ALDINE
Independent School District

2021 Benefits Guide

New Hire

What's Inside – Table of Contents

Aldine ISD is pleased to offer a comprehensive benefit program for you and your family. The decisions you make as a new hire remain in effect until the next open enrollment period, unless you experience a qualifying event.

Welcome to Aldine ISD 3-6
- Eligibility 3
- Enrollment 4
- Qualifying Life Events (QLEs) 5
- Aldine ISD Benefits Overview 6

Medical/Rx 7-12
- What to Know to Understand Your Plan 8
- Medical 9
- Quick Plan Comparisons 10
- Prescription Drug Benefit 11
- Resources Included with Your Health Plan 12

Employee Assistance Program (EAP) 13-14

Flexible Spending Account (FSA) 15

Dental 16-17
- Dental PPO 16
- Dental DMO 17

Vision 18

Life and AD&D 19

Long Term Disability..... 20

AFLAC Products 21-26
- Accident Insurance 21
- Cancer 22
- Critical Illness 23
- Hospital Indemnity 24
- AFLAC Rates 25-26

Legal Plan 27

Identity Theft.....28-29

Contact Information 30

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Who Is Eligible

Who is an Eligible Employee?

You can participate in Aldine ISD benefits plans if:

- You are a regular employee, either active or on a paid leave approved by the district;
- You are an active, contributing member of the Teachers Retirement System (TRS), or will be within 90 days, or, if retired from TRS, you're rehired into a position that makes you eligible for benefits;
- In accordance with the Affordable Care Act (ACA) guidelines, you are also eligible for benefits if you work for Aldine ISD 30 hours or more per week

Benefits are effective the 1st of the month following DOH.

Who is an Eligible Dependent?

- Your spouse;
- Your child(ren) under age 26, including stepchildren, adopted children, and children for whom you are the legal guardian or who are the subject of a medical support order;
- Certain children over age 26, who are determined by the HR Benefits Department to be medically incapacitated and are unable to provide their own support;
- Your child(ren) who qualify as your dependents under the terms of a qualified medical child support order (QMCSO)

Examples of dependents who are not eligible for coverage:

- Your common-law spouse, unless you have a Declaration of Informal Marriage;
- Your former spouse;
- Your child over age 26, if not medically incapacitated and unable to provide their own support;
- Foster children who are covered by another government program, unless required by law or court order;
- Any child for whom you only have power of attorney;
- Any dependent insured in the same plan type by another Aldine ISD employee

Dependent Verification System (DVS)

- Anytime you add a dependent for the first time, will need to use ADP's Dependent Verification System (DVS) and submit proper documentation to ADP for review;
- At the end of your enrollment activity, when you complete and submit your elections, there will be a pop up that contains your confirmation statement for the elections made as well as information on how to complete the DVS process;
- You will be able to upload documents required for DVS and can submit at that time, OR you can respond to the letter ADP will send you;
- Once approved, you will be notified and your elections will be updated to reflect your covered dependents

Enrolling Is Easy

Dates To Remember:

New Hires:

- Must enroll within 31 days of hire date
- Benefits will begin 1st of the month following your date of hire

We Have Two Easy Ways For You To Enroll:

- Qualifying life events must be submitted within 31 days of event
- Online anytime at **www.myadp.com**
- Call the Benefits Outlook: **866.284.2473, Option 1**

How Do I Enroll?

During the enrollment period, you and/or your eligible dependent(s) have the opportunity to **enroll** for all benefits or **make changes** to your current benefit elections. If you are currently enrolled in our medical, and do not wish to make any changes to your existing coverage, no action is required on your part. **However, if you wish to have Dental, Vision, Flexible Spending Account (FSA) and/or Voluntary benefits in 2021, you must enroll online or contact Benefits Outlook at 866.284.2473, Option 1 to enroll in these benefit plans.**

The best way to sign up is online.

Once you've studied your options and made your decisions, it's time to sign up.

Here's how you get there:

- Go to **www.aldinebenefits.org**
- Click **Enroll Now!**
- If you are a first-time user, you will need to register. Click **REGISTER NOW** and use registration code: **ALDISD-BenefitsOffice**. Benefits are not based on the school year calendar.

Once you become eligible for benefits and enroll, your benefits run through the end of the calendar year, with few exceptions. It's one of the few things that don't start and stop with the school year.

When Adding or Dropping Dependents:

You have 31 days from the date of a qualified change of status event to complete changes to your benefits that are consistent with that event. If you do not make your eligible changes during the 31-day status change period (60 days for changes related to CHIP, Medicare or Medicaid eligibility), your changes cannot be made until the next Annual Enrollment in November, to be effective at the start of the new plan year January 1st.

- Mid-year benefit changes are only permitted in the event of a Qualifying Life Event.
- Benefit election changes must be consistent with the event.
- Switching plans during the calendar year is not permitted.
- You can only make changes to the specific plans where dependents will be affected.
- Benefits and new rates become effective the date of the event for birth, adoption, marriage, divorce, and death; or the day after benefits end, when the event is loss of coverage.
- The event date must be consistent with the information in the Supporting Documentation.

Aldine ISD Benefits Overview

We provide our eligible employees with an expansive benefits program that supports overall health, wellness and financial security. Here's an overview of your options. Please visit the Aldine Benefits Outlook at **www.aldinebenefits.org** for more detailed information.

Health and wellness benefits include:

- Medical/Rx, dental and vision plans
- Discount prescription drug programs (if not enrolled in the district medical plan)
- Employee Assistance Program
- Cancer and Specified Diseases, Hospital Indemnity and Critical Illness plans
- Flexible Spending Accounts (FSA) to help pay for medical, dental, vision and dependent day care
- Accident plan
- Health club membership program
- Personal legal plan

Financial benefits include:

- Teachers Retirement System (TRS) of Texas
- 403(b) tax-sheltered annuities and mutual funds
- 457 savings for retirement
- 401(a) matching plan for retirement savings
- 529 savings plan for college/education

Additional information and resources are available at **www.aldinebenefits.org**. You can also call Benefits Outlook at **866.284.AISD (2473), Option 1**. English and Spanish-speaking representatives are available to assist you Monday through Friday, 7 a.m. to 7 p.m. (except holidays) and Saturday 7 a.m. to 4 p.m.

A step-by-step guide to benefits enrollment:

1. Visit the Aldine Benefits Outlook website at **www.aldinebenefits.org** to review the specific benefit plans and coverages that are most appropriate for you and your covered dependents. We highly recommend reviewing the **"Benefits Overview Presentation"** in the **"Benefits Library"**.
2. Watch for an Invitation to Enroll email alert at your district email address approximately two weeks after your employment date.
3. Enroll online:
   - Go to **www.aldinebenefits.org**
   - Click **Enroll Now**!
4. If you are a First-Time User, you will need to register. Click **REGISTER NOW** and use registration code **ALDISD-BenefitsOffice**.
5. You may also call Benefits Outlook at **866.284.AISD (2473), Option 1**
6. The enrollment deadline is 31 days after your benefits effective date or the print date on your Invitation to Enroll email alert, whichever is later.
7. **Deductions for premiums may not be reflected on your first paycheck due to the timing of payroll processing and your actual selection of benefits. This means that there may be multiple deductions from your paycheck after you select your benefits. Please complete your benefits enrollment as soon as possible to lessen the impact of multiple deductions.**
8. Benefits are effective the first day of the month following your date of hire. If you were hired on the first day of the month, then that is also your benefits effective date. Elections that require evidence of insurability (EOI) are effective the first day of the month following notification of approval.

You can find the plan that's best for you

Choosing a health plan does not have to be hard.

When it comes to your benefits, making the right choice for you and your family is important. The decisions you make will determine what you'll pay for medical care, which doctors you see, and how you will pay those bills if you are unable to work.

That's why we're providing several tools that will help you understand the options you have and how they will affect you in 2021. This guide is a good place to start learning important information about your benefits. You can also go to **www.aldinebenefits.org/ben101** to meet Ben, Aldine's helpful online benefits guide. You can call **Benefits Outlook** at **866.284.AISD (2473), Option 1** between 7 a.m. and 7 p.m. on weekdays and 7 a.m. to 4 p.m. on Saturdays to speak with a benefits representative who can answer your questions about Aldine ISD benefits.

To see your current coverage or to enroll online, go to www.aldinebenefits.org, click Enroll Now! If you are a First-Time User, you will need to register. Scroll down, click **REGISTER NOW** and use registration code **ALDISD-BenefitsOffice**.

What To Know To Understand Your Plan

Self-Funded

Aldine ISD manages a self-funded medical plan, which means both the District and your contributions pay our medical bills. Together, we can help manage our overall healthcare spending so we can keep premiums affordable for employees.

Using and paying for health care does not have to be complicated.

Once you know how your plan works, it's easy to get the care you need.

Coinsurance

The money that an individual is required to pay for services, after a deductible has been paid. It is often a specified percentage of the charges. For example, the employee pays 20 percent of the contracted rate while the health plan pays 80 percent.

Copayment

Set dollar amount you pay for a covered product or service. The individual must pay his or her share when services are rendered. The healthcare plan pays the remainder of the costs.

Deductible

Before health insurance will start reducing what you pay for health care, you must meet your deductible. This means that you must pay for 100% of what your services cost until you have spent a certain dollar amount (your deductible). Certain services, such as preventive care, do not require you to pay toward your deductible before your health plan begins lowering what you'll pay.

Elimination Period

The period of time you must be disabled, due to a covered disability, before this plan's benefits are payable.

Emergency room

Emergency rooms are places designed to save life and limb – things like heart attacks, strokes and unstoppable bleeding – that is why they are typically the most expensive place to receive health care services. To keep health plan costs down, our medical plans have an additional $250 copay for trips to the emergency room; however this additional copay is waived if you are admitted to the hospital. Emergency rooms are not always in hospitals and are now frequently in buildings that look like regular doctor's offices or urgent care clinics. The only way to be sure is to ask.

In-Network

Refers to the physicians, hospitals, or other health care providers who contract with the insurance plan to provide services to its members. Except in the case of an emergency, your medical plans provide for in-network coverage only, no out-of-network coverage, including labs and x-ray facilities.

Out-of-Network

Refers to physicians, hospitals, or other health care providers who do not contract with the insurance plan to provide services to its members. Services provided by out-of-network providers through the medical plan may not be covered.

Out-of-pocket maximum

Every Aldine ISD health plan has a limit on how much you will pay for covered services in a year. This amount is the plan's out-of-pocket maximum. Even if your costs are $500,000, the most that you will pay for in-network covered services is your out-of-pocket maximum.

Preventive care

Certain services, such as annual physical exams, routine OB/GYN services, qualifying cancer screening and more, are preventive care. These are provided at no charge – even if you have not met your deductible. Every health plan Aldine ISD offers includes these services, so do not miss out on making the most of them!

Primary/specialist care

The services that your regular doctor provides, in a doctor's office, are primary care. Non-emergency care beyond this, for a more severe injury or medical need, will typically be provided by a specialist.

Short-term/maintenance medication

Short-term medical conditions, like a sinus infection, are often treated with what are called short-term medications which have limited or no refills. Ongoing medical conditions, like high blood pressure or diabetes, are often treated with medications that are prescribed long-term, which are called maintenance medications. See page 11 to learn more about prescription drugs.

If you're ever unclear about something when using your health plan, call Benefits Outlook at **866.284.AISD (2473)**, **Option 1**.

Administered by Aetna

Your medical plan determines which doctors you see

Choose a plan that has your doctors in-network.

Each of our medical plans is associated with a different network of doctors and hospitals. If you visit a doctor that's not in the network, you may receive a larger bill than you were expecting.

If there is a doctor you want to be able to see, make sure they are in the network of any plan you are considering. A little research now can save you later. Go to **www.aetna.com/docfind** to see which doctors are in each network.

Open Access Select

The Open Access Select plan is the broad network plan with a low monthly premium balanced out by a high annual deductible and out-of-pocket maximum. It has access to a broad network of doctors and hospitals, including Kelsey-Seybold clinics and health professionals.

The low monthly cost for this plan is appealing to people with few medical needs however, if you go to the doctor a lot, you may have to meet your deductible before coverage begins

Who is this plan for?
If you want the freedom to have the largest network with the fewest restrictions, you may want to consider this plan.

Memorial Hermann ACO

This plan offers you predictable costs for common medical expenses.

- Limited to Memorial Hermann providers and facilities
- Set copays for common medical expenses
  - Primary care: $50
  - Specialist: $100

Who is this plan for?
If the doctors and facilities you routinely use are in the Memorial Hermann system, consider selecting this plan.

KelseyCare ACO

This plan offers you predictable costs for common medical expenses.

- Limited to Kelsey-Seybold providers and facilities
- Set copays for common medical expenses
  - Primary care: $50
  - Specialist: $100

Who is this plan for?
If your doctors are part of Kelsey-Seybold and you're comfortable staying within Kelsey-Seybold's clinics for your medical care, consider this plan.

Please review the plan comparison chart to see the design for the three plans. See the comparison chart at **www.aldinebenefits.org**.

Knowing where to go saves time and money.

Whether it's for a common illness or something life-threatening, matching your medical needs to the right medical setting and staying in network will save both you and the district time and money.

RediMD

Examples: UTIs, colds, allergies, headaches, an upset stomach or skin irritation, the flu, strep throat, fever, vomiting or diarrhea

Primary care physician (PCP)

Examples: annual checkups and chronic diseases like hypertension or diabetes and mental health concerns

Urgent care center

Examples: broken bones, minor cuts needing stitches, the flu, strep throat, fever, vomiting or diarrhea

Emergency room

Examples: life-threatening emergencies like chest pain, difficulty breathing, bleeding that won't stop or stroke symptoms

2021 Medical Plan Comparison

Aldine ISD contributes $330, or $165 per paycheck, to each employees' Medical/Rx plan election. For a more comprehensive look at these plan options, visit the Benefits Outlook website.

	Open Access Select	KelseyCare ACO	Memorial Hermann ACO
Rates (based on 24 pay periods)			
Employee Only	$48.00	$77.18	$93.26
Employee + Spouse	$312.07	$355.70	$429.82
Employee + Child	$205.08	$254.52	$307.56
Employee + Children	$266.24	$331.62	$400.72
Employee + Family	$484.30	$629.12	$760.21
When You Get In-Network Care, You Pay[1]			
Annual Deductible			
Individual	$4,500	$2,500	$2,500
Family	$9,000	$5,000	$5,000
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays and coinsurance)			
Individual	$7,100	$6,500	$6,500
Family	$14,200	$13,100	$13,000
Cost For Covered Services After Your Deductible Has Been Met[2]			
Preventive care exams	Free	Free	Free
Office visits			
Primary care (PCP)	0% for the first $225, then 30%	$50	$50
Specialists		$100	$100
Telemedicine	Covered at 100%, deductible waived	Covered at 100%, deductible waived	Covered at 100%, deductible waived
Inpatient—hospital (pre-certification required)	30%	$150 per day for the first 5 days	20%
Outpatient—hospital (pre-certification required)		20%	
Outpatient—freestanding and surgical center (pre-certification required)			
Emergency care	30% + $250 copay (copay waived if admitted to the hospital)	$20% + $250 copay (copay waived if admitted to the hospital)	20% + $250 copay (copay waived if admitted to the hospital)
Non-emergency care in an emergency room	50%	40%	40%
Urgent care facility	30%	$75	$75
Lab, X-Ray, diagnostic testing	30%	Included in physician copay at Kelsey-Seybold	20%
Advanced imaging, diagnostic scans (MRI, MRA, CAT, PET) **freestanding facility, independent lab, outpatient hospital**	30%	20% + $100 copay	20%
Maternity—delivery	30%	20%	20%
Mental health and substance abuse—inpatient	30%	20%	20%
Mental health and substance abuse—outpatient	30%	$50	$50

[1]Medical copays and prescription drug deductible and copays, plus limited fee schedule or reasonable and customary cutback penalties do not apply to the annual deductible.
[2]Out-of-network facility charges exceeding the limited fee schedule amount are not covered and will not be applied to the deductible or coinsurance maximum. Employee is responsible for paying the difference between the covered amount and the amount the facility charges.

Your Medical Plan Includes Prescription Drug Benefits, Administered By Express Scripts

Many people spend more on prescriptions than doctor visits, so don't overlook these costs when choosing a plan.

For short-term prescriptions

Take your prescription and your ID card to a participating local pharmacy. After you meet your annual prescription drug deductible, you will pay the lesser of the actual drug cost or a copay/coinsurance for each prescription.

For long-term, maintenance medications

The Smart90 program lets you receive a 90-day-supply of your medications by mail through Express Scripts or at one of Express Scripts' partner pharmacies, including Walmart, Rite Aid, Costco, H-E-B, Randalls, and more, subject to change. **(CVS and Walgreens are not 90-day-supply retailers.)**

You can also sign up for their automatic prescription refill program which will automatically send your refills and request a new prescription from your doctor when needed. What you pay for prescription medications is determined by the type of medication your doctor prescribes. By speaking with your pharmacist and physician about your options, you could lower what you pay for prescriptions.

No-Cost Prescriptions for High Blood Pressure, High Cholesterol, and Diabetes

Generic drugs for high blood pressure, high cholesterol, and diabetes (including injectable insulin) remain available at no cost to you, as long as you are enrolled in an Aldine ISD medical plan and purchase 90-day supplies through Express Scripts or at an Express Scripts retail Smart90 pharmacy partner. Aldine ISD plans also cover women's generic contraceptives (as well as those that have no generic available) at 100%.

Generic

A prescription or over-the-counter (OTC) medicine that has the same active ingredient as a brand-name version that's on the market. Generic drugs often are a lower-cost option to their brand-name versions. They can be identical to the brand-name drug or are:

- generic equivalent: it's similar to the brand-name drug and has the same active ingredient, but has different inactive ingredients.
- generic alternative: it has a different active ingredient from the brand-name drug, but a similar clinical effect on the body.

Brand-Name Drug

Medicine that is sold by a company under a specific name or trademark and is protected by a patent.

Specialty Pharmacy

Specialty medicine is used to treat complex and long-term conditions, and usually has to be stored or handled in special ways. People take specialty medicines for conditions such as multiple sclerosis, rheumatoid arthritis, or hemophilia. If you are taking a specialty medicine you can find services through our specialty pharmacy Accredo.

Prescription drug plan highlights

	Open Access Select	Memorial Hermann ACO and KelseyCare ACO
Annual Deductible	$250 individual/$500 per family	$75 per individual
Annual Out-of-Pocket Maximum	Included with medical	Included with medical
Prescription drugs, 30-day retail		
Generic	30%	$15
Preferred brand		$35
Nonpreferred		$55
Specialty		Call ESI for specific drug coverage information
Prescription drugs, 90-day mail or retail		
Generic	30%	$37.50
Preferred brand		$87.50
Nonpreferred		$137.50
Specialty		Call ESI for specific drug coverage information

Resources Included With Your Health Plan

RediMD

A telemedicine provider that makes getting care for minor illnesses easier and reduces unnecessary emergency room visits, RediMD provides primary medical care online via webcam, smart-phone or telephone. To be diagnosed, get a prescription or get a recommendation for treatment, **contact RediMD at www.redimd.com**. If you are covered under Aldine's medical plans, you can access RediMD for free! If you are not covered under Aldine's medical plans, you can still use RediMD and will be charged $35 charge per visit. Use code **aldineisd**. Be sure to check **www.aldinebenefits.org** for an up-to-date listing of all our offerings.

Aetna Maternity Management

Here for you. Have questions about your pregnancy? Don't worry. Aetna can help you out. You'll learn what you need to know so you can prepare. Joining is easy. This program is included with your Aetna® health benefits and insurance plan. There is no extra cost to you. All you have to do is **sign up at www.aetna.com** and complete a pregnancy survey. This helps us get to know you a little better.

Understanding Your Health Just Got Easier

Get clear and reliable health information. Were you recently diagnosed with a medical condition, or are you facing possible surgery? Are you unsure about the best treatment for you? When it comes to your health, there's a lot to think about. Log on to **www.aetna.com** to get easy-to-understand medical information from Health Decision Support, a library of online learning programs. You can:

- Get a better understanding of health conditions, treatments, procedures and surgery options
- Gain a better understanding of complex medical information
- Make more informed choices about your health care about

Important

Visit **www.aldinebenefits.org** for more information about your voluntary benefit options.

Specialty Medications

Specialty Medications are those that are used to treat complex, chronic conditions like cancer, rheumatoid arthritis and MS, and often require special handling and administration. Specialty medications require prior authorization and quantity limits may apply. There are additional specialty programs you may be subjected to, login to your ESI account for more information. All Specialty Medications must be purchased through Accredo. For additional information, Accredo can be reached at **800.803.2523**.

Don't Forget About Online Tools!

Register for access to both online and member app tools with Aetna and Express-Scripts! You can use their apps to get instant access to your specific health plan benefits, as well as access your Digital Member ID card!

Aetna: www.aetna.com
Express-Scripts: www.express-scripts.com

Employee Assistance Program (EAP)

Resources for Living: Here for You!

Available 24 hours a day, 365 days a year

Resources For Living is an employer sponsored program, **available at no cost** to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home.

- **No-Cost Counseling Sessions**
  - 3 Sessions/Issue/Year
  - Counseling Sessions are available face to face, by phone, or televideo

To Access Services

1.844.317.2473, TTY: **711**
Website: **www.resourcesforliving.com** Username: ALDINE Password: EAP

Emotional well-being support

You can access up to 3 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face to face or online with televideo. Services are free and confidential. We're always here to help with a wide range of issues including:

- Relationship support
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Depression
- Anxiety
- Substance misuse and more
- Self-esteem and personal development

Daily Life Assistance

Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Summer programs for kids
- School and financial aid research
- Care for older adults
- Caregiver support
- Special needs
- Pet care
- Home repair and improvement
- Household services and more

We also offer carekits related to growing families, child care, caregiving and more.

Employee Assistance Program (EAP), continued

Resources for Living Continued

Online resources

Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Adult care and child care provider search tool
- Stress resource center
- Video resources
- Live and recorded webinars
- Mobile app

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

myStrength

myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain.

Other services

Identity theft services — One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

MindCheck online tools make it easy to improve your emotional well-being. Measure your mindset and get feedback and resources to maintain a positive outlook.

Legal services

You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- General
- Family
- Criminal law
- Elder law and estate planning
- Divorce
- Wills and other document preparation
- Real estate transactions
- Mediation services

If you opt for services beyond the initial consultation you can get a 25 percent discount.

*Services must be related to the employee and eligible household members. Work-related issues are not covered. Discount does not include flat legal fees, contingency fees and plan mediator services.

Financial services

Simply call for a free 30-minute consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions and preparation

You can also get a 25 percent discount on tax preparation services.

*Services must be for financial matters related to the employee and eligible household members.

Flexible Spending Account (FSA)

Administered by Payflex

The Simple way to save for Health and Dependent care expenses

PLEASE NOTE: You must enroll in your FSA each year. Enrollments do not roll over!

Health Care FSA

You can contribute pretax dollars from your paycheck, up to the Internal Revenue Service (IRS) limit of ***$2,750***.* Your full contribution is available at the start of the plan year to pay for eligible health care expenses. It covers you, your spouse and/or your tax dependents for:

- Copays, coinsurance and deductibles
- Dental expenses like orthodontia, crowns and bridges
- Vision expenses like LASIK eye surgery, glasses and contacts
- Prescription drugs and over-the-counter (OTC) items

Dependent Care FSA

- You can contribute pretax dollars from your paycheck, up to the Internal Revenue Service (IRS) limit of $5,000.* Funds are for your dependent(s) age 12 or younger or a spouse or dependent incapable of self-care.
- This FSA pays for eligible child and adult care expenses, such as day care, preschool and nursery school, in-home aid, and more.
- IRS "use it or lose it" rule applies, and you cannot be reimbursed for any expense that is also covered by a tax credit on your federal tax return.

How can I access my FSA funds?

- Online account access and claim submissions: **www.payflex.com**
- Automatic direct deposit into your checking or savings account
- Help center at **1.844.729.3539 (TTY:711)** Monday - Friday 7 a.m. - 7 p.m. CST, and Saturday 9 a.m. - 2 p.m CST.
- Payflex mobile app available to help manage you account, view alerts, and snap a photo of your receipts for claim submission

For more information, visit PayFlex at **www.payflex.com** for a full list of eligible expenses.

*These limits are subject to change, and some employers may set a lower limit. Please check your plan details for how much you can contribute.

Dental PPO

Provided by Aetna

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26
Deductibles Deductible applies Basic and Major Services only	$50 per person / $150 per family each calendar year
	Yes
Maximums	$1,750 per person each calendar year

	Low Plan	High Plan
Benefits and Covered Services	**Passive PDN MAX with PDNII Network In-Network Fee Schedule**	**Passive PDN with PDNII Network 90th R & C**
Preventive Services Exams, cleanings and x-rays	100%	100%
Basic Services Fillings, simple tooth extractions	80%	80%
Major Services Crowns, inlays, onlays and Implants	50%	50%
Orthodontic Benefits Adults and dependent children	50%	50%
Orthodontic Maximums	$1,500 Lifetime	$1,500 Lifetime

Dental Rates – Aetna		
Per Paycheck Rates	**Low Plan**	**High Plan**
Employee Only	$18.51	$24.08
Employee + Spouse	$35.03	$45.47
Employee + Child (ren)	$36.60	$47.60
Family	$57.24	$74.45

Understanding the difference between the Low Plan and High Plan!

High Plan:

Allows you to use any dentist, whether they contract with Aetna or not; however if you use an out-of-network dentist, your reimbursement will be based at 90% of UCR. UCR stands for Usual, Customary and Reasonable.

Who should consider this plan?
If your dentist is not in Aetna's network, and you do not want to change, consider this plan as it will give you the strongest reimbursement for your dental services.

Low Plan:

Allows you to use any dentist, whether they contract with Aetna or not; however if you use an out-of-network dentist, you will be subject to a Maximum Allowable Charge (PPO MAX). Under this PPO Max plan, reimbursement for services provided by an out-of-network dentist is capped. For example, if you visit an out-of-network dentist who charges $150 for a cleaning (covered at 100%) but the MAC is set at $100, insurance will cover $100 and you will be responsible for the remaining $50.

Who should consider this plan?
If your dentist is in Aetna's network, this is the plan for you as it will give you the strongest coverage and your annual plan maximum will go the furthest. If your dentist is not in Aetna's network, you may want to consider the High plan.

How To Find A Dentist

Register for member access at **www.aetna.com** to find additional information on your benefits and search for in-network providers.

DMO–How It Works

Provided by Aetna

THE DMO PLAN DOESN'T HAVE ANY DEDUCTIBLES OR MAXIMUMS. INSTEAD, WHEN YOU RECEIVE A DENTAL SERVICE, YOU PAY A FIXED DOLLAR AMOUNT FOR THE TREATMENT (A "COPAYMENT").

- Enrollees must select a primary care dentist (PCD) prior to seeking services
- Family members can choose their own primary care dentist
- You can change your primary care dentist (PCD) once a month on your member website or by calling **1.877.238.6200**. Switch by the 15th day of the month for the change to take effect the first day of the following month
- Pay a fixed dollar amount (copay) when you receive service at your assigned primary care dentist (PCD)
- See your primary care dentist (PCD) for regular exams and to get referrals if you need specialty care
- When you visit an orthodontist, who participates in the DMO network, you won't need a referral
- Reference DMO Plan summary for more detailed Plan Descriptions, Limitations and Exclusions
- Employees must either live or work within the approved DMO service area of Texas to be eligible to enroll in the DMO coverage.

Dental Rates – Aetna	
Per Paycheck Rates	**DHMO Plan**
Employee Only	$5.51
Employee + Spouse	$10.30
Employee + Child (ren)	$9.35
Family	$13.44

Reference DMO Plan summary for more detailed Plan Descriptions, Limitations and Exclusions.

How To Find A DMO Provider

Register for member access at **www.aetna.com** to find additional information on your benefits and search for in-network providers.

Vision

Provided by Aetna

We need to take care of our eyes like we take care of our bodies and teeth; care should be preventive, not reactive. Many simple vision problems go undiagnosed – problems that could be detected by an eye exam – so there is no need to live with vision challenges, such as seeing objects in the distance or up close, general eye strain, blurry vision, headaches, etc.

Did you know that your eyes are the windows to your health? It's true! By looking into your eyes during a comprehensive eye exam, your eye care provider can not only identify vision issues, including cataracts, glaucoma, and macular degeneration, but they can also identify systemic diseases such as diabetes, hypertension, and high cholesterol. Early detection can help lessen some of the long-term effects and help preserve vision.

Vision			
Benefit	**In-Network Provider**	**Out-of-Network Provider**	**Frequency of Benefit**
Routine Exams	$10 copay	$40 Reimbursement	Once every 12 months
Lenses			
Single vision	$15 copay	Up to $40 Retail Value	Once every 12 months
Bifocal	$15 copay	Up to $60 Retail Value	
Trifocal	$15 copay	Up to $80 Retail Value	
Lenticular	$15 copay	Up to $80 Retail Value	
Contact Lenses			
Conventional	$125 allowance	$125 Reimbursement	Once every 12 months
Disposable	$125 allowance	$125 Reimbursement	
Medically Required	$0 copay	$210 Reimbursement	
Frames	$150 allowance	$75 reimbursement	Once every 12 months

Vision Rates – Aetna	
Per Paycheck Rates	
Employee Only	$2.90
Employee + Spouse	$5.74
Employee + Child (ren)	$6.03
Family	$8.93

How To Find A Vision Provider

Register for member access at **www.aetna.com** to find additional information on your benefits and search for in-network providers.

Provided by UNUM

Basic Life Insurance, Employee Only

NEW FOR 2021! Aldine ISD will now provide a $10,000 life/AD&D insurance policy for all Full-time benefit eligible employees. Be sure to designate your beneficiary during Open Enrollment!

Supplemental Life & AD&D Insurance, Employee, Spouse, Dependents

If you want additional life insurance, you can buy it. Remember, whatever you buy for yourself, you can also purchase 100% of that amount for your spouse.

Employee Situation	Coverage Option
You	Get 1-7 times your salary to a maximum of $700,000 You can get up to the lesser of 5 times your salary or $350,000 with no health questions. This is your guaranteed issue amount.
Your Spouse	Get up to $300,000 of coverage in $10,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to $50,000 with no health questions, if eligible (see delayed effective date).This is their guaranteed issue amount.
Your Children	Get up to $20,000 of coverage in $5,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is $5,000.

Eligibility	All benefit eligible full-time employee who are actively at work and working a minimum of 30 hours each week
Reduction Schedule	None
Actively at work	If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.

Buy-up Life Rates – Unum Per Paycheck Rates Per $1,000		
Age	**Employee**	**Spouse**
15-24	$0.0245	$0.0245
25-29	$0.0330	$0.0330
30-34	$0.0370	$0.0370
35-39	$0.0500	$0.0500
40-44	$0.0715	$0.0715
45-49	$0.1055	$0.1055
50-54	$0.1905	$0.1905
55-59	$0.2410	$0.2410
60-64	$0.4280	$0.4280
65-69	$0.6025	$0.6025
70-74	$0.6025	$0.6025
75+	$0.6025	$0.6025
Child Rate	$.0.0325 per $1,000	

*Any amounts over Guaranteed Issue are subject to Evidence of Insurability by Unum. You will receive notification once approved.

Long Term Disability

Provided by The Standard

Educator Long Term Disability Insurance is offered through The Standard and 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. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

- Employees can choose their Monthly Benefit Amount in $100 increments, up to $8,000 (not to exceed the elected LTD benefit percent selected).
- Employees can choose from among four accident/sickness Benefit Waiting Periods. A benefit waiting period is the period of time in which an employee must be continuously disabled before you are eligible for benefits.

LTD Benefit*		
	Maximum Monthly Benefit	**Benefit Waiting Period**
40 percent of the first $20,000	$8,000	30 days
40 percent of the first $20,000	$8,000	60 days
40 percent of the first $20,000	$8,000	90 days
40 percent of the first $20,000	$8,000	180 days
50 percent of the first $16,000	$8,000	30 days
50 percent of the first $16,000	$8,000	60 days
50 percent of the first $16,000	$8,000	90 days
50 percent of the first $16,000	$8,000	180 days
60 percent of the first $13,333	$8,000	30 days
60 percent of the first $13,333	$8,000	60 days
60 percent of the first $13,333	$8,000	90 days
60 percent of the first $13,333	$8,000	180 days

*This is based on a percentage of a predetermined amount of your predisability earnings, reduced by deductible income.

- **Pre-existing Condition Period** – The period of 365 days before the insurance will cover any pre-existing conditions
- **Exclusion Period** – 12 months
- **24 Hour Coverage** – LTD plans provide coverage for disabilities occurring on or off job

Long Term Disability Coverage – The Standard Per Paycheck Rates Per $100	
Benefit Level	**2021 Rate**
40%; 30 day	$0.408
40%; 60 day	$0.203
40%; 90 day	$0.180
40%; 180 day	$0.088
50%; 30 day	$0.350
50%; 60 day	$0.303
50%; 90 day	$0.236
50%; 180 day	$0.119
60%; 30 day	$1.064
60%; 60 day	$0.512
60%; 90 day	$0.208
60%; 180 day	$0.165

Provided by AFLAC

Accident Insurance

Accidents Happen

Fortunately, We Can Help With Unexpected Expenses

Accident Insurance is offered through AFLAC. With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.

You have a choice of two accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

AFLAC Accident Insurance helps offset the cost associated with both minor and major accidents:

- For every covered accident, AFLAC can pay a benefit based on the injury you sustain and the various treatments and/or services received, regardless of what is covered by medical insurance.

A Benefit When You Need It

Consider some of the unexpected costs that may result from an accident such as travel to treatment centers, child care while recovering, household expenses while you can't work, or even modifications to a home or automobile. Payments are made directly to the employee and can be used for any purpose — even everyday expenses like groceries, rent and mortgage.

It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Hospitalization
- Physical Therapy
- Major Diagnostic Testing Fractures, Burns, and Dislocations
- Accidental Death

Actively at work—If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.

AFLAC Products, continued

Cancer
Provided by AFLAC

Aflac Group Cancer pays cash benefits directly to you, unless assigned, when you need them most. If you're ever diagnosed with a covered cancer, these benefits are more important than ever. Why? Because cancer treatment is expensive more than any other chronic illness.

Every year, more and more people are being diagnosed with cancer. Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose—such as travel to treatment centers, medical copays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

Cancer		
	High	**Low**
First Occurrence Benefit	$5,000	$1,500
Hospital Confinement	$300-$600 per day	$200-$400 per day
Second Surgical Opinion	$250	$200
Radiation and Chemotherapy	$300 per day	$200 per day
Experimental Treatment	$300	$200
Surgical Benefit	$100-$5,000	$95-$3,000
Skin Cancer Surgery	$100-600	
Bone Marrow Transplant	Up to $10,000 in Hospital Up to $5,000 Outpatient	
Ambulance Benefit	Incurred Charges	
Family Member Lodging	$60 per day	$50 per day
Transportation Benefit	Up to $1,500	Up to $1,200
Home Health Care	Up to $50 a day to 30 visits	
Hospice	Up to $12,000	Up to $12,000
National Cancer Consultation	$500	$500
Cancer Screening Wellness Benefit	$100	$50
Optional ICU Rider	$600 a day up to $30 days	

Critical Illness
Provided by AFLAC

Added Protection For More Peace Of Mind

With the rising cost of healthcare, getting seriously ill could have a big impact on your finances. With supplemental health insurance that has critical illness coverage, you are paid cash benefits that can help pay for bills and expenses that your existing health insurance plan doesn't cover.

Critical Illness Insurance Offers More Coverage

If you are diagnosed with a critical illness, critical illness insurance can help you pay for expenses that aren't covered by your existing health insurance plan. Critical illness coverage pays you a lump- sum cash benefit to help pay for treatment or bills, and you can add a wellness benefit option to help cover the cost of health screening tests.

Employee and Spouse Coverage Available

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

Critical Illness Benefits		
	$10,000	**$25,000**
Heart Attack	100%	100%
Stroke	100%	100%
Cancer (Internal or Invasive)	100%	100%
Major Organ Transplant	100%	100%
Kidney Failure (End Stage renal Failure)	100%	100%
Benign Brain Tumor	100%	100%
Coma, Severe Burns, or Paralysis	100%	100%
Loss of Sight, Speech or Hearing	100%	100%
Carcinoma In Situ **Coronary Artery Bypass Surgery**	25%	25%
Wellness Benefit (per year)	$50	$50

AFLAC Products, continued

Hospital Indemnity
Provided by AFLAC

Hospital care and physician/clinical services combined account for over half (52%) of the nation's health expenditures*

As health care costs continue to rise, employees realize they are responsible for paying more and more out-of-pocket costs with every accident and illness. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

How will you help protect your savings when you have a covered accident or sickness?

If you are confined to the hospital, major medical insurance will help with many medical expenses, but you could be left with out-of-pocket expenses like deductibles and co-pays. You could also lose pay while you're out of work. And you can be sure that the bills will keep coming. Aflac is here to help.!

Plan Options		
	High	**Low**
HOSPITAL ADMISSION (per full admission) ONCE PER COVERED SICKNESS OR ACCIDENT	$500	$300
HOSPITAL CONFINEMENT (per day) Maximum confinement period: 365 days per covered sickness or covered accident	$150	$75
HOSPITAL INTENSIVE CARE (per day) Maximum confinement period: 365 days per covered sickness or covered accident	$300	$150

2021 AFLAC Rates

Aflac – Cancer Rates		
Per Paycheck Rates		
	Low Option	High Option
Employee Only	$5.55	$10.08
Employee + Spouse	$9.25	$18.30
Employee + Child(ren)	$7.10	$13.36
Employee + Family	$9.25	$18.30
	Low Option + ICU Rider	High Option + ICU Rider
Employee Only	$8.76	$13.29
Employee + Spouse	$15.85	$24.91
Employee + Child(ren)	$13.72	$19.97
Employee + Family	$15.85	$24.91

Aflac – Hospital Indemnity Plans		
Per Paycheck Rates		
	Low Option	High Option
Employee Only	$2.53	$4.80
Employee + Spouse	$4.73	$8.99
Employee + Child(ren)	$4.46	$8.34
Employee + Family	$6.67	$12.53

Aflac – Critical Illness Rates		
Per Paycheck Rates		
Age Bands	Low Option $10,000 Attained Age Rates	High Option $25,000 Attained Age Rates
Ages 18-24		
Employee Only	$1.30	$2.33
Employee + Spouse	$2.25	$3.79
Employee + Child(ren)	$1.30	$2.33
Employee + Family	$2.25	$3.79
Ages 25-29		
Employee Only	$1.68	$3.29
Employee + Spouse	$2.83	$5.24
Employee + Child(ren)	$1.68	$3.29
Employee + Family	$2.83	$5.24
Ages 30-34		
Employee Only	$1.85	$3.71
Employee + Spouse	$3.08	$5.87
Employee + Child(ren)	$1.85	$3.71
Employee + Family	$3.08	$5.87
Ages 35-39		
Employee Only	$2.71	$5.85
Employee + Spouse	$4.37	$9.08
Employee + Child(ren)	$2.71	$5.85
Employee + Family	$4.37	$9.08

2021 AFLAC Rates, continued

Aflac – Critical Illness Rates		
Per Paycheck Rates		
Age Bands	**Low Option $10,000 Attained Age Rates**	**High Option $25,000 Attained Age Rates**
Ages 40-44		
Employee Only	$3.65	$8.21
Employee + Spouse	$5.78	$12.62
Employee + Child(ren)	$3.65	$8.21
Employee + Family	$5.78	$12.62
Ages 45-49		
Employee Only	$5.28	$12.28
Employee + Spouse	$8.22	$18.72
Employee + Child(ren)	$5.28	$12.28
Employee + Family	$8.22	$18.72
Ages 50-54		
Employee Only	$5.79	$13.56
Employee + Spouse	$8.99	$20.65
Employee + Child(ren)	$5.79	$13.56
Employee + Family	$8.99	$20.65
Ages 55-59		
Employee Only	$10.93	$26.40
Employee + Spouse	$16.70	$39.90
Employee + Child(ren)	$10.93	$26.40
Employee + Family	$16.70	$39.90
Ages 60+		
Employee Only	$21.41	$52.61
Employee + Spouse	$32.42	$79.22
Employee + Child(ren)	$21.41	$52.61
Employee + Family	$32.42	$79.22

Provided by LegalShield

Affordable Legal Protection At Your Fingertips

Shielding Over 4 Million People With Our Legal Plans.

LegalShield provides you and your family the legal protection you not only need but deserve.

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- Domestic Violence Protection
- Elder Care Assistance
- Guardianship
- Immigration Assistance
- Incompetency Defense
- Juvenile Court Defense
- Name Change
- Parental Responsibility
- Prenuptial Agreements
- School Hearings
- Uncontested Divorce

FINANCIAL

- Affidavits
- Bankruptcy
- Civil Litigation
- Consumer Protection
- Debt Collection
- Identity Theft
- Medicaid/Medicare Disputes
- Personal Property Disputes
- Promissory Notes
- Small Claims Assistance
- Social Security Disputes
- Tax Audit Protection
- Veterans Benefits Disputes

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- Motor Vehicle Property Damage
- Moving Traffic Violations
- Traffic Tickets

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- Boundary/Title Disputes
- Contractor Disputes
- Deeds
- Foreclosure
- Home Equity Loans
- Landlord/Tenant Issues
- Mortgages
- Property Tax Assessments
- Purchase/Sale of Home (primary or secondary)
- Refinancing
- Zoning Applications

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- 24/7 Emergency Legal Access
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- Legal Forms
- Live Member Support
- Mobile App
- Office Consultation
- Telephone Advice

Affordable legal protection

Employee-$3.25/Family-$6.25 Per Paycheck

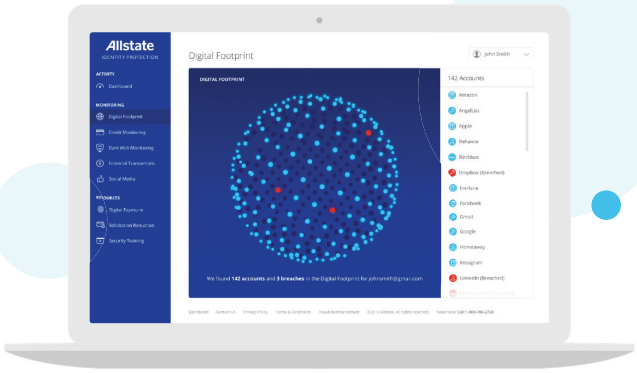
For more information visit:
www.benefits.legalshield.com/aldineisd

Allstate SM
IDENTITY PROTECTION

Identity protection that keeps up with your digital life

Your identity is made up of more than your Social Security number and credit score. That's why we do more than monitor your credit reports. We help you look after your online activity, from financial transactions to what you share on social media — so you can protect the trail of data you leave behind.

Introducing our next evolution in identity protection. For over 85 years, we've been protecting what matters most. Now we're providing protection from a wide range of identity threats, so you can keep loving what technology adds to your life.



- **See your personal data**
- **Manage it with real time alerts**
- **Protect your identity and finances from fraud†**

ALDINE
Independent School District

Sign up during open enrollment

Questions? 1.800.789.2720

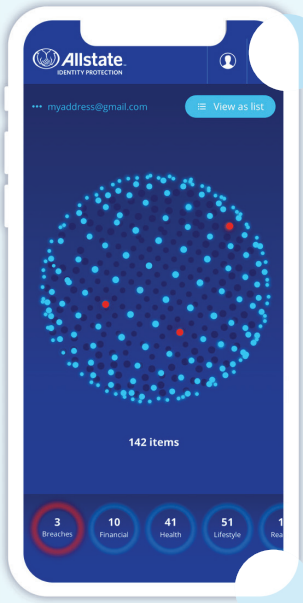
Plans and pricing per pay period

Allstate Identity Protection Pro Plus

$4.00/ Individual Plan
$10.00/ Family Plan

With Allstate Identity Protection Pro Plus you'll be able to

- See and control your personal data with our unique tool, Allstate Digital Footprint™
- Monitor social media accounts for questionable content and signs of account takeover
- Check your identity health score
- View and manage alerts in real time
- Catch fraud at its earliest sign with tri-bureau monitoring and an annual tri-bureau credit report and score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- Get help disputing errors on your credit report
- See if your IP addresses have been compromised
- Receive alerts for cash withdrawals, balance transfers, and large purchases
- Get reimbursed for fraud-related losses like stolen 401(k) & HSA funds or fraudulent tax returns with our $1 million identity theft insurance policy†
- Protect yourself and your family (everyone that's "under your roof and wallet")*



Protect yourself and your family

Kids' online identities can grow up faster than they do. Our Family Plan provides coverage for kids and teens of all ages, so you can help protect their personal data and give them a safe head start. If they are dependent on you financially or live under your roof, they're covered.*

*For family plans only

†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

It's easy to get started

1. Enroll in Allstate Identity Protection Pro Plus
You're protected from your effective date. Our auto-on credit monitoring alerts require no additional setup.

2. Activate key features
Explore additional features in our easy-to-use portal. The more we monitor, the safer you can be.

3. Live your best life online
In the event of identity theft or fraud, you'll receive an alert as soon as it's detected.

Allstate℠ IDENTITY PROTECTION

Contact Information

We're Here to Help

If you have any questions, start with the Benefits Department. We are happy to assist. Additionally, feel free to contact any of our providers directly.

Aldine Benefits Department | employeebenefits@aldineisd.org

Benefit	Vendor	Group Number	Phone Number	Website
Medical	Aetna	620264	877.224.6857	www.aetna.com
Prescription Drugs	Express Scripts	THCPALD	855.712.1403	www.express-scripts.com
Employee Assistance Program	Aetna Resources for Living	620264	877.224.6857	www.resourcesforliving.com
Dental PPO High Plan PPO Low Plan DHMO	Aetna	169663	877.238.6200	www.aetna.com
Vision	Aetna	620264	877.973.3238	www.aetnavision.com
Life & AD&D	Unum	882114	800.421.0344	www.unum.com
Long Term Disability	Standard	643084	800.378.2395	www.standard.com
Identity Theft	Allstate Identity Protection	Client ID 5103	800.789.2720	www.myaip.com
Legal Plans	Legal Shield	302036	888.807.0407	www.benefits.legalshield.com/aldineisd
FSA Flexible Spending Account	Payflex	131632	844.729.3539	www.payflex.xom
Accident	AFLAC	06198	800.433.3036	www.aflacgroupinsurance.com
Critical Illness				
Cancer				
Hospital Indemnity				

Notes

This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting

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