2024 - 2025 Plan Year

ANGLETON ISD

BENEFIT GUIDE

EFFECTIVE: 09/01/2024 - 08/31/2025

WWW.MYBENEFITSHUB.COM/ANGLETONISD

Table of Contents

FLIP TO...

PG. 4 HOW TO ENROLL

PG. 6 SUMMARY PAGES

PG. 12 YOUR BENEFITS

Benefit Contact Information

ANGLETON ISD BENEFITS	MEDICAL - TRS ACTIVECARE	HEALTH SAVINGS ACCOUNT (HSA)
Emily Dowty (979) 864-8057 www.mybenefitshub.com/angletonisd	BCBSTX (866) 355-5999 www.bcbstx.com/trsactivecare	EECU (817) 882-0800 www.eecu.org
FLEXIBLE SPENDING ACCOUNT (FSA)	**HOSPITAL INDEMNITY**	**TELEHEALTH**
Higginbotham (866) 419-3519 https://flexservices.higginbotham.net/	Lincoln Financial Group (800) 423-2765 www.lfg.com	MDLive (888) 365-1663 https://members.mdlive.com/flbsbh/landing_home
DENTAL	**VISION**	**DISABILITY**
Lincoln Financial Group (800) 423-2765 www.lfg.com	Superior Vision (800) 507-3800 www.superiorvision.com	The Hartford (866) 547-9124 www.thehartford.com
CANCER	**ACCIDENT**	**CRITICAL ILLNESS**
CHUBB (888) 499-0425 www.chubb.com	Lincoln Financial Group (800) 423-2765 www.lfg.com	UNUM (866) 679-3054 www.unum.com
LIFE AND AD&D	**INDIVIDUAL LIFE**	**IDENTITY THEFT & LEGAL SHIELD**
Lincoln Financial Group (800) 423-2765 www.lfg.com	5Star Life Insurance Company (866) 863-9753 www.5starlifeinsurance.com	LegalShield (800) 654-7757 www.legalshield.com
EMERGENCY MEDICAL TRANSPORT	**EAP**	
MASA (800) 423-3226 www.masamts.com	Lincoln Financial (888) 628-4824 GuidanceResources.com Username/Password: LFGSupport	

All Your Benefits - One App

Employee benefits made easy through the ***Benefits App!***

Text **"BENEFITS"**
to **(214) 831-4206**
and get access to everything you need to complete your benefits enrollment:

- Benefit Resources
- Online Enrollment
- Interactive Tools
- And more!

App Group #:
FBSANGLETON

Login Process

1 www.mybenefitshub.com/angletonisd

2 CLICK LOGIN

3 **Enter your Information**

- Last Name
- Date of Birth
- Last Four (4) of Social Security Number

NOTE: THE*benefits***HUB** *uses this information to check behind the scenes to confirm your employment status.*

4 Once confirmed, the Additional Security Verification page will list the contact options from your profile. Select either **Text**, **Email**, **Call**, or **Ask Admin** options to receive a code to complete the final verification step.

5 Enter the code that you receive and click **Verify**. You can now complete your benefits enrollment!

Benefit Updates - What's New:

IRS has established new contribution limits for Flex and HSA!

- Flex - $3,200
- HSA - $4,150 Individual, $8,300 Family.
  Those age 55+ can contribute an additional $1,000

New Hospital Indemnity Plan with Lincoln Financial Group

- Enhanced benefits including newborn care and NICU. Pre-existing conditions are waived.

Voluntary Term Life and Accidental Death & Dismemberment Insurance is moving to Lincoln Financial Group

- All current employees and new hires may enroll with guaranteed issue offering, meaning no health questions are required.

Cancer Plan - Moving to CHUBB

- All those currently enrolled in the APL cancer plan will have continuity of coverage.

New Plan - Accidental Injury

- This new plan through Lincoln Financial Group will help you recover out-of-pocket costs when you are injured as a result of an accident. Coverage is on and off the job.

Don't Forget!

- **Log in and complete your benefit enrollment from 07/8/2024 - 08/16/2024.**
- Add dependents to the system—please add dependent Social Security numbers and date of birth.

Annual Benefit Enrollment

SUMMARY PAGES

Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change or continue benefit elections each year. Changes are not permitted during the plan year (outside of annual enrollment) unless a Section 125 qualifying event occurs.

- Changes, additions or drops may be made only during the annual enrollment period without a qualifying event.
- Employees must review their personal information and verify that dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- Employees must confirm on each benefit screen (medical, dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit.

New Hire Enrollment

All new hire enrollment elections must be completed in the online enrollment system within the first 30 days of benefit eligibility employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

Q&A

Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefits Office or you can call Higginbotham Public Sector at 866-914-5202 for assistance.

Where can I find forms?

For benefit summaries and claim forms, go to your benefit website: www.mybenefitshub.com/angletonisd. Click the benefit plan you need information on (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

How can I find a Network Provider?

For benefit summaries and claim forms, go to the Angleton ISD benefit website: www.mybenefitshub.com/angletonisd. Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Quick Links section.

When will I receive ID cards?

If the insurance carrier provides ID cards, you can expect to receive those 3-4 weeks after your effective date. For most dental and vision plans, you can log in to the carrier website and print a temporary ID card or simply give your provider the insurance company's phone number, and they can call and verify your coverage if you do not have an ID card at that time. If you do not receive your ID card, you can call the carrier's customer service number to request another card.

Section 125 Cafeteria Plan Guidelines

A Cafeteria plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 31 days of your qualifying event and meet with your Benefits Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

CHANGES IN STATUS (CIS):	QUALIFYING EVENTS
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
Gain/Loss of Dependent's Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
Judgment/ Decree/Order	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Eligibility for Government Programs	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 20 or more regularly scheduled hours each work week.

Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2024 benefits become effective on September 1, 2024, you must be actively-at-work on September 1, 2024 to be eligible for your new benefits.

Dependent Eligibility Requirements

Dependent Eligibility: You can cover eligible dependent children under a benefit that offers dependent coverage, provided you participate in the same benefit, through the maximum age listed below. Dependents cannot be double covered by married spouses within the district as both employees and dependents.

PLAN	MAXIMUM AGE
Medical	Through 26
Hospital Indemnity	Through 26
Dental	Through 26
Vision	Through 26
Voluntary Term Life	Through 26
Cancer	Through 26
Critical Illness	Through 26
AD&D	Through 26
Permanent Life	Through 26
Emergency Medical Transportation	Through 26
Accident	Through 26

Please note, limits and exclusions may apply when obtaining coverage as a married couple or when obtaining coverage for dependents.

Potential Spouse Coverage Limitations: *When enrolling in coverage, please keep in mind that some benefits may not allow you to cover your spouse as a dependent if your spouse is enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Higginbotham Public Sector, or contact the insurance carrier for additional information on spouse eligibility.*

FSA/HSA Limitations: *Please note, in general, per IRS regulations, married couples may not enroll in both a Flexible Spending Account (FSA) and a Health Savings Account (HSA). If your spouse is covered under an FSA that reimburses for medical expenses then you and your spouse are not HSA eligible, even if you would not use your spouse's FSA to reimburse your expenses. However, there are some exceptions to the general limitation regarding specific types of FSAs. To obtain more information on whether you can enroll in a specific type of FSA or HSA as a married couple, please reach out to the FSA and/or HSA provider prior to enrolling or reach out to your tax advisor for further guidance.*

Potential Dependent Coverage Limitations: *When enrolling for dependent coverage, please keep in mind that some benefits may not allow you to cover your eligible dependents if they are enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Higginbotham Public Sector, or contact the insurance carrier for additional information on dependent eligibility.*

Disclaimer: *You acknowledge that you have read the limitations and exclusions that may apply to obtaining spouse and dependent coverage, including limitations and exclusions that may apply to enrollment in Flexible Spending Accounts and Health Savings Accounts as a married couple. You, the enrollee, shall hold harmless, defend, and indemnify Higginbotham Public Sector from any and all claims, actions, suits, charges, and judgments whatsoever that arise out of the enrollee's enrollment in spouse and/or dependent coverage, including enrollment in Flexible Spending Accounts and Health Savings Accounts.*

If your dependent is disabled, coverage may be able to continue past the maximum age under certain plans. If you have a disabled dependent who is reaching an ineligible age, you must provide a physician's statement confirming your dependent's disability. Contact your Benefits Office to request a continuation of coverage.

Helpful Definitions

Actively-at-Work

You are performing your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work beginning 9/1/2024, please notify your benefits administrator.

Annual Enrollment

The period during which existing employees are given the opportunity to enroll in or change their current elections.

Annual Deductible

The amount you pay each plan year before the plan begins to pay covered expenses.

Calendar Year

January 1 through December 31.

Co-insurance

After any applicable deductible, your share of the cost of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

Guaranteed Coverage

The amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed coverage is only available during initial eligibility period. Actively-at-work and/or pre-existing condition exclusion provisions do apply, as applicable by carrier.

In-Network

Doctors, hospitals, optometrists, dentists and other providers who have contracted with the plan as a network provider.

Out-of-Pocket Maximum

The most an eligible or insured person can pay in co-insurance for covered expenses.

Plan Year

September 1 through August 31.

Pre-Existing Conditions

Applies to any illness, injury or condition for which the participant has been under the care of a health care provider, taken prescription drugs or is under a health care provider's orders to take drugs, or received medical care or services (including diagnostic and/or consultation services).

HSA vs. FSA

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
Description	Approved by Congress in 2003, HSAs are actual bank accounts in employees' names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free.
Employer Eligibility	A qualified high deductible health plan	All employers
Contribution Source	Employee and/or employer	Employee and/or employer
Account Owner	Individual	Employer
Underlying Insurance Requirement	High deductible health plan	None
Minimum Deductible	$1,600 single (2024) $3,200 family (2024)	N/A
Maximum Contribution	$4,150 single (2024) $8,300 family (2024) 55+ catch up +$1,000	$3,200 (2024)
Permissible Use Of Funds	Employees may use funds any way they wish. If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
Cash-Outs of Unused Amounts (if no medical expenses)	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
Year-to-year rollover of account balance?	Yes, will roll over to use for subsequent year's health coverage.	Your employer's plan contains a $610 rollover provision.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

FLIP TO FOR HSA INFORMATION PG. 17

FLIP TO FOR FSA INFORMATION PG. 18

Medical Insurance
TRS

ABOUT MEDICAL

Major medical insurance is a type of health care coverage that provides benefits for a broad range of medical expenses that may be incurred either on an inpatient or outpatient basis.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/angletonisd

	Monthly Premium	District Contribution	Employee Cost
TRS ActiveCare HD			
Employee Only	$484.00	$335.00	$149.00
Employee & Spouse	$1,307.00	$335.00	$972.00
Employee & Child(ren)	$823.00	$335.00	$488.00
Employee & Family	$1,646.00	$335.00	$1,311.00
TRS ActiveCare Primary			
Employee Only	$471.00	$335.00	$136.00
Employee & Spouse	$1,272.00	$335.00	$937.00
Employee & Child(ren)	$801.00	$335.00	$466.00
Employee & Family	$1,602.00	$335.00	$1,267.00
TRS ActiveCare Primary+			
Employee Only	$553.00	$335.00	$218.00
Employee & Spouse	$1,438.00	$335.00	$1,103.00
Employee & Child(ren)	$941.00	$335.00	$606.00
Employee & Family	$1,825.00	$335.00	$1,490.00
TRS ActiveCare 2			
Employee Only	$1,013.00	$335.00	$678.00
Employee & Spouse	$2,402.00	$335.00	$2,067.00
Employee & Child(ren)	$1,507.00	$335.00	$1,172.00
Employee & Family	$2,841.00	$335.00	$2,506.00

Go ahead and sign up for the Houston rodeo – 90% of Texas emergency rooms are covered with TRS-ActiveCare.

TRS-ActiveCare **Plan Highlights** 2024-25

TRS ACTIVECARE
TEACHER RETIREMENT SYSTEM OF TEXAS

Learn the Terms.

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

765385.0424

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 –

How to Calculate Your Monthly Premium

Total Monthly Premium
− Your Employer Contribution
= **Your Premium**

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

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

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

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

Primary Plans & Mental Health

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

All TRS-ActiveCare participants have **three plan options**.

	TRS-ActiveCare Primary	TRS-
Plan Summary	• Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Lower deductible t • Copays for many s • Higher premium • Statewide network • Primary Care Provi • Not compatible wit • No out-of-network

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium
Employee Only	$471	-	-	$553
Employee and Spouse	$1,272	-	-	$1,438
Employee and Children	$801	-	-	$941
Employee and Family	$1,602	-	-	$1,825

Plan Features		
Type of Coverage	In-Network Coverage Only	I
Individual/Family Deductible	$2,500/$5,000	
Coinsurance	You pay 30% after deductible	Yo
Individual/Family Maximum Out of Pocket	$8,050/$16,100	
Network	Statewide Network	
PCP Required	Yes	

Doctor Visits		
Primary Care	$30 copay	
Specialist	$70 copay	

Immediate Care		
Urgent Care	$50 copay	
Emergency Care	You pay 30% after deductible	Yo
TRS Virtual Health-RediMD™	$0 per medical consultation	$
TRS Virtual Health-Teladoc®	$12 per medical consultation	$1

Prescription Drugs		
Drug Deductible	Integrated with medical	$200 deduct
Generics (31-Day Supply/90-Day Supply)	$15/$45 copay; $0 copay for certain generics	
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 2 You pay
Non-preferred	You pay 50% after deductible	Yo
Specialty (31-Day Max)	$0 if SaveOnSP eligible; You pay 30% after deductible	$0 if SaveOnSI
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61-90 day supply	$25 copay for 3

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

Each includes a wide range of wellness benefits.

-ActiveCare Primary+	TRS-ActiveCare HD
han the HD and Primary plans ervices and drugs ider referrals required to see specialists th a Health Savings Account coverage	• Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventive care

	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
	-	-	$484	-	-
	-	-	$1,307	-	-
	-	-	$823	-	-
	-	-	$1,646	-	-

n-Network Coverage Only	In-Network	Out-of-Network
$1,200/$2,400	$3,200/$6,400	$6,400/$12,800
u pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
$6,900/$13,800	$8,050/$16,100	$20,250/$40,500
Statewide Network	Nationwide Network	
Yes	No	

$15 copay	You pay 30% after deductible	You pay 50% after deductible
$70 copay	You pay 30% after deductible	You pay 50% after deductible

$50 copay	You pay 30% after deductible	You pay 50% after deductible
u pay 20% after deductible	You pay 30% after deductible	
0 per medical consultation	$30 per medical consultation	
12 per medical consultation	$42 per medical consultation	

ible per participant (brand drugs only)	Integrated with medical
$15/$45 copay	You pay 20% after deductible; $0 coinsurance for certain generics
25% after deductible ($100 max)/ 25% after deductible ($265 max)	You pay 25% after deductible
u pay 50% after deductible	You pay 50% after deductible
P eligible; You pay 30% after deductible	You pay 20% after deductible
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

- Closed to new enrollees
- Current enrollees can choose to stay in plan
- Lower deductible
- Copays for many services and drugs
- Nationwide network with out-of-network coverage
- No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	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 SaveOnSP 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

Compare Prices for Common Medical Services

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

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Indpendent Lab: You pay $0 Outpatient: You pay 30% after deductible	Office/Indpendent Lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	Office/Indpendent Lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 40% after deductible
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + $100 copay per procedure	You pay 40% after deductible + $100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible ($150 facility copay per incident)	You pay 40% after deductible ($150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible ($500 facility per day maximum)	You pay 20% after deductible ($150 facility copay per day)	You pay 40% after deductible ($500 facility copay per incident)
Freestanding Emergency Room	You pay $500 copay + 30% after deductible	You pay $500 copay + 20% after deductible	You pay $500 copay + 30% after deductible	You pay $500 copay + 50% after deductible	You pay $500 copay + 20% after deductible	You pay $500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible Professional Services: You pay $5,000 copay + 30% after deductible Only covered if rendered at a BDC+ facility	Facility: You pay 20% after deductible Professional Services: You pay $5,000 copay + 20% after deductible Only covered if rendered at a BDC+ facility	Not Covered	Not Covered	Facility: You pay 20% after deductible ($150 facility copay per day) Professional Services: You pay $5,000 copay + 20% after deductible Only covered if rendered at a BDC+ facility	Not Covered
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	$15 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 PHG at **1-866-355-5999** with questions.*

Health Savings Account (HSA)
EECU

EMPLOYEE BENEFITS

ABOUT HSA

A Health Savings Account (HSA) is a personal savings account where the money can only be used for eligible medical expenses. Unlike a flexible spending account (FSA), the money rolls over year to year however only those funds that have been deposited in your account can be used. Contributions to a Health Savings Account can only be used if you are also enrolled in a High Deductible Health Care Plan (HDHP).

For full plan details, please visit your benefit website:
www.mybenefitshub.com/angletonisd

A Health Savings Account (HSA) is more than a way to help you and your family cover health care costs – it is also a tax-exempt tool to supplement your retirement savings and cover health expenses during retirement. An HSA can provide the funds to help pay current health care expenses as well as future health care costs.

A type of personal savings account, an HSA is always yours even if you change health plans or jobs. The money in your HSA (including interest and investment earnings) grows tax-free and spends tax-free if used to pay for qualified medical expenses. There is no "use it or lose it" rule — you do not lose your money if you do not spend it in the calendar year — and there are no vesting requirements or forfeiture provisions. The account automatically rolls over year after year.

HSA Eligibility

You are eligible to open and contribute to an HSA if you are:

- Enrolled in an HSA-eligible HDHP (High Deductible Health Plan) Not covered by another plan that is not a qualified HDHP, such as your spouse's health plan
- Not enrolled in a Health Care Flexible Spending Account, nor should your spouse be contributing towards a Health Care Flexible Spending Account
- Not eligible to be claimed as a dependent on someone else's tax return
- Not enrolled in Medicare or TRICARE
- Not receiving Veterans Administration benefits

You can use the money in your HSA to pay for qualified medical expenses now or in the future. You can also use HSA funds to pay health care expenses for your dependents, even if they are not covered under your HDHP.

Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2024 is based on the coverage option you elect:

- Individual – $4,150
- Family (filing jointly) – $8,300

You decide whether to use the money in your account to pay for qualified expenses or let it grow for future use. If you are 55 or older, you may make a yearly catch-up contribution of up to $1,000 to your HSA. If you turn 55 at any time during the plan year, you are eligible to make the catch-up contribution for the entire plan year.

Opening an HSA

If you meet the eligibility requirements, you may open an HSA administered by EECU. You will receive a debit card to manage your HSA account reimbursements. Keep in mind, available funds are limited to the balance in your HSA.

Important HSA Information

- Always ask your health care provider to file claims with your medical provider so network discounts can be applied. You can pay the provider with your HSA debit card based on the balance due after discount.
- You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.
- You may open an HSA at the financial institution of your choice, but only accounts opened through EECU are eligible for automatic payroll deduction and company contributions.

How To Use Your HSA

- Online/Mobile: Sign-in for 24/7 account access to check your balance, pay bills and more.
- Call/Text: (817) 882-0800 EECU's dedicated member service representatives are available to assist you with any questions. Their hours of operation are Monday through Friday from 8:00 a.m. to 7:00 p.m. CT, Saturday 9:00 a.m. to 1:00 p.m. CT and closed on Sunday.
- Lost/Stolen Debit Card: Call the 24/7 debit card hotline at (800) 333-9934.
- Stop by a local EECU financial center: www.eecu.org/locations.

Flexible Spending Account (FSA)
Higginbotham

EMPLOYEE BENEFITS

ABOUT FSA

A Flexible Spending Account allows you to pay for eligible healthcare expenses with a pre-loaded debit card. You choose the amount to set aside from your paycheck every plan year, based on your employer's annual plan limit. This money is use it or lose it within the plan year.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/angletonisd

Health Care FSA
The Health Care FSA covers qualified medical, dental and vision expenses for you or your eligible dependents. You may contribute up to $3,200 annually to a Health Care FSA and you are entitled to the full election from day one of your plan year. Eligible expenses include:

- Dental and vision expenses
- Medical deductibles and coinsurance
- Prescription copays
- Hearing aids and batteries

You may not contribute to a Health Care FSA if you contribute to a Health Savings Account (HSA).

Higginbotham Benefits Debit Card
The Higginbotham Benefits Debit Card gives you immediate access to funds in your Health Care FSA when you make a purchase without needing to file a claim for reimbursement. If you use the debit card to pay anything other than a copay amount, you will need to submit an itemized receipt or an Explanation of Benefits (EOB).

Dependent Care FSA
The Dependent Care FSA helps pay for expenses associated with caring for elder or child dependents so you or your spouse can work or attend school full time. You can use the account to pay for day care or baby sitter expenses for your children under age 13 and qualifying older dependents, such as dependent parents. Reimbursement from your Depend ent Care FSA is limited to the total amount deposited in your account at that time. To be eligible, you must be a single parent or you and your spouse must be employed outside the home, disabled or a full-time student.

Things to Consider Regarding the Dependent Care FSA

- Overnight camps are not eligible for reimbursement (only day camps can be considered).
- If your child turns 13 midyear, you may only request reimbursement for the part of the year when the child is under age 13.
- You may request reimbursement for care of a spouse or dependent of any age who spends at least eight hours a day in your home and is mentally or physically incapable of self-care.
- The dependent care provider cannot be your child under age 19 or anyone claimed as a dependent on your income taxes.

Flexible Spending Accounts
Higginbotham

EMPLOYEE BENEFITS

Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is $3,200. The maximum per plan year you can contribute to a Dependent Care FSA is $5,000 when filing jointly or head of household and $2,500 when married filing separately.
- You cannot change your election during the year unless you experience a Qualifying Life Event.
- In most cases, you can continue to file claims incurred during the plan year for another 90 days after the plan year ends.
- Your Health Care FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.
- Review your employer's Summary Plan Document for full details. FSA rules vary by employer.

Over-the-Counter Item Rule Reminder

Health care reform legislation requires that certain over-the-counter (OTC) items require a prescription to qualify as an eligible Health Care FSA expense. You will only need to obtain a one-time prescription for the current plan year. You can continue to purchase your regular prescription medications with your FSA debit card. However, the FSA debit card may not be used as payment for an OTC item, even when accompanied by a prescription.

Higginbotham Portal

The Higginbotham Portal provides information and resources to help you manage your FSAs.

- Access plan documents, letters and notices, forms, account balances, contributions and other plan information
- Update your personal information
- Utilize Section 125 tax calculators
- Look up qualified expenses
- Submit claims
- Request a new or replacement Benefits Debit Card

Register on the Higginbotham Portal

Visit https://flexservices.higginbotham.net and click Register. Follow the instructions and scroll down to enter your information.

- Enter your Employee ID, which is your Social Security number with no dashes or spaces.
- Follow the prompts to navigate the site.
- If you have any questions or concerns, contact Higginbotham:
    - Phone – 866-419-3519
    - Questions – flexsupport@higginbotham.net
    - Fax – 866-419-3516
    - Claims- flexclaims@higginbotham.net

Hospital Indemnity
Lincoln Financial Group

EMPLOYEE BENEFITS

ABOUT HOSPITAL INDEMNITY

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/angletonisd

Benefits at a glance

If you or a covered family member have to go to the hospital for an accident or injury, hospital indemnity insurance provides a lump-sum cash benefit to help you take care of unexpected expenses — anything from deductibles to child care to everyday bills. Because you're selecting this coverage through your company, you can take advantage of group rates. You don't have to answer medical questions to receive coverage; this is guaranteed issue coverage.

Core hospital benefits	Plan 1	Plan 2
Hospital admission For the initial day of admission to a hospital for treatment of a sickness/an injury	$1,000 per day up to one day per calendar year	$2,000 per day up to one day per calendar year
Hospital confinement For each day of confinement in a hospital as a result of a sickness/an injury	$100 per day up to 30 days per calendar year starting on second day of confinement	$200 per day up to 30 days per calendar year starting on second day of confinement
Hospital intensive care unit (ICU) admission For the initial day of admission to an ICU for treatment as the result of a sickness/an injury	$1,000 per day up to one day per calendar year	$2,000 per day up to one day per calendar year
Hospital ICU confinement For each full or partial day of confinement in an ICU as a result of a sickness/an injury	$200 per day up to 30 days per calendar year starting the second day of confinement	$400 per day up to 30 days per calendar year starting the second day of confinement
Complications of pregnancy	Included	Included

- Admission or Admitted means accepted for inpatient services in a hospital or intensive care unit for a period of more than 20 hours.
- If admitted to a hospital or ICU within 90 days after being discharged from a preceding stay for the same or related cause, the subsequent admission will be considered part of the first admission.
- If both hospital and ICU admission or hospital and ICU confinement become payable for the same day, only the Hospital ICU Admission benefit will be paid.

Additional confinement benefits	Plan 1	Plan 2
Newborn care For each day of confinement to a hospital for routine post-natal care following birth	$100 per day up to two days per calendar year	$200 per day up to two days per calendar year
Outpatient benefits	**Plan 1**	**Plan 2**
Observation unit For the initial day in an observation unit as the result of a sickness/an injury	$100 per day up to one day per calendar year	$200 per day up to one day per calendar year

- The observation unit benefit amount will not be paid if the observation lasts for more than 20 hours or leads to a hospital confinement; however, hospital confinement benefits may be payable.

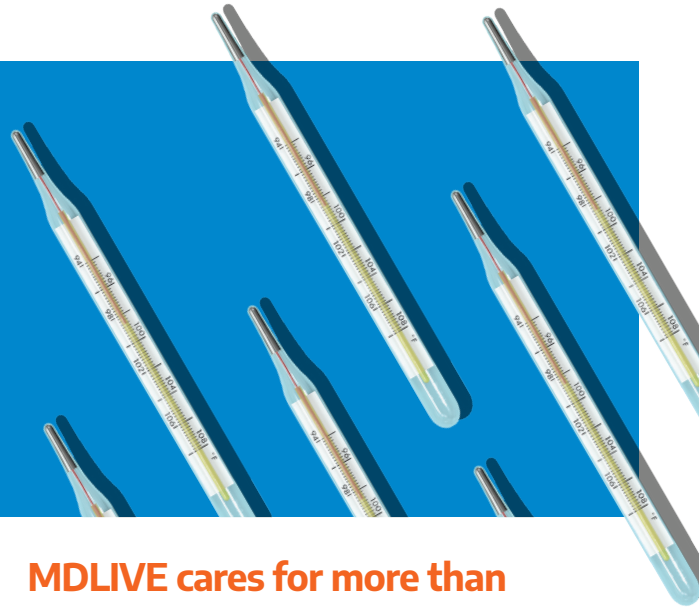
Enhanced benefits	Plan 1 benefit percentage	Plan 2 benefit percentage
Hospital NICU admission Increases the hospital ICU admission benefit for a newborn child	25%	25%
Hospital NICU confinement Increases the hospital ICU confinement benefit for a newborn child	25%	25%

Premium	Plan 1	Plan 2
Employee only	$16.62	$31.26
Employee + spouse	$33.54	$67.08
Employee + child(ren)	$19.75	$39.44
Family	$37.64	$75.28

MDLIVE®

On-demand care for illness and injuries is part of your health plan.

MDLIVE. Anytime. Anywhere.



Getting sick is always a hassle. When you need care fast, talk to a board-certified MDLIVE doctor in minutes. Get reliable care from the comfort of home instead of an urgent care clinic or crowded ER. MDLIVE is open nights, weekends, and holidays. No surprise costs.

Convenient and reliable care.
MDLIVE doctors have an average of 15 years of experience and can be reached 24/7 by phone or video.

Affordable alternative to urgent care clinics and the ER.
MDLIVE treats 80+ common conditions like flu, sinus infections, pink eye, ear pain, and UTIs (Females, 18+). By talking to a doctor at home, you can avoid long waits and exposure to other sick people.

Prescriptions.
Your MDLIVE doctor can order prescriptions[1] to the pharmacy of your choice. MDLIVE can also share notes with your local doctor upon request.

MDLIVE cares for more than 80 common, non-emergency conditions, including:

- Allergies
- Cold & Flu
- Cough
- Ear Pain
- Headache
- Prescriptions
- Pink Eye
- Sinus Problems
- Sore Throat
- UTI (Females, 18+)
- Yeast Infections
- And more

MD Get the app

Meet Sophie, your personal assistant Text FBS to 635483 to create an account.

Create your account today.
mdlive.com/FBS | 888.365.1663

[1]Prescriptions are available at the physician's discretion when medically necessary. A renewal of an existing prescription can also be provided when your regular physician is unavailable, depending on the type of medication.

Dental Insurance
Lincoln Financial Group

EMPLOYEE BENEFITS

ABOUT DENTAL

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/angletonisd

Dental Coverage

Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through **Lincoln Financial Group**.

DPPO Plan

Two levels of benefits are available with the DPPO plan: in-network and out-of-network. You may select the dental provider of your choice, but your level of coverage may vary based on the provider you see for services. You could pay more if you use an out-of-network provider.

Questions about your plan or claims?

Call or email us. 800-423-2765 Monday – Thursday, 8 a.m. – 8 p.m. ET; Friday, 8 a.m. – 6 p.m. ET
Claims@LFG.com

Dental			
	Low	High	DHMO
Employee Only	$26.06	$36.20	$12.60
Employee and Spouse	$46.52	$64.66	$23.96
Employee and Child(ren)	$46.52	$64.66	$23.96
Employee and Family	$74.98	$104.16	$36.30

Dental Schedule of Benefits

Plan	Contracted Dental Plan Mid Plan		Contracted Dental Plan High Plan	
Deductible	Annually on a Plan Year Basis			
	Contracted Dentist	Non Contracted Dentist	Contracted Dentist	Non Contracted Dentist
Individual	$50	$50	$50	$50
Family	$150	$150	$150	$150
Deductible applies to:	Type 2 & 3	Type 2 & 3	Type 2 & 3	Type 2 & 3
Benefit Levels				
Type 1 – Diagnostic & Preventative	100%	100%	100%	100%
Type 2 – Basic Services	80%	80%	80%	80%
Type 3 – Major Services	50%	50%	50%	50%
Type 4 – Orthodontic Services	50%	50%	50%	50%
Benefits Based On	Negotiated Fees	Maximum Allowable Charge	Negotiated Fees	Maximum Allowable Charge
Maximum Benefit (per covered person):				
Types 1, 2 & 3 combined	$1000 Per Plan Year	$1000 Per Plan Year	$1,500 Per Plan Year	$1,500 Per Plan Year
Type 4, while covered by the plan	Not Covered	Not Covered	$1,000 Lifetime	$1,000 Lifetime

Dental Insurance
Lincoln Financial Group

EMPLOYEE BENEFITS

DHMO Plan

- You choose your primary care dentist when you enroll. To find a participating dentist, visit http://ldc.lfg.com and select Find a Dentist. (You can also print your dental ID card from this site once your coverage begins.)
- This dental plan offers a detailed list of covered procedures, each with a dollar copayment (see the Summary of Benefits on Benefits Portal for details). You pay for services provided during your visit.
- Emergency care away from home is covered up to a set dollar limit.
- You can change your primary-care dentist at any time by calling the customer service number listed on your dental ID card.
- Covers most preventive and diagnostic care services at no charge.
- Also covers a wide variety of specialty services - lowering your out-of-pocket costs with no deductibles or maximums.

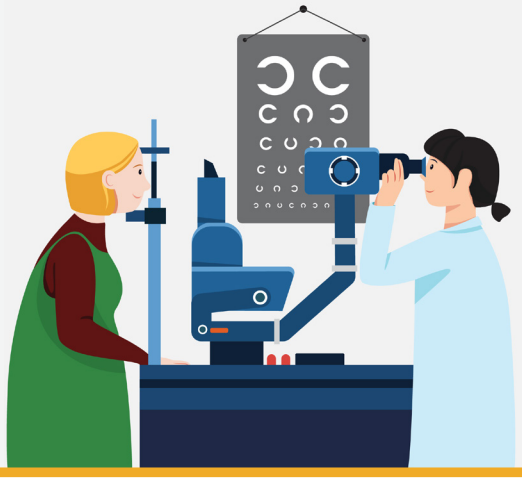
Vision Insurance
Superior Vision

EMPLOYEE BENEFITS

ABOUT VISION

Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/angletonisd



Vision plan benefits for Angleton ISD

How to Print your Vision ID Card:
You can request your vision ID card by contacting Superior Vision directly at 800-507-3800. You can also go to www.superiorvision.com and register/login to access your account by clicking on "Members" at the top of the page. You can also download the Superior Vision mobile app on your smart phone.

Vision	
Employee Only	$10.36
Employee +1 Dependent	$20.05
Employee + Family	$29.44

Copays	
Exam	$10
Materials[1]	$25
Contact lens fitting (standard & specialty)	$25

Services/Frequency	
Exam	12 months
Frame	12 months
Contact lens fitting	12 months
Lenses	12 months
Contact lenses	12 months
(Based on date of service)	

Benefits through Superior National Network		
	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to $42 retail
Exam (optometrist)	Covered in full	Up to $37 retail
Frames	$150 retail allowance	Up to $81 retail
Contact lens fitting (standard[2])	Covered in full	Not covered
Contact lens fitting (specialty[2])	$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to $32 retail
Bifocal	Covered in full	Up to $46 retail
Trifocal	Covered in full	Up to $61 retail
Progressive lens upgrade	See description[3]	Up to $61 retail
Scratch coat	Covered in full	Not covered
Ultraviolet coat	Covered in full	Not covered
Polycarbonate – children only	Covered in full	Not covered
Contact lenses[4]	$175 retail allowance	Up to $100 retail

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

Vision Insurance
Superior Vision

Discount features
Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on covered materials

Frames:	20% of amount over allowance
Lens options:	20% of retail
Progressives:	20% of amount over retail lined trifocal lens, including lens options
Specialty contact lens fit:	10% of retail, then apply allowance

Maximum member out-of-pocket

The following options have out-of-pocket maximums[5] on standard (not premium, brand, or progressive) lenses.

	Single vision	Bifocal & trifocal
Tints, solid or gradients	$25	$25
Anti-reflective coat	$50	$50
Polycarbonate	$40	20% off retail
High index 1.6	$55	20% off retail
Photochromics	$80	20% off retail

Disability Insurance
The Hartford

EMPLOYEE BENEFITS

ABOUT DISABILITY

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/angletonisd

Disability - per $100 in benefit	
Elimination Period	**Plan 1**
0/3	$4.49
14/14	$3.50
30/30	$2.96
60/60	$1.92
90/90	$1.66
180/180	$1.24

EDUCATOR DISABILITY INSURANCE OVERVIEW	
What is Educator Disability Income Insurance?	Educator Disability insurance combines the features of a short-term and long-term disability plan into one policy. The coverage pays you a portion of your earnings if you cannot work because of a disabling illness or injury. The plan gives you the flexibility to choose a level of coverage to suit your needs. You have the opportunity to purchase Disability Insurance through your employer. This highlight sheet is an overview of your Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.
Why do I need Disability Insurance Coverage?	**More than half** of all personal bankruptcies and mortgage foreclosures are a consequence of disability[1] *[1]Facts from LIMRA, 2016 Disability Insurance Awareness Month* The average worker faces a **1 in 3 chance** of suffering a job loss lasting 90 days or more due to a disability[2] *[2]Facts from LIMRA, 2016 Disability Insurance Awareness Month* **Only 50%** of American adults indicate they have enough savings to cover three months of living expenses in the event they're not earning any income[3] *[3]Federal Reserve, Report on the Economic Well-Being of U.S. Households in 2018*

ELIGIBILITY AND ENROLLMENT	
Eligibility	You are eligible if you are an active employee who works at least 20 hours per week on a regularly scheduled basis.
Enrollment	You can enroll in coverage within 31 days of your date of hire or during your annual enrollment period.
Effective Date	Coverage goes into effect subject to the terms and conditions of the policy. You must satisfy the definition of Actively at Work with your employer on the day your coverage takes effect.
Actively at Work	You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.

Disability Insurance
The Hartford

FEATURES OF THE PLAN	
Benefit Amount	You may purchase coverage that will pay you a monthly flat dollar benefit in $100 increments between $200 and $8,000 that cannot exceed 66 2/3% of your current monthly earnings. Earnings are defined in The Hartford's contract with your employer.
Elimination Period	You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a Disability benefit payment. The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin. *For those employees electing an elimination period of 30 days or less, if your are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of hospitalization.*
Maximum Benefit Duration	Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the age at which disability occurs, the maximum duration may vary. Please see the applicable schedule below based on the **Premium** benefit option. **Premium Option:** For the **Premium** benefit option – the table below applies to disabilities resulting from **sickness or injury.**

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

PROVISIONS OF THE PLAN	
Pre-Existing Condition Limitation	Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have not received treatment for the disabling condition within 3 months, while insured under this policy, before the disability begins, or You have been insured under this policy for 12 months before your disability begins. *If your disability is a result of a pre-existing condition, we will pay benefits for a maximum of 4 weeks.*

Disability Insurance
The Hartford

Educator Disability - Definitions

What is disability insurance? Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time. This type of disability plan is called an educator disability plan and includes both long and short term coverage into one convenient plan.

Pre-Existing Condition Limitations - Please note that all plans will include pre-existing condition limitations that could impact you if you are a first-time enrollee in your employer's disability plan. This includes during your initial new hire enrollment. Please review your plan details to find more information about pre-existing condition limitations.

How do I choose which plan to enroll in during my open enrollment?

1. First choose your elimination period. The elimination period, sometimes referred to as the waiting period, is how long you are disabled and unable to work before your benefit will begin. This will be displayed as 2 numbers such as 0/7, 14/14, 30/30, 60/60, 90/90, etc.

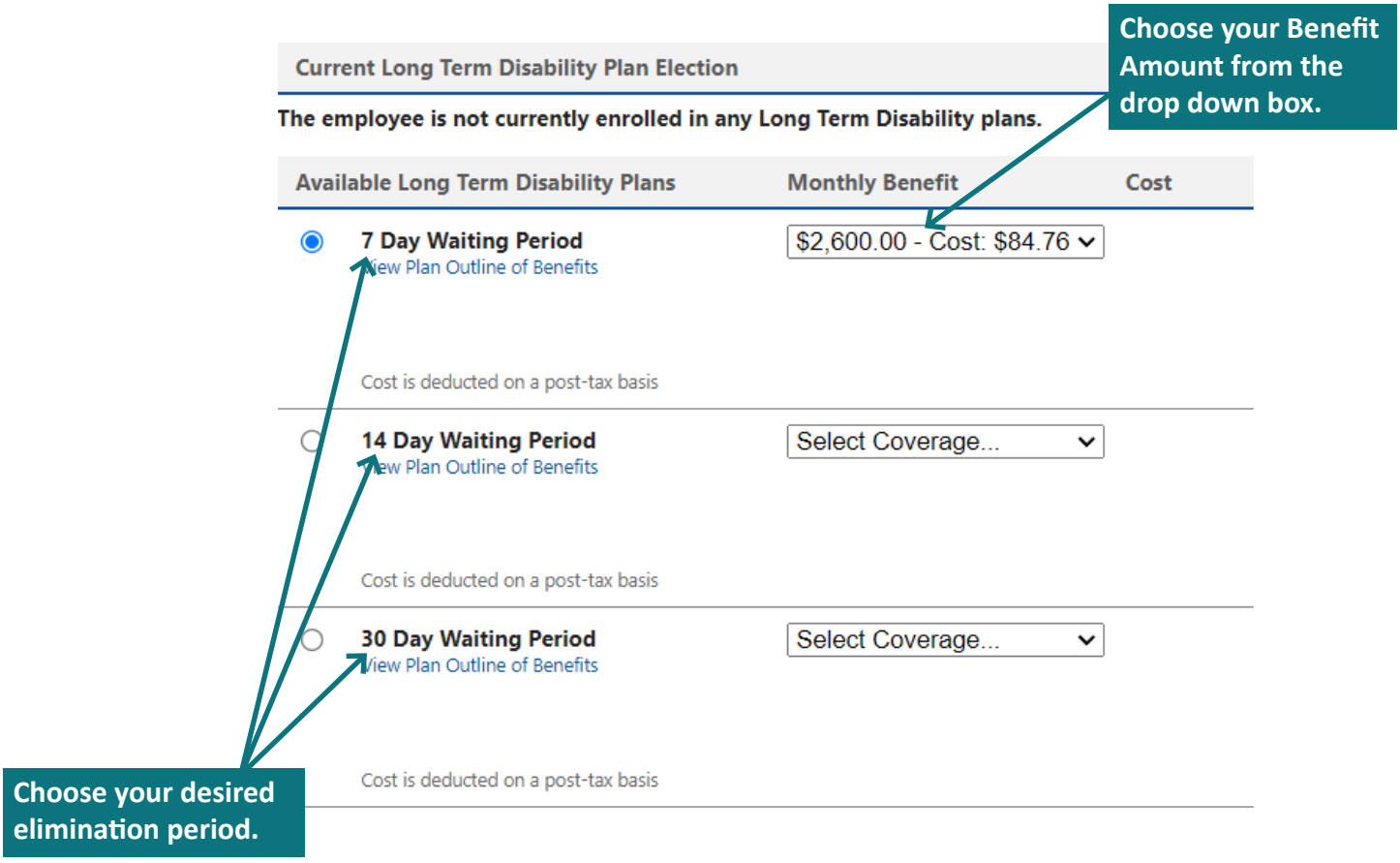
   The first number indicates the number of days you must be disabled due to ***Injury*** and the second number indicates the number of days you must be disabled due to ***Sickness***.

   When choosing your elimination period, ask yourself, "How long can I go without a paycheck?" Based on the answer to this question, choose your elimination period accordingly.

   Important Note - some plans will waive the elimination period if you choose 30/30 or less and you are confined as an inpatient to the hospital for a specific time period. Please review your plan details to see if this feature is available to you.

2. Next choose your benefit amount. This is the maximum amount of money you would receive from the carrier on a monthly basis once your disability claim is approved by the carrier.

   When choosing your monthly benefit, ask yourself, "How much money do I need to be able to pay my monthly expenses?" Based on the answer to this question, choose your monthly benefit accordingly.



Cancer Insurance
CHUBB

EMPLOYEE BENEFITS

ABOUT CANCER

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/angletonisd

Cash benefits when you need them most — Cancer Insurance from Chubb

A cancer diagnosis and treatment can be an emotionally and physically difficult time. Chubb is there to help support you by providing cash benefits paid directly to you. Benefits are paid if you are diagnosed with cancer, but also help cover many other cancer-related services such as doctor's visits, treatments, specialty care, and recovery. However, there are no restrictions on how to use these cash benefits—so you can use them as you see fit.

Choose the right level of coverage during the enrollment period to better protect your family.

Cash benefits for every step of the way

Cancer Insurance Benefits	Low Plan	High Plan
First cancer benefit	$100 paid upon receipt of first covered claim for cancer; only one payment per covered person per certificate per calendar year	$100 paid upon receipt of first covered claim for cancer; only one payment per covered person per certificate per calendar year
Diagnosis of cancer	$5,000 employee or spouse $7,500 child(ren) Waiting period: 0 days Benefit reduction: none	$10,000 employee or spouse $15,000 child(ren) Waiting period: 0 days Benefit reduction: none
Hospital confinement	$100 per day – days 1 through 30 Additional days: $100 Maximum days per confinement: 31	$100 per day – days 1 through 30 Additional days: $100 Maximum days per confinement: 31
Hospital confinement ICU	$600 per day – days 1 through 30 Additional days: $600 Maximum days per confinement: 31	$600 per day – days 1 through 30 Additional days: $600 Maximum days per confinement: 31
Radiation therapy, chemotherapy, immunotherapy	Maximum per covered person per calendar year per 12-month period: $15,000	Maximum per covered person per calendar year per 12-month period: $20,000
Alternative care	$75 per visit Maximum visits per calendar year: 4	$75 per visit Maximum visits per calendar year: 4
Medical imaging	$300 per imaging study Maximum studies per calendar year: 2	$300 per imaging study Maximum studies per calendar year: 2
Skin cancer initial diagnosis	$100 per diagnosis Lifetime maximum: 1	$100 per diagnosis Lifetime maximum: 1

Cancer Insurance
CHUBB

Cancer Insurance Benefits	Low Plan	High Plan
Attending physician	$50 per visit Maximum visits per confinement: 2 Maximum visits per calendar year: 4	$50 per visit Maximum visits per confinement: 2 Maximum visits per calendar year: 4
Hospital confinement sub-acute ICU	$300 per day – days 1 through 30 Additional days: $300 Maximum days per confinement: 31	$300 per day – days 1 through 30 Additional days: $300 Maximum days per confinement: 31
Family care	Childcare: $100 per day per child Maximum days per calendar year: 30 Adult day care or home healthcare: $100 per day Maximum days per calendar year: 30	Childcare: $100 per day per child Maximum days per calendar year: 30 Adult day care or home healthcare: $100 per day Maximum days per calendar year: 30
Prescription drug in-patient	Per confinement: $150 Maximum confinements per calendar year: 6	Per confinement: $150 Maximum confinements per calendar year: 6
Private full-time nursing services	$150 per day Maximum days per confinement: 5	$150 per day Maximum days per confinement: 5
U.S. government or charity hospital	Days 1 through 30: $100 Additional days: $200 Maximum days per confinement: 15	Days 1 through 30: $100 Additional days: $200 Maximum days per confinement: 15
Specialty Care Benefits	**Low Plan**	**High Plan**
Family member transportation and lodging	Family transportation: $100 per trip Maximum trips per calendar year: 12 Family lodging: $100 per day Maximum days per calendar year: 100	Family transportation: $100 per trip Maximum trips per calendar year: 12 Family lodging: $100 per day Maximum days per calendar year: 100
Home health care	$50 per day not to exceed the number of days confined Maximum days per calendar year: 30	$50 per day not to exceed the number of days confined Maximum days per calendar year: 30
Hospice care	$50 per day	$50 per day
Skilled nursing care facility	$50 per day Maximum days per calendar year: 30	$50 per day Maximum days per calendar year: 30

Monthly Premium	Low Plan	High Plan
Employee only	$15.46	$24.46
Employee + spouse	$29.02	$46.50
Employee + child(ren)	$19.24	$30.20
Family	$33.74	$53.54

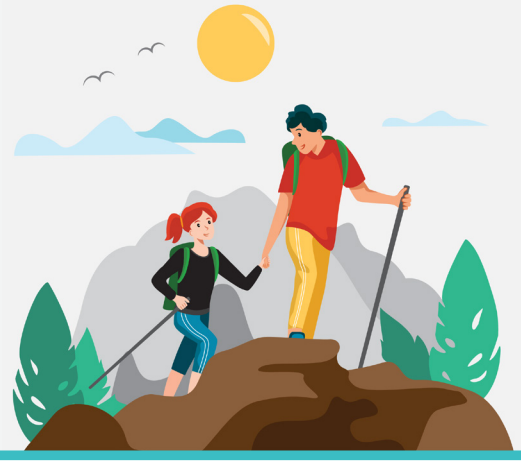
Accident Insurance
Lincoln Financial Group

EMPLOYEE BENEFITS

ABOUT ACCIDENT

Do you have kids playing sports, are you a weekend warrior, or maybe accident-prone? Accident plans are designed to help pay for medical costs associated with accidents and benefits are paid directly to you.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/angletonisd



Benefits At-A-Glance

Low Plan	
Emergency treatment	**Your cash**
Ambulance	$500
Air ambulance	$1,500
Emergency care/treatment	$150
Initial care visit	$150
Major diagnostic exam	$200
X-ray	$150
Fractures	**Your cash**
Ankle	$1,000
Arm (shoulder to elbow)	$800
Arm (elbow to wrist)	$700
Coccyx	$300
Collarbone	$1,200
Elbow	$700
Bones of the face	$750
Fingers	$200
Foot (except toes)	$675
Hand (except fingers)	$675
Hip	$2,600
Jaw upper	$825
Jaw lower	$625
Kneecap	$650
Leg (hip to knee)	$1,300
Leg (knee to ankle)	$1,300
Nose	$600
Pelvis	$1,425
Rib	$350
Shoulder blade	$900
Skull depressed	$4,000
Skull non-depressed	$1,400
Sternum	$900
Toes	$200

High Plan	
Emergency treatment	**Your cash**
Ambulance	$500
Air ambulance	$2,000
Emergency care/treatment	$200
Initial care visit	$200
Major diagnostic exam	$300
X-ray	$200
Fractures	**Your cash**
Ankle	$1,250
Arm (shoulder to elbow)	$1,375
Arm (elbow to wrist)	$1,050
Coccyx	$425
Collarbone	$1,250
Elbow	$1,050
Bones of the face	$1,125
Fingers	$200
Foot (except toes)	$1,025
Hand (except fingers)	$1,025
Hip	$3,250
Jaw upper	$1,250
Jaw lower	$1,250
Kneecap	$1,750
Leg (hip to knee)	$3,000
Leg (knee to ankle)	$1,850
Nose	$1,125
Pelvis	$2,150
Rib	$525
Shoulder blade	$1,475
Skull depressed	$4,500
Skull non-depressed	$1,500
Sternum	$1,000
Toes	$200

Accident Insurance
Lincoln Financial Group

Low Plan	
Fractures	**Your cash**
Vertebral Body	$1,275
Vertebral process	$700
Wrist	$850
Surgical treatment surgery	Two times
Chip fracture	25% of fracture
Dislocations	**Your cash benefit**
Ankle	$625
Collarbone (acromio and separation)	$675
Collarbone (sternoclavicular)	$675
Elbow	$475
Fingers	$100
Foot (except toes)	$625
Hand (except fingers)	$475
Hip	$2,000
Lower jaw	$475
Knee (except kneecap)	$1,175
Shoulder	$1,500
Toes	$100
Wrist	$475
Surgical treatment	Two times
Partial dislocation	25% of dislocation

High Plan	
Fractures	**Your cash**
Vertebral Body	$1,900
Vertebral process	$1,075
Wrist	$2,000
Surgical treatment surgery	Two times
Chip fracture	25% of fracture
Dislocations	**Your cash benefit**
Ankle	$1,250
Collarbone (acromio and separation)	$1,250
Collarbone (sternoclavicular)	$1,250
Elbow	$1,250
Fingers	$350
Foot (except toes)	$1,250
Hand (except fingers)	$750
Hip	$4,000
Lower jaw	$750
Knee (except kneecap)	$1,750
Shoulder	$2,500
Toes	$350
Wrist	$950
Surgical treatment	Two times
Partial dislocation	25% of dislocation

Low Plan	
Coverage	**Monthly**
Employee only	$6.12
Employee & spouse	$9.60
Employee & child/children	$10.12
Employee & family (spouse and	$15.96

High Plan	
Coverage	**Monthly**
Employee only	$9.64
Employee & spouse	$15.16
Employee & child/children	$16.10
Employee & family (spouse and	$25.32

Questions? Call 800-423-2765 and mention ID ANGLETON.

Critical Illness Insurance
UNUM

EMPLOYEE BENEFITS

ABOUT CRITICAL ILLNESS

Critical illness insurance can be used towards medical or other expenses. It provides a lump sum benefit payable directly to the insured upon diagnosis of a covered condition or event, like a heart attack or stroke. The money can also be used for non-medical costs related to the illness, including transportation, child care, etc.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/angletonisd

Critical Illness insurance provides financial protection by paying a lump sum benefit if you are diagnosed with a covered critical illness.

To file a claim call UNUM at 800-858-6843 or find claim form at www.mybenefitshub.com/angletonisd.

Who is eligible for this coverage?	All employees in active employment in the United States working at least 20 hours per week and their eligible spouses and children (up to age 26 regardless of student or marital status).
What are the Critical Illness coverage amounts?	The following coverage amounts are available. For you: *Select one of the following Choice* $10,000, $20,000 or $30,000 For your Spouse and Children: 50% of employee coverage amount
Can I be denied coverage?	Coverage is guarantee issue.
When is coverage effective?	Please see your Plan Administrator for your effective date of coverage. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Critical Illness			
Employee	**$10,000.00**	**$20,000.00**	**$30,000.00**
<25	$0.80	$1.60	$2.40
25-29	$1.10	$2.20	$3.30
30-34	$1.50	$3.00	$4.50
35-39	$2.20	$4.40	$6.60
40-44	$3.00	$6.00	$9.00
45-49	$4.50	$9.00	$13.50
50-54	$6.20	$12.40	$18.60
55-59	$8.00	$16.00	$24.00
60-64	$11.80	$23.60	$35.40
65-69	$18.80	$37.60	$56.40
70-74	$34.90	$69.80	$104.70
75-79	$60.00	$120.00	$180.00
80-84	$103.50	$207.00	$310.50
85+	$189.60	$379.20	$568.80
Spouse	**$5,000.00**	**$10,000.00**	**$15,000.00**
<25	$0.40	$0.80	$1.20
25-29	$0.55	$1.10	$1.65
30-34	$0.75	$1.50	$2.25
35-39	$1.10	$2.20	$3.30
40-44	$1.50	$3.00	$4.50
45-49	$2.25	$4.50	$6.75
50-54	$3.10	$6.20	$9.30
55-59	$4.00	$8.00	$12.00
60-64	$5.90	$11.80	$17.70
65-69	$9.40	$18.80	$28.20
70-74	$17.45	$34.90	$52.35
75-79	$30.00	$60.00	$90.00
80-84	$51.75	$103.50	$155.25
85+	$94.80	$189.60	$284.40

Critical Illness Insurance
UNUM

What critical illness conditions are covered?

Covered Conditions*	Percentage of Coverage Amount
Critical Illnesses	
Coronary Artery Disease (major)	50%
Coronary Artery Disease (minor)	10%
End Stage Renal (Kidney) Failure	100%
Heart Attack (Myocardial Infarction)	100%
Major Organ Failure Requiring Transplant	100%
Stroke	100%
Supplemental Critical Illnesses	
Benign Brain Tumor	100%
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Infectious Disease	25%
Occupational Human Immunodeficiency Virus (HIV) or Hepatitis	100%
Permanent Paralysis	100%
Progressive Diseases	
Amyotrophic Lateral Sclerosis (ALS)	100%
Dementia (including Alzheimer's Disease)	100%
Functional Loss	100%
Multiple Sclerosis (MS)	100%
Parkinson's Disease	100%
Additional Critical Illnesses for your Children	
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Spina Bifida	100%

**Please refer to the policy for complete definitions of covered conditions.*

Covered Condition Benefit

The covered condition benefit is payable once per covered condition per insured.

Unum will pay a covered condition benefit for a different covered condition if:

- the new covered condition is medically unrelated to the first covered condition; or
- the dates of diagnosis are separated by more than 180 days.

Reoccurring Condition Benefit

We will pay the reoccurring condition benefit for the diagnosis of the same covered condition if the covered condition benefit was previously paid and the new date of diagnosis is more than 180 days after the prior date of diagnosis.

The benefit amount for any reoccurring condition benefit is 100% of the percentage of coverage amount for that condition.

The following Covered Conditions are eligible for a reoccurring condition benefit:

- Benign Brain Tumor
- Coma
- Coronary Artery Disease (Minor)
- Coronary Artery Disease (Major)
- End Stage Renal (Kidney) Failure
- Heart Attack (Myocardial Infarction)
- Major Organ Failure Requiring Transplant
- Stroke

Life and AD&D
Lincoln Financial Group

EMPLOYEE BENEFITS

ABOUT LIFE AND AD&D

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/angletonisd

Basic Life/AD&D	
Eligibility description	All full-time employees
Contribution	Your employer pays the cost of your coverage.
Employee life insurance coverage amount	$10,000
AD&D coverage amount	Your AD&D coverage is equal to the life benefit amount.
Benefit reductions	50% reduction at age 70. Benefits end when you retire.

Voluntary Life	
Eligibility description	All full-time employees
Contribution	You pay the cost of your coverage.
Employee life insurance coverage amount	Increments of $10,000
Employee life insurance coverage maximum	This amount may not exceed the lesser of seven times annual earnings rounded to the nearest $10,000 or $500,000.
Spouse coverage	The amount of dependent life insurance coverage cannot be greater than 100% of the employee benefit.
Spouse coverage maximum	This amount may not exceed the lesser of seven times annual earnings rounded to the nearest $5,000 or $500,000.
Dependent child(ren) coverage	Day 1 to 26 years: $10,000
Guaranteed issue: You're not required to answer health questions to qualify for coverage up to and including the specified amount when you sign up for coverage during the initial enrollment period.	Employee: $250,000 Spouse: $50,000
Evidence of insurability (EOI): A health statement requiring you to answer a few medical history questions	Health statement may be required.
Benefit reductions	Employee: 50% reduction at age 70. Benefits end when you retire. Spouse: 50% reduction at age 70. Benefits end when you retire.
Portability: Allows you to continue maintaining coverage if you terminate your employment	Yes
Conversion: Allows you to continue coverage after your group plan has been terminated	Yes, with restrictions. See certificate of benefits.
Accelerated life benefit: A lump-sum benefit is paid to you if you're diagnosed with a terminal condition as defined by the plan.	Yes. See certificate of benefits.

Life and AD&D
Lincoln Financial Group

Voluntary Life	
Waiver of premium: Relieves you from paying premiums during a period of disability that's lasted for a specific length of time	Included
***LifeKeys*® services:** Access to counseling, financial, and legal support services	Included
***TravelConnect*® services:** Access to emergency medical assistance for you and your family when you're on a trip 100 or more miles from home	Included

Employee AD&D	
Coverage options	Increments of $10,000
Maximum coverage amount	This amount may not exceed $500,000

Your employee AD&D coverage amount will reduce by 50% when you reach age 70. Benefits end when you retire.

Family AD&D

You must enroll in family AD&D coverage to elect spouse or child(ren) family AD&D coverage. You may choose to cover your dependent spouse and child(ren) under the family AD&D plan. All eligible dependents will be covered. The spouse and child(ren) family AD&D coverage is a percentage of the employee coverage amount and is based on the employee's dependents.

Spouse coverage without child(ren)	50% of your coverage amount
Spouse coverage with children	40% of your coverage amount
Child(ren) coverage without spouse	15% of your coverage amount for each dependent child
Child(ren) coverage with spouse	10% of your coverage amount for each dependent child

Your employee AD&D coverage amount will reduce by 35% when you reach age 65, and an additional 25% of the original amount when you reach age 70, and an additional 15% of the original amount when you reach age 75. Benefits end when you retire.

Family Protection Plan

Group Term Life Insurance to age 121 with Quality of Life
underwritten by 5Star Life Insurance Company

Make a smart choice to help protect your loved ones and your future.

Life doesn't come with a lesson plan

Help protect your family with the Family Protection Plan Group Level Term Life Insurance to age 121. You can get coverage for your spouse even if you don't elect coverage on yourself. And you can cover your financially dependent children and grandchildren (14 days to 26 years old). The coverage lasts until age 121 for all insured,* so no matter what the future brings, your family is protected.

Why buy life insurance when you're young?

Buying life insurance when you're younger allows you to take advantage of lower premium rates while you're generally healthy, which allows you to purchase more insurance coverage for the future. This is especially important if you have dependents who rely on your income, or you have debt that would need to be paid off.

Portable

Coverage continues with no loss of benefits or increase in cost if you terminate employment after the first premium is paid. We simply bill you directly.

Why is portability important?

Life moves fast so having a portable life insurance allows you to keep your coverage if you leave your school district. Keeping the coverage helps you ensure your family is protected even into your retirement years.

44% of American households would encounter significant financial difficulties within six months if they lost the primary family wage earner.

28% would reach this point in one month or less.

Forbes Life Insurance Statistics, Data and Industry Trends 2024; 2022 Insurance Barometer Study, Life Happens and Limra

LEARN MORE

*As long as premiums are paid.

Underwritten and administered by 5Star Life Insurance Company (a Lincoln, Nebraska company); Mail: PO Box 5005, Batavia, IL 60510-5005. Product not available in all states. Policy #: ICC18-GFPPPOL

Family Protection Plan

Group Term Life Insurance to age 121 with Quality of Life
underwritten by 5Star Life Insurance Company

Terminal illness acceleration of benefits

Coverage pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).

Protection you can count on

Within one business day of notification, payment of 50% of coverage or $10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.

Convenient

Easy payment through payroll deduction.

Quality of Life benefit

Optional benefit that accelerates a portion of the death benefit on a monthly basis, up to 75% of your benefit, and is payable directly to you on a tax favored basis* for the following:

- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.

How does Quality of Life help?

Many individuals who can't take care of themselves require special accommodations to perform ADLs and would need to make modifications to continue to live at home with physical limitation. The proceeds from the Quality of Life benefit can be used for any purpose, including costs for infacility care, home healthcare professionals, home modifications, and more.

2024 Enrollment Plan Year

Guaranteed Issue is offered to all eligible applicants regardless of health status. No Doctor exams or physicals.

Employee: $100,000 | Spouse: $30,000 | Child: $10,000

LEARN MORE

Enroll to provide peace of mind for your family

To do an initial enrollment or if you have questions please call our customer service at 866-914-5202. Monday - Friday | 8:00 am-6:00 pm CST

About the coverage

The Family Protection Plan offers a lump-sum cash benefit if you die before age 121. The initial death benefit is guaranteed to be level for at least the first ten policy years. Afterward, the company intends to provide a non-guaranteed death benefit enhancement which will maintain the initial death benefit level until age 121. The company has the right to discontinue this enhancement. The death benefit enhancement cannot be discontinued on a particular insured due to a change in age, health, or employment status.

* Accelerated benefits may, or may not, be taxable. If so, you or your beneficiary may incur a tax obligation. As with all tax matters, you should consult your personal tax advisor to assess any potential impacts of this benefit. Underwritten and administered by 5Star Life Insurance Company (a Lincoln, Nebraska company); Mail: PO Box 5005, Batavia, IL 60510-5005. Product not available in all states. Policy #: ICC18-GFPPPOL

Identity Theft
LegalShield

EMPLOYEE BENEFITS

ABOUT IDENTITY THEFT PROTECTION

Identity theft protection monitors and alerts you to identity threats. Resolution services are included should your identity ever be compromised while you are covered.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/angletonisd

Identity Theft Is Growing Better Protect You and Your Family
Fraud continues to grow more complex. And, it is becoming harder for consumers and identity theft victims to manage the intricacies on their own. Fraudsters are taking advantage of consumers' increased digital dependence to steal personal and financial information-doubling the amount of identity theft reports to the FTC in 2020.[1]

Identity Theft & Legal Services		
	Individual	Family
Identity Theft Monitoring	$15.95	$15.95
Legal Services	$8.45	$15.95
Combined	$24.40	$28.90

The LegalShield Membership Includes:

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

The IDShield Membership Includes:

Privacy & Security Monitoring
NEW High risk account monitoring.
Comprehensive identity protection service and financial account number monitoring that leaves nothing to chance by monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver's license, passport numbers and medical ID numbers (up to 10). Additionally, we'll give you peace of mind with credit score tracking, financial activity alerts and sex offender searches. With the family plan, Minor Identity Protection is included and provides monitoring for up to 10 children under the age of 18 for no additional cost.

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

Credit Monitoring
Gain access to continuous credit monitoring through TransUnion that you can access immediately via the service portal dashboard on myidshield.com or through the free IDShield mobile app. Credit activity will be reported promptly via an email alert and mobile push notification.

Credit Inquiry Alerts
NEW Instant hard inquiry alerts.
Receive alerts when a creditor requests your TransUnion credit file for the purposes of opening a new credit account or when a creditor requests a credit file for changes that would result in a new financial obligation.

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

Full Service Restoration
If your identity is stolen, our complete recovery services from our Licensed Private Investigators will ensure that it will be restored to its pre-theft status.

masa Access

Stay prepared with MASA® Access℠

Comprehensive coverage and care for emergency transport.

Our Emergent Plus membership plan includes:

Emergency Ground Ambulance Coverage[1]

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

Emergency Air Ambulance Coverage[1]

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

Hospital to Hospital Ambulance Coverage[1]

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

Repatriation Near Home Coverage[1]

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

Did you know?

51.3 million

emergency responses occur each year

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

Source: NEMSIS, National EMS Data Report, 2023

About MASA

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

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

Coverage territories

1: United States and Canada.

Disclaimers

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

Notes

Notes

2024 - 2025 Plan Year

Enrollment Guide General Disclaimer: This summary of benefits for employees is meant only as a brief description of some of the programs for which employees may be eligible. This summary does not include specific plan details. You must refer to the specific plan documentation for specific plan details such as coverage expenses, limitations, exclusions, and other plan terms, which can be found at the Angleton ISD Benefits Website. This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All plans and benefits described in this summary may be discontinued, increased, decreased, or altered at any time with or without notice.

Rate Sheet General Disclaimer: The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at the Angleton ISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.

WWW.MYBENEFITSHUB.COM/ANGLETONISD