect coverage).

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

WHEN DOES THIS INSURANCE END?

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

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

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.

¹Rates and/or benefits may be changed.

²For Hospital Care benefits, when an insured is eligible for more than one benefit in a single day, only the highest benefit will be paid.

³HealthChampionSM and Ability Assist[®] services are provided through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

Prepare. Protect. Prevail. With The Hartford. [®]

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours. Required hours may vary by state. Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

INFOARMOR

IDENTITY THEFT PROTECTION

ABOUT THIS BENEFIT:

Identity theft claims millions of victims each year and is the fastest growing crime in the United States. Identity Theft Protection is an affordable service that can protect everything from your social security number to your social media profiles.

It actively monitors and flags any suspicious activity via identity and credit monitoring. If fraud does occur, experts will help you recover your identity and restore your credit.

[LEARN MORE](#)

PRODUCT PRICING

VOLUNTARY PAYROLL DEDUCTION

PRIVACYARMOR PLUS

- \$9.95/employee/month
- \$17.95/employee + family/month (under roof or under wallet)
- Unless employer instructs otherwise, employee may cancel at any time

PRIVACYARMOR

- \$7.95/employee/month
- \$13.95/employee + family/month (under roof or under wallet)
- Unless employer instructs otherwise, employee may cancel at any time

EMPLOYER PAID

- All employees in a designated group (entire employee population, executive level employees, etc.) are covered with an employer determined option
- Employee is covered immediately as of employer chosen effective date
- Employer may choose one of the following coverage options.
 - Employee Plan: all employees only
 - Family Plan: all employees + family members (under roof or under wallet)
 - Employee Plan (employer paid) + separate Family Buy-Up through direct bill

PRIVACYARMOR PLUS

# OF EMPLOYEES	<250	251-1,000	1,001-5,000	5,001-10,000	10,001-100,000	100,001+
PER EMPLOYEE PER MONTH	\$5.25	\$4.75	\$4.25	\$3.75	\$3.50	\$3.25
PER FAMILY PER MONTH	\$7.25	\$6.75	\$6.25	\$5.75	\$5.50	\$5.25
FAMILY BUY-UP RATE	\$11.95/MONTH					

PRIVACYARMOR

# OF EMPLOYEES	<250	251-1,000	1,001-5,000	5,001-10,000	10,001-100,000	100,001+
PER EMPLOYEE PER MONTH	\$3.25	\$2.75	\$2.25	\$1.75	\$1.50	\$1.25
PER FAMILY PER MONTH	\$5.25	\$4.75	\$4.25	\$3.75	\$3.50	\$3.25
FAMILY BUY-UP RATE	\$9.95/MONTH					

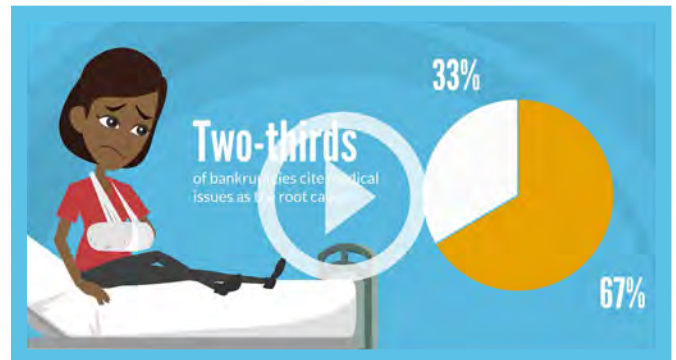
TRS ACTIVECARE

MEDICAL INSURANCE

ABOUT THIS BENEFIT:

Medical insurance, also known as health insurance, is coverage that helps you pay the high cost of medical and hospital expenses.

Depending on the coverage you choose, this insurance will help pay toward or completely cover annual physicals, doctor visits, hospitalization and emergency room visits. Many times you will be offered more than one plan to choose from, so please review the summary of benefits in detail to determine which plan is right for you.

[LEARN MORE](#)

LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

TRS-ActiveCare Plan Highlights 2022-23



From the North Texas plains to the Gulf Coast, TRS-ActiveCare is where you live and work. We have more Texas doctors than any other plan and more ways to make your health plan *yours*.



Learn the terms.

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

2022-23 TRS-ActiveCare Plan Highlights

Sept. 1, 2022 – Aug. 31, 2023



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

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none">Lowest premium of all three plansCopays for doctor visits before you meet your deductibleStatewide networkPrimary Care Provider (PCP) referrals required to see specialistsNot compatible with a Health Savings Account (HSA)No out-of-network coverage	<ul style="list-style-type: none">Lower deductible than the HD and Primary plansCopays for many services and drugsHigher premiumStatewide networkPCP referrals required to see specialistsNot compatible with a Health Savings Account (HSA)No out-of-network coverage	<ul style="list-style-type: none">Compatible with a Health Savings Account (HSA)Nationwide network with out-of-network coverageNo requirement for PCPs or referralsMust meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$417	\$	\$524	\$	\$427	\$
Employee and Spouse	\$1,176	\$	\$1,280	\$	\$1,202	\$
Employee and Children	\$750	\$	\$843	\$	\$766	\$
Employee and Family	\$1,405	\$	\$1,610	\$	\$1,437	\$

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

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

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

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 brand deductible	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

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

TRS-ActiveCare 2
<ul style="list-style-type: none">Closed to new enrolleesCurrent enrollees can choose to stay in planLower deductibleCopays for many services and drugsNationwide network with out-of-network coverageNo requirement for PCPs or referrals

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

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

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

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

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

How to Calculate Your Monthly Premium

Total Monthly Premium

— Your District and State Contributions

≡ Your Premium

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

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

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

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$417	\$417	\$0	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc® rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,176	\$1,176	\$0	
	Employee and Children	\$751	\$750	(\$1)	
	Employee and Family	\$1,405	\$1,405	\$0	
TRS-ActiveCare HD	Employee Only	\$429	\$427	(\$2)	<ul style="list-style-type: none"> In-network maximum rose by \$50/individual; \$100/families The Member Rewards program is now available for HD participants <ul style="list-style-type: none"> Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses Consult fee for Teladoc rose from \$30 to \$42
	Employee and Spouse	\$1,209	\$1,202	(\$7)	
	Employee and Children	\$772	\$766	(\$6)	
	Employee and Family	\$1,445	\$1,437	(\$8)	
TRS-ActiveCare Primary+	Employee Only	\$542	\$524	(\$18)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,334	\$1,280	(\$54)	
	Employee and Children	\$879	\$843	(\$36)	
	Employee and Family	\$1,675	\$1,610	(\$65)	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply This plan is still closed to new enrollees
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2022

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

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

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

www.trs.texas.gov

WWW.MYBENEFITSHUB/BAYCITYISD

VISION INSURANCE

ABOUT THIS BENEFIT:

The value of vision insurance goes beyond saving money on new glasses and contact lenses every year. Most plans provide coverage that pays for annual eye exams and a portion of the cost for frames and lenses.

Eye exams are also effective in detecting medical conditions like diabetes, thyroid disease, and cancer. If you are considering buying vision insurance, just ask yourself one question: *"How much do I value my vision?"*



[LEARN MORE](#)

Vision Care Plan for Bay City ISD

Benefits through Superior National network



Frequency

Exam	12 months
Frame	24 months
Contact lens fitting	12 months
Eyeglass lenses	12 months
Contact Lenses	12 months

(based on date of service)

Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.



Exams

Eye exam copay:

\$10

Contact lens fitting²
(standard and specialty):

\$25

Specialty In-network allowance:

\$50



Frames

In-network allowance:

\$150



Materials¹

Materials copay:

\$25



Contacts⁴ in lieu of glasses

In-network allowance:

\$150

Monthly Premiums

Employee only:	\$7.19
Employee + spouse:	\$14.39
Employee + children:	\$16.51
Employee + family	\$25.45

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$26
Bifocal	Covered-in-full	Up to \$34
Trifocal	Covered-in-full	Up to \$50
Progressives	See description ³	Up to \$50
Lenticular	Covered-in-full	Up to \$80

Shop with convenience while using your benefits
through these in-network online retailers.

Lens Add-On Discounts ⁵	Your Cost
Anti-scratch coating	Covered-in-full
Ultraviolet coating	Covered-in-full
Tints - solid / gradient	\$15 / \$18
Polycarbonate lenses	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (standard / premium / ultra / ultimate)	\$55 / \$110 / \$150 / \$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80 / \$120

Overage Discounts ⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

Non-Covered Services Discounts ⁵	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$42
Eye exam (OD)	Up to \$37
Frame	Up to \$52
Contact lens fitting (standard / specialty) ²	Not covered
Contact lenses	Up to \$100



LASIK Discounts⁵

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit superiorvision.com or contact your benefits coordinator.



Hearing Aid Discounts⁵

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit superiorvision.com or contact your benefits coordinator.



Free Mobile App

With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.

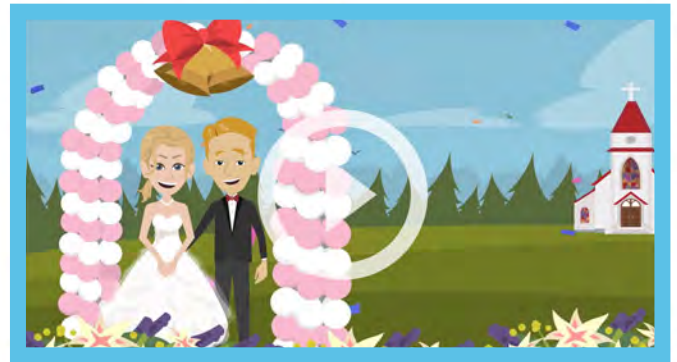
SUPERIOR VISION

VOLUNTARY GROUP TERM LIFE

ABOUT THIS BENEFIT:

Basic life insurance provided by your employer is a good employee benefit, but the amount of coverage may not cover your obligations if you were to suddenly pass away.

Voluntary Group Term Life insurance policy issues a cash benefit to your designated beneficiary in the event of your passing. This money can be used toward anything from final costs to paying off any remaining debts; like your mortgage, car loans, or student loans.

[LEARN MORE](#)

VOLUNTARY GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



Approximately 50 million households recognize they need more life insurance (40 percent of households).¹

Bay City Independent School District

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit ² : Increments of \$10,000 Maximum: the lesser of 5x earnings or \$500,000	AD&D: Included
Spouse	Benefit ² : Increments of \$5,000. Maximum: the lesser of 50% of your supplemental coverage or \$250,000	AD&D: Included
Child(ren)	Benefit: Increments of \$5,000 Maximum: \$10,000	AD&D: Included

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

²Your benefit will be reduced by 50% at age 70.

ASKED & ANSWERED

WHO IS ELIGIBLE?

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

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

AM I GUARANTEED COVERAGE?

If you enroll during your initial enrollment period or are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$200,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after your initial enrollment period, evidence of insurability will be required for all coverage amounts.

If you enroll during your initial enrollment period or are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$50,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after your initial enrollment period, evidence of insurability will be required for all coverage amounts.

This insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

AD&D is available without having to provide information about your or your family's health.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 60 days of the date you have a change in family status.

WHEN DOES THIS INSURANCE BEGIN?

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

You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

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

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage.

¹LIMRA, Facts About Life 2016. Web. 30 June 2017. <https://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/_Media/PDFs/Facts-of-Life-2016.pdf>

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

LIMITATIONS & EXCLUSIONS



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

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your benefit will be reduced by 50% at age 70.
- A benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who is in active full-time military service.
- Child(ren) may only be covered as a dependent of one employee.
- Infants may receive a reduced benefit prior to the age of six months.

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GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your benefit will be reduced by 50% at age 70.
- This insurance does not cover losses caused by:
 - Sickness; disease; or any treatment for either
 - Any infection, except certain ones caused by an accidental cut or wound
 - Intentionally self-inflicted injury, suicide or suicide attempt
 - War or act of war, whether declared or not
 - Injury sustained while in the armed forces of any country or international authority
 - Injury sustained on aircraft in certain circumstances
 - Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
 - Injury sustained while riding, driving, or testing any motor vehicle for racing
 - Injury sustained while committing or attempting to commit a felony
 - Injury sustained while driving while intoxicated
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Child(ren) may only be covered as a dependent of one employee.

DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you or your dependent(s) have coverage.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

Hartford Voluntary Life Rates

Bay City Independent School District

Monthly Payroll Deduction

EMPLOYEE LIFE/ADD RATES

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$100,000
Age Band									
0-24	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$8.00
25-29	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$8.00
30-34	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$10.00
35-39	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$12.00
40-44	\$1.70	\$3.40	\$5.10	\$6.80	\$8.50	\$10.20	\$11.90	\$13.60	\$17.00
45-49	\$2.60	\$5.20	\$7.80	\$10.40	\$13.00	\$15.60	\$18.20	\$20.80	\$26.00
50-54	\$4.00	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00	\$28.00	\$32.00	\$40.00
55-59	\$6.30	\$12.60	\$18.90	\$25.20	\$31.50	\$37.80	\$44.10	\$50.40	\$63.00
60-64	\$7.90	\$15.80	\$23.70	\$31.60	\$39.50	\$47.40	\$55.30	\$63.20	\$79.00
65-69	\$13.40	\$26.80	\$40.20	\$53.60	\$67.00	\$80.40	\$93.80	\$107.20	\$134.00
70-74	\$21.40	\$42.80	\$64.20	\$85.60	\$107.00	\$128.40	\$149.80	\$171.20	\$214.00
75+	\$32.80	\$65.60	\$98.40	\$131.20	\$164.00	\$196.80	\$229.60	\$262.40	\$328.00

Any amount over \$200,000 will be medically underwritten. You must complete an Evidence of Insurability Form

SPOUSE LIFE/ADD RATES

	\$5,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Age Band									
0-24	\$0.40	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
25-29	\$0.40	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
30-34	\$0.50	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
35-39	\$0.60	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
40-44	\$0.85	\$2.55	\$3.40	\$4.25	\$5.10	\$5.95	\$6.80	\$7.65	\$8.50
45-49	\$1.30	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
50-54	\$2.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
55-59	\$3.15	\$9.45	\$12.60	\$15.75	\$18.90	\$22.05	\$25.20	\$28.35	\$31.50
60-64	\$3.95	\$11.85	\$15.80	\$19.75	\$23.70	\$27.65	\$31.60	\$35.55	\$39.50
65-69	\$6.70	\$20.10	\$26.80	\$33.50	\$40.20	\$46.90	\$53.60	\$60.30	\$67.00
70-74	\$10.70	\$32.10	\$42.80	\$53.50	\$64.20	\$74.90	\$85.60	\$96.30	\$107.00
75+	\$16.40	\$49.20	\$65.60	\$82.00	\$98.40	\$114.80	\$131.20	\$147.60	\$164.00

NOTE: Rates for Spouse based on employee's Age

Any amount over \$50,000 will be medically underwritten. You must complete an Evidence of Insurability Form

CHILD LIFE/ADD RATES

\$5,000 = \$.60

\$10,000 = \$1.20

NOTE: FINAL RATES MAY VARY SLIGHTLY DUE TO ROUNDING.

THESE GRIDS ARE PRICES OF FREQUENTLY SELECTED AMOUNTS. YOU MAY CHOOSE

ANY INCREMENT OF \$10,000 UP TO \$500,000

FOR SPOUSE ANY INCREMENT OF \$5,000 UP TO \$250,000 (NOT TO EXCEED 50% OF EMPLOYEE SUPPLEMENTAL LIFE AMOUNT)

TO PURCHASE AN AMOUNT OTHER THAN THOSE LEVELS INDICATED ABOVE, SIMPLY ADD LEVELS TOGETHER

GLOSSARY OF TERMS

ACCIDENT

an unexpected event or circumstance without deliberate intent.

ACCIDENTAL DEATH & DISMEMBERMENT

an insurance contract that pays a stated benefit in the event of death and/or dismemberment caused by accident or specified kinds of accidents.

BENEFICIARY

an individual who may become eligible to receive payment due to will, life insurance policy, retirement plan, annuity, trust, or other contract.

CALENDAR YEAR DEDUCTIBLE

in health insurance, the amount that must be paid by the insured during a calendar year before the insurer becomes responsible for further loss costs.

CLAIM

a request made by the insured for insurer remittance of payment due to loss incurred and covered under the policy agreement.

COINSURANCE

A clause contained in most property insurance policies to encourage policy holders to carry a reasonable amount of insurance. If the insured fails to maintain the amount specified in the clause (Usually at least 80%), the insured shares a higher proportion of the loss. In medical insurance a percentage of each claim that the insured will bear.

COORDINATION OF BENEFITS

provision to eliminate over insurance and establish a prompt and orderly claims payment system when a person is covered by more than one group insurance and/or group service plan.

COPAY

a cost sharing mechanism in group insurance plans where the insured pays a specified dollar amount of incurred medical expenses and the insurer pays the remainder.

DEDUCTIBLE

Portion of the insured loss (in dollars) paid by the policy holder.

DENTAL INSURANCE

policies providing only dental treatment benefits such as routine dental examinations, preventive dental work, and dental procedures needed to treat tooth decay and diseases of the teeth and jaw.

DISABILITY INCOME

policy designed to compensate insured individuals for a portion of the income they lose because of a disabling injury or illness.

EFFECTIVE DATE

date at which an insurance policy goes into force.

FACE AMOUNT

the value of a policy to be provided upon maturity date or death.

GLOSSARY OF TERMS

HEALTH INSURANCE

a generic term applying to all types of insurance indemnifying or reimbursing for losses caused by bodily injury or illness including related medical expenses.

HEALTH MAINTENANCE ORGANIZATION (HMO)

a medical group plan that provides physician, hospital, and clinical services to participating members in exchange for a periodic flat fee.

HOSPITAL INDEMNITY COVERAGE

coverage that provides a pre-determined, fixed benefit or daily indemnity for contingencies based on a stay at a hospital or intensive care facility.

INCONTESTABILITY PROVISION

a life insurance and annuity provision limiting the time within which the insurer has the legal right to void the contract on grounds of material misrepresentation in the policy application.

INSURED

party(ies) covered by an insurance policy.

INSURER

an insurer or reinsurer authorized to write property and/or casualty insurance under the laws of any state.

LAPSE

termination of a policy due to failure to pay the required premium.

LIVING BENEFITS RIDER

a rider attached to a life insurance policy providing long term care for the terminally ill.

LONG-TERM CARE

policies that provide coverage for not less than one year for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services provided in a setting other than an acute care unit of a hospital, including policies that provide benefits for cognitive impairment or loss of functional capacity. This includes policies providing only nursing home care, home health care, community based care, or any combination. The policy does not include coverage provided under comprehensive/major medical policies, Medicare Advantage, or for accelerated health benefit-type products.

LONG-TERM DISABILITY INSURANCE

policy providing monthly income payments for insureds who become disabled for an extensive length of time, typically two years or longer.

MAJOR MEDICAL

a hospital/surgical/medical expense contract that provides comprehensive benefits as defined in the state in which the contract will be delivered.

MANAGED CARE

system of health care delivery that attempts to influence the utilization, quality, and cost of services provided.

GLOSSARY OF TERMS

PERMANENT LIFE INSURANCE

policy that remains active for the life of the insured.

PET INSURANCE PLANS

veterinary care plan insurance policy providing care for a pet animal (e.g., dog or cat) of the insured owner in the event of its illness or accident.

POLICY

a written contract ratifying the legality of an insurance agreement.

POLICY PERIOD

time period during which insurance coverage is in effect.

POLICY RESERVE

the amount of money allocated specifically for the fulfillment of policy obligations by a life insurance company; reserves are in place to safeguard that the company is able to pay all future claims.

POLICY PROVIDER ORGANIZATION (PPO)

arrangement, insured or uninsured, where contracts are established by Health Plan Companies (typically, commercial insurers, and, in some circumstances, by self-insured employers) with health care providers. The Health Plans involved will often designate these contracted providers as “preferred” and will provide an incentive, usually in the form of lower deductibles or co-payments, to encourage covered individuals to use these providers. Members are allowed benefits for non-participating provider services on

an indemnity basis with significant copayments and providers are often, but not always, paid on a discounted fee for service basis.

PREMIUM

Money charged for the insurance coverage reflecting expectation of loss.

PROVISIONS

contingencies outlined in an insurance policy.

RATE

value of insured losses expressed as a cost per unit of insurance.

RIDER

an amendment to a policy agreement.

SHORT-TERM DISABILITY

a company standard defining a period of time employees are eligible for short-term disability coverage, typically for 2 years or less.

SPECIFIED DISEASE COVERAGE

coverage that provides primarily pre-determined benefits for expenses of the care of cancer and/or other specified diseases.

TERM

period of time for which policy is in effect.

TERM INSURANCE

life insurance payable only if death of insured occurs within a specified time, such as 5 or 10 years, or before a specified age.

GLOSSARY OF TERMS

UNIVERSAL LIFE INSURANCE

adjustable life insurance under which premiums and coverage are adjustable, company expenses are not specifically disclosed to the insured but a financial report is provided to policyholders annually.

VARIABLE ANNUITY

an annuity contract under which the premium payments are used to purchase stock and the value of each unit is relative to the value of the investment portfolio.

VARIABLE LIFE INSURANCE

life insurance whose face value and/or duration varies depending upon the value of underlying securities.

VARIABLE UNIVERSAL LIFE

combines the flexible premium features of universal life with the component of variable life in which excess credited to the cash value of the account depends on investment results of separate accounts. The policyholder selects the accounts into which the premium payments are to be made.

VISION

limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.

WHOLE LIFE INSURANCE

life insurance that may be kept in force for the duration of a person's life and pays a benefit upon the person's death. Premiums are made for same time period.

Source:
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ALLISON BENEFIT CONSULTANTS, LLC

979.244.3218

<https://www.allisonbenefitconsultants.com/>