

Blue Valley Schools

Explore Your Supplemental Coverage Options





Act Now to Help Protect What Matters Most



The life you're building for yourself and your family is precious. Every financial decision, every first step, every milestone — these are the things that matter. Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. Enrolling in coverage now is a small thing you can do to help make sure you and your loved ones keep moving forward.

In this guide, you'll find details about your group insurance options from Standard Insurance Company (The Standard) and the forms you need to start the application process.



Protection from the Unexpected

Even with medical insurance, a serious illness or accident – or even a routine stay in the hospital – can be a drain on your finances. The following types of insurance pay a benefit to help you pay the bills. Use the payment however you like to cover out-of-pocket medical costs and other living expenses.

Accident insurance pays a lump sum directly to you so you can help cover out-of-pocket expenses as you or a family member recuperates after an accident.

Critical Illness insurance helps you manage expenses during a serious illness, such as a heart attack, stroke or cancer. Use the benefit, paid to you in a lump sum, for deductibles, copays, rent or groceries as you or a family member recovers.

Hospital Indemnity insurance can help you take care of the out-of-pocket costs of a stay in the hospital. It pays you a flat benefit regardless of any medical coverage you have.

Benefits You Can Apply for Now:

- Accident insurance
- Critical Illness insurance
- Hospital Indemnity insurance

SI 16919-D-KS-759071 (10/24)



Group Accident Insurance

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works



You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.



We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.



You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- Pays you directly, so you can choose how to spend the money.
- Pays you for what happens, regardless of your other coverage.
- Goes with you if you leave your employer.
- Provides coverage without answering any medical questions.
- Gives you the option to cover your spouse and children.
- Pays an additional 25 percent benefit if your child, 18 or under, is injured playing organized sports.
- You pay the same premium for as long as you have your coverage.
- Provides the convenience of having your premium payments deducted directly from your paycheck.

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

*For purposes of coverage information provided in the Accident Insurance Coverage Highlight, "Blue Valley Schools" means "Unified School District No 229 Johnson County State of Kansas," who is the Policyholder.

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts
Emergency Room Visit	\$200
X-ray	\$100
Concussion	\$150
Leg Fracture (Surgical)	\$2,400
Knee Cartilage Repair	\$750
Hospital Admission	\$1,250
2 Days Hospital Confinement	\$400
Medical Appliance	\$100
Physician Follow-Up Appointment	\$50
2 Physical Therapy Appointments	\$100
TOTAL	\$5,500

Here's what it would cost you:

Coverage for	18thly / 24thly Premiums
You	\$5.12 / \$3.84
You and your spouse	\$7.97 / \$5.98
You and your children	\$9.81 / \$7.36
You, your spouse and your children	\$15.33 / \$11.50

Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary. Please consult with your human resources representative or plan administrator for more details.

Injury

- Burns
- Dislocations
- Eye Injuries
- Concussion
- Loss of Hearing
- Lacerations
- Fractures
- Coma
- Paralysis

Emergency

- Emergency Dental
- Urgent Care
- Ambulance
- Emergency Room
- X-ray
- Major Diagnostic Exam

Surgery

- Abdominal/Thoracic Surgery
- Outpatient Surgical Facility
- · Skin Grafts
- Knee Cartilage/ Ligament/ Tendon Repair
- Ruptured Disk
- · Rotator Cuff

Hospitalization

- Hospital Admission
- Hospital Confinement
- CCU Confinement
- CCU Admission

Follow-Up Care

- Chiropractor
- Medical Appliance
- Hearing Device
- Physical Therapy
- · Physician Care
- Prosthesis
- Rehab Facility

Value Added Benefits

- Transportation
- Lodging
- Youth Organized Sports Benefit

Additional Benefits

24-hour coverage - Includes coverage for accidents that occur on and off the job.

Accidental Death & Dismemberment — Includes a benefit for an accidental death or covered dismemberment for you or your dependents.

Important Details

Here's where you'll find the details about Accident insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Blue Valley Schools, and:

- A regular Classified or Administrative staff working 20 hours or more a week; or
- A regular Certified (Teaching) staff with a minimum of 0.60 FTE (full-time employment) as defined by the employer
- · A citizen or resident of the United States

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through the last day of the calendar year in which your child reaches age 26. Your children cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Exclusions

Benefits are not payable if an accident is caused by or contributed to any of the following:

- · War or any act of war
- Suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- · Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state your accident occurred
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness
- Travel or flight in or on any aircraft, except as a farepaying passenger on a commercial aircraft
- Engaging in high-risk sports or activities such as (but not limited to) bungee jumping, parachuting, base jumping, mixed martial arts or mountain climbing
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident
- Riding in or driving any automobile in a race, stunt show or speed test
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- An accident that occurs while you or your dependent is incarcerated in a jail or penal or correctional institution

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, on the last day of the month your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.

• For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

This is a limited benefit policy.

GP0614-ACC, GP0614-ACC FLORIDA, GP0614-ACC 0323, GP0614-ACC PA

SI 17615-D-KS-759071 (9/24)

7686509-1226400



Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

The Standard is there for you

The Standard helps shield your finances by paying benefits directly your out-of-pocket or everyday to you. And you get to decide how you spend that money.

Focus on getting better

With The Standard helping cover expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- Pays you directly, so you can choose how to spend the money
- Goes with you if you leave your employer
- Provides coverage without answering any medical questions
- Covers children at a 50% of your benefit amount at no additional cost
- Gives you the option to cover your spouse

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

*For purposes of coverage information provided in the Critical Illness Insurance Coverage Highlight, "Blue Valley Schools" means "Unified School District No 229 Johnson County State of Kansas," who is the Policyholder.

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

Here's an example of what this benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	\$1,400
Lost wages	\$5,000
Alternate treatments and diets not covered by medical plan	\$4,500
Total Out-Of-Pocket Expenses	\$10,900

Example Of Benefits

Remaining Benefit For Other Expenses	\$0
Remaining Out-Of-Pocket Expenses	\$900
Total Out-Of-Pocket Expenses	\$10,900
Critical Illness Benefit Option	\$10,000

These are the benefit options you may elect:

Coverage for	Coverage Amount
You	Flat amount of \$10,000, \$20,000 or \$30,000
Your spouse	Flat amount of \$5,000, \$10,000, or \$15,000, as long as it's not more than 50 percent of your coverage amount
Your children	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions and definitions.

Affordable Group Rates

Because you'll be buying this insurance through Blue Valley Schools, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The premiums you would pay for Critical Illness insurance benefits are based on the benefit amount you choose for you and your spouse.

Employees Paid 18 Times Per Year

Employee Premiums*						
Coverage		Employee's Age as of Jan. 1				
Amount	18-29	30–39	40–49	50–59	60–69	70+
\$10,000	\$2.47	\$3.47	\$6.53	\$13.07	\$23.73	\$59.67
\$20,000	\$4.93	\$6.93	\$13.07	\$26.13	\$47.47	\$119.33
\$30,000	\$7.40	\$10.40	\$19.60	\$39.20	\$71.20	\$179.00

Spouse Premiums						
Coverage		Employee's Age as of Jan. 1				
Amount	18-29	30–39	40–49	50–59	60–69	70+
\$5,000	\$1.23	\$1.73	\$3.27	\$6.53	\$11.87	\$29.83
\$10,000	\$2.47	\$3.47	\$6.53	\$13.07	\$23.73	\$59.67
\$15,000	\$3.70	\$5.20	\$9.80	\$19.60	\$35.60	\$89.50

Employees Paid 24 Times Per Year

Employee Premiums*						
Coverage		Employee's Age as of Jan. 1				
Amount	18-29	30–39	40–49	50–59	60–69	70+
\$10,000	\$1.85	\$2.60	\$4.90	\$9.80	\$17.80	\$44.75
\$20,000	\$3.70	\$5.20	\$9.80	\$19.60	\$35.60	\$89.50
\$30,000	\$5.55	\$7.80	\$14.70	\$29.40	\$53.40	\$134.25

Spouse Premiums						
Coverage		Employee's Age as of Jan. 1				
Amount	18-29	30–39	40–49	50–59	60–69	70+
\$5,000	\$0.93	\$1.30	\$2.45	\$4.90	\$8.90	\$22.38
\$10,000	\$1.85	\$2.60	\$4.90	\$9.80	\$17.80	\$44.75
\$15,000	\$2.78	\$3.90	\$7.35	\$14.70	\$26.70	\$67.13

^{*}Child(ren) are automatically covered at 50% of your coverage amount.

With Critical Illness insurance, you can:

- Protect your loved ones. Cover your spouse up to \$15,000, as long as it's not more than 50 percent of your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- Receive a benefit for taking care of your health.
 You and your covered loved ones receive a Health
 Maintenance Screening benefit of \$100 once per
 calendar year when visiting the doctor for a covered
 wellness screening, which may include a novel
 infectious disease test (including COVID-19) or a
 mammogram that typically cost you nothing under
 your medical insurance.
- Receive additional benefits. If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- Access a Health Advocate*. Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- Update your coverage as needed. As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Covered Conditions

Receive 100% of your coverage amount for:

- · Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- · Loss of sight
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- · Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- · Advanced Parkinson's disease
- · Benign brain tumor
- Bone marrow transplant
- · Loss of hearing
- · Loss of speech

Receive 25% of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

Payment of benefits is subject to the terms and conditions of the group critical illness policy and insurance certificate. These plan documents are the final arbiter of coverages.

Diagnosis and recommendation must occur after your coverage becomes effective.

Please see your certificate for full medical definitions that guide eligibility for payment, which may differ slightly from commonly used terms.

^{*} Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

Important Details

Here's where you'll find the details about Critical Illness Insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Blue Valley Schools, and:

- A regular Classified or Administrative staff working 20 hours or more a week; or
- A regular Certified (Teaching) staff with a minimum of 0.60 FTE (full-time employment) as defined by the employer
- · A citizen or resident of the United States

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your child(ren) from birth through the last day of the calendar year in which your child reaches age 26. Your child(ren) cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during your employer's annual open enrollment period.

Family Status Change

In the event of a family status change, you and your spouse may enroll for coverage if you or your spouse enroll within 31 days of the change. Family status change include:

- Your marriage or divorce
- The birth of your child
- The adoption of a child
- The death of your dependent
- The commencement or termination of your spouse's employment
- A change in employment from full-time to part-time by your spouse
- A loss of critical illness insurance through your spouse's employment

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 6-month treatment-free period in connection with the critical illness during which you or your dependents did not:
 - Consult a physician or other licensed medical professional
 - Receive medical treatment, services or advice
 - Undergo diagnostic procedures, including self-administered procedures
 - Take prescribed drugs or medications

Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

War or any act of war

- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- · Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state the critical illness occurred, unless used or consumed according to the directions of a physician
- Elective surgery or other procedure which:
 - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
 - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, on the last day of the month your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- · Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

This is a limited benefit policy.

GP0614-CI, GP0614-CI FLORIDA, GP0614-CI FLL, GP0614-CI 1122, GP0614-CI MO, GP0614-CIw/GC0614-CI, GP0614-CI 042021, GP0614-CI PA, GP0614-CI AA

Standard Insurance Company 1100 SW Sixth Avenue Portland OR 97204

SI 17616-D-KS-759071 (10/24)

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Hospital Indemnity Insurance



IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit HealthCare.gov online or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State
 Department of Insurance. Find their number on the National Association
 of Insurance Commissioners' website (naic.org) under "Insurance
 Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Group Hospital Indemnity Insurance Keep your finances on track when you're in the hospital.

You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment.

including deductibles, copays, and

We send you a check.

The Standard will send a check directly to you - not to your medical handle the costs of your hospital But you still have a lot of expenses, providers - upon approval of your claim. You decide how you spend the money.

You focus on recovering.

With The Standard helping you stay, you get to concentrate on what matters most - your health.

Here's what it does:

other costs you couldn't predict.

- Pays you directly, so you can choose how to spend the money
- Goes with you if you leave your employer
- Provides coverage without answering any medical questions
- Gives you the option to cover your spouse and children
- **Protects your HSA Account**
- Provides the convenience of having your premium payments deducted directly from your paycheck

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

*For purposes of coverage information provided in the Hospital Indemnity Insurance Coverage Highlight, "Blue Valley Schools" means "Unified School District No 229 Johnson County State of Kansas," who is the Policyholder.

Here's how it works:

Ruptured Ulcer: Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to \$3,850.

Your Employer is giving you the following options to choose from. Here's what each plan would cover for this example:

Benefits Paid to You	Low	High
Hospital admission	\$1,000	\$2,000
Hospital confinement (10 days)	\$2,500	\$3,500
Total paid to you	\$3,500	\$5,500

Here's what it would cost you:

Coverage for	18thly / 24thly Premiums for Low	18thly / 24thly Premiums for High
You	\$9.93 / \$7.45	\$16.82 / \$12.62
You and your spouse	\$16.74 / \$12.56	\$28.41 / \$21.31
You and your children	\$14.22 / \$10.67	\$23.83 / \$17.87
You, your spouse and your children	\$25.22 / \$18.92	\$42.43 / \$31.82

Here's what it covers:

Benefits Paid to You	Low	High
		\$2,000 Maximum 1 per calendar year
I I I I I I I I I I I I I I I I I I I	\$250 per day Maximum 31 days per stay	\$350 per day Maximum 31 days per stay

¹ Defined as a stay for at least 20 consecutive hours in a hospital setting.

Additional Benefits

Waiver of Premium - Premium waived if you are confined to a hospital for more than 30 days.

Protect your HSA Account — Hospital Indemnity insurance provides financial protection while you are building your HSA assets. Contact your employer to determine if this Hospital Indemnity plan impacts the taxability of your contributions to an HSA. It's protection that's also convenient: Your premium payments can be deducted directly from your paycheck.

Important Details

Here's where you'll find the details about Hospital Indemnity insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Blue Valley Schools, and:

- A regular Classified or Administrative staff working 20 hours or more a week; or
- A regular Certified (Teaching) staff with a minimum of 0.60 FTE (full-time employment) as defined by the employer
- · A citizen or resident of the United States

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through the last day of the calendar year in which your child reaches age 26. Your child cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective.

Your Effective Date

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If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your dependents if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period, you may do so during your employer's annual open enrollment period.

Family Status Change

In the event of a family status change, you and your spouse may enroll for coverage if you or your spouse enroll within 31 days of the change. Family status change include:

- Your marriage or divorce
- The birth of your child
- · The adoption of a child
- · The death of your dependent
- The commencement or termination of your spouse's employment
- A change in employment from full-time to part-time by your spouse
- A loss of hospital indemnity insurance through your spouse's employment

Waiver of Premium

Your insurance will continue without payment of premiums if you are confined in a hospital for more than 30 days in a row. We will waive payment of premium for your insurance from the 31st day of your confinement until the last day of the month you are in the hospital.

Exclusions

Benefits are not payable if an injury or sickness is caused or contributed to by any of the following:

- · War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony or act of terrorism
- Alcoholism, drug abuse, misuse of alcohol or any other substance, the voluntary use or consumption of any drug or alcohol in excess of the legal limit in the state in which an injury occurred, or taking of drugs unless used or consumed according to the directions of a healthcare provider

- Travel or flight in or on any aircraft, except as a farepaying passenger on a commercial aircraft
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function resulting from an injury or sickness
- Any injury or sickness which arises out of or in the course of you or your dependent being incarcerated in a jail, penal or correctional institution
- Dental care or dental procedures, unless treatment is the result of an injury
- Routine newborn nursing or well-baby care
- Hospital confinement of a newborn child following the child's birth unless the confinement is as a result of an injury or sickness
- Riding in or driving any automobile in a race, stunt show or speed test

When Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, on the last day of the month your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- · Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

This is a limited benefit policy.

GP0614-HI, GP0614-HI FLL, GP0614 0423, GP0614-HI 0123, GP0614-HI PA

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Health Maintenance Screening Benefit

Maintain Your Wellness

Regular checkups are important to maintain your health. With the Health Maintenance Screening Benefit¹, or the HMS Benefit, **you can keep wellness top of mind.** This benefit is offered with most Standard Insurance Company's Supplemental insurance products. After submitting a claim, you can receive benefit payments once per calendar year when you or your covered loved ones complete one of the screenings listed below.

Available Screenings²

- Abdominal aortic aneurysm ultrasound
- Ankle Brachial Index, or ABI, screening for peripheral vascular disease
- Biopsies for cancer
- Bone density screening
- Breast ultrasound
- Cancer antigen 125, or CA 125, blood test for ovarian cancer
- Cancer antigen 15-3, or CA 15-3, for breast cancer
- Carcinoembryonic antigen, or CEA, blood test for colon cancer
- Colonoscopy
- Complete Blood Count, or CBC

- Comprehensive Metabolic Panel, or CMP
- Novel infectious disease testing, such as COVID-19
- Electrocardiogram, or EKG
- Hemoccult stool analysis
- Hemoglobin AIC
- Human Papillomavirus, or HPV, vaccination
- Lipid panel
- Mammography
- Mental Health Assessment
- Pap smears or thin prep pap test
- Prostate specific, or PSA, test
- Stress test on a bicycle or treadmill



Schedule your health screening test today, submit your claim and receive your direct benefit payments.

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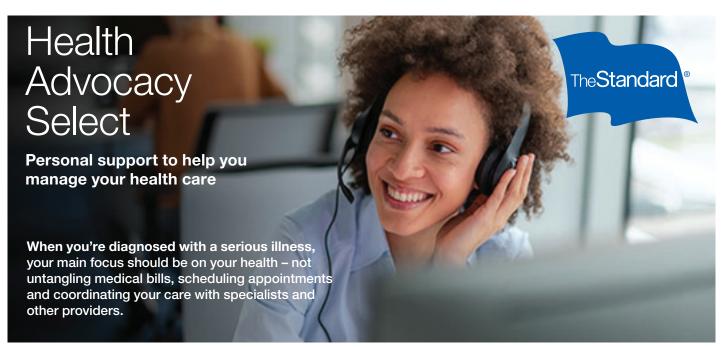
- 1 HMS is not available in all states or on all products.
- 2 Not all screenings are available in all states or on all products. Please reference your certificate.

Group Accident, Critical Illness and Hospital Indemnity insurance are limited benefit policies. Critical Illness insurance is called Specified Disease in Vermont. Hospital Indemnity insurance is not available in all states.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP0614-ACC, GP0614-ACC FLORIDA, GP0614-ACC 0323, GP0614-ACC PA, GP0614-CI, GP0614-CI FLORIDA, GP0614-CI FLL, GP0614-CI 1122, GP0614-CI MO, GP0614-CI, GP0614-CI, GP0614-CI 042021, GP0614-CI PA, GP0614-CI AA, GP0614-HI, GP0614-HI FLL, GP0614-0423, GP0614-HI 0123, GP0614-HI

Health Maintenance Screening List Implementation



Fortunately, you have help.

Health AdvocateSM, a leading health advocacy and assistance company, can help you navigate the health care system, so you can focus on getting better.

Health Advocacy Select¹ is already included in your Critical Illness insurance² from Standard Insurance Company (The Standard). Health Advocacy gives you:

- Second Opinion Services. Get help finding the right physician (both in- or out-of-network) for in-person and remote second opinions.
- A Dedicated Personal Health Advocate. Your Personal Health Advocate stays with you for the life of your case, and helps you handle the complexities of the health care system.

An Expert at Your Side

- From start to finish, you'll work with one person, so you don't have to coordinate with multiple people at different times.
- **Your Personal Health Advocate** is usually a registered nurse with real experience in the health care system.

Your advocate can help you:

- · Find and schedule appointments with the right doctors and specialists, particularly for complex medical conditions where a second opinion is appropriate
- Manage your out-of-pocket expenses by finding alternative recources and cost information
- Understand vour medical benefits and maximize the value they provide you

- Resolve medical claims and billing questions
- Make sense of your diagnosis and research treatment options
- Find the right type of help for other conditions related to your diagnosis, including mental or behavioral health.

HealthAdvocate

Call Health Advocate if you have questions or to connect with vour Personal Health Advocate.

844.450.5543

MONDAY - FRIDAY, 8 AM - 10 PM EST

Standard Insurance Company | 1100 SW Sixth Avenue Portland OR 97204 | standard.com

- 1 When we approve a Critical Illness claim, we'll send the employee information about Health Advocacy Select. This service is provided through an arrangement with Health AdvocatesM, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment. Eligibility varies by state. This service is not available in all states.
- 2 Critical Illness is called Specified Disease in the state of Vermont

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About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

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