

2025-2026

Employee Benefits Guide

Humble ISD





**Let
Humble
ISD help
protect
what
is most
important to
you.**



Support Contacts | Call 1-877-203-3546

Araceli Buentello, Benefits Specialist
281-641-8022
araceli.buentello@humbleisd.net

Felicia Mouton, Director of Benefits
281-641-8178
felicia.mouton@humbleisd.net

Tiffani Cunningham, Benefits Manager
281-641-8042
tiffani.cunningham@humbleisd.net

Christina Christeson, Client Manager, Employee Benefits
713-772-5224
chrissey.christeson@baldwin.com

Contents

Welcome	04
Contact Info	05
How to Self-Enroll	06
Eligibility	07
Qualifying Life Event	08
Section 125 Plans	09
Medical	10
Telemedicine	12
Dental	13
Vision	14
Health Savings Account (HSA)	15
Flex Spending Account (FSA)	16
Hospital Indemnity	17
Employee Assistance Program	18
Basic/Voluntary Life and AD&D	19
Term Life Insurance	20
Disability	21
Cancer Insurance	22
Critical Illness	23
Accident	24
Wellness Benefit	25
Medical Transportation	26
SafetyNets	27



Looking for Plan Details?

Visit our benefits microsite:

<https://www.benefitsdetails.com/humbleisd>

or text "benefits" to 1-877-203-3546



Hey There! Welcome.

Humble ISD has worked hard to put together a benefits package that will help you thrive and will support your financial stability.

Each year, Humble ISD strives to offer comprehensive and competitive benefit plans to our employees. In the employee benefit guide you will learn more about the benefits offered for the 2025-2026 plan year and how to use them to your benefit.

This Benefits Guidebook describes the highlights of Humble ISD benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this Guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language

in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of Humble ISD benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Humble ISD.

This year's Open Enrollment will run from July 17th - August 20th. The benefits you elect during this period will be effective September 1, 2025 - August 31, 2026. Please review your Open Enrollment materials thoroughly before making your elections.

3 Ways to Enroll



Face-to-Face

In-person enrollment will be available on the following dates:



Scan or click to make an appointment for face-to-face enrollment

Date	Location	Time
7/17/25	BBTC Room 300	8 AM - 5 PM
7/21/25	Maintenance - Building B	7:30 AM - 5 PM
7/22/25	Maintenance - Building B	7:30 AM - 5 PM
7/23/25	Child Nutrition Services - Building D	7:30 AM - 5 PM
7/30/25	BBTC Room 300	8 AM - 5 PM
7/31/25	BBTC Room 300	8 AM - 5 PM
8/4/25	Humble ISD Police Dept.	7:30 AM - 5 PM
8/5/25	Humble ISD Police Dept.	7:30 AM - 5 PM
8/6/25	Child Nutrition Services - Building D	7:30 AM - 5 PM
8/14/25	Transportation - Building C	8 AM - 5 PM
8/15/25	Transportation - Building C	8 AM - 5 PM
8/18/25	North Transportation Center	8 AM - 5 PM
8/19/25	BBTC Room 300	8 AM - 5 PM
8/20/25	BBTC Room 300	8 AM - 5 PM



Self-Service

We also provide the exciting (and easy!) option of self-enrollment through <https://my.humbleisd.net/ui/dashboard>. Follow the directions on page 6 to start your own open enrollment journey!



Call Center

Speak to a benefits counselor by calling **1-877-203-3546**.

Have a Question?

Contact Information

Benefit	Administrator / Group ID	Phone	Website
Medical	Allegiance by Cigna 1008162	1-855-999-6810	www.ubc-benefits.com/humbleisd-benefits or email: help@ubc-benefits.com
Rx	LucyRx	1-877-860-8846	www.lucyrx.com/members
COBRA Medical	Allegiance 1008162	1-800-259-2738	https://www.askallegiance.com/davree.higdon@askallegiance.com
Telehealth	RecuroHealth	1-855-6RECURO	www.recurohealth.com
HSA	Avidia Health AVIHumble	1-855-248-6311	www.AvidiaHealth.com
FSA & Dependent Care	Isolved Benefit Services 439779	1-866-370-3040	https://infinconsumer.lh1ondemand.com/Login.aspx
Dental	Guardian 551891	1-888-482-7342	http://www.GuardianAnytime.com Find a Dental Carrier with Guardian
Vision	EyeMed Low Plan: 1055459 High Plan: 1055460	1-866-800-5457	www.eyemed.com
COBRA Dental & Vision	WEX 50920	1-866-451-3399	www.wexinc.com cobraadmin@wexhealth.com
Life & AD&D	OneAmerica 00625250-0000-000	1-800-553-5318 Claims: 1-800-553-3522	www.oneamerica.com/
Employee Assistance Program	ComPsych/One America WEB ID: ONEAMERICA3	Call: 1-855-387-9727 TDD: 1-800-697-0353	www.guidanceresources.com
Disability	The Hartford 715405	1-866-547-9124 Claims: 1-866-547-9124	https://www.thehartford.com/employee-benefits/educational-institutions
Term Life Insurance	Aflac AGC0002952392	1-800-433-3036	www.aflacgroupinsurance.com
Accident Hospital Indemnity Critical Illness Cancer	Guardian 551891	1-888-482-7342 Claims: 1-800-541-7846	www.guardianlife.com
Medical Transport	MASA B2BHISDTX	1-800-643-9023	www.masaaccess.com
SafetyNets ID, Legal and Pet	SafetyNets 16206	1-800-787-3988 Ext. 201	www.safetynetsplus.com
Retirement 403(b) and 457(b)	TSACG	1-888-796-3786	https://www.tsacg.com/individual/plan-sponsor/texas/humble-independent-school-district/
Benefits Service Center	The Baldwin Group	1-877-203-3546	www.baldwin.com

Visit our benefits microsite: www.benefitsdetails.com/humbleisd
 2025-2026 Employee Benefits Guide

How to Self-Enroll

1

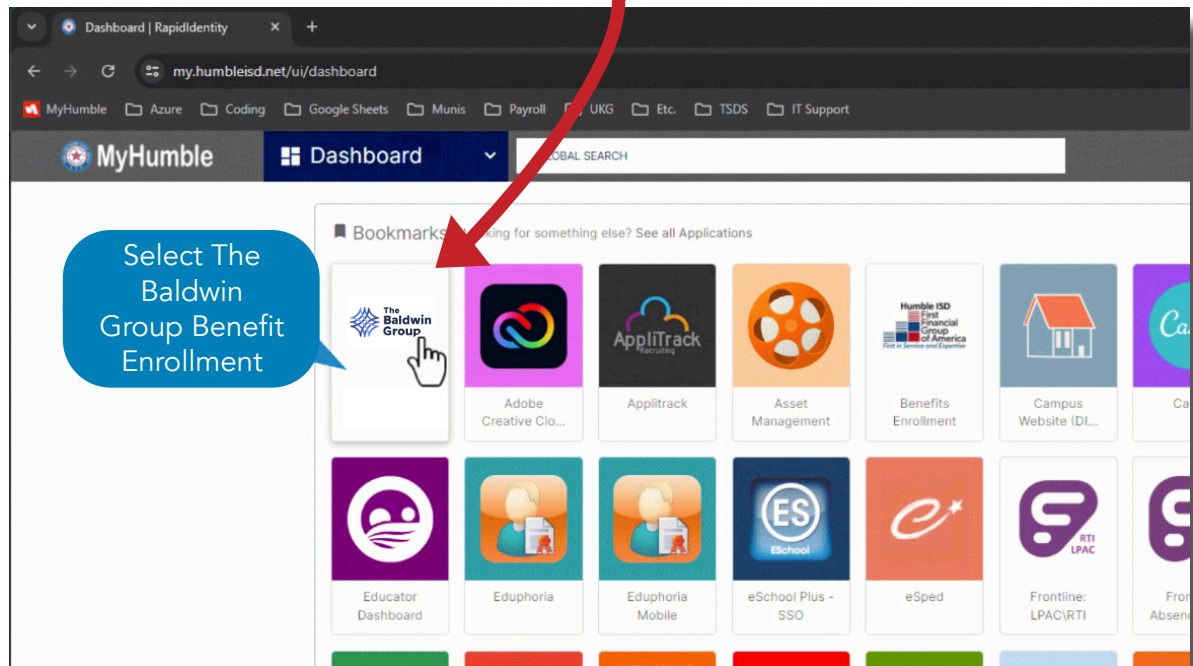
Go to <https://my.humbleisd.net/ui/dashboard> and look for "The Baldwin Group" Benefit Enrollment icon.

2

Click on it and it will log you in and take you to the enrollment landing page.



The Baldwin Group



For assistance with your Username and Password, please contact Humble ISD Technology Help Desk at 281-641-8255 or email them at Support@humbleisd.net.

Eligibility

Humble ISD encourages the health and financial well-being of its employees by providing access to quality and affordable healthcare. The group insurance coverage described in this guidebook is available to all full-time employees who work a minimum of 20 hours or more per week, in a non-temporary position and are at least 18 years of age are eligible to participate in the benefits program. The coverage effective date will begin on the 1st day of the month following employee date of hire. All benefit elections must be made within 31 calendar days from your date of hire. The insurance plan year is from September 1st - August 31st. Once your enrollment window has closed, you may not make any changes to your elections unless you experience a Qualified Life Event (QLE).



Dependent Eligibility

If you apply for coverage for yourself, you may also elect coverage for any of your eligible dependents. Eligible Dependents include one or more of the following:

- Your legal spouse
- A child through the age of 26. You can only make changes to the specific plans where dependents will be affected
- A child is defined as your natural child, legally adopted child, stepchild, a grandchild who is a Dependent of the Participant for federal income tax purposes and resides full time with Participant, and any child for whom you are the court-appointed guardian
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance



Qualifying Life Event

Generally, benefit changes are limited to open enrollment.

If you experience a Qualifying Life Event (for instance: getting married or having a baby), please contact the Benefits Manager; proof of the Qualifying Life Event must be submitted to the Benefits Coordinator within 31 calendar days in order to change current benefit election.

- Benefit Elections must be consistent with the event
- 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, adoptions, 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

Qualifying Event	Supporting Documentation	Dependent Documentation
Marriage	Marriage Certificate	Birth Certificates are required if adding spouse's children
Death	Death Certificate	No additional documentation required
Divorce	Certified copy of Divorce Decree	Birth Certificates are required if adding children not currently enrolled in benefits
Adoption	Placement for adoption paperwork Legal documentation of adoption	No additional documentation required
Birth	Birth Certificate Verification of Birth Facts issued by hospital	No additional documentation required
Loss or Gain of Coverage	Proof of enrollment or termination of benefit coverage from spouse's employer. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.) and the names of dependents affected	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate
Gain of Medicare or Medicaid	Proof of enrollment of benefit coverage. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.), and the names of the dependents affected (has 60-day window)	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate

Section 125 Plans

Plan Information & Rules

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

How Does it Work?

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you’re already eligible - all you must do is enroll.

Is It Right for Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer’s Section 125 Plan - that’s a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 calendar days of the status change. If the benefits office is not notified within 31 calendar days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

SECTION 125 PLAN SAMPLE PAYCHECK

	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!

- **The figures in the sample paycheck above are for illustrative purposes only.*

Medical

Allegiance by Cigna



Plan Name	Primary - Medical Plan			HD - Medical Plan		
	Memorial Hermann Health Network	Cigna Network	Out-of-Network	Memorial Hermann Health Network	Cigna Network	Out-of-Network
Calendar Year Deductible						
Individual	\$1,500	\$3,000	No Coverage	\$2,000	\$4,000	No Coverage
Family	\$3,000	\$6,000	No Coverage	\$4,000	\$8,000	No Coverage
Out-of-Pocket Limit						
Individual	\$9,500	\$9,500	No Coverage	\$8,000	\$8,000	No Coverage
Family	\$19,000	\$19,000	No Coverage	\$16,000	\$16,000	No Coverage
Coinsurance						
Coinsurance	You pay 25% after deductible		No Coverage	You pay 25% after deductible		No Coverage
Physician Office Visits						
Primary Care Visit	\$20 copay	\$50 copay	No Coverage	You pay 25% after deductible		No Coverage
Specialist Office Visit	\$50 copay	\$100 copay	No Coverage	You pay 25% after deductible		No Coverage
Next Level Urgent Care/Clinic Visit	\$0 copay	\$0 copay	No Coverage	\$25 copay; 100% after deductible		N/A
Urgent Care	\$50 copay	\$100 copay	No Coverage	You pay 25% after deductible	\$80 copay then 25% after deductible	No Coverage
Diagnostic Procedures						
Lab & X-ray Outpatient (minor)	25% after deductible		No Coverage	You pay 25% after deductible		No Coverage
Major Imaging Patient Choice	\$0 (when using Patient Choice network)			\$0 after \$2,000 deductible (when using Patient Choice network)		
Emergency Medical Care						
Emergency Room Visit	25% after deductible		No Coverage	You pay 25% after deductible		No Coverage
Hospital Care						
Hospital Inpatient	25% after deductible		No Coverage	25% after deductible		No Coverage
Outpatient Surgery	25% after deductible		No Coverage	25% after deductible		No Coverage
Outpatient Surgery Patient Choice	\$0 (when using Patient Choice network)			\$0 after \$2,000 deductible (when using Patient Choice network)		
Preventive Services						
Preventative Care	Plan pays 100%, no deductible		No Coverage	Plan pays 100%, no deductible		No Coverage





Plan Name		Primary - Medical Plan			HD - Medical Plan		
		Memorial Hermann Health Network	Cigna Network	Out-of-Network	Memorial Hermann Health Network	Cigna Network	Out-of-Network
Prescription Drugs							
Drug Deductible	\$500 Brand / Specialty ONLY				Integrated with CIGNA medical deductible. CIGNA Deductible must be met before benefit applies		
Generics (30/90-Day Supply)	\$0 Retail and Mail Order				\$0 Retail and Mail Order (after deductible)		
Preferred Brand	30% Retail / \$400 Mail Order				30% Retail / \$400 Mail Order (after deductible)		
Non-Preferred Brand							
Specialty	30% up to a max of \$1,500 per script				30% up to a max of \$1,500 per script (after deductible)		
International Mail Order	\$0 Brand/Specialty (no deductible)				\$0 Brand/Specialty (after deductible)		
Monthly Premiums							
		Primary - Medical Plan			HD - Medical Plan		
Employee	\$70				\$35		
Employee + Spouse	\$720				\$650		
Employee + Child(ren)	\$335				\$305		
Employee + Family	\$925				\$793		



Key Plan Feature:

Patient Choice Network provides a no-out-of-pocket option for outpatient surgeries, complex imaging and rehabilitation therapies — no deductible needs to be met and zero copay.

Contact: 1-888-557-8550

or ubc@patientchoicehealth.com

Want more info?



Scan or click.

Telemedicine

Recuro

40% of Americans have skipped care due to costs or delayed appointments. Without routine consultations, the likelihood of costly care increases exponentially. Whether you're seeking advice on a diagnosis, treatment plan, or surgery, you have 24/7 access to board-certified doctors, licensed nurses, and world-renowned specialists with Recuro health.

 **Watch the Recuro Member Video**



Scan or click.



Recuro Primary Care

Schedule virtual visits for proactive care management and preventative health screenings.



Request Urgent Care

Need immediate care? Access board-certified physicians across all 50 states with a rapid response time of 9 minutes or less.



Recuro Behavioral Health

Speak with a licensed psychiatrist, counselor, or mental health professional with integrated prescriptions.

**Want more
info?**



Scan or click.



Dental

Guardian

Summary of Benefits	Option 1: DHMO	Option 2: PPO (Value)		Option 3: PPO (NAP)	
	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible					
Deductible	No Deductible	\$50 (max 3 per family)		\$50 (max 3 per family)	
Benefit Year Maximum	N/A	\$1,500		\$1,500	
Calendar Year Deductible applies to the following Coverage benefits:	N/A	Applies to All Services		Applies to All Services	
Coverage for Dental Services					
Coverage A: Preventative	You pay a copay for each covered procedure. See “Plan Details” for more information. Office Visit Copay is \$5.	100% Deductible is waived for preventive services.			
Coverage B: Basic		80%		80%	
Coverage C: Major		50%		70%	
Coverage D: Orthodontics		50%		50%	
		Orthodontics lifetime max of \$1,000			

Dental Coverage	Option 1: DHMO	Option 2: PPO (Value)	Option 3: PPO (NAP)
Monthly Cost			
Employee	\$14.06	\$32.60	\$40.36
Employee + Spouse	\$28.13	\$65.20	\$79.36
Employee + Children	\$27.71	\$64.12	\$80.70
Family	\$41.21	\$95.62	\$118.36



Want more
info?



Scan or click.

Vision

EyeMed

Summary of Vision Benefits

Vision Care Services	Low Plan		High Plan	
	In-Network Member Cost	Out-of-Network Reimbursements	In-Network Member Cost	Out-of-Network Reimbursements
Annual Eye Exam (once every plan year)	\$10 copay	Up to \$40	\$10 copay	Up to \$40
Retinal Imaging Benefit	Up to \$39	Not covered	Up to \$39	Not covered
Standard Plastic Lenses				
Single Vision Lenses	\$25 copay	Up to \$30	\$25 copay	Up to \$30
Bifocal Lenses	\$25 copay	Up to \$50	\$25 copay	Up to \$50
Trifocal Lenses	\$25 copay	Up to \$70	\$25 copay	Up to \$70
Lenticular Lenses	\$25 copay	Up to \$70	\$25 copay	Up to \$70
Standard Progressive	\$80 copay	Up to \$50	\$80 copay	Up to \$50
Premium Progressive	\$110 to \$240 copay	Up to \$50	\$110 to \$240	Up to \$50
Polycarbonate Lens Option	\$40	Not Covered	\$40	Not Covered
Frames (once every plan year)	\$0 Copay; 20% off balance over \$150 allowance	Up to \$75	\$0 Copay; 20% off balance over \$180 allowance	Up to \$90
Contact Lens Fit & Follow-Up (once every plan year)	Standard: Up to \$40 (fit and 2 follow-ups)	Not covered	Standard: Up to \$40 (fit and 2 follow-ups)	Not covered
Contacts (Elective)	Conventional: \$0 Copay; 15% off balance over \$150 allowance Disposable: \$0 Copay; 100% off balance over \$150 allowance	Up to \$130	Conventional: \$0 Copay; 15% off balance over \$180 allowance Disposable: \$0 Copay; 100% off balance over \$180 allowance	Up to \$90
Contacts (Medically Necessary)	\$0 Copay; Covered in Full	Up to \$300	\$0 Copay; Covered in Full	Up to \$300

Monthly Premium	Low Plan	High Plan
Employee	\$7.40	\$10.12
Employee + Spouse	\$12.26	\$19.77
Employee + Children	\$13.18	\$21.26
Family	\$20.08	\$32.42

Additional In-Network Discounts:

Want more info?



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses



Scan or click.

Health Savings Account



Avidia Health

A Health Savings Account (HSA) lets you put money away for future healthcare costs while saving on taxes. **You must be enrolled in the high deductible health plan to be eligible.** HSA's are never taxed at a federal income tax level when used for qualified medical expenses. Contributions can come straight out of your paycheck, and your

HSA can grow tax -free too!

Important features include:

- No 'use-it-or-lose-it', keep your HSA forever!
- Create a healthcare emergency safety net
- Invest your HSA tax-free, like a 401(k)

HSA 2025	 Individual	 Family
Annual Max Contribution	\$4,300	\$8,550



Additional \$1,000 catch-up contribution if age 55 or older.



Qualified Medical Expenses Include:

- Pain relievers
- Eyeglasses/contacts
- Doctor visits
- Cold/cough medicine
- Dental cleaning
- Chiropractic care
- Sleep aids
- Insulin testing supplies



Want more info?

Scan or click.



Flex Spending Account

Isolved Benefit Services

Humble Independent School District has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. The benefits you elect are paid for with a portion of your pay before Federal income or Social Security taxes are

withheld. This means that you will save money by paying less taxes and have more money to spend. However, if you receive a reimbursement for an expense under the plan, you cannot claim a Federal income tax credit or deduction on your return.



Maximum Annual Election for 2025

Healthcare FSA - \$3,300

Dependent Care FSA - \$5,000

(or \$2,500 if married and filing separate income tax returns)



Qualified Medical Expenses Include:

- Co-pays, deductibles, co-insurance
- Dental expenses
- Eyeglasses, laser surgery, contact lenses
- Prescription drugs
- Over-the-counter medicine and supplies
- Chiropractic care

Humble ISD has a 2.5 month grace period that ends on 11/15/2025 and 3 month runout period that ends on 11/30/2025.



Qualified Dependent Care Expenses Include:

- Daycare
- Babysitting
- Before & after school care
- Pre-K
- Summer day camps
- Care for older dependents in need of assistance



Want more info?



Scan or click.

Hospital Indemnity

Guardian

Hospital Indemnity coverage pays you cash benefits directly if you are admitted to the Hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductible and co-pays, travel costs, food and lodging, or everyday expenses such as groceries and utilities.

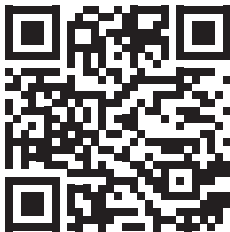


Benefit Type	HSA Compliant	Non-HSA Compliant
Hospital Admission	\$2,000 per admission, limited to 2 admissions per insured	\$2,000 per admission, limited to 2 admissions per insured
Hospital/ICU Confinement	\$100/\$100 per day, limited to 15 days per insured per benefit year	\$100/\$100 per day, limited to 15 days per insured per benefit year
Ambulance Ground/Air	N/A	\$100/\$100 per day limited to 2 days per insured per benefit year
Diagnostic Tests	N/A	\$500 per day, limited to 2 days per insured per benefit year
Emergency Room/Urgent Care Facility	N/A	\$150/\$100 per day, limited to 1 day per insured per benefit year
Inpatient Surgical	N/A	\$1,000 per day, limited to 1 day per insured per benefit year
Outpatient Surgery	N/A	Category 1: \$1,000 / Category 2: \$2,000 limited to 1 day of surgery per insured per benefit year

Plan Provisions	
Benefit Waiting Period	No
Guarantee Issue	Yes
Childbirth Limitation	No
Portable Coverage	Yes
Pre-existing Condition Limitation	No



Scan or Click to Watch!



Plan Cost - Monthly Rates	HSA Compliant	Non-HSA Compliant
Employee	\$18.97	\$37.04
Employee + Spouse	\$33.38	\$66.48
Employee + Child(ren)	\$28.46	\$55.52
Family	\$42.88	\$84.96

Want more info?



Scan or click.

Employee Assistance Program

OneAmerica

Humble ISD offers you no-cost, confidential support for when you face life's challenges. Your ComPsych® GuidanceResources®

program offers someone to talk to and resources to consult whenever and wherever you need them.

Contact a GuidanceConsultant to get help with life's challenges, including:



Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Free Online Will Preparation

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children

Contact Your GuidanceResources® Program

- Call: 855.387.9727
- TDD: 800.697.0353
- Online: guidanceresources.com
- App: GuidanceResources® Now
 - Web ID: ONEAMERICA3



Want more info?

Scan or click.



Basic Life and AD&D

OneAmerica



Basic Term Life and AD&D

Humble ISD provides **\$15,000** of Basic Life Insurance and Accidental Death and Dismemberment (AD&D) insurance through OneAmerica **at no cost to you.**

The AD&D insurance provides a monetary benefit to an employee or beneficiary when the employee experiences certain bodily injuries or death resulting from a covered accident while insured. The company provides a guaranteed issue amount equal to the basic life insurance amount.

Employee Benefit: \$15,000

Employee AD&D: \$15,000

Age Reduction: Reduces to 65% of the amount shown above when the Employee reaches age 65. See Certificate for further benefit reductions due to age.

Your Contribution: 0%



Supplemental Term Life

Humble ISD gives you the opportunity to elect additional life insurance through OneAmerica. Supplemental Term Life coverage is portable/convertible upon separation of service. ***This benefit is paid for by you.***

Supplemental Life Benefit Summary

Employee Life Amount	Flat amount in \$10,000 increments (minimum \$10,000 and maximum \$750,000 not to exceed 6 times your annual base salary rounded to the next higher \$10,000)
Guaranteed Issue Employee	\$300,000
Employee AD&D Amount	Same as Life Amount
Spouse Life Amount	A flat amount in \$5,000 increments (minimum of \$10,000 and maximum of \$750,000 not to exceed 100% of employee Life amount). The spouse Guaranteed Issue amount is \$50,000.
Dependent Child Benefit	\$10,000
Age Reduction	The Life Amount and AD&D Principal Sum will reduce to 65% of the amount shown above when the Employee reaches age 65. See Certificate for further benefit reductions due to age.

Want more info?



Scan or click.

Term Life Insurance

AFLAC



Humble ISD offers term life insurance through AFLAC, providing a life coverage option that is simple and affordable. This benefit is available to help keep your loved ones financially secure, even if you can no longer provide for them. While we all know that life insurance helps protect our loved ones for the long term,

sometimes we don't consider that there are other benefits of a whole life insurance plan as well. Aflac Group Life Term to 120 offers guaranteed-issue living and death benefits, with the predictability of a whole-life plan, at rates that won't increase, allowing you to help prepare your family for a financially secure future.

AFLAC Group Life Term to 120

Benefit Details	
Employee	Up to \$150,000
Spouse	Eligible for 100% of Employee benefit election up to \$150,000
Children	\$25,000
Guaranteed Issue	Yes
What riders are attached?	Accidental Death Benefit Rider, Accelerated Benefit Rider, Restoration of Benefits Rider, Waiver of Premium Rider, Child Term Rider
Benefit Reductions	None
Do employees have to have policy in order for dependents to take one?	Yes

Want more
info?



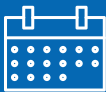
Scan or click.



Disability

The Hartford

You and your loved ones depend on your regular income. That’s why Humble ISD offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. 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 need.



Educator Disability

Maximum Monthly Benefit	Employee to elect from: 50% or 66 2/3%, up to \$10,000 of monthly earnings
Minimum Monthly Benefit	Greater of 10% Gross Benefit or \$100
Elimination Period	Employee to elect from the following options: 7/7, 14/14, 30/30, 60/60, 90/90, 180/180
Pre-existing Condition Exclusion	3 months/12 months
Max Sickness Benefit Period	Social Security Normal Retirement Age
Max Injury Benefit Period	Social Security Normal Retirement Age



Want more
info?



Scan or click.

Cancer Insurance

Guardian

Cancer insurance provides financial support in the event of a cancer diagnosis, helping to cover the costs of treatment and associated expenses that regular

health insurance might not fully address. This coverage can offer peace of mind by assisting with medical bills, travel for treatment, and more during recovery.

Benefit Type	Low Option	High Option
Initial Diagnosis Benefit	Employee \$2,500 Spouse \$2,500 Child \$3,750	Employee \$5,000 Spouse \$5,000 Child \$7,500
Benefit Waiting Period	30 Days	30 Days
Cancer Screening	\$100; \$100 for Follow-Up screening	\$100; \$100 for Follow-Up
Radiation Therapy/Chemotherapy	Schedule up to \$10,000 (benefit year max)	Schedule up to \$15,000 (benefit year max)
Air Ambulance	\$1,500/trip (limit 2/ confinement)	\$2,000/ trip (limit 2/ confinement)
Alternative Care	No Benefit	\$50/ visit up to 20 visits
Ambulance	\$200/trip (limit 2/ confinement)	\$250/trip (limit 2/ confinement)
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150/month	\$50/day up to \$250/month
Attending Physician	\$25/day while confined. Limit 75 visits.	\$25/day while confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year	\$200/day up to \$10,000 per year
Bone Marrow/Stem Cell	\$7,500/\$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor.	\$10,000/\$2,500 50% benefit for 2nd transplant. \$1,500 benefit if a donor.
Experimental Treatment	\$100/day up to \$1,000/month	\$200/day up to \$2,400/month
Extended Care Facility/ Skilled Nursing Care	\$100/day up to 90 days per year	\$150/day up to 90 days per year
Government or Charity Hospital	\$300/day in lieu of other benefits	\$400/day in lieu of other benefits
Home Health Care	\$50/visit up to 30 visits per year	\$100/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments/year	\$50/treatment up to 12 treatments/year
Hospice	\$50/visit up to 100 days/lifetime	\$100/visit up to 100 days/lifetime
Medical Imaging	\$100/image up to 2 per year	\$200/image up to 2 per year
Surgical Benefit	Schedule amount up to \$4,125	Schedule amount up to \$5,500

Want more info?



Scan or click.

Monthly Cost	Low Option	High Option
Individual	\$12.90	\$24.36
Employee + Spouse	\$20.30	\$39.10
Employee + Child(ren)	\$15.20	\$27.54
Family	\$22.60	\$42.28

Critical Illness

Guardian

A major illness can blindside anyone, even an employee with medical insurance. Co-pays, deductibles, alternative treatments and other out-of-pocket expenses can add up quickly. Critical Illness insurance pays cash benefits directly to you to help reduce the financial burden that can come with a serious illness.



Benefit Amounts		
Employee	\$5,000 to \$50,000 (in \$5,000 increments)	
Spouse	Up to 100% of Employee Benefit	
Child	50% of Employee's Lump Sum Benefit	
Guarantee Issue	Yes	
Benefit Type		
Occurrences	1st	2nd
Heart Attack	100%	100%
Severe Stroke	100%	100%
Coronary Artery Disease w/ Bypass	50%	0%
Major Organ Failure	100%	100%
Permanent Paralysis	100% for 1 or more limbs	N/A
Benefit Waiting Period	None	
Portable Coverage	Yes	
Pre-Existing Condition Limitation	None	
Health Screening Benefit	\$100	

Plan Cost	
EE Monthly Rate for \$10,000 Benefit	
Age 25	\$1.80
Age 35	\$3.80
Age 45	\$8.60
Age 55	\$15.70

Want more info?



Scan or click.

Accident

Guardian

Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance pays benefits directly to

you for treatment you receive due to an accident. It helps cover your out-of-pocket costs like medical deductibles and co-pays.

Plan Type	Option 1
Wellness Benefit (Be Well Benefit)	\$75
24 Hour / Off Job	Off Job
Accident Injury	
Emergency Room Treatment	\$300
Physician Office	\$200
Urgent Care	\$200
Ambulance	Ground: \$300 Air: \$1,500
Hospital Emergency Admission	\$1,500
Hospital Daily Confinement	\$300/ day (up to 1 year)
Hospital ICU Admission	\$3,000
Hospital Daily ICU Confinement	\$600/day (up to 15 days)
X-ray	\$100
Follow-up Treatment	\$75 (up to 6 treatments)
Rehabilitation Confinement	\$150/ day (max 15 days)
Fractures	Schedule up to \$7,000
Dislocation	Schedule up to \$7,000
Laceration	Schedule up to \$800
Burns (2nd & 3rd degree)	Based on Sq. Inches (see plan)
Concussion	\$300
Coma	\$15,000
Eye Injury	\$300
Lodging	\$200/ day, up to 30 days for companion hotel stay
Medical Appliance	Schedule up to \$300
Prosthesis	1: \$1,000 2 or more: \$2,000
Surgery	Schedule up to \$1,500
Transportation	\$0.50 per mile, limited to \$600/round trip, up to 3 times per accident

Plan Type	Option 1
Accidental Death & Dismemberment (AD&D)	
Accidental Death - Employee	\$50,000
Spouse	\$25,500
Child(ren)	\$25,000
Accident Death Common-Carrier	200% of AD&D Benefit
Accidental Dismemberment (Hand, Foot, Sight)	Single: 50% of AD&D Benefit Multiple: 100% of AD&D Benefit
Guarantee Issue	Yes
Portable Coverage	Yes

Plan Type	Option 1
Plan Cost	
Monthly Premium	
Employee	\$8.92
Employee + Spouse	\$15.60
Employee + Child(ren)	\$21.14
Family	\$27.82

Want more info?



Wellness Benefit

Guardian

Through Guardian, your benefit plan pays a lump sum Wellness Benefit once a year when you complete any approved health screenings. When you or a covered

individual completes any of the approved routine screenings, tests or procedures designed to promote health, you'll receive a benefit payment as a part of your plan.

Accident Insurance Wellness Benefit - \$75
Hospital Insurance Wellness Benefit - \$50
Critical Illness Wellness Benefit - \$100
Cancer Wellness Benefit - \$100



For a complete list of what screenings you may submit your wellness benefit claim for, see your plan details.

How to File a Claim

Submitting your wellness benefit claim is easy. Follow these steps:

- Go to **guardianlife.com** and select "Log in" to register or access your account.
- Under My Claims, click "submit a claim," select Wellness and "Submit your Wellness claim online."
- Complete or verify member's information.
- Enter date of service, doctor's information and select "Screenings."
- Review a summary of the information entered and confirm its accuracy.
- Submit the claim.

**Want
more
info?**



Scan or click.

Medical Transportation

MASA

Humble ISD offers comprehensive coverage and care for emergency transport through MASA. MASA protects families against uncovered costs for emergency transportation and provides connections

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

Plan Type	Emergent Plus Plan	Emergent Premier Plan	Platinum Plan
Emergency Ground Ambulance	Covered	Covered	Covered
Emergency Air Ambulance	Covered	Covered	Covered
Hospital to Hospital Ambulance	Covered	Covered	Covered
Repatriation to Hospital Near Home	Covered	Covered	Covered
Post Admission Continued Care Transportation	Not Covered	Covered	Not Covered
Sick While Away From Home Expense Protection	Not Covered	Covered	Not Covered
Minor Return Transportation	Not Covered	Covered	Covered
Pet Return Transportation	Not Covered	Covered	Covered
Patient Return Transportation	Not Covered	Not Covered	Covered
Companion Transportation	Not Covered	Not Covered	Covered
Companion Return Transportation	Not Covered	Not Covered	Covered
Hospital Visitor Transportation	Not Covered	Not Covered	Covered
Mortal Remains Transportation	Not Covered	Not Covered	Covered
Vehicle & RV Return	Not Covered	Not Covered	Covered
Organ Retrieval Transportation	Not Covered	Not Covered	Covered
Plan Cost			
Monthly Premium	Emergent Plus Plan	Emergent Premier Plan	Platinum Plan
	\$11.00	\$16.00	\$33.00

Want more
info?



Scan or click.



Safety Nets

SafetyNets Plus

Humble ISD knows that there are important aspects of your life that need protection and aren't covered by traditional insurance products. SafetyNets Plus provides a benefit

that gives you identity theft protection, family legal plans, and pet care all in one convenient package.

Total Package Benefits:

Employee + Family: \$15.95 per month



AURA Identity Theft Protection

Early detection is one of the most important factors in preventing identity theft.

Including:

- Dark Web Monitoring
- Stolen Fund Reimbursement
- Credit Score Tracker
- Security Freeze Assistance
- Monitoring of Financial Account Openings



Family Legal Plan

Members have access to face-to-face or phone consultations with licensed network attorneys and so much more.

Including:

- Free Simple Will & Annual Updates
- Attorneys Matched Specific to You
- Document Review
- Face-to-Face or Phone Consultations
- Dispute Resolution to attempt to resolve legal disputes



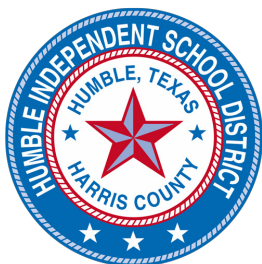
Pet Care

Keep your mind at ease with access to savings on veterinary services, boarding, toys, treats, and a GPS-enabled pet tag to bring lost pets home quickly.

Including:

- Discounted Medical Services
- Credit for Rover.com
- Discount for PetCareRX.com, including prescriptions and preventatives
- Discount for off monthly Pin Paws membership with GPS-enabled lost pet notification system

Want more info? Please Call: 1-800-787-3988 Ext. 201



Humble ISD Benefits
Main Number
1-281-641-8050

Contact Us

If you have any questions about your benefits, please reach out to speak to a dedicated benefits counselor

1-877-203-3546
Monday - Friday
8:00am-5:00pm CST