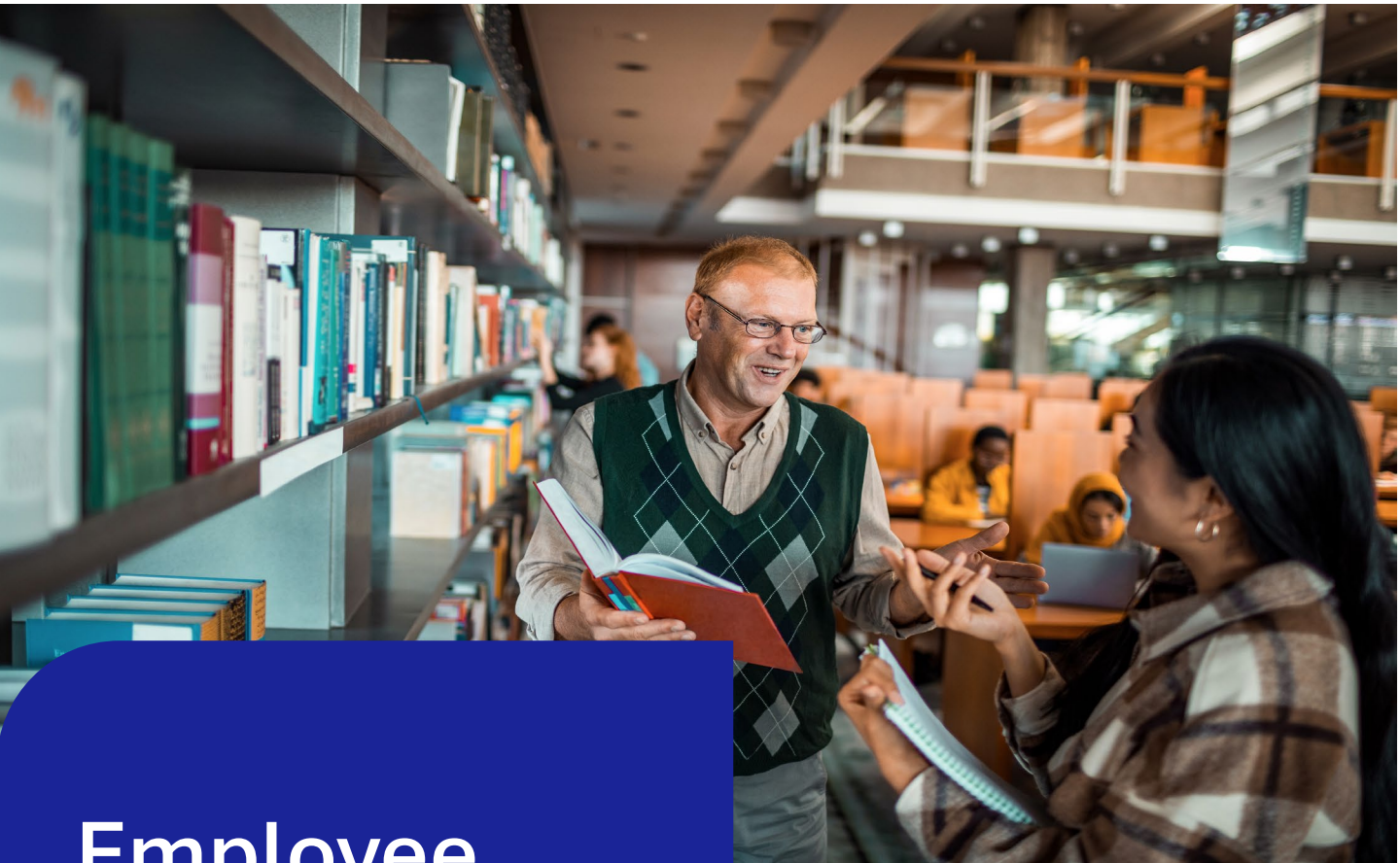




Pawnee ISD

Home of the Fighting Indians & Redwings



Employee Benefits Guide

2025-2026 Plan Year

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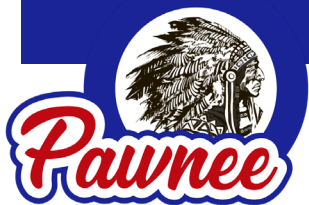
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Welcome!

Pawnee Independent School Districts 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 2025-2026 Plan Year



Important!

Open Enrollment Dates
July 22nd – August 10th

On-Site Open Enrollment

- 8/7: 8:00 AM to 3:00 PM

What's new for 2025?

- Curative Medical Rate Increase
- FSA Max Increase



Step 1 - LOGIN PORTAL

Go to: <https://pawneeisd.thebeaconselect.com>

Under User ID: Enter your full SSN (without dashes)

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 - REVIEW PLAN OPTIONS AND MAKE ELECTIONS

Elect or decline each offer of coverage for you and your family.

Step 4 - SIGN AND APPROVE ELECTIONS

Sign and approve benefit elections.

Review ALL elections within the Confirmation Statement for accuracy.

Employee Benefits Website
pawneeisd.mybenefitsinfo.com

Eligibility



Dependents

You can enroll your eligible dependents for medical, dental, vision, voluntary life insurance, critical illness, hospital indemnity, cancer 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 26 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.

Basic Life & AD&D: Employer Paid

The Standard



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, **Pawnee ISD** pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary.

Basic Life / AD&D Plan	Lincoln Financial
General Plan Information	
Eligibility	All Eligible Employees
Who Pays for Coverage	Employer
Basic Life Benefit	
Guarantee Issue Amount	\$50,000
Benefit Age Reduction	
At Age 70	50%

Medical Plan Options: Summary

Curative



Curative - EPO	Monthly Cost	YOUR COST
Employee Only	\$568.71	\$0.00
Employee and Spouse	\$1,560.58	\$991.87
Employee and Children	\$971.03	\$402.32
Employee and Family	\$1,921.39	\$1,352.68

EPO Plan Highlights

Lowest premium of plans
\$0 Max out of pocket with BaseLine visit call
Copays for doctor visits before you meet your deductible
Not compatible with a Health Savings Account
No out-of-network coverage

Curative –P PO	Monthly Cost	YOUR COST
Employee Only	\$646.26	\$77.55
Employee and Spouse	\$1,773.39	\$1,204.68
Employee and Children	\$1,103.44	\$534.73
Employee and Family	\$2,183.40	\$1,614.69

PPO Plan Highlights

\$0 Max out of pocket with BaseLine visit call
Copays for doctor visits before you meet your deductible
Not compatible with a Health Savings Account
Out-of-network coverage

Medical Plan: EPO

Curative



Curative	In-Net with Baseline	In-Network Coverage Only
General Plan Information		
Deductible (Embedded*)	\$0	Single \$5,000; Family \$10,000
Coinsurance	0%	20% Coinsurance after Deductible
Out-of-Pocket Maximum	\$0	Single \$7,500; Family \$15,000
Prescription Coverage		
Drug Deductible	\$0	Integrated with medical
Generic (31-Day Supply/90-Day Supply)	\$0	\$50 copay after deductible
Preferred (Max does not apply if brand is selected and generic is available)	\$0	\$50 copay after deductible
Non-Preferred	\$50/ \$250	\$100 copay after deductible
Specialty	\$0	\$50 copay after deductible
Non-Preferred Specialty	\$50/ \$250	25% coinsurance after deductible
Covered Medical Highlights		
Preventive Routine Care	\$0	Covered in Full
Primary Office Visit	\$0	\$25 Copay
Specialist Office Visit	\$0	\$50 Copay
Inpatient Hospital Costs	\$0	20% coinsurance after deductible
Outpatient Costs	\$0	20% coinsurance after deductible
Emergency Care	\$0	20% coinsurance after deductible
Urgent Care Center	\$0	20% coinsurance after deductible

Medical Plan: PPO

Curative



Medical

Curative	In-Net with Baseline	In-Network	Out-of-Network
General Plan Information			
Deductible (Embedded*)	\$0	Single \$5,000; Family \$10,000	Single \$10,000; Family \$20,000
Coinsurance	0%	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Out-of-Pocket Maximum	\$0	Single \$7,500; Family \$15,000	Single \$15,000; Family \$30,000
Prescription Coverage			
Drug Deductible	\$0	Integrated with medical	Integrated with medical
Generic (31-Day Supply/90-Day Supply)	\$0	\$50 copay after deductible	50% coinsurance after deductible
Preferred (Max does not apply if brand is selected and generic is available)	\$0	\$50 copay after deductible	50% coinsurance after deductible
Non-Preferred	\$50/ \$250	\$100 copay after deductible	50% coinsurance after deductible
Specialty	\$0	\$50 copay after deductible	50% coinsurance after deductible
Non-Preferred Specialty	\$50/ \$250	25% coinsurance after deductible	50% coinsurance after deductible
Covered Medical Highlights			
Preventive Routine Care	\$0	Covered in Full	Not Covered
Primary Office Visit	\$0	\$25 Copay	\$50 after deductible
Specialist Office Visit	\$0	\$50 Copay	\$100 after deductible
Inpatient Hospital Costs	\$0	20% coinsurance after deductible	50% coinsurance after deductible
Outpatient Costs	\$0	20% coinsurance after deductible	50% coinsurance after deductible
Emergency Care	\$0	20% coinsurance after deductible	50% coinsurance after deductible
Urgent Care Center	\$0	20% coinsurance after deductible	50% coinsurance after deductible

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.

Dental Plan: Low Plan

MetLife



Low Plan	In-Network	Out-of-Network
	Plan Information	Plan Information
Eligibility	All Eligible Employees	All Eligible Employees
Calendar Year Deductible (Single / Family)	\$50 Single / \$150 Family (Waived for Preventive Services)	\$50 Single / \$150 Family (Waived for Preventive Services)
	Annual Maximum	Annual Maximum
Annual Maximum Per Person	\$1,000	\$1,000
	Dependent Coverage	Dependent Coverage
Dependent Age Limit	To Age 26	To Age 26
	Dental Services	Dental Services
Preventive Services <ul style="list-style-type: none"> • Oral Exam – 2 per calendar year • Cleanings – 2 per calendar year • Bitewing X-rays – 1 per calendar year • Fluoride for Children – under age 15 	Covered at 100% (deductible waived)	Covered at 100% (deductible waived)
Basic Services <ul style="list-style-type: none"> • Fillings • Simple Extractions 	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible
Major Services	None	None
Orthodontia	None	None
Tier	Monthly Cost	
Employee	\$13.07	
Employee + Spouse	\$29.59	
Employee + Children	\$34.73	
Family	\$54.69	

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.

Dental Plan: High Plan

MetLife



PDP Plus Network	In-Network	Out-of-Network
	Plan Information	Plan Information
Eligibility	All Eligible Employees	All Eligible Employees
Calendar Year Deductible (Single / Family)	\$50 Single / \$150 Family (Waived for Preventive)	\$50 Single / \$150 Family (Waived for Preventive)
	Annual Maximum	Annual Maximum
Calendar Year Maximum Per Person	\$2,000	\$2,000
Calendar Year Maximum Per Person (Ortho Service)	\$2,000 lifetime child and adult	\$2,000 lifetime child and adult
	Dependent Coverage	Dependent Coverage
Dependent Age Limit	To Age 26	To Age 26
	Dental Services	Dental Services
Preventive Services <ul style="list-style-type: none"> • Oral Exam – 2 per calendar year • Cleanings – 2 per calendar year • Bitewing X-rays – 1 per calendar year • Fluoride for Children – under age 15 	Covered at 100% (deductible waived)	Covered at 100% (deductible waived)
Basic Services <ul style="list-style-type: none"> • Fillings • Surgical Extractions 	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible
Major Services <ul style="list-style-type: none"> • Dentures and Bridges 	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible
Orthodontia	Covered at 50%	Covered at 50%
Tier	Monthly Cost	
Employee	\$37.59	
Employee + Spouse	\$75.17	
Employee + Children	\$109.56	
Family	\$150.39	

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

Superior Vision



Superior Select Southwest Network	In-Network	Out-of-Network
General Plan Information		
Eligibility	All Eligible Employees	All Eligible Employees
Who Pays for Coverage	Employee	Employee
Dependent Coverage		
Dependent Age Limit	To Age 26	To Age 26
Vision Services		
Eye Exam	\$10 Co-Pay	Up to \$35
Frames Allowance	\$150	Up to \$70
<u>Lenses (standard)</u>	Covered in full	Up to \$25
<ul style="list-style-type: none"> • Single • Bifocal • Trifocal • Lenticular 		
Elective Contact Lenses	\$175	Up to \$80
Medically Necessary Contact Lenses	Covered in full	Up to \$150
Vision Service Frequency		
Eye Exam	One per 12 months	One per 12 months
Frames	One per 12 months	One per 12 months
Contacts	One per 12 months	One per 12 months
Tier	Monthly Cost	
Single	\$8.78	
Employee + Spouse	\$15.14	
Employee + Child(ren)	\$16.18	
Family	\$24.21	

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.

Educator Disability

The Standard



Disability insurance is designed to protect your salary, up to 66%, should you become disabled as a result of a covered accident or illness. The plan has various waiting periods depending on your own personal needs. Coverage is guaranteed issue and requires no medical underwriting.

- Coverage is available in increments of \$100 from \$200 to \$8,000.
- Benefits are paid year-round, regardless of employee's summer or holiday breaks, Maternity is covered the same as illness.
- Benefits are payable regardless if the employee continues to receive paychecks from the district

BENEFIT WAITING PERIOD:

The benefit waiting period is the period that you must be continuously disabled before benefits become payable. 0-, 14-, 30-, 60-, 90-, and 180-day waiting periods are available.

1ST DAY HOSPITAL BENEFIT: If you are hospitalized on the first date of disability for at least 4 hours, charged room & board, and have elected 0/7-, 14/14- or 30/30-day period, benefits are payable on the first day of hospitalization.

How long will my disability benefits continue if I elect the premium benefit?

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. Age 62 and over see below:

Changes in Insurance

If you are insured and elect to make a change in your insurance, you may apply for a change only during the Annual Enrollment Period.

1. Increases- Insurance increases mean an election increase in the amount of your LTD Benefit, decrease in the length of your Benefit Waiting Period and an increase in your Maximum Benefit Period.

The Preexisting Condition will apply to your elected increases described below:

- A. Your LTD Benefit will be subject to the Preexisting condition Limitation if you elect:
- An increase of more than \$300 in the amount of your LTD Benefit;
 - A decrease of more than one level in the length of your Benefit Waiting Period; or
 - An increase in the length of your Maximum Waiting Period.

B. Your eligibility for the First Day Hospital Benefit will be subject to the Preexisting Condition Limitation if you elect a decrease of more than one level in your Benefit Waiting Period and that change adds First Day Hospital Benefit to your increase.

2. Decreases- Insurance decreases mean an elective decrease in the amount of your LTD Benefit, increase in the length of your Benefit Waiting Period, or decrease in your Maximum Benefit Period.

Age	Benefits Payable	Age	Benefits Payable
Age 62	39 Months	Age 66	21 Months
Age 63	36 Months	Age 67	18 Months
Age 64	30 Months	Age 68	15 Months
Age 65	24 Months	Age 69 & Over	12 Months

Cancer Coverage

Colonial Life



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: Level 3 is \$75, and Level 4 is \$100
- Inpatient Benefits
- Treatment Benefits
- Transportation & Lodging



Level 3 Cancer	
	Monthly Premium
Employee Only	\$22.55
Employee and Family	\$37.50

Level 4 Cancer	
	Monthly Premium
Employee Only	\$29.85
Employee and Family	\$49.55

Medical Transport

MASA



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	

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 and AD&D

The Standard



While **Pawnee ISD** offers voluntary life and ad&d 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 \$10,000 and a maximum of \$300,000.

If you purchase coverage for yourself, you can also purchase coverage for your spouse in increments of \$5,000 with a minimum of \$5,000 and a maximum of \$150,000. You can elect coverage for your child(ren) at a flat amount of \$5,000 or \$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.

Voluntary Life		The Standard	
Age	Employee Rates per \$1,000		Spouse Rates per \$1,000
Under Age 25	\$0.095		\$0.095
25-29	\$0.105		\$0.105
30-34	\$0.125		\$0.125
35-39	\$0.145		\$0.145
40-44	\$0.195		\$0.195
45-49	\$0.295		\$0.295
50-54	\$0.455		\$0.455
55-59	\$0.715		\$0.715
60-64	\$0.885		\$0.885
65-69	\$1.505		\$1.505
70-74	\$2.415		\$2.415
Dependent Child	\$1.15 for \$5,000 or \$2.30 for \$10,000		

Guaranteed Issue (GI) Amount for New Hires: \$100,000 (Employee) and \$10,000 (Spouse)

Age Reductions: Coverage will reduce 50% at Employee's age 70 for both Employee and Spouse coverage.

IMPORTANT NOTE: If you are currently enrolled in this plan and would like to increase your coverage (up to Plan Maximum) you can elect up to two increments of coverage during Open Enrollment, with no Evidence of Insurability (EOI). An EOI will be required for an increase in coverage greater than two increments.

Legal Plan

Legal Club of America



Pawnee ISD is offering a legal plan benefit opportunity that prepares you for the planned and unforeseen events in your life.

The Legal Plan is designed to make legal services affordable and accessible through a national network of attorneys who will help with any of your personal legal matters.

This plan covers services, such as:

- Creation/Review of a Will & Simple Trust
- Civil Litigation as Plaintiff or Defendant
- Moving Traffic Violation Defense
- Misdemeanor Defense
- Felony Violation Defense for the Policyholder
- Debt Collection & IRS Audit Defense
- Financial Coaching & Tax Consultations
- Identity Theft Restoration

Monthly Premium

\$16.00 Per Month

Telemedicine

1800MD



Contact

Carrier	1800MD
Phone	1-800-530-8666
Website	www.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

Rates

Employee Only	\$6.00
Employee + 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

TASC



FSA



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 2025 is \$3,300 - 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 www.tasconline.com for a list of eligible expenses.

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!*

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.

FSA – Dependent Care

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately).
Dependent Care Eligible for Reimbursement::

- 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.

Permanent Life & Long-Term Care

Chubb

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 \$100,000 (age 70 max)
- **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**, as long as you stay with your employer.
- **Apply for family members** as well as for yourself.

Hospital Indemnity

MetLife



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	Low Plan
Hospital In-Patient Admission	\$1,000 / First Day (4 times per year)
ICU Admission	\$1,000 / First Day (4 times per year)
Hospital Confinement Benefit	\$100 / Day (15 days, per year)
Intensive Care Unit Confinement Benefit	\$100 / Day (15 days, per year)
Wellness Screening Benefit (1 day per insured per year)	\$50

Monthly Premium	
Employee Only	\$22.90
Employee & Spouse	\$41.20
Employee and Child(ren)	\$34.78
Employee and Family	\$53.09

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

MetLife



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.

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 –All Eligible Full-Time Employees.
- Your Spouse –Coverage available only if employee coverage elected
- Your Child(ren)–to age 26. Coverage available only if employee coverage elected

Conditions	Only if Employee Coverage Started	
	Employee Benefit Amount: \$10,000-\$40,000	
	Spouse Benefit Amount: \$10,000-\$40,000	
Child(ren) Benefit Amount: \$10,000 - \$40,000		
<u>Cancer</u>	1st Occurrence	2nd Occurrence
Invasive Cancer	100%	50%
Non-Invasive Cancer	100%	50%
<u>Other Conditions</u>		
Stroke	100%	50%
Benign Brain or Spinal Cord Tumor	100%	50%
Coma	100%	50%
<u>Cardiac Conditions</u>		
Heart Attack	100%	50%
Sudden Cardiac Arrest	100%	N/A
<u>Organ Failure</u>		
End Stage Kidney Failure	100%	N/A
Major Organ Failure	100%	N/A
<u>Wellness Benefit</u>	\$50 per covered person	

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 Rates

MetLife



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

Employee	\$10,000	\$20,000	\$30,000	\$40,000
<30	\$5.10	\$10.20	\$15.30	\$20.40
30-39	\$7.20	\$14.40	\$21.60	\$28.80
40-49	\$13.70	\$27.40	\$41.10	\$54.80
50-59	\$27.20	\$54.40	\$81.60	\$108.80
60-69	\$47.30	\$94.60	\$141.90	\$189.20

Employee + Spouse	\$10,000	\$20,000	\$30,000	\$40,000
<30	\$10.50	\$21.00	\$31.50	\$42.00
30-39	\$14.30	\$28.60	\$42.90	\$57.20
40-49	\$26.80	\$53.60	\$80.40	\$107.20
50-59	\$56.10	\$112.20	\$168.30	\$224.40
60-69	\$102.80	\$205.60	\$308.40	\$411.20

Employee & Children	\$10,000	\$20,000	\$30,000	\$40,000
<30	\$8.20	\$16.40	\$24.60	\$32.80
30-39	\$10.20	\$20.40	\$30.60	\$40.80
40-49	\$16.80	\$33.60	\$50.40	\$67.20
50-59	\$30.70	\$61.40	\$92.10	\$122.80
60-69	\$51.10	\$102.20	\$153.30	\$204.40

Employee & Family	\$10,000	\$20,000	\$30,000	\$40,000
<30	\$13.40	\$26.80	\$40.20	\$53.60
30-39	\$17.00	\$34.00	\$51.00	\$68.00
40-49	\$29.50	\$59.00	\$88.50	\$118.00
50-59	\$59.50	\$119.00	\$178.50	\$238.00
60-69	\$106.40	\$212.80	\$319.20	\$425.60

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

MetLife



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.

Accident (Off the job)	Preferred Plan
General Plan Information	
Who Pays for Coverage	Employee
Dependent Age Limit	26
Accident Benefit	
Accident Death Benefit Amount	Employee \$50,000 Spouse \$25,000 Child \$10,000
Wellness Benefit	\$200 per covered person
Sample of Covered Services	
Hospital Admission	\$1,500
Intensive Care Unit Admission	\$1,500
Air Ambulance	\$1,250
Ambulance	\$400
Accident Emergency Treatment	\$200
Dislocation	\$200- \$10,000
Fracture	\$200- 10,000
Second- or Third-Degree Burn	\$200- \$15,000
Concussion	\$500
Monthly Cost	
Single	\$16.22
Employee + Spouse	\$24.07
Employee + Child(ren)	\$32.51
Family	\$40.66

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.

Contacts

BENEFIT	CARRIER	PHONE	WEBSITE
Employer Paid Basic Life and AD&D	The Standard	1-800-368-1135	www.standard.com
Medical	Curative	1-855-428-7284	https://health.curative.com/
Dental	MetLife	1-800-638-5433	www.metlife.com
Vision	Superior	1-800-507-3800	www.superiorvision.com
Disability	The Standard	1-800-368-1135	www.standard.com
Cancer	Colonial	1-800-325-4368	www.coloniallife.com
Medical Transport	MASA MTS	1-800-643-9023	www.masamts.com
Voluntary Life and AD&D	The Standard	1-800-368-1135	www.standard.com
Legal	Legal Club of America	1-800-305-6816	www.legalclub.com
Telemedicine	1-800 MD	1-800-530-8666	www.1800md.com
Flexible Spending Account	TASC	1-800-422-4661	www.tasconline.com
Permanent Life + LTC	Chubb	1-800-252-4670	www.chubb.com
Hospital Indemnity	MetLife	1-800-638-5433	www.metlife.com
Critical Illness	MetLife	1-800-638-5433	www.metlifecom
Accident	MetLife	1-800-638-5433	www.metlife.com
Pawnee ISD Benefits Team			
Name		Phone	
Daybright Financial		877-730-7780	

Pawnee ISD Benefits Guide

2025-2026

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.



Pawnee ISD

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