

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



More than 3.5 million children ages 14 and younger get hurt annually playing sports or participating in recreational activities.¹

Midland Independent School District

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.



To learn more about Accident insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

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).

PLAN INFORMATION		LOW PLAN	HIGH PLAN
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
BENEFITS		LOW PLAN	HIGH PLAN
EMERGENCY, HOSPITAL & TREATMENT CARE			
Accident Follow-Up	Up to 3 visits per accident	\$50	\$50
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$25	\$25
Ambulance – Air	Once per accident	1500	1500
Blood/Plasma/Platelets	Once per accident	\$250	\$250
Child Care	Up to 30 days per accident while insured is confined	\$25	\$25
Daily Hospital Confinement	Up to 365 days per lifetime	\$100	\$200
Daily ICU Confinement	Up to 30 days per accident	\$300	\$600
Diagnostic Exam	Once per accident	\$200	\$200
Emergency Dental	Once per accident	Up to \$150	Up to \$150
Emergency Room	Once per accident	\$150	\$200
Hospital Admission	Once per accident	\$500	\$1,000
Initial Physician Office Visit	Once per accident	\$75	\$100
Lodging	Up to 30 nights per lifetime	\$100	\$100
Medical Appliance	Once per accident	\$100	\$100
Rehabilitation Facility	Up to 15 days per lifetime	\$50	\$150
Transportation	Up to 3 trips per accident	\$300	\$300
Urgent Care	Once per accident	\$50	\$50
X-ray	Once per accident	\$50	\$100
SPECIFIED INJURY & SURGERY		LOW PLAN	HIGH PLAN
Abdominal/Thoracic Surgery	Once per accident	\$1,000	\$1,000
Arthroscopic Surgery	Once per accident	250	250
Burn	Once per accident	Up to \$10,000	Up to \$10,000
Burn – Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit	25% of burn benefit
Concussion	Up to 3 per year	\$200	\$200
Dislocation	Once per joint per lifetime	Up to \$4,000	Up to \$4,000
Eye Injury	Once per accident	\$250	\$250
Fracture	Once per bone per accident	Up to \$6,000	Up to \$6,000

Hernia Repair	Once per accident	\$100	\$100
Knee Cartilage	Once per accident	Up to \$500	Up to \$500
Laceration	Once per accident	Up to \$400	Up to \$400
Ruptured Disc	Once per accident	\$500	\$500
Tendon/Ligament/Rotator Cuff	Up to 2 per accident	750	750
CATASTROPHIC		LOW PLAN	HIGH PLAN
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$15,000	\$30,000
Common Carrier Death	Within 90 days	3.33 times death benefit	3.33 times death benefit
Coma	Once per accident	Up to \$5,000	Up to \$5,000
Dismemberment	Once per accident	Up to \$15,000	Up to \$30,000
Paralysis	Once per accident	Up to \$10,000	Up to \$10,000
Prosthesis	Up to 2 per accident	Up to \$1,000	Up to \$1,000
FEATURES		LOW PLAN	HIGH PLAN
Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues		Included	Included
HealthChampion ^{SM2} – Administrative & clinical support following serious illness or injury		Included	Included

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year):³

COVERAGE TIER	LOW PLAN	HIGH PLAN
Employee Only	\$8.18 (\$0.27 per day)	\$10.36 (\$0.34 per day)
Employee & Spouse	\$12.95 (\$0.43 per day)	\$16.35 (\$0.54 per day)
Employee & Child(ren)	\$13.92 (\$0.46 per day)	\$16.93 (\$0.56 per day)
Employee & Family	\$21.83 (\$0.72 per day)	\$26.83 (\$0.88 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis, and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26 (or under age 26 if a full-time student).

AM I GUARANTEED COVERAGE?

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

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

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

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

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status. You may enroll from 11/26/2018 to 12/7/2018.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 1/1/2019.

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

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

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

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

¹Sports Injury Statistics." Stanford Children's Health, n.d. Web. 30 June 2017. <http://www.stanfordchildrens.org/en/topic/default?id=sports-injury-statistics-90-P02787>

²HealthChampionSM and Ability Assist[®] services are provided through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych

³Rates and/or benefits may be changed.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

GROUP VOLUNTARY HOSPITAL INDEMNITY INSURANCE BENEFIT HIGHLIGHTS



A 4-day stay in the hospital could cost around \$10,000.¹

Midland Independent School District

Hospital Indemnity (HI) insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up.

The benefits are paid in lump sum amounts to you, and can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or co-pays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.).



To learn more about Hospital Indemnity insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

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

PLAN INFORMATION		LOW PLAN	HIGH PLAN
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
Covered Events		Illness and injury	Illness and injury
HSA Compatible?		Yes	Yes
BENEFITS		LOW PLAN	HIGH PLAN
HOSPITAL CARE ²		LOW PLAN	HIGH PLAN
First Day Hospital Confinement	Up to 1 day per year	\$1500	\$3000
Daily Hospital Confinement (Day 2+)	Up to 90 days per year	\$100	\$200
Daily ICU Confinement (Day 1+)	Up to 30 days per year	\$150	\$250
FEATURES		LOW PLAN	HIGH PLAN
Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues		Included	Included
HealthChampion ^{SM2} – Administrative & clinical support following serious illness or injury		Included	Included

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year).³

COVERAGE TIER	LOW PLAN	HIGH PLAN
Employee Only	\$23.48 (\$0.77 per day)	\$46.80 (\$1.54 per day)
Employee & Spouse	\$42.03 (\$1.38 per day)	\$83.76 (\$2.75 per day)
Employee & Child(ren)	\$41.36 (\$1.36 per day)	\$82.42 (\$2.71 per day)
Employee & Family	\$62.87 (\$2.07 per day)	\$125.28 (\$4.12 per day)

ASKED & ANSWERED

IS THIS COVERAGE HSA COMPATIBLE?

If you (or any dependent(s)) currently participate in a Health Saving Account (HSA) or if you plan to do so in the future, you should be aware that the IRS limits the types of supplemental insurance you may have in addition to a HSA, while still maintaining the tax-exempt status of the HSA.

This plan design is not compatible with Health Savings Accounts (HSAs). If you have or plan to open an HSA, please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

Both HSA compatible and non-HSA compatible plans are available to you, as indicated in the Plan Information section. If you have or plan to open an HSA, please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis, and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26 (or under age None if a full-time student).

AM I GUARANTEED COVERAGE?

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

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

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

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

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status. .
You may enroll from 11/26/2018 to 12/7/2018.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 1/1/2019.

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

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

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

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

¹"Hospital Adjusted Expenses per Inpatient Day." Kaiser Family Foundation. 2015. Web. 2 Mar. 2017.

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

³Rates and/or benefits may be changed.

⁴HealthChampionSM and Ability Assist[®] services are provided through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

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LIMITATIONS & EXCLUSIONS



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

GROUP ACCIDENT INSURANCE

LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

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

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

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

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

For New York Residents:

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. **IMPORTANT NOTICE — THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS**

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GROUP HOSPITAL INDEMNITY INSURANCE

LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered event, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

Other Hospital Indemnity Policy Limitation (Over-insurance Limitation): If an employee is insured under any other hospital indemnity policy underwritten by The Hartford, any claim for benefit is only payable under the one policy elected by the employee (or beneficiary or estate, in the event of death). We will return the amount of premium paid for any other policy that is declined by the employee retroactive to the later of:

- the last date any benefit was paid for any covered person under the other policy
- the effective date of insurance for the employee under the other policy

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

- Suicide or attempted suicide, whether sane or insane, or intentional self-infliction
- Voluntary intoxication (as defined by the law of the jurisdiction in which the illness or injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instruction of a physician or medical professional
- Voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption
- Voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), voluntary participation in a riot, or voluntary engagement in an illegal occupation
- Incarceration or imprisonment following conviction for a crime
- Travel in or descent from any vehicle or device for aviation or aerial navigation, except as a fare-paying passenger in a commercial aircraft (other than a charter airline) on a regularly scheduled passenger flight or while traveling on business of the policyholder
- Ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing
- Participation in any organized sport in a professional or semi-professional capacity
- Participation in abseiling, base jumping, Bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, freerunning, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities
- Travel or activity outside the United States or Canada
- Active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of the certificate
- Involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer

This insurance also does not provide benefits, unless required by law, for:

- Pregnancy or childbirth, except Complications of Pregnancy
- Elective abortion or complications thereof
- Artificial insemination, in vitro fertilization, test tube fertilization
- Sterilization, tubal ligation or vasectomy, and reversal thereof
- Aroma therapeutic, herbal therapeutic, or homeopathic services
- Any mental and nervous disorder, unless specifically allowed by a provision of the certificate
- Substance abuse, unless specifically allowed by a provision of the certificate
- Medical mishap or negligence on the part of any physician, medical professional, or therapist, including malpractice;
- Treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a covered person
- Custodial care, unless specifically allowed by a benefit provision in the certificate or any rider attached to the policy (if applicable)
- Elective or cosmetic surgery or procedures, except for reconstructive surgery:
 - Incidental to or following surgery for disease, infection or trauma of the involved body part
 - Due to congenital anomaly or disease of a dependent child which has resulted in a functional defect
- Dental care or treatment, except for:
 - Treatment due to an Injury to sound natural teeth within 12 months of an accident
 - Treatment necessary due to congenital disease or anomaly

Exclusions will vary by the jurisdiction/state in which the policy is issued.

NOTICES

THE POLICY IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS. This limited health benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

The Policy may provide payment of several benefits as a result of claims from a single hospitalization or covered incident. Payment of one benefit under the Policy does not constitute acceptance of liability for all claims made under the Policy nor does it prohibit Us from further investigation of subsequent claims.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

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