Hamlin Collegiate
EDUCATION FOUNDATION

Employee Benefits Guide

2026-2027 Plan Year

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Welcome!

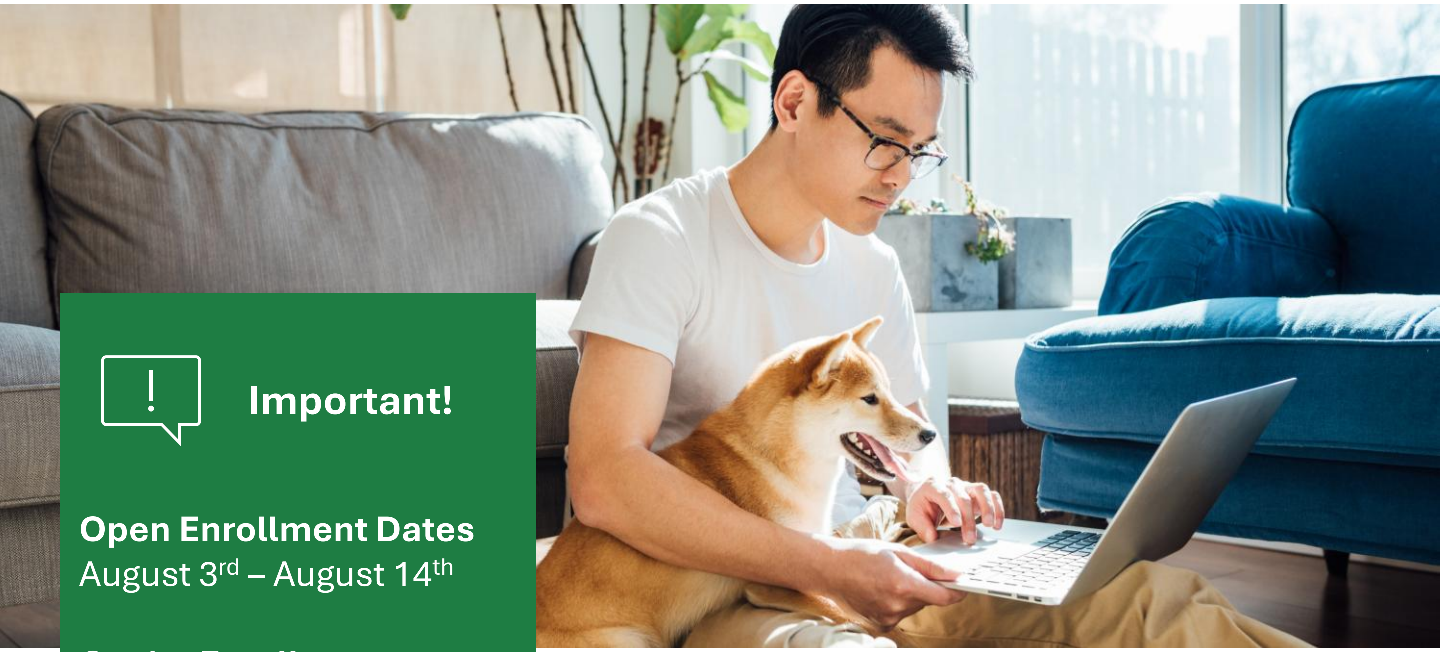
Hamlin Collegiate Independent School District's goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits package.

These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family. Please read this guide carefully so that you may make informed enrollment decisions.

This guide is designed to highlight your benefit options. It is not a complete Summary Plan Description. For more details including covered expenses, exclusions, and limitations, please refer to individual Summary Plan Descriptions or request information directly from the insurance carrier. If any discrepancy exists between this guide and the official documents, the Summary Plan Description will prevail.

Open Enrollment

Open enrollment for the 2026-2027 Plan Year



Important!

Open Enrollment Dates
August 3^{rd} – August 14^{th}

Onsite Enrollment
- August 7^{th}
- 8 AM to 4 PM CST

What's new for 2026?
- New FSA/HSA Carrier with new increase in max amount.
    - National Benefits Services (NBS)
    - New Cards to be issued
- New Medical Plan Rates.

Step 1 - LOGIN PORTAL

Go to Login Portal:

Login | USEnrollment

Or app.thebeaconselect.com/Enroll/Login.aspx?Path=hamlinisd

- Under User ID: Enter your SSN
- Under PIN: Enter last 4 of SSN and the last two of your birth year

Step 2 - REVIEW PERSONAL INFORMATION

Review and update your personal and dependent information.

Step 3 - SIGN AND APPROVE ELECTIONS

Sign and approve benefit elections.

Review ALL elections within the Confirmation Statement for accuracy.

Eligibility

Dependents

You can enroll your eligible dependents for medical, dental, vision, voluntary life insurance, critical illness, and accident coverage. Eligible dependents are defined as:

Your spouse (unless legally separated)

Your children, including:

- Your naturally born children;
- Your legally adopted child. An adopted child is considered a dependent from the moment the child is placed in the custody of the adoptive parents.
- A stepchild, foster child, or any child of whom you have legal custody, who resides in your household in a regular parent-child relationship and is principally dependent on you for his/her support and maintenance and is named as an exemption on your most recent federal income tax return (proof may be required).
- Any child whom you are required to provide health care coverage for under a Qualified Medical Child Support Order.
- Eligible children (as defined above) can be covered until the end of the month following their 26th birthday.

Initial Eligibility Period

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date.

Qualifying Events

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- **Marriage, divorce or legal separation**
- **Birth or adoption of a child**
- **Change in child's dependent status**
- **Death of a spouse, child or other qualified dependent**
- **Change in service area**
- **Change in employment status or a change in coverage under another employer-sponsored plan**

Requests for a qualifying event must be received within 30 days of the event date. The change will be added to your coverage as of the date of the event.

Medical Plan Options: Summary

TRS-ActiveCare

TRS – ActiveCare Primary	Monthly Cost	Plan Highlights
Employee Only	$43.00	•Lowest premium of all three plans •Copays for doctor visits before you meet your deductible •Not compatible with a Health Savings Account •No out-of-network coverage •
Employee and Spouse	$880.00	
Employee and Children	$388.00	
Employee and Family	$1,224.00	

TRS – ActiveCare Primary +	Monthly Cost	Plan Highlights
Employee Only	$127.00	•Lower deductible than the HD and Primary plans •Copays for many services and drugs •Higher premium •Primary Care Provider referrals to see specialist •Not compatible with a Health Savings Account •No out-of-network coverage
Employee and Spouse	$1,049.00	
Employee and Children	$531.00	
Employee and Family	$1,452.00	

TRS – ActiveCare HD	Monthly Cost	Plan Highlights
Employee Only	$57.00	•Compatible with a Health Savings Account •Nationwide network with out-of-network coverage •No requirement for primary Care Providers or referrals •Must meet your deductible before plan pays for non-preventative care •
Employee and Spouse	$918.00	
Employee and Children	$412.00	
Employee and Family	$1,272.00	

Medical Plan: ActiveCare Primary

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

TRS	In-Network Coverage Only
General Plan Information	
Deductible (Embedded*)	Single $2,500; Family $5,000
Coinsurance	30% Coinsurance after Deductible
Out-of-Pocket Maximum	Single $8,500; Family $16,100
Prescription Coverage	
Drug Deductible	Integrated with medical
Generic (31-Day Supply/90-Day Supply)	$15/$45 copay $0 copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible
Non-Preferred	You pay 50% after deductible
Specialty	$0 if SaveOnSP eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61-90 day supply
Covered Medical Highlights	
Preventive Routine Care	Covered in Full
Primary Office Visit	$30 Copay
Specialist Office Visit	$70 Copay
Inpatient Hospital Costs	You pay 30% after deductible
Outpatient Costs	You pay 30% after deductible
Emergency Care	You pay 30% after deductible
Urgent Care Center	$50 Copay
TRS Virtual Health-RediMD	$0 per medical consultation
TRS Virtual Health- Teladoc	$12 per medical consultation

Medical Plan: ActiveCare Primary+

TRS	In-Network Coverage Only
General Plan Information	
Deductible (Embedded*)	Single $1,200; Family $2,400
Coinsurance	20% Coinsurance after Deductible
Out-of-Pocket Maximum	Single $6,900; Family $13,800
Prescription Coverage	
Drug Deductible	$200 deductible per participant (brand drugs only)
Generic (31-Day Supply/90-Day Supply)	$15/$45 copay
Preferred (Max does not apply if brand is selected and generic is available)	You pay 25% after deductible ($100 max)/ You pay 25% after deductible ($265 max)
Non-Preferred	You pay 50% after deductible
Specialty	$0 if SaveOnSP eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61–90-day supply
Covered Medical Highlights	
Preventive Routine Care	Covered in Full
Primary Office Visit	$15 Copay
Specialist Office Visit	$70 Copay
Inpatient Hospital Costs	20% after deductible
Outpatient Costs	You pay 20% after deductible
Emergency Care	You pay 20% after deductible
Urgent Care Center	$50 Copay
TRS Virtual Health-RediMD	$0 per medical consultation
TRS Virtual Health- Teladoc	$12 per medical consultation

Medical Plan: ActiveCare HD

TRS ActiveCare

TRS	In-Network	Out-of-Network
General Plan Information		
Deductible (Embedded*)	Single $3,300; Family $6,600	Single $3,000; Family $6,000
Coinsurance	30% Coinsurance after Deductible	40% Coinsurance after Deductible
Out-of-Pocket Maximum	Single $9,200; Family $18,400	Single $18,400; Family $36,800
Prescription Coverage		
Drug Deductible	Integrated with medical	Integrated with medical
Generic (31-Day Supply/90-Day Supply)	20% after deductible; $0 coinsurance for certain generics	20% after deductible; $0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	25% after deductible	25% after deductible
Non-Preferred	50% after deductible	50% after deductible
Specialty	20% after deductible	20% after deductible
Insulin Out-of-Pocket Costs	25% after deductible	25% after deductible
Covered Medical Highlights		
Preventive Routine Care	Covered in Full	You pay 50% after deductible
Primary Office Visit	You pay 30% after deductible	You pay 50% after deductible
Specialist Office Visit	You pay 30% after deductible	You pay 50% after deductible
Inpatient Hospital	You pay 30% after deductible	You pay 50% after deductible $500 facility per day maximum)
Outpatient Costs	You pay 30% after deductible	You pay 50% after deductible
Emergency Room	You pay 30% after deductible	You pay 30% after deductible
Urgent Care Center	You pay 30% after deductible	You pay 50% after deductible
TRS Virtual Health-RediMD	$30 per medical consultation	$30 per medical consultation
TRS Virtual Health- Teladoc	$42 per medical consultation	$42 per medical consultation

Telemedicine

Group Number: 1800MD5252022

CONVENIENT CARE ANYWHERE™

1.800 MD™

Contact	
Phone	1-800-530-8666
App	1800MD Member Mobile
Website	https://1800md.com/

With telemedicine services, you get the health care you need anytime, anywhere, through a nationwide network of U.S. Board Certified Doctors & Pediatricians.

Non-Emergent Care

Telemedicine services make it fast and easy to visit a doctor – average wait time is only 20 minutes. Telemedicine is not a replacement for your primary care physician or specialist, but it's great for non-emergency care, especially when the doctor's office is closed, or you can't get to an urgent care center.

Common Conditions Treated		
• Acne	• Bronchitis	• Nausea
• Allergies	• Fever	• Pinkeye
• Asthma	• Cold & Flu	• Earache

Behavioral Health Counseling

Video conferencing with a psychiatrist or licensed therapists from privacy of own home. You can schedule recurring appointments to establish an ongoing relationship with one therapist.

- Addiction
- Bipolar Disorder
- Depression
- Eating Disorders
- Postpartum Depression
- Relationship Issues
- Stress
- Trauma & PTSD
- Grief & Loss
- LGBTQ Support
- Life Changes
- Panic Disorders

Rates	
Employee Only	$6.00
Employee + Spouse/Child(ren)/Family	$6.00

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Flexible Spending Account

National Benefit Services

FSA - Medical

Allows for a tax savings on most medical, dental, and vision out-of-pocket expenses. Noncovered expenses apply to all dependent family members even if not covered by a particular insurance plan. **The maximum contribution amount for calendar year 2026 - 2027 is $3,400** - this amount is deducted in equal amounts from each paycheck before taxes are calculated and then set aside for the employee in a special account.

Please visit NBS for a list of eligible expenses. (Click Hyperlink)

FSA Rules & Regulations Tip **•** The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, they will request itemized receipts.

*Always save your itemized receipts!

FSA – Dependent Care

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. **The 2026 - 2027 maximum amount you may contribute each year is $7,500 for married filing jointly or $3,750 if married and filing separately.**

- Care at a licensed nursery school, day camp, or day care center
- Services from individuals who provide dependent care in or outside your home, unless the provider is your spouse, your own children under the age of 19, or any other dependent
- After-school care for children under age 13
- Household services related to the care of an elderly or disabled adult who lives with you
- Any other services that qualify as dependent care expenses under IRS regulations.

Health Spending Account

National Benefit Services

What is an HSA?

A Health Savings Account (HSA) is a tax-advantaged savings account that allows you to set aside money to pay for eligible healthcare expenses—now or in the future. To contribute, you must be enrolled in a qualified High-Deductible Health Plan (HDHP).

2026 Contribution Limits

•Employee Only (Single): **$4,400**
•Family Coverage: **$8,750**
•Age 55+: Additional $1,000 catch-up contribution Note: Employer contributions (if applicable) count toward the annual IRS maximum.

Key Benefits

•**Tax Savings**: Contributions are deducted from your paycheck before taxes
•**Tax-Free Spending:** Use funds tax-free for qualified medical expenses
•**Rolls Over Year to Year**: Your balance never expires
•**Portable**: Your HSA stays with you even if you change jobs or retire

How Contributions Work

Your total annual contribution is divided evenly across your remaining pay periods and deducted from your paycheck on a pre-tax basis. These funds are then deposited directly into your HSA account.

Using Your HSA

- Use your HSA debit card or request reimbursement for eligible expenses.
- Save receipts for your records.
- Funds can be used for yourself, your spouse, and eligible dependents.

Important Reminders

•You must be enrolled in an HSA-qualified medical plan to contribute.
•Contributions stop if you enroll in Medicare.
•Only eligible expenses are tax-free—non-qualified expenses may result in taxes and penalties.

Why Consider an HSA?

An HSA is a powerful way to save for both current and future healthcare costs, while reducing your taxable income. Many employees also use HSAs as a long-term savings tool for retirement healthcare expenses.

Dental Plan

Humana

Coverages	Preventative Plus	Traditional Plus
	Plan Information	Plan Information
Eligibility	All Eligible Employees	All Eligible Employees
Deductible (Single / Family)	$50 Single / $150 Family	$50 Single / $150 Family
	Annual Maximum	Annual Maximum
Annual Maximum Per Person	$1,000	$1,000
	Dependent Coverage	Dependent Coverage
Dependent Age Limit	To Age 26, Unmarried	To Age 26, Unmarried
	Dental Services	Dental Services
Preventive Services • Oral Exam (3) • Cleanings (3) • X-rays (1 per 12 months)	Covered at 100%	Covered at 100%
Basic Services • Amalgam Fillings • Root Canals	Covered at 80%	Covered at 80%
Major Services • Crowns • Dentures	Not Applicable	Covered at 50%
Orthodontia (Children Only)	Not Applicable	Covered at 50%, up to a Lifetime Max Amount of $1,000
Extended Annual Max	Not Applicable	30% coverage for preventative, basic, and major services after the maximum is met (excludes orthodontia)
Enrolled	**Monthly Cost**	**Monthly Cost**
Employee	$25.65	$37.30
Employee + Spouse	$51.96	$74.51
Employee + Children	$47.05	$67.73
Family	$86.52	$125.01

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Vision Plan

Humana

Plan Name	Humana Vision	
	In-Network	**Out-of-Network**
General Plan Information		(Reimbursement)
Eligibility	All Eligible Employees	All Eligible Employees
Dependent Coverage		
Dependent Age Limit	To Age 26	To Age 26
Vision Services		
Eye Exam	$10 Co-Pay	Up to $30
Frames Allowance	$150 + 20% Off Balance	$80 Allowance
Materials Co-Pay	$10 Co-Pay	Up to $100
Elective Contact Lenses	$150 + 15% Off Balance	$128 Allowance
Medically Necessary Contact Lenses	$0 Co-Pay	$210 Allowance
Vision Service Frequency		
Eye Exam	**Once Per Calendar Year**	
Frames		
Contacts		
Employee Cost Per Month		
Employee Only	$8.39	
EE + Spouse	$13.87	
EE + Child(ren)	$15.12	
Family	$21.66	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Life & AD&D

Employer Paid Benefit

Group Number: 00626270-0008-000

Basic Life & Accidental Death & Dismemberment Insurance

Basic Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there. As an eligible employee, **Comanche ISD** pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary.

Basic Life / AD&D Plan	
General Plan Information	
Eligibility	All Eligible Employees
Who Pays for Coverage	Employer
Basic Life Benefit	
Life Benefit Amount	10,000
Benefit Age Reduction	
50% at age 70. Coverage terminates at retirement.	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Voluntary Life & AD&D

Employee Paid Benefit

Group Number: 00626270-0008-000

Life & Accidental Death & Dismemberment Insurance

Voluntary Life/AD&D Insurance Plan

While **Comanche ISD** offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through a post-tax payroll deduction. You can purchase coverage for yourself in increments of $10,000 with a minimum of $20,000 and a maximum of $500,000. Guaranteed issue $200,000. If you purchase coverage for yourself, you can also purchase coverage for your spouse in increments of $5,000 with a minimum of $10,000 and a maximum of $250,000 (100% of employee's election cannot exceed $250,000). Guaranteed issue $50,000. You can elect coverage for your child(ren) at a flat amount of $10,000 (you only pay premium for one, no matter the number of children). The chart below outlines the monthly costs of purchasing additional coverage.

Basic Life / AD&D Plan		
Age	Employee	Spouse
Under 25	$0.05	$0.05
25-29	$0.06	$0.06
30-34	$0.08	$0.08
35-39	$0.10	$0.10
40-44	$0.15	$0.15
45-49	$0.25	$0.25
50-54	$0.41	$0.41
55-59	$0.67	$0.67
60-64	$0.84	$0.84
65-69	$1.46	$1.46
70-74	$2.34	$2.34
Ages 75+	$3.61	$3.61
Dependent Child	$1.00	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Long Term Disability

Group Number: 00626270-0008-000

Long-Term Disability (LTD) protects one of your most valuable assets, your paycheck. Long-term disabilities are serious and financially debilitating. So that you may have protection when it's needed the most. This insurance will replace a portion of your income if you become physically unable to work due to an illness or injury, as outlined below.

Long-Term Disability Plan	
General Plan Information	
Eligibility	All Eligible Employees
Who Pays for Coverage	Employee
Long-Term Disability Benefit	
Monthly Benefit Percentage	Increments of $100 with a minimum of $200 and a maximum of $8,000, not to exceed 66 2/3% of Covered Monthly Earnings
Monthly Benefit Amount	$8,000
Definition of Disability	Loss of duties and earnings
Pre-Existing Limitation	12 months
Elimination Period (Accident/Sickness)	**Monthly Benefit per $100**
0/7	$3.37
14/14	$2.98
30/30	$2.52
60/60	$1.64
90/90	$1.41
180/180	$1.03
First day hospitalization benefit for options 0/7, 14/14, and 30/30	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Accident Coverage

Group Number: G000CQK5

Accident Protection coverage allows you to protect yourself financially by ensuring you are covered for specific services and care associated with an injury. The plan provides you with the financial resources to make getting back to your regular routine as easy as possible.

Long-Term Disability Plan	
General Plan Information	
Who Pays for Coverage	Employees
Dependent Age Limit	26
Accident Benefit	
Accident Death Benefit Amount	Employee $50,000 Spouse $25,000 Child $10,000
Wellness Screening Benefit (1 day per insured per year)	$200
Sample of Covered Services	
Hospital Admission	$3,000
Daily Confinement (Up to 365 days per accident)	$600 per day
Intensive Care Unit Admission	$3,000
Daily Confinement (Up to 15 days per accident)	$1,000 per day
Air Ambulance	$2,000
Emergency Room Admission	$500
Hip Dislocation	Open $12,000 Closed $6,000
Shoulder Dislocation	Open $3,700 Closed $1,850
Leg Fracture	Open $6,000 Closed $3,000
Concussion	$500
Employee Cost Per Month	
Employee Only	$15.02
Employee + Spouse	$22.29
Employee + Child(ren)	$30.10
Family	$37.65

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Hospital Indemnity

Group Number: G000CQK5

What is Hospital Indemnity Insurance?

The Hospital Indemnity insurance policy is designed to help you with certain medical expenses. Coverage is based on a set schedule of benefits for a specified number of days.

*Note: Group Limited Indemnity is NOT major medical insurance

Benefits	
Hospital In-Patient Admission	$1,000 per admission (4 admissions per year)
Hospital Confinement Benefit	$100 / Day (30 days, maximum)
Intensive Care Unit Admission	$2,000 per admission (4 admissions per year)
Intensive Care Unit Confinement Benefit	$200 / Day (30 days, maximum)
Newborn Nursery Confinement	$75 per day (up to 2 days per year)
Wellness Screening Benefit (1 day per insured per year; up to 6 per family per calendar year)	$50

Tier	Monthly Premium
Employee Only	$19.13
Employee & Spouse	$34.42
Employee and Child(ren)	$29.05
Employee and Family	$44.35

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Critical Illness Coverage

Group Number: G000CQK5

Mutual of Omaha

Critical Illness Coverage pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness is a limited benefit policy. U.S. Retirement & Benefits Partners offers Critical Illness Insurance on a voluntary basis.

What benefits are available?

Critical Illness Insurance provides a benefit payment for illnesses and conditions reflected in the chart below.

Who is eligible for Critical Illness Insurance?

- You –active employees working 30+hours per week
- Your Spouse –Coverage available only if employee coverage elected
- Your Child(ren)–to age 26. Coverage available only if employee coverage elected

Conditions	Employee Benefit Amount: $5,000 - $40,000 Spouse Benefit Amount: $5,000 - $40,000 Child(ren) Benefit Amount: $5,000 - $40,000	
Cancer	**1st Occurrence**	**2nd Occurrence**
Invasive Cancer	100%	100%
Non-Invasive Cancer	25%	25%
Other Conditions		
Benign Brain or Spinal Cord Tumor	100%	100%
Coma	100%	100%
Cardiac Conditions		
Heart Attack (Myocardial Infarction)	100%	100%
Severe Burn	100%	100%
Sudden Cardiac Arrest	100%	0%
Organ Failure		
End Stage Renal Failure	100%	0%
Major Organ Failure	100%	100%

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Critical Illness Coverage

Group Number: G000CQK5

Monthly premiums are calculated based on age. No underwriting required; you can enroll in this coverage without completing an Evidence of Insurability.

Employee	Per $1,000
<30	$0.40
30-39	$0.57
40-49	$1.07
50-59	$2.13
60-69	$3.88
70-79	$9.70
80-99	$9.70

Spouse	Per $1,000
<30	$0.40
30-39	$0.57
40-49	$1.07
50-59	$2.13
60-69	$3.88
70-79	$9.70
80-99	$9.70

*** Child insurance is automatic. A separate premium is not required**

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Cancer Coverage

Group Number: E4581112

Cancer insurance is designed to provide supplemental insurance that is designed to help reduce out-of-pocket expenses and bridge the gap between what your primary insurance does and does not cover. Cancer benefits are payable for:

- Cancer Screening
- Wellness Test Benefit
- Inpatient Benefits
- Transportation & Lodging

Low Cancer	
	Monthly Premium
Employee Only	$22.55
Employee and Family	$37.50

High Cancer	
	Monthly Premium
Employee Only	$29.15
Employee and Family	$48.45

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Identity Theft Protection

Group Number: T14HAMLINISD

MetLife · ĀURA
Identity & Fraud Protection

Why do you need Identity Theft?

- Nearly **90% of employees** who used an employer-offered Cyber Wellness solution to aid in identity theft report a higher quality of life
- Employees with access to identity theft solutions are **3 times more likely** to be aware of suspicious activity -- empowering them to take control faster
- **Almost 93% of employees** with an employer-offered remediation solution said it lessened the negative impacts of ID theft
- **91% of employees** who leveraged the employer-offered service after an ID theft recommended the solution to co-workers

We'll Alert you of

- Your personal information on the dark web
- High-risk transactions like account takeovers and tax refunds
- Potential threats detected by IBM Watson AI
- Requests to open checking or savings accounts with your information
- Monthly credit score
- Bank Account takeover

Best-in-Class Customer Cre

- U.S.-based customer care
- IBM Watson AI
- Online identity dashboard
- Mobile App

Family Plan Additional Features

- Your child's information on the dark web
- Cyberbullying on social media

Powerful Monitoring Tools

- Near real-time alerts
- Property Deed Monitoring
- Address Monitoring
- Criminal Record Monitoring
- Sexual Offense Monitoring
- Transaction Monitoring
- SSN trace and monitoring for children
- Fictitious Identity Monitoring

Monthly Premiums

Plan	Individual	Family
Total	$7.90	$13.90
Premier	$9.85	$17.85

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Permanent Life & Long-Term Care

CHUBB®

Two important coverages for when you need them the most.

Permanent Life + Long-Term Care (LTC) is two-in-one security. It combines **permanent life insurance** with benefits that can help with the high costs of **long-term care services**. It helps protect your family from the financial impact of losing a loved one or needing extended care. You select a benefit amount that works for you, and you **lock in a rate** that is designed to last a lifetime and doesn't increase due to age.

Universal Life adjusts to your changing needs as you age. It provides a **higher death benefit** during your working years, when you may need the protection most. The death benefit then reduces after age 70, while your benefit for long-term care remains at the same high level.

Example of Benefits for Long-Term Care

For a $50,000 policy, your benefits might pay like this:

$50,000	You can collect 4% of your benefit amount per month for up to 25 months to help pay for long-term care services.
+$50,000	Plus, if you collect benefits for LTC, your full death benefit can still be paid to beneficiaries.
+$50,000	Plus, you can extend your benefits for LTC an extra 25 months, up to 50 total months.
$150,000	Total Maximum Benefit!

Benefits for long-term care begin to pay after 90 days of confinement or services; to qualify you must meet the conditions of eligibility for benefits. Availability and names for long-term care, restoration, and extension of benefits for long-term care may vary by state. The benefit amounts shown are for sample plans and are not a guarantee.

More Flexible Universal Life Features

- Coverage up to $250,000
- **Cover all children** with a term life insurance rider. They can later simply convert coverage to permanent Universal Life.
- EZ Value option: provides **automatic annual benefit increases** without additional underwriting.
- Once you have a policy, your rate is locked in and **will not increase due to age**.
- Accelerate **up to 50% of your death benefit** if a doctor determines your life expectancy is 24 months or less.
- **No medical exams** or blood work to apply – just answer a few simple questions.
- Fully **portable** – keep your coverage, at the same rate and benefits, if you change jobs or retire.
- Pay for coverage via **convenient payroll deduction**, if you stay with your employer.
- **Apply for family members** as well as for yourself.

Medical Transport

Group Number: MKHAMISD

Two different medical emergency transport plans are available to cover you and your family. The Medical Transport Services plan provides access to vital emergency medical transportation for a low monthly cost.

One low fee for peace of mind for:

- Emergent Transport Costs
- No Deductible
- Easy Claim Process
- No Health Questions
- Coverage available for Spouses and Dependents to age 26

Benefit Coverage	Platinum $39 / Month	Emergent Plus $14 / Month
Emergent Ground Transportation	U.S. / Canada	U.S. / Canada
Emergency Air Transportation	U.S. / Canada	U.S. / Canada
Repatriation	Worldwide	U.S. / Canada
Non-Emergent Air Transportation	Worldwide	U.S. / Canada
Escort Transportation	Worldwide	N/A

Contacts

Benefit	Carrier	Phone	Website
Medical	TRS ActiveCare - BCBS	1-866-355-5999	www.bcbstx.com/trsactivecare
Health Savings Account	National Benefit Services	1-855-399-3035	www.nbsbenefits.com
Flexible Spending Account	National Benefit Services	1-855-399-3035	www.nbsbenefits.com
Dental	Humana	1-877-877-1051	www.humana.com
Vision	Humana	1-877-877-1051	www.humana.com
Group Life	One America	855-387-9727	www.oneamerica.com
Voluntary Life	One America	855-387-9727	www.oneamerica.com
Educators Disability	One America	855-387-9727	www.oneamerica.com
Accident	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Cancer	Colonial	1-800-325-4368	www.coloniallife.com
Critical Illness	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Hospital Indemnity	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Permanent Life + Long Term Care	Chubb	1-855-241-9891	www.chubb.com
Identity Theft Protection	MetLife+Aura	1-855-443-7748	www.identityguard.com
Medical Transport	MASA	954-758-9833	www.masamts.com
Benefit Website	**https://hamlinisd.mybenefitsinfo.com**		

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Benefits Guide 2026

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately summarize your benefits, discrepancies or errors are always possible.

In case of a discrepancy between this guide and the official plan documents, the official plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

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