



2024 - 2025

Benefits Guide

US **Employee Benefits**
Services Group.

245 Landa Street
New Braunfels, TX 78130 Phone:
(830) 606-5100
www.usebsg.com

www.mybenefitshub.com/SeguinISD

Table of Contents	Page
Enrollment Information & Instructions	3-5
Flexible Spending Account - NBS	6-9
Health Savings Account - HSABank	10-11
Dental - Ameritas	12-15
Vision Superior	16
Disability – The Hartford	17-22
Hospital Indemnity/Accident - Hartford	23-27
Critical Illness - The Hartford	28-31
Texas Life - Permanent Life	32-36
Group Basic & Voluntary Life - Lincoln	37-47
Cancer - Colonial Life	48-55
MASA - Medical Transport	56-57



Benefit Contacts

Benefit	Phone	Website
HEALTH SAVING ACCT (HSABANK)	1-800-357-6246	WWW.HSABANK.COM
THE HARTFORD - DISABILITY	1-800-523-2233	WWW.THEHARTFORD.COM
TEXAS LIFE – PERMANENT LIFE	1-800-283-9233	WWW.TEXASLIFE.COM
THE HARTFORD – HIP & ACCIDENT	1-800-523-2233	WWW.THEHARTFORD.COM
CANCER – COLONIAL LIFE	1-800-325-4368	WWW.COLONIALLIFE.COM
STANDARD – GROUP LIFE	1-800-368-1135	WWW.STANDARD.COM
STANDARD – VOLUNTARY LIFE	1-800-368-1135	WWW.STANDARD.COM
THE HARTFORD – CRITICAL ILLNESS	1-800-523-2233	WWW.THEHARTFORD.COM
AMERITAS – DENTAL	1-800-423-2765	WWW.AMERITAS.COM
SUPERIOR – VISION	1-800-507-3800	WWW.SUPERIORVISION.COM
MASA – MEDICAL TRANSPORT	1-954-334-8261	WWW.MASAMTS.COM
NBS – FLEXIBLE SPENDING ACCOUNT	1-800-274-0503	WWW.NBSBENEFITS.COM

2024-2025 Benefits Summary



TRS Active-Care Primary			
Tier	Total Cost	Employer Contribution	Employee Cost
Employee	\$ 426.00	\$ 368.00	\$ 58.00
Employee & Spouse	\$ 1,151.00	\$ 368.00	\$ 783.00
Employee & Children	\$ 725.00	\$ 368.00	\$ 357.00
Employee & Family	\$ 1,449.00	\$ 368.00	\$ 1,081.00
TRS Active-Care Primary+			
Employee	\$ 499.00	\$ 368.00	\$ 131.00
Employee & Spouse	\$ 1,298.00	\$ 368.00	\$ 930.00
Employee & Children	\$ 849.00	\$ 368.00	\$ 481.00
Employee & Family	\$ 1,647.00	\$ 368.00	\$ 1,279.00
TRS Active-Care HD			
Employee	\$ 437.00	\$ 368.00	\$ 69.00
Employee & Spouse	\$ 1,180.00	\$ 368.00	\$ 812.00
Employee & Children	\$ 743.00	\$ 368.00	\$ 375.00
Employee & Family	\$ 1,486.00	\$ 368.00	\$ 1,118.00

HIP/Accident- The Hartford

Pays a lump sum benefit for hospitalization and intensive care direct to the employee. Includes a full accident policy providing coverage for an accident.

Dental - Ameritas

Coverage for preventative, basic, major, and ortho services. Low and High options available.

Vision -Superior

Provides coverage for routine eye examinations and greatly offsets the cost of glasses and contacts and vision correction.

Group Life - The Standard

New employees of the district can purchase up to \$200,000 group term life insurance on themselves, \$75,000 on their spouse and \$10,000 on their children on a Guarantee Issues Basis (No Health Questions Asked) as long as the election is made within 31 days of hire date. All other employees must complete an evidence of insurability form. An individual cannot be covered as both an employee and a spouse or an employee and a child. A child cannot be covered by more than one employee in the plan.

Texas Life - Life Insurance

Portable, permanent life insurance for employees, their spouses and dependents. Employees can keep the coverage upon termination or retirement from SISD.

Critical Illness - The Hartford

Benefit that helps cover expenses that are not covered by medical. Pays a lump sum benefit if the insured is diagnosed with a covered illness.

***Annual benefit of \$50 per calendar year for taking one of³ the eligible screening/preventative measures.**

Cancer- Colonial

Pays benefits for internal cancer diagnosis. Includes an annual cancer screening benefit which pays up to \$75 once per calendar year.

FSA - National Benefits Services

A Flexible Spending Account allows you to pay for eligible healthcare expenses with a pre-loaded debit card. You choose the amount to set aside from your paycheck every plan year, based on your employer's annual plan limit.

FSA maximum is \$3200 and the Dependent Care FSA is \$5000. **You MUST elect your monthly contribution each year as election will not roll over from year to year.**

HSA - Health Savings Plan

A health saving account designed to use with current or future expenses that are not paid by the health plan. There is no "use it or lose it" the funds will be saved from for the next year. Only available with a high deductible Medical Plan.

MASA - Medical Transport Solutions

Medical Transport Solutions covers emergency transportation to and from appropriate medical facilities by covering the out-of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance and helicopter, depending on the plan.

Disability - The Hartford

Plan include both short and long term disability coverage. Plan is designed to protect up to 66 2/3 of your gross SISD income.

Important Information

Covering Dependents?

If you cover dependents on any of your coverages through SISD you must provide the dependents name, date of birth, and social security number. You must have all of this information before dependents can be added to the system.

Making Changes During Year

Choose your benefits carefully. Several of the employee benefits plan contributions are made on a pre-tax basis and per IRS regulations, contribution amounts cannot be changed unless you experience a qualified life event. Qualifying life events include:

- Marriage, divorce, legal separation;
- Death of spouse or dependent;
- Birth or adoption of a child;
- Changes in employment for spouse or dependents;
- Significant cost or coverage changes;

You must submit your benefit change requests and include required documentation within 30 days of the event. Also note that per the IRS, only changes consistent with the life event are allowed.

New Employees

New employees must enroll within 30 days of their hire date. If employees fail to enroll within the 30 days, all benefits will be waived. Except for health insurance, plans will be effective on the first of the month following the date of hire. Health Insurance can be effective the date of hire **or** the first of the month following date of hire. **Please be aware that if you choose date of hire as effective date for health insurance, you will be charged for the entire month.**

Very Important

Please carefully review your paycheck(s) to ensure all deductions are correct. If you find a discrepancy in your paycheck, please contact Marie Rodriguez, Employee Benefit Specialist at 830-401-8694. Discrepancies must be identified within the first 30 days from the effective date of the policy to be considered.

Benefit Related Documents

For contact information, claim forms, benefits guides and more please visit www.seguin.k12.tx.us.

Login Process

To access your enrollment site, THEbenefitsHUB, you can login to the following website www.mybenefitshub.com/SeguinISD

On the login page, you will enter your **Last Name, Date of Birth, and Last Four (4) of Social Security Number.**

THEbenefitsHUB checks behind the scenes to confirm employment status.

Once confirmed, the Additional Security Verification page will list the contact options from your profile.

Select either Text, Email, Call, or Ask Admin options to get a code to complete the final verification step.

Enter the code that you receive and click **Verify.**

You can now complete your benefits enrollment!

FLEXIBLE BENEFITS PLAN

Seguin Independent School District

Employer ID NBS353540

PLAN HIGHLIGHTS

Login at: my.nbsbenefits.com



Congratulations! Seguin Independent School District has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. The benefits you elect are paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will save money by paying less taxes and have more money to spend. However, if you receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

GENERAL PLAN INFORMATION

Plan Year:.....September 1st through August 31st

Maximum Health FSA Limit.....\$3,200.00
.....See Code Section 125(i)(2) or current enrollment information

Maximum Dependent Care Limit:.....\$5,000

Grace Period

If you have unused contributions in your Flexible Spending Accounts from the immediately preceding plan year, you may have a limited period to incur additional qualifying FSA and/or Dependent Care expenses.

Health FSA60 days
Dependent Care (DCAP).....60 days

Deadlines to Incur Expenses on Elected Funds

Health FSA.....October 30 following Plan Year End
DCAP.....October 30 following Plan Year End

Deadlines to File for Reimbursement

Run-out Period:.....60 days

Health FSA and DCAP.....October 30 following plan year end

Mid-Year Terminations

FSA30 days following termination date
DCAP.....30 days following termination date

Orthodontic Reimbursementas paid per service contract
Upfront payment.....not allowed

AM I ELIGIBLE TO PARTICIPATE

If you work 20 hours or more each week for the company, you will be eligible to join the Plan once you have satisfied the conditions for coverage under our group medical plan.

You will enter the Plan on the day in which you meet the above eligibility requirements.

Highly Compensated & Key Employees

Under the Internal Revenue Code, "highly compensated employees" and "key employees" generally are Participants who are officers, shareholders or highly paid. If you fall within these categories, you may be limited in the benefits or election amounts that are available to you. Please refer to your Summary Plan Description or your HR Department for more information.

WHAT TYPE OF BENEFITS ARE AVAILABLE

Under our Plan, you can choose the following benefits. Each benefit allows you to save taxes at the same time because the amount you elect is set aside on a pre-tax basis.

Health Flexible Spending Account:

The Health Flexible Spending Account (FSA) enables you to pay for expenses allowed under Section 105 and 213(d) of the Internal Revenue Code which are not covered by our insured medical plan. Your Plan Maximum can be found in the General Plan Information section.

Dependent Care Flexible Spending Account:

The Dependent Care Flexible Spending Account (DCAP) enables you to pay for out-of-pocket, work-related dependent day-care cost. Please see the Summary Plan Description for the definition of eligible dependent. The law places limits on the amount of money that can be paid to you in a calendar year. Generally, your reimbursement may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns); (b) your taxable compensation; (c) your spouse's actual or deemed earned income.

Premium Expense Plan:

A Premium Expense portion of the Plan allows you to use pre-tax dollars to pay for specific premiums under various insurance programs that we offer you.

Please note: Policies other than company sponsored policies (i.e. spouse's or dependents' individual policies etc.) may not be paid through the Flexible Benefits Plan. Furthermore, qualified long-

NBS Welfare Benefit Service Center

(801) 532-4000 or 800-274-0503
Fax: 800-478-1528
service@nbsbenefits.com



Seguin Independent School District Flexible Benefits Plan

Plan Contact Person:

Teri Salinas
1221 E. Kingsbury
Seguin, TX 78155
(830) 401-8600
tsalinas@seguin.k12.tx.us

Flexible Benefits Plan

Highlights Continued

term care insurance plans may not be paid through the Flexible Benefits Plan.

DETERMINING CONTRIBUTIONS

Before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year.

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections if you have a "change in status". Please refer to your Summary Plan Description for a change in status listing.

HOW DO I RECEIVE REIMBURSEMENTS

Participant Portal or Mobile App

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. Claims may be submitted through your online account or the NBS Mobile App.

In order to have the reimbursements made to you for qualifying Dependent Care expenses, you must provide a statement from the service provider including the name, address, date of service, the amount of expense and proof that the expense has been incurred. In most cases, the taxpayer identification number of the service provider will also be necessary.

Claims for reimbursement must be submitted in accordance with the timelines provided in the General Plan Information section.

NBS Smart Debit Card – FSA Pre-paid MasterCard

Your employer may sponsor the use of the NBS Smart Debit Card to access your Health FSA dollars. You may use the card to pay merchants or service providers that accept credit cards, so there is no need to pay cash up front then wait for reimbursement.

NBS Welfare Benefit Service Center

(801) 532-4000 or 800-274-0503

Fax: 800-478-1528

service@nbsbenefits.com



What is a Dependent Care Assistance Program (DCAP)?

The Dependent Care Assistance Program (DCAP) allows you to use tax-free dollars to pay for child day care or elder day care expenses that you incur because you and your spouse are both gainfully employed.

To participate, determine the annual amount that you want to deduct from your paycheck before taxes. The maximum amount you can elect depends on your federal tax filing status (\$5,000 if you are married and filing a joint return or if you are a single parent, \$2,500 if you are married but filing separately)

Your annual amount will be divided by the number of pay periods in the plan year and that amount will be deducted from each paycheck.

Who is an eligible dependent?

You can use the DCAP for expenses incurred for:

- Your qualifying child who is age twelve or younger for whom you claim a dependency exemption on your income tax return.
- Your qualifying relative (e.g. a child over twelve, your parent, a spouse's parent) who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as you for more than half of the year.
- Your spouse who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as you for more than half of the year.

Special Rule for Parents Who Are Divorced, Separated, or Living Apart

Only the custodial parent can claim expenses from the DCAP. The custodial parent is generally the parent with whom the child resides for the greater number of nights during the calendar year. Additionally, the custodial parent cannot be reimbursed from the DCAP for child-care expenses while the child lives with the non-custodial parent because such expenses are not incurred to enable the custodial parent to be gainfully employed.

What are eligible expenses for the DCAP?

The expenses which are eligible for reimbursement must have been incurred during the plan year and in connection with you and your spouse to remain gainfully employed.

Examples of eligible expenses:

- Before and After School and/or Extended Day Programs
- Daycare in your home or elsewhere so long as the dependent regularly spends at least 8 hours a day in your home.
- Base cost of day camps or similar programs.

Examples of ineligible expenses:

- Schooling for a child in kindergarten or above
- Babysitter while you go to the movies or out to eat
- Cost of overnight camps

What does it mean to be "gainfully employed"?

This means that you are working and earning an income (i.e. not doing volunteer work). You are not considered gainfully employed during paid vacation time or sick days. Gainful employment is determined on a daily basis.

If you are married, then your spouse would also need to be gainfully employed for your day care expenses to be eligible for reimbursement.

You are also considered gainfully employed if you are unemployed but actively looking for work, you are self-employed, you are physically or mentally not capable of self-care, or you are a full-time student (must attend for the number of hours that the school considers full-time, must have been a student for some part of each of 5 calendar months during the year, cannot be attending school only at night, does not include on-the-job training courses or correspondence schools).

What are some other important IRS regulations?

- You cannot be reimbursed for dependent care expenses that were paid to (1) one of your dependents, (2) your spouse, or (3) one of your children who is under the age of nineteen.
- In the event that you use a day care center that cares for more than six children, the center must be licensed.
- You must provide the day care provider's Social Security Number/Tax Identification Number (EIN) on form 2441 when you file your taxes.

What are some other important IRS regulations?

The IRS allows you to take a tax credit for your dependent care expenses. The tax credit may provide you with a greater benefit than the DCAP if you are in a lower tax bracket. To determine whether the tax credit or the DCAP is best for you, you will need to review your individual tax circumstances. You cannot use the same expenses for both the tax credit and the DCAP, however, you may be able to coordinate the federal dependent care tax credit with participation in the DCAP for expenses not reimbursed through DCAP.

For more information, please call
1(800) 274-0503



Salt Lake City, UT - Headquarters
Dallas, TX | San Diego, CA | Honolulu, HI
www.nbsbenefits.com

800-274-0503
service@nbsbenefits.com





Health Savings Accounts

Maximize your savings

A Health Savings Account, or HSA, is a tax-advantaged savings account you can use for healthcare expenses. Along with saving you money on taxes, HSAs can help you grow your nest egg for retirement.

How an HSA works:

- Contribute to your HSA by payroll deduction, online banking transfer or personal check.
- Pay for qualified medical expenses for yourself, your spouse and your dependents. Both current and past expenses are covered if they're from after you opened your HSA.
- Use your HSA Bank Health Benefits Debit Card to pay directly, or pay out of pocket for reimbursement or to grow your HSA funds.
- Roll over any unused funds year to year. It's your money — for life.
- Invest your HSA funds and potentially grow your savings.¹

What's covered?

You can use your HSA funds to pay for any IRS-qualified medical expenses, like doctor visits, hospital fees, prescriptions, dental exams, vision appointments, over-the-counter medications and more.

Visit hsabank.com/QME for a full list.

Am I eligible for an HSA?

You're most likely eligible to open an HSA if:

- You have a qualified high-deductible health plan (HDHP).
- You're not covered by any other non-HSA-compatible health plan, like Medicare Parts A and B.
- You're not covered by TriCare.
- No one (other than your spouse) claims you as a dependent on their tax return.

How much can I contribute?

The IRS limits how much you can contribute to your HSA every year. This includes contributions from your employer, spouse, parents and anyone else.²

2023 - 2024



2024 - 2025



Catch-up contributions

You may be eligible to make a \$1,000 HSA catch-up contribution if you're:

- Over 55.
- An HSA accountholder.
- Not enrolled in Medicare (if you enroll mid-year, annual contributions are prorated).

Triple tax savings

A huge way that HSAs can benefit you is they let you save on taxes in three ways.

- 1** You don't pay federal taxes on contributions to your HSA.³
- 2** Earnings from interest and investments are tax-free.
- 3** Distributions are tax free when used for qualified medical expenses.

¹ Investment accounts are not FDIC insured, may lose value and are not a deposit or other obligation of, or guarantee by the bank. Investment losses which are replaced are subject to the annual contribution limits of the HSA.

² HSA contributions in excess of IRS limits are subject to penalty and tax unless the excess and earnings are withdrawn prior to the tax filing deadline as explained in IRS Publication 969.

³ Federal tax savings are available regardless of your state. State tax laws may vary. Consult a tax professional for more information.



Visit www.hsabank.com or call the number on the back of your debit card for more information.

High Dental Plan Summary

Effective Date: 9/1/2023

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50 Lifetime Type 2,3 Waived Type 1
Maximum (per person)	\$1,000 per plan year
Allowance	U&C
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exams (2 in 12 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleanings (2 in 12 months) Fluoride for Children 15 and under (1 in 12 months) Sealants (age 15 and under) 	<ul style="list-style-type: none"> Space Maintainers Fillings for Cavities Restorative Composites (anterior and posterior teeth) Periodontics (nonsurgical) Periodontics (surgical) Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Denture Repair Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

Monthly Rates

Employee Only (EE)	\$32.04
EE + Spouse	\$64.88
EE + Children	\$83.94
EE + Spouse & Children	\$113.64

Ameritas Information

We're Here to Help: This plan was designed specifically for the associates of Seguin ISD. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Health Scorecard

How would you rate your dental health? In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is available to members at no additional cost. To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium. Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit greatearingbenefits.com/ameritas.

Dental Network Information

To find a provider, visit ameritas.com and select FIND A PROVIDER, then DENTAL. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553. Your provider network is Ameritas Classic and Plus Network.

Adjudication

Benefits are payable for expenses covered under your plan based on the lesser of: 1) submitted charges; 2) network negotiated contract fee; 3) allowance(s) listed under the dental (plan) summary. This applies to both network and non-network providers.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on September 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months of coverage.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at ameritas.com/applications/group/estimator. Members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

Worldwide Support

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Low Dental Plan Summary

Effective Date: 9/1/2023

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50 Lifetime Type 2,3 Waived Type 1
Maximum (per person)	\$1,000 per plan year
Allowance	U&C
Waiting Period	None
Annual Open Enrollment	Included

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exams (2 in 12 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleanings (2 in 12 months) Fluoride for Children 15 and under (1 in 12 months) Sealants (age 15 and under) 	<ul style="list-style-type: none"> Space Maintainers Fillings for Cavities Restorative Composites (anterior and posterior teeth) Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

Monthly Rates

Employee Only (EE)	\$24.98
EE + Spouse	\$51.60
EE + Children	\$68.04
EE + Spouse & Children	\$93.42

Ameritas Information

We're Here to Help: This plan was designed specifically for the associates of Seguin ISD. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Health Scorecard

How would you rate your dental health? In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is available to members at no additional cost. To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium. Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit greatearingbenefits.com/ameritas.

Dental Network Information

To find a provider, visit ameritas.com and select FIND A PROVIDER, then DENTAL. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553. Your provider network is Ameritas Classic and Plus Network.

Adjudication

Benefits are payable for expenses covered under your plan based on the lesser of: 1) submitted charges; 2) network negotiated contract fee; 3) allowance(s) listed under the dental (plan) summary. This applies to both network and non-network providers.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on September 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months of coverage.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at ameritas.com/applications/group/estimator. Members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

Worldwide Support

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Vision Plan Benefits for Seguin ISD

Co-Pays		Monthly Premiums		Services/Frequency	
Exam	\$10	Emp. only	\$6.80	Exam	12 months
Materials	\$15	Emp. + spouse	\$11.58	Frame	24 months
		Emp. + child(ren)	\$12.22	Lenses	12 months
		Emp. + family	\$18.38	Contact Lenses	12 months

(Based on date of service)

Benefits through Superior National Network

	<u>In-Network</u>	<u>Out-of-Network</u>
Exam	Covered in full	Up to \$35 retail
Frames	\$100 retail allowance	Up to \$55 retail
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ¹	Up to \$45 retail
Lenticular	Covered in full	Up to \$80 retail
Contact Lenses ²	\$125 retail allowance	Up to \$65 retail
Medically Necessary Contact Lenses	Covered in full	Up to \$150 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

² Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

Discount Features

Non-Covered Eyewear Discount: Members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

SuperiorVision.com
Customer Service
800.507.3800

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions

BENEFIT HIGHLIGHTS FOR:

Seguin Independent School District

EDUCATOR DISABILITY INSURANCE OVERVIEW

What is Educator Disability Income Insurance?

Educator Disability insurance combines the features of a short-term and long-term disability plan into one policy. The coverage pays you a portion of your earnings if you cannot work because of a disabling illness or injury. The plan gives you the flexibility to choose a level of coverage to suit your need.

You have the opportunity to purchase Disability Insurance through your employer. This highlight sheet is an overview of your Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

Why do I need Disability Insurance Coverage?

More than half of all personal bankruptcies and mortgage foreclosures are a consequence of disability¹

¹ Facts from LIMRA, 2016 Disability Insurance Awareness Month

The average worker faces a **1 in 3 chance** of suffering a job loss lasting 90 days or more due to a disability²

² Facts from LIMRA, 2016 Disability Insurance Awareness Month

Only 50% of American adults indicate they have enough savings to cover three months of living expenses in the event they're not earning any income³

³ Federal Reserve, Report on the Economic Well-Being of U.S. Households in 2018

ELIGIBILITY AND ENROLLMENT

Eligibility

You are eligible if you are an active employee who works at least 15 hours per week on a regularly scheduled basis.

Enrollment

You can enroll in coverage within 31 days of your date of hire or during your annual enrollment period.

Effective Date

Coverage goes into effect subject to the terms and conditions of the policy. You must satisfy the definition of Actively at Work with your employer on the day your coverage takes effect.

Actively at Work

You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.

FEATURES OF THE PLAN

Benefit Amount You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$7,500 that cannot exceed 66 2/3% of your current monthly earnings. Earnings are defined in The Hartford's contract with your employer.

Elimination Period You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a Disability benefit payment. The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.

For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of hospitalization.

Maximum Benefit Duration Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury.

Select Option: For the **Select** benefit option – the table below applies to disabilities resulting from **injury**.

Age Disabled	Maximum Benefit Duration
Prior to 63	To Normal Retirement Age or 48 months if greater
Age 63	To Normal Retirement Age or 42 months if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and older	18 months

Select Option: For the **Select** benefit option – the table below applies to disabilities resulting from **sickness**.

Age Disabled	Maximum Benefit Duration
Prior to 65	5 Years
Age 65-69	To Age 70, but not less than one year
Age 70 and older	1 Year

Mental Illness, Alcoholism and Substance Abuse: Duration You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime.

Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 months lifetime limit.

Partial Disability Partial Disability is covered provided you have at least a 20% loss of earnings and duties of your job.

Other Important Benefits **Survivor Benefit** - If you die while receiving disability benefits, a benefit will be paid to your spouse

or child under age 26, equal to three times your last monthly gross benefit.

The Hartford's Ability Assist service is included as a part of your group Long Term Disability (LTD) insurance program. You have access to Ability Assist services both prior to a disability and after you've been approved for an LTD claim and are receiving LTD benefits. Once you are covered you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more. In addition, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial and legal issues that may result from a disability. Ability Assist services are provided through **ComPsych®**, a leading provider of employee assistance and work/life services.

Travel Assistance Program – Available 24/7, this program provides assistance to employees and their dependents who travel 100 miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services.

Identity Theft Protection – An array of identity fraud support services to help victims restore their identity. Benefits include 24/7 access to an 800 number; direct contact with a certified caseworker who follows the case until it's resolved; and a personalized fraud resolution kit with instructions and resources for ID theft victims.

Workplace Modification provides for reasonable modifications made to a workplace to accommodate your disability and allow you to return to active full-time employment.

PROVISIONS OF THE PLAN

Definition of Disability	Disability is defined as The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings.
---------------------------------	--

Once you have been disabled for 24 months, you must be prevented from performing one or more essential duties of any occupation, and as a result, your monthly earnings are 66 2/3% or less of your pre-disability earnings.

Pre-Existing Condition Limitation	Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have not received treatment for the disabling condition within 3 months, while insured under this policy, before the disability begins, or You have been insured under this policy for 12 months before your disability begins.
--	--

If your disability is a result of a pre-existing condition, we will pay benefits for a maximum of 3 months.

Continuity of Coverage	If you were insured under your district's prior plan and not receiving benefits the day before this policy is effective, there will not be a loss in coverage and you will get credit for your prior carrier's coverage.
-------------------------------	--

Recurrent Disability *What happens if I Recover but become Disabled again?*
Periods of Recovery during the Elimination Period will not interrupt the Elimination Period, if the number of days You return to work as an Active Employee are less than one-half (1/2) the number of days of Your Elimination Period.
Any day within such period of Recovery, will not count toward the Elimination Period.

Benefit Integration For the first 12 months your benefit may be reduced by other income you receive or are eligible to receive due to your disability, such as Workers' Compensation Law, the Jones Act, occupational disease law, similar law or substitutes or exchanges for such benefits; 2) income that You receive from Your Employer's sabbatical leave plan or similar leave of absence plan, less the cost of paying a substitute teacher if You are required to do so; or 3) income that You receive from Your Employer's assault leave plan, or similar leave of absence plan, as a result of You being physically assaulted while acting in Your official capacity

After 12 months, Your benefit may be reduced by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance
- State Teacher Retirement Disability Plans
- Workers' Compensation
- Other employer-based disability insurance coverage you may have
- Unemployment benefits
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)

Your plan includes a minimum benefit of the greater of 10% Gross Benefit or \$100.

General Exclusions You cannot receive Disability benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- Military service for any country engaged in war or other armed conflict
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where Your being engaged in an illegal occupation was a contributing cause to your disability
- You must be under the regular care of a physician to receive benefits

Termination Provisions Your coverage under the plan will end if:

- The group plan ends or is discontinued
- You voluntarily stop your coverage
- You are no longer eligible for coverage
- You do not make the required premium payment
- Your active employment stops, except as stated in the continuation provision in the policy

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights Sheet explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this Benefit Highlights Sheet and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.



Seguin Independent School District

Select Plan – Monthly Premium Cost (based on 12 payments per year)

Annual Earnings	Monthly Earnings	Monthly Benefit	Accident / Sickness Elimination Period in Days					
			0 / 7	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
\$3,600	\$300	\$200	\$6.76	\$5.48	\$4.32	\$2.92	\$2.52	\$2.20
\$5,400	\$450	\$300	\$10.14	\$8.22	\$6.48	\$4.38	\$3.78	\$3.30
\$7,200	\$600	\$400	\$13.52	\$10.96	\$8.64	\$5.84	\$5.04	\$4.40
\$9,000	\$750	\$500	\$16.90	\$13.70	\$10.80	\$7.30	\$6.30	\$5.50
\$10,800	\$900	\$600	\$20.28	\$16.44	\$12.96	\$8.76	\$7.56	\$6.60
\$12,600	\$1,050	\$700	\$23.66	\$19.18	\$15.12	\$10.22	\$8.82	\$7.70
\$14,400	\$1,200	\$800	\$27.04	\$21.92	\$17.28	\$11.68	\$10.08	\$8.80
\$16,200	\$1,350	\$900	\$30.42	\$24.66	\$19.44	\$13.14	\$11.34	\$9.90
\$18,000	\$1,500	\$1,000	\$33.80	\$27.40	\$21.60	\$14.60	\$12.60	\$11.00
\$19,800	\$1,650	\$1,100	\$37.18	\$30.14	\$23.76	\$16.06	\$13.86	\$12.10
\$21,600	\$1,800	\$1,200	\$40.56	\$32.88	\$25.92	\$17.52	\$15.12	\$13.20
\$23,400	\$1,950	\$1,300	\$43.94	\$35.62	\$28.08	\$18.98	\$16.38	\$14.30
\$25,200	\$2,100	\$1,400	\$47.32	\$38.36	\$30.24	\$20.44	\$17.64	\$15.40
\$27,000	\$2,250	\$1,500	\$50.70	\$41.10	\$32.40	\$21.90	\$18.90	\$16.50
\$28,800	\$2,400	\$1,600	\$54.08	\$43.84	\$34.56	\$23.36	\$20.16	\$17.60
\$30,600	\$2,550	\$1,700	\$57.46	\$46.58	\$36.72	\$24.82	\$21.42	\$18.70
\$32,400	\$2,700	\$1,800	\$60.84	\$49.32	\$38.88	\$26.28	\$22.68	\$19.80
\$34,200	\$2,850	\$1,900	\$64.22	\$52.06	\$41.04	\$27.74	\$23.94	\$20.90
\$36,000	\$3,000	\$2,000	\$67.60	\$54.80	\$43.20	\$29.20	\$25.20	\$22.00
\$37,800	\$3,150	\$2,100	\$70.98	\$57.54	\$45.36	\$30.66	\$26.46	\$23.10
\$39,600	\$3,300	\$2,200	\$74.36	\$60.28	\$47.52	\$32.12	\$27.72	\$24.20
\$41,400	\$3,450	\$2,300	\$77.74	\$63.02	\$49.68	\$33.58	\$28.98	\$25.30
\$43,200	\$3,600	\$2,400	\$81.12	\$65.76	\$51.84	\$35.04	\$30.24	\$26.40
\$45,000	\$3,750	\$2,500	\$84.50	\$68.50	\$54.00	\$36.50	\$31.50	\$27.50
\$46,800	\$3,900	\$2,600	\$87.88	\$71.24	\$56.16	\$37.96	\$32.76	\$28.60
\$48,600	\$4,050	\$2,700	\$91.26	\$73.98	\$58.32	\$39.42	\$34.02	\$29.70
\$50,400	\$4,200	\$2,800	\$94.64	\$76.72	\$60.48	\$40.88	\$35.28	\$30.80
\$52,200	\$4,350	\$2,900	\$98.02	\$79.46	\$62.64	\$42.34	\$36.54	\$31.90
\$54,000	\$4,500	\$3,000	\$101.40	\$82.20	\$64.80	\$43.80	\$37.80	\$33.00
\$55,800	\$4,650	\$3,100	\$104.78	\$84.94	\$66.96	\$45.26	\$39.06	\$34.10
\$57,600	\$4,800	\$3,200	\$108.16	\$87.68	\$69.12	\$46.72	\$40.32	\$35.20
\$59,400	\$4,950	\$3,300	\$111.54	\$90.42	\$71.28	\$48.18	\$41.58	\$36.30
\$61,200	\$5,100	\$3,400	\$114.92	\$93.16	\$73.44	\$49.64	\$42.84	\$37.40
\$63,000	\$5,250	\$3,500	\$118.30	\$95.90	\$75.60	\$51.10	\$44.10	\$38.50
\$64,800	\$5,400	\$3,600	\$121.68	\$98.64	\$77.76	\$52.56	\$45.36	\$39.60
\$66,600	\$5,550	\$3,700	\$125.06	\$101.38	\$79.92	\$54.02	\$46.62	\$40.70
\$68,400	\$5,700	\$3,800	\$128.44	\$104.12	\$82.08	\$55.48	\$47.88	\$41.80
\$70,200	\$5,850	\$3,900	\$131.82	\$106.86	\$84.24	\$56.94	\$49.14	\$42.90
\$72,000	\$6,000	\$4,000	\$135.20	\$109.60	\$86.40	\$58.40	\$50.40	\$44.00
\$73,800	\$6,150	\$4,100	\$138.58	\$112.34	\$88.56	\$59.86	\$51.66	\$45.10
\$75,600	\$6,300	\$4,200	\$141.96	\$115.08	\$90.72	\$61.32	\$52.92	\$46.20
\$77,400	\$6,450	\$4,300	\$145.34	\$117.82	\$92.88	\$62.78	\$54.18	\$47.30
\$79,200	\$6,600	\$4,400	\$148.72	\$120.56	\$95.04	\$64.24	\$55.44	\$48.40
\$81,000	\$6,750	\$4,500	\$152.10	\$123.30	\$97.20	\$65.70	\$56.70	\$49.50
\$82,800	\$6,900	\$4,600	\$155.48	\$126.04	\$99.36	\$67.16	\$57.96	\$50.60
\$84,600	\$7,050	\$4,700	\$158.86	\$128.78	\$101.52	\$68.62	\$59.22	\$51.70
\$86,400	\$7,200	\$4,800	\$162.24	\$131.52	\$103.68	\$70.08	\$60.48	\$52.80
\$88,200	\$7,350	\$4,900	\$165.62	\$134.26	\$105.84	\$71.54	\$61.74	\$53.90
\$90,000	\$7,500	\$5,000	\$169.00	\$137.00	\$108.00	\$73.00	\$63.00	\$55.00
\$91,800	\$7,650	\$5,100	\$172.38	\$139.74	\$110.16	\$74.46	\$64.26	\$56.10
\$93,600	\$7,800	\$5,200	\$175.76	\$142.48	\$112.32	\$75.92	\$65.52	\$57.20
\$95,400	\$7,950	\$5,300	\$179.14	\$145.22	\$114.48	\$77.38	\$66.78	\$58.30
\$97,200	\$8,100	\$5,400	\$182.52	\$147.96	\$116.64	\$78.84	\$68.04	\$59.40
\$99,000	\$8,250	\$5,500	\$185.90	\$150.70	\$118.80	\$80.30	\$69.30	\$60.50
\$100,800	\$8,400	\$5,600	\$189.28	\$153.44	\$120.96	\$81.76	\$70.56	\$61.60
\$102,600	\$8,550	\$5,700	\$192.66	\$156.18	\$123.12	\$83.22	\$71.82	\$62.70
\$104,400	\$8,700	\$5,800	\$196.04	\$158.92	\$125.28	\$84.68	\$73.08	\$63.80
\$106,200	\$8,850	\$5,900	\$199.42	\$161.66	\$127.44	\$86.14	\$74.34	\$64.90
\$108,000	\$9,000	\$6,000	\$202.80	\$164.40	\$129.60	\$87.60	\$75.60	\$66.00
\$109,800	\$9,150	\$6,100	\$206.18	\$167.14	\$131.76	\$89.06	\$76.86	\$67.10
\$111,600	\$9,300	\$6,200	\$209.56	\$169.88	\$133.92	\$90.52	\$78.12	\$68.20
\$113,400	\$9,450	\$6,300	\$212.94	\$172.62	\$136.08	\$91.98	\$79.38	\$69.30
\$115,200	\$9,600	\$6,400	\$216.32	\$175.36	\$138.24	\$93.44	\$80.64	\$70.40
\$117,000	\$9,750	\$6,500	\$219.70	\$178.10	\$140.40	\$94.90	\$81.90	\$71.50
\$118,800	\$9,900	\$6,600	\$223.08	\$180.84	\$142.56	\$96.36	\$83.16	\$72.60
\$120,600	\$10,050	\$6,700	\$226.46	\$183.58	\$144.72	\$97.82	\$84.42	\$73.70
\$122,400	\$10,200	\$6,800	\$229.84	\$186.32	\$146.88	\$99.28	\$85.68	\$74.80
\$124,200	\$10,350	\$6,900	\$233.22	\$189.06	\$149.04	\$100.74	\$86.94	\$75.90

			Accident / Sickness Elimination Period in Days					
Annual Earnings	Monthly Earnings	Monthly Benefit	0 / 7	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
\$126,000	\$10,500	\$7,000	\$236.60	\$191.80	\$151.20	\$102.20	\$88.20	\$77.00
\$127,800	\$10,650	\$7,100	\$239.98	\$194.54	\$153.36	\$103.66	\$89.46	\$78.10
\$129,600	\$10,800	\$7,200	\$243.36	\$197.28	\$155.52	\$105.12	\$90.72	\$79.20
\$131,400	\$10,950	\$7,300	\$246.74	\$200.02	\$157.68	\$106.58	\$91.98	\$80.30
\$133,200	\$11,100	\$7,400	\$250.12	\$202.76	\$159.84	\$108.04	\$93.24	\$81.40
\$135,000	\$11,250	\$7,500	\$253.50	\$205.50	\$162.00	\$109.50	\$94.50	\$82.50

GROUP VOLUNTARY HOSPITAL INDEMNITY INSURANCE BENEFIT HIGHLIGHTS



The average cost for a hospital stay is \$2,607 per day¹

SEGUIN INDEPENDENT SCHOOL DISTRICT

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

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



To learn more about Hospital Indemnity insurance, visit www.thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

Benefit amounts are based on the plan in effect for you or an insured dependent at the time the covered event occurs. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		PLAN
Coverage Type		On and off-job (24 hour)
Covered Events		Illness and injury
HSA Compatible		Yes
BENEFITS		
HOSPITAL CARE ²		PLAN
First Day Hospital Confinement	Up to 3 days per year	\$1,000
Daily Hospital Confinement (Day 2+)	Up to 90 days per year	\$100
First Day ICU Confinement	Up to 3 days per year	\$2,000
Daily ICU Confinement (Day 2+)	Up to 30 days per year	\$200
Mental/Nervous Confinement	Up to 30 days per year	\$100
Substance Abuse Confinement	Up to 30 days per year	\$100
Newborn Routine Hospital Care	Once per live birth	\$200
FAMILY CARE		PLAN
Health Screening	Up to 1 day per year	\$50
FEATURES		PLAN
Ability Assist® EAP ³ – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampion ^{SM4} – Administrative & clinical support following serious illness or injury		Included

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year).⁵

COVERAGE TIER	PLAN
Employee Only	\$22.40 (\$0.74 per day)
Employee & Spouse	\$41.68 (\$1.37 per day)
Employee & Child(ren)	\$36.92 (\$1.21 per day)
Employee & Family	\$56.18 (\$1.85 per day)

ASKED & ANSWERED

IS THIS COVERAGE HSA COMPATIBLE?

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

This plan design was designed to be compatible with Health Savings Accounts (HSAs). However, if you have or plan to open an HSA, please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 15 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

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

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

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

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

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

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

WHEN DOES THIS INSURANCE END?

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

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

Yes, you can take this coverage with you. Your spouse/partner may also continue insurance in certain circumstances.

¹Kaiser Family Foundation, November 2019. Adjusted expenses per inpatient day include expenses incurred for both inpatient and outpatient care; inpatient days are adjusted higher to reflect an estimate of the volume of outpatient services: <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day>, viewed as of 4/16/2021.

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

³AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

⁴HealthChampionSM services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information. HealthChampionSM specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment.

⁵Rates and/or benefits may be changed on a class basis.

The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours. Required hours may vary by state. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.
5962h NS 08/21

LIMITATIONS & EXCLUSIONS



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

GROUP ACCIDENT INSURANCE

LIMITATIONS AND EXCLUSIONS

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

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

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

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

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

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

THIS POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. **IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

5962g NS 05/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

GROUP HOSPITAL INDEMNITY INSURANCE

LIMITATIONS AND EXCLUSIONS

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

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

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

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

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

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

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

- Elective abortion or complications thereof
- Artificial insemination, in vitro fertilization, test tube fertilization
- Sterilization, tubal ligation or vasectomy, and reversal thereof
- Aroma therapeutic, herbal therapeutic, or homeopathic services
- Any mental and nervous disorder, unless specifically allowed by a provision of the certificate
- Substance abuse, unless specifically allowed by a provision of the certificate

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million
emergency
department visits
every year are
caused by youth
sports.¹

SEGUIN INDEPENDENT SCHOOL DISTRICT

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit
www.thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		
Coverage Type		Off-job only
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	\$100
Chiropractic Care/PT	Up to 10 visits each per accident	Up to \$75
Ambulance – Air	Once per accident	\$1,000
Ambulance – Ground	Once per accident	\$300
Blood/Plasma/Platelets	Once per accident	\$300
Daily Hospital Confinement	Up to 365 days per lifetime	\$100
Daily ICU Confinement	Up to 30 days per accident	\$200
Diagnostic Exam	Once per accident	\$300
Emergency Dental	Once per accident	Up to \$300
Emergency Room	Once per accident	\$150
Hospital Admission	Once per accident	\$500
ICU Admission	Once per accident	\$1,000
Initial Physician Office Visit	Once per accident	\$150
Lodging	Up to 30 nights per lifetime	\$125
Medical Appliance	Once per accident	\$150
Rehabilitation Facility	Up to 15 days per lifetime	\$200
Transportation	Up to 3 trips per accident	\$400
Urgent Care	Once per accident	\$150
X-ray	Once per accident	\$100
SPECIFIED INJURY & SURGERY		
Abdominal/Thoracic Surgery	Once per accident	\$3,000
Arthroscopic Surgery	Once per accident	\$500
Burn	Once per accident	Up to \$10,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit
Concussion	Up to 3 per year	\$200
Dislocation	Once per joint per lifetime	Up to \$4,000
Eye Injury	Once per accident	Up to \$500
Fracture	Once per bone per accident	Up to \$4,000

Hernia Repair	Once per accident	\$500
Joint Replacement	Once per accident	\$2,500
Knee Cartilage	Once per accident	Up to \$1,000
Laceration	Once per accident	Up to \$500
Ruptured Disc	Once per accident	\$1,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$2,000
CATASTROPHIC		
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$25,000
Common Carrier Death	Within 90 days	\$75,000
Coma	Once per accident	\$10,000
Dismemberment	Once per accident	Up to \$25,000
Paralysis	Once per accident	Up to \$50,000
Prosthesis	Once per accident	Up to \$3,000
FEATURES		
Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampion ^{SM3} – Administrative & clinical support following serious illness or injury		Included

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year):⁴

COVERAGE TIER	
Employee Only	\$4.38 (\$0.14 per day)
Employee & Spouse	\$8.54 (\$0.28 per day)
Employee & Child(ren)	\$9.50 (\$0.31 per day)
Employee & Family	\$11.88 (\$0.39 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 15 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

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

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

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

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

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

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

WHEN DOES THIS INSURANCE END?

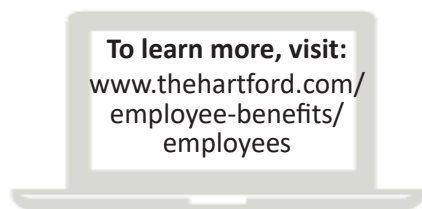
This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

GROUP CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS

Underwritten by Hartford Life and Accident Insurance Company

For Employee of:

SEGUIN INDEPENDENT SCHOOL DISTRICT (Policyholder)



Facing a serious illness at any age can be challenging – physically, emotionally and financially. Primary health insurance may pick up some or most of the tab, but can still leave medical and other recovery expenses that add up quickly. **Critical Illness insurance can provide a lump-sum cash benefit upon diagnosis of a covered illness that can be used however you choose.**

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Employees

Policy Situs/Issue State: Texas

Policy Effective Date: September 1, 2024

Policy Anniversary: September 1

ELIGIBILITY & ENROLLMENT INFORMATION (Additional conditions may apply as described in the Certificate.)

Employee	To be eligible for coverage, an Employee must be performing the normal duties of their regular job for the policyholder for 15 or more hours each week and be receiving compensation from the policyholder for work performed.
Dependent(s)	Dependent(s) must be able to perform normal and customary activities and not be confined (at home or in any medical facility) to be eligible for coverage. In addition, Dependent Child(ren) must be under age 26, unless otherwise allowed by the policy.
New Hire Enrollment	An Employee may enroll for coverage for the Employee and any Dependent(s) within 31 days following the day the Employee or Dependent(s) first become(s) eligible for coverage under the Policy. If an Employee does not elect coverage during the Employee's or Dependent's initial enrollment period, future enrollment may only occur as provided in the Changes in Coverage provision of the Certificate.
Ongoing Enrollment	An Employee may enroll for coverage for the Employee and any Dependent(s) within an Annual Enrollment Period specified by the Policyholder or during an Additional Enrollment Event.

COVERAGE ELECTION & AMOUNT(S)

In order to be insured under the Policy an Employee must elect coverage for themselves and any Dependent(s). The Employee is required to pay premium for the coverage elected. Payment of premium does not guarantee eligibility for coverage.

Any amount of insurance for a Spouse or Dependent Child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000. All Coverage Amount(s) are Guaranteed Issue.

Employee	Choice of \$15,000 or \$30,000
Spouse	50% of the Employee's elected Coverage Amount
Dependent Child(ren)	50% of the Employee's elected Coverage Amount (per child)

CRITICAL ILLNESS BENEFITS

All Critical Illness Benefits are subject to all of the applicable Definitions, Additional Requirements, maximums, limitations, Exclusions and other provisions of the Policy. The amounts shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy.

All **Initial Occurrence Benefit Amounts** are a percentage of the applicable Coverage Amount in effect for a Covered Person at the time of Diagnosis of a Critical Illness, unless otherwise stated as a specific dollar amount. All **Reoccurrence Benefit Amounts** are a percentage of the Initial Occurrence Benefit Amount for the applicable Critical Illness that is payable or was previously paid under the Policy for a Covered Person.

CANCER & BENIGN TUMOR CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	100%	100%
Skin Cancer	\$250	None

Bone Marrow Failure	25%	None
Benign Brain or Spinal Cord (Intradural) Tumor		
• Early Diagnosis	10%	None
• Advanced Diagnosis	100%	None

HEART & VASCULAR CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Heart Attack (Myocardial Infarction)		
• ST-Segment Elevation Myocardial Infarction (STEMI)	100%	100%
• Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	25%	100%
Coronary Artery Disease		
• Minor Diagnosis	10%	100%
• Major Diagnosis	100%	100%
Stroke		
• Mild Stroke	10%	100%
• Moderate Stroke	25%	100%
• Severe Stroke	100%	100%
Aneurysm		
• Abdominal Aortic Aneurysm or Thoracic Aortic Aneurysm		
- Major Diagnosis	100%	100%

MAJOR ORGAN CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Major Organ Failure	100%	100%
End Stage Renal Disease (ESRD)	100%	None

NEUROLOGICAL CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Dementia		
• Advanced Diagnosis	100%	None
Parkinson's Disease		
• Advanced Diagnosis	100%	None
Amyotrophic Lateral Sclerosis (ALS)		
• Advanced Diagnosis	100%	None
Multiple Sclerosis (MS)		
• Advanced Diagnosis	100%	None

INFECTIOUS CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Severe Infectious Disease		
• Major Diagnosis	25%	None

FUNCTIONAL LOSS & CATASTROPHIC CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Coma	100%	100%
Loss of Hearing	50%	None
Loss of Sight	100%	None
Loss of Speech	50%	None
Permanent Paralysis	100%	None

CHILD CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Cerebral Palsy		
• Early Diagnosis	10%	None
• Advanced Diagnosis	100%	None
Congenital Heart Defect	100%	None
Congenital Metabolic Disorder	100%	None
Genetic Disorder	100%	None
Structural Congenital Defect	100%	None
Critical Illnesses included in the Child Conditions Category must be Diagnosed during Childhood.		

ADDITIONAL BENEFITS

All Additional Benefits are subject to the applicable Definitions, Exclusions and other provisions of the Policy. The amounts and maximums shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy, as described in the Additional Benefit(s) and General Limitations & Exclusions sections of this Certificate.

Benefit:	Benefit Amount:	Benefit Maximum:
Health Screening	\$50	Once per Policy Year

GENERAL LIMITATIONS & EXCLUSIONS

The limitations and exclusions included below apply to all benefits included in the Certificate unless otherwise noted below. Please note that certain Critical Illness Benefits and Additional Benefits may have additional limitations or requirements presented in the benefit provisions and definitions of the Certificate. All limitations and exclusions are fully described in the Certificate.

Unless otherwise stated in the Certificate, We will not pay benefits for any Critical Illness included in the Policy if a Covered Person was Diagnosed with such illness or condition prior to the Covered Person's effective date under the Policy.

Initial Occurrence Benefit Separation Period	Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for an Initial Occurrence Benefit to be payable for any other Critical Illness, an Initial Occurrence Benefit Separation Period of 30 days must be satisfied. This limitation is fully described in the Certificate.
Reoccurrence Benefit Separation Period	Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for a Reoccurrence Benefit to be payable for that same Critical Illness, a Reoccurrence Benefit Separation Period of 180 days must be satisfied.
Policy Benefit Maximum	Each Covered Person may receive multiple payments for Critical Illness Benefits under this Certificate until the Policy Benefit Maximum of 500% is reached. Any payments received by a Covered Person for any Additional Benefit(s) do not count toward this maximum. This limitation is fully described in the Certificate.
Exclusions	<p>No benefits are payable under the Policy for any Critical Illness that results from, is caused by or that takes place during a Covered Person's:</p> <ul style="list-style-type: none"> • intentional self-inflicted illness or Injury • voluntarily taking or using any drug, narcotic, medication or sedative, unless it is: <ul style="list-style-type: none"> - taken or used as prescribed by a Physician, or - taken according to package directions, for any over-the-counter drug, medication or sedative • voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), or voluntary engagement in an illegal occupation • incarceration or imprisonment in any type of penal or detention facility • active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of this Certificate • involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer <p>In addition, no benefits are payable under the Policy for any Critical Illness that results from or is caused by a Covered Person's Substance Use Disorder.</p> <p>In addition, no benefits are payable under the Policy for any Critical Illness for which Diagnosis is made outside the United States or Canada, unless the Diagnosis is confirmed in the United States. The date of Diagnosis in such circumstances is the date the Diagnosis was originally made outside the United States or Canada.</p>

FEATURES

Continuation of Coverage	You may be able to continue insurance for You and Your Dependent(s) in certain circumstances when You are no longer Actively at Work, with payment of premium and subject to certain conditions. The available continuation option(s) are described in the Certificate.
Extended Continuation	You or an insured Spouse, in certain circumstances, may continue coverage under the Policy when insurance would otherwise end under the Termination of Coverage provision, with payment of premium and subject to certain conditions. This provision is fully described in the Certificate.

Ability Assist® EAP¹	24/7/365 access to help for financial, legal or emotional issues
HealthChampion^{SM1}	Administrative and clinical support following serious illness or injury

COVERAGE EFFECTIVE DATE (WHEN COVERAGE BEGINS)

In no event will Dependent insurance become effective before an Employee becomes insured. The Coverage Effective Date for any Employee or Dependent is subject to the Deferred Coverage Effective Date provision of the Certificate. Additional eligibility conditions may apply as described in the Certificate.

New Hires	<p>Coverage will start on the later to occur of:</p> <ul style="list-style-type: none"> the first day of the month following the date an Employee or Dependent becomes eligible, if enrolled for coverage on or before that date, or the first day of the month following the date an Employee or Dependent is enrolled for coverage
Annual Enrollment or Additional Enrollment Event	<p>Coverage will start on the later to occur of:</p> <ul style="list-style-type: none"> the Policy Anniversary on or next following the last day of an Annual Enrollment Period, if an Employee or Dependent is enrolled during an Annual Enrollment Period, or the first day of the month following the last day of an Additional Enrollment Event, if an Employee or Dependent is enrolled during an Additional Enrollment Event

TERMINATION OF COVERAGE (WHEN COVERAGE ENDS)

Coverage for an Employee and any Dependent(s) will end on the last day of the month during which an Employee is no longer eligible for insurance under any provision of the Policy. Coverage for a Dependent will also end on the last day of the month during which a Dependent no longer satisfies the definition of Spouse or Dependent Child(ren). Additional circumstances under which coverage will end are described in the Certificate. Termination of coverage has no effect on benefits payable for a Critical Illness that is Diagnosed or Treatment that is received while a Covered Person was insured under the Policy.

HOW TO OBTAIN A COPY OF THE CERTIFICATE

The Certificate will become available after the enrollment period is complete and the terms of insurance under the Policy are finalized between the Policyholder and Us. The Policyholder should provide you with access to (or a copy of) the Certificate at that time. If You do not receive what you need from the Policyholder at that time, you may then contact Us at 800-523-2233 (toll-free).

PREMIUMS

The premium rate structure for this insurance is comprised of attained age rates per \$1,000 dollars of insurance for each Covered Person, with specified age bands. You are responsible for the payment of premiums for insurance under the Policy if you elect coverage. Payment of premium does not guarantee eligibility for insurance.

Please see the Critical Illness Insurance Premium Worksheet to calculate/determine the premium for the coverage you elect.

Premiums will be automatically deducted from your paychecks by the Policyholder, then remitted to Us as authorized by you during the enrollment process. Please contact the Policyholder for information regarding your paycheck deductions.

Additional considerations for premium payment may apply when insurance is continued under any continuation option, as described in the Certificate. Premiums for this coverage are subject to change in accordance with the provisions of the Policy. Contact the Policyholder or your benefits administrator for additional information on the current premium structure for the Policy.

NOTICES

NOTICE TO BUYER: This is a Critical Illness insurance policy. The policy provides limited benefits payable ONLY when certain losses occur as a result of diagnosis of covered specified diseases. Benefits are supplemental and are not intended to cover all medical expenses. The policy does not constitute comprehensive health insurance coverage and does not satisfy the minimum coverage requirements of the Affordable Care Act. You should not enroll for this insurance unless you are already covered by comprehensive health insurance coverage. Persons covered under Medicaid or an equivalent state or Title XIX program should not enroll for this insurance.

This benefit summary provides a very brief summary of the terms and conditions of the Policy. For a complete description refer to the appropriate section of the Certificate or Policy (available as noted above). In the event of a discrepancy between this document and the Policy, the terms of the Policy apply. The capitalization of a term not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in the Certificate or refers to a specific provision contained within the Certificate or Policy. A person is not entitled to insurance because they received this benefit summary. A person is only entitled to insurance if they are eligible and insured in accordance with the terms of the Policy.

PURELIFE-PLUS_____

*Flexible Premium Life Insurance
to Age 121*

Portable, Permanent Individual Life Insurance for the Employee and Family

Policy Form: PRFNG-NI-10

Product Highlights

Permanent Life Insurance
to Age 121

Minimal Cash Value
Premiums Dedicated Primarily
to Purchase Life Insurance

Level Premium Guarantees
Coverage for a Significant
Period of Time

Unique Limited Right to Partial
Refund of Premium if Future
Premium Required to
Continue Coverage Increases

No Surrender Charges Apply

Accelerated Death Benefit Due
to Terminal Illness Included

Convenient Premium Payments
Through Payroll Deduction

Portable When You Leave
Employment

For the eligible employees of
SEGUIN ISD

Application for Life Insurance

Express Issue | Monthly Pay

FOR USE ONLY IN
Alaska, Colorado, Hawaii, Iowa, Kentucky,
Nebraska, Texas and Utah

Portable, Permanent, Individual Life Insurance for Employees and Their Families

As an employee, you can apply for valuable life insurance protection on you and your family under eligibility guidelines established for your employer. Your employer has conveniently agreed to permit you to pay premiums through payroll deduction. This is a summary only. Policy provisions prevail. This brochure is not a contract or an offer to contract.

Minimal Cash Values Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

Permanent Life Insurance Coverage Unlike group term life insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

Guaranteed Period Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period shown. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium (described below).

Guaranteed Limited Right to Partial Refund of Premium If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to:

- a. Pay the higher premium(s) required to continue coverage; or,
- b. Surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (ten years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders.

Portable Once issued, continued employment is not a condition to continue coverage. Coverage is guaranteed as long as required premiums are paid, even after you retire or terminate employment. When employment ends, you can pay equivalent monthly premiums directly or by bank draft (for monthly direct payments we add a monthly fee not to exceed \$2.00). Other modes are available.

Accelerated Death Benefit Due to Terminal Illness Rider This policy includes, at no additional premium, an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICCo7-ULABR-07). See details on next page.

Individual and Family Coverage is Easy to Apply For Subject to age and amount restrictions, you may apply for an individual policy on your life or your spouse's life (see chart next page for spouse's minimum/maximum amounts). An individual policy for \$ 25,000 is also available on each of your children ages 15 days — 26, and even on each of your grandchildren ages 15 days — 18. (You may cover children ages 18 and younger under the Child Term Life Insurance Rider in lieu of individual policies.) Proof of insurability is required.

Most policies are issued based upon the answers to three work and health related application questions.

Child Term Life Insurance Rider In lieu of an individual policy on each child, if the primary insured is age 59 or less you may apply for a Child Term Life Insurance Rider for \$10,000 (add \$5.00 for \$10,000 of coverage). It insures the primary insured's children and step-children who are ages 15 days through age 18 at the time of the application. Children thereafter born to or adopted by the primary insured are covered 15 days after birth. Coverage continues to age 25. Coverage terminates at the primary insured's age 65. Coverage on a step-child ceases upon the primary insured's divorce from the step-child's natural or adoptive parent. If the primary insured dies, coverage is paid-up to the earlier of the insured child's age 25 or the Contract Anniversary Date on which the primary insured's Attained Age would have been 65. (Form ICCo7-ULCL-CIR-07).

TEXAS LIFE is the oldest legal reserve life insurance company domiciled in Texas, established in 1901.

Interim Insurance: Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction; (2) the Salary Deduction Authorization is signed; and, (3) the proposed insured is insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 180th day after the application date.

Policy Mechanics and Other Important Details Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value is currently credited the guaranteed interest rate of 4.00% per annum. We may, at any time, credit higher than the guaranteed interest rate. Likewise, We may charge cost of insurance rates which are less than the policy's maximum rates, but only when actual cash value equals or exceeds Benchmark Cash Value. No surrender charges apply. Loads include 4.00% of premium, \$ 1.50 per month and monthly administrative loads. Two year suicide and contestable clauses apply (one year suicide clause in Colorado). The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months.

IMPORTANT NOTICES | PLEASE READ THE FOLLOWING NOTICES REGARDING ACCELERATED DEATH BENEFITS

Important Notices Tax laws related to the acceleration of life insurance benefits are complex. The information presented below is a general description. You should consult a qualified tax or legal advisor to determine the effect of receiving this benefit. Texas Life Insurance Company and its agents do not provide tax or legal advice.

Receipt of any accelerated death benefit under your policy may affect your, your spouse's and your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplemental Social Security Income (SSI), and drug assistance programs. You should consult a qualified tax or legal advisor and the relevant social service agencies to determine how receiving the benefit may affect your, your spouse's and your family's eligibility for public assistance.

An accelerated death benefit is not a long term care insurance. The following is a general description of any accelerated death benefit under your policy. Your policy and riders contain certain exclusions, limitations, and exceptions. Please refer to your policy and riders for details. The right to accelerate benefits under any accelerated death benefit does not extend to any Child Term Life Insurance Rider. However, if the accelerated death benefit under any rider is paid, any Child Term Life Insurance Rider on the policy becomes paid-up term insurance as if the insured had died. Payment under any accelerated death benefit rider terminates the policy and all other optional benefits/riders and reduces all insurance proceeds, cash values and loan values to zero.

Accelerated Death Benefit Due to Terminal Illness The policy includes an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICC07-ULABR-07). If the insured has a terminal illness, you may elect to claim an accelerated benefit while the insured is still alive in lieu of the insurance proceeds otherwise payable at death. The single sum benefit is 92% of the insurance proceeds less an administrative fee of \$150. Terminal Illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in death within 12 months.

The Accelerated Death Benefit Due to Terminal Illness Rider is intended to qualify for favorable income tax treatment. The benefit will not be subject to federal income tax.

EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE

Spouse's Issue Age	Minimum Face Amount	Maximum Face Amount
17-34	\$25,000	\$50,000
35-39	15,000	50,000
40-49	10,000	50,000
50-60	10,000	25,000
61 & Older	N/A	N/A

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1			9.25							81
2-4			9.50							80
5-8			9.75							79
9-10			10.00							79
11-16			10.25							77
17-20			10.25	15.05	18.25	26.25	34.25	42.25	50.25	75
21-22			10.50	15.45	18.75	27.00	35.25	43.50	51.75	74
23			10.75	15.85	19.25	27.75	36.25	44.75	53.25	75
24-25			11.00	16.25	19.75	28.50	37.25	46.00	54.75	74
26			11.50	17.05	20.75	30.00	39.25	48.50	57.75	75
27-28			11.75	17.45	21.25	30.75	40.25	49.75	59.25	74
29			12.00	17.85	21.75	31.50	41.25	51.00	60.75	74
30-31			12.25	18.25	22.25	32.25	42.25	52.25	62.25	73
32			13.00	19.45	23.75	34.50	45.25	56.00	66.75	74
33			13.50	20.25	24.75	36.00	47.25	58.50	69.75	74
34			14.25	21.45	26.25	38.25	50.25	62.25	74.25	75
35		10.05	15.25	23.05	28.25	41.25	54.25	67.25	80.25	76
36		10.35	15.75	23.85	29.25	42.75	56.25	69.75	83.25	76
37		10.80	16.50	25.05	30.75	45.00	59.25	73.50	87.75	77
38		11.25	17.25	26.25	32.25	47.25	62.25	77.25	92.25	77
39		12.00	18.50	28.25	34.75	51.00	67.25	83.50	99.75	78
40	9.25	12.75	19.75	30.25	37.25	54.75	72.25	89.75	107.25	79
41	9.95	13.80	21.50	33.05	40.75	60.00	79.25	98.50	117.75	80
42	10.75	15.00	23.50	36.25	44.75	66.00	87.25	108.50	129.75	81
43	11.45	16.05	25.25	39.05	48.25	71.25	94.25	117.25	140.25	82
44	12.15	17.10	27.00	41.85	51.75	76.50	101.25	126.00	150.75	83
45	12.85	18.15	28.75	44.65	55.25	81.75	108.25	134.75	161.25	83
46	13.65	19.35	30.75	47.85	59.25	87.75	116.25	144.75	173.25	84
47	14.35	20.40	32.50	50.65	62.75	93.00	123.25	153.50	183.75	84
48	15.05	21.45	34.25	53.45	66.25	98.25	130.25	162.25	194.25	85
49	15.95	22.80	36.50	57.05	70.75	105.00	139.25	173.50	207.75	85
50	16.95	24.30	39.00	61.05	75.75	112.50				86
51	18.15	26.10	42.00	65.85	81.75	121.50				87
52	19.45	28.05	45.25	71.05	88.25	131.25				88
53	20.45	29.55	47.75	75.05	93.25	138.75				88
54	21.45	31.05	50.25	79.05	98.25	146.25				88
55	22.55	32.70	53.00	83.45	103.75	154.50				89
56	23.55	34.20	55.50	87.45	108.75	162.00				89
57	24.75	36.00	58.50	92.25	114.75	171.00				89
58	25.85	37.65	61.25	96.65	120.25	179.25				89
59	27.05	39.45	64.25	101.45	126.25	188.25				89
60	28.55	41.70	68.00	107.45	133.75	199.50				90
61	29.85	43.65	71.25	112.65	140.25	209.25				90
62	31.45	46.05	75.25	119.05	148.25	221.25				90
63	33.05	48.45	79.25	125.45	156.25	233.25				90
64	34.75	51.00	83.50	132.25	164.75	246.00				90
65	36.65	53.85	88.25	139.85	174.25	260.25				90
66	38.75									90
67	41.05									91
68	43.55									91
69	46.05									91
70	48.65									91

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20			15.25	23.05	28.25	41.25	54.25	67.25	80.25	71
21-22			16.00	24.25	29.75	43.50	57.25	71.00	84.75	71
23			16.75	25.45	31.25	45.75	60.25	74.75	89.25	72
24-25			17.25	26.25	32.25	47.25	62.25	77.25	92.25	71
26			17.75	27.05	33.25	48.75	64.25	79.75	95.25	72
27-28			18.25	27.85	34.25	50.25	66.25	82.25	98.25	71
29			18.50	28.25	34.75	51.00	67.25	83.50	99.75	71
30-31			21.00	32.25	39.75	58.50	77.25	96.00	114.75	72
32			21.75	33.45	41.25	60.75	80.25	99.75	119.25	72
33			22.00	33.85	41.75	61.50	81.25	101.00	120.75	72
34			22.25	34.25	42.25	62.25	82.25	102.25	122.25	71
35		15.30	24.00	37.05	45.75	67.50	89.25	111.00	132.75	72
36		15.75	24.75	38.25	47.25	69.75	92.25	114.75	137.25	72
37		16.80	26.50	41.05	50.75	75.00	99.25	123.50	147.75	73
38		17.25	27.25	42.25	52.25	77.25	102.25	127.25	152.25	73
39		18.45	29.25	45.45	56.25	83.25	110.25	137.25	164.25	74
40	14.15	20.10	32.00	49.85	61.75	91.50	121.25	151.00	180.75	76
41	15.05	21.45	34.25	53.45	66.25	98.25	130.25	162.25	194.25	77
42	16.15	23.10	37.00	57.85	71.75	106.50	141.25	176.00	210.75	78
43	17.55	25.20	40.50	63.45	78.75	117.00	155.25	193.50	231.75	80
44	18.25	26.25	42.25	66.25	82.25	122.25	162.25	202.25	242.25	80
45	19.25	27.75	44.75	70.25	87.25	129.75	172.25	214.75	257.25	81
46	20.05	28.95	46.75	73.45	91.25	135.75	180.25	224.75	269.25	81
47	21.05	30.45	49.25	77.45	96.25	143.25	190.25	237.25	284.25	82
48	21.95	31.80	51.50	81.05	100.75	150.00	199.25	248.50	297.75	82
49	23.25	33.75	54.75	86.25	107.25	159.75	212.25	264.75	317.25	83
50	24.35	35.40	57.50	90.65	112.75	168.00				83
51	25.45	37.05	60.25	95.05	118.25	176.25				83
52	27.05	39.45	64.25	101.45	126.25	188.25				84
53	28.45	41.55	67.75	107.05	133.25	198.75				85
54	29.75	43.50	71.00	112.25	139.75	208.50				85
55	31.15	45.60	74.50	117.85	146.75	219.00				85
56	32.75	48.00	78.50	124.25	154.75	231.00				85
57	34.35	50.40	82.50	130.65	162.75	243.00				86
58	36.05	52.95	86.75	137.45	171.25	255.75				86
59	37.75	55.50	91.00	144.25	179.75	268.50				86
60	39.55	58.20	95.50	151.45	188.75	282.00				86
61	41.85	61.65	101.25	160.65	200.25	299.25				86
62	44.05	64.95	106.75	169.45	211.25	315.75				87
63	46.25	68.25	112.25	178.25	222.25	332.25				87
64	48.45	71.55	117.75	187.05	233.25	348.75				87
65	50.85	75.15	123.75	196.65	245.25	366.75				87
66	53.45									88
67	56.25									88
68	59.15									88
69	62.25									88
70	65.55									89

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Seguin ISD.

Eligibility

Definition of a Member	You are a member if you are an active employee of Seguin ISD and regularly working at least 15 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$10,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 65 and to 50 percent at age 70.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Seguin ISD. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Seguin ISD may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13279-D-TX-Seguin ISD (4/18)
5594570-185816



Group Additional Life Insurance

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die

② About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

How Much Can I Apply For? Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 6 times your annual earnings. The coverage amount for your spouse cannot exceed 50 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.	For You:	\$10,000 – \$500,000 in increments of \$10,000
	For Your Spouse:	\$5,000 – \$250,000 in increments of \$5,000
	For Your Child(ren):	\$2,000 – \$10,000 in increments of \$2,000
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to \$200,000
	For Your Spouse:	Up to \$75,000

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

☰ Additional Feature

Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,00.
----------------------------	--

How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children’s education
- Daily expenses

To estimate your insurance needs, you’ll need to consider your unique circumstances. Use our online calculator at **www.standard.com/life/needs**.

💰How Much Your Coverage Costs

Your Basic Life insurance is paid for by Seguin ISD. If you choose to purchase Additional Life coverage, you’ll have access to competitive group rates, which may be more affordable than those available through individual insurance. You’ll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Employee Life Monthly Premiums

Coverage Amount	Employee's Age as of September 1											
	< 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64*	65-69*	70-74*	75-79*
\$10,000	0.37	0.45	0.60	0.68	0.76	1.13	1.73	3.25	4.98	9.59	10.11	7.00
\$20,000	0.74	0.90	1.20	1.36	1.52	2.26	3.46	6.50	9.96	19.18	20.22	14.00
\$30,000	1.11	1.35	1.80	2.04	2.28	3.39	5.19	9.75	14.94	28.77	30.32	20.99
\$40,000	1.48	1.80	2.40	2.72	3.04	4.52	6.92	13.00	19.92	38.36	40.43	27.99
\$50,000	1.85	2.25	3.00	3.40	3.80	5.65	8.65	16.25	24.90	47.95	50.54	34.99
\$60,000	2.22	2.70	3.60	4.08	4.56	6.78	10.38	19.50	29.88	57.54	60.65	41.99
\$70,000	2.59	3.15	4.20	4.76	5.32	7.91	12.11	22.75	34.86	67.13	70.75	48.98
\$80,000	2.96	3.60	4.80	5.44	6.08	9.04	13.84	26.00	39.84	76.72	80.86	55.98
\$90,000	3.33	4.05	5.40	6.12	6.84	10.17	15.57	29.25	44.82	86.31	90.97	62.98
\$100,000	3.70	4.50	6.00	6.80	7.60	11.30	17.30	32.50	49.80	95.90	101.08	69.98
\$110,000	4.07	4.95	6.60	7.48	8.36	12.43	19.03	35.75	54.78	105.49	111.18	76.97
\$120,000	4.44	5.40	7.20	8.16	9.12	13.56	20.76	39.00	59.76	115.08	121.29	83.97
\$130,000	4.81	5.85	7.80	8.84	9.88	14.69	22.49	42.25	64.74	124.67	131.40	90.97
\$140,000	5.18	6.30	8.40	9.52	10.64	15.82	24.22	45.50	69.72	134.26	141.51	97.97
\$150,000	5.55	6.75	9.00	10.20	11.40	16.95	25.95	48.75	74.70	143.85	151.61	104.96
\$160,000	5.92	7.20	9.60	10.88	12.16	18.08	27.68	52.00	79.68	153.44	161.72	111.96
\$170,000	6.29	7.65	10.20	11.56	12.92	19.21	29.41	55.25	84.66	163.03	171.83	118.96
\$180,000	6.66	8.10	10.80	12.24	13.68	20.34	31.14	58.50	89.64	172.62	181.94	125.96
\$190,000	7.03	8.55	11.40	12.92	14.44	21.47	32.87	61.75	94.62	182.21	192.04	132.95
\$200,000	7.40	9.00	12.00	13.60	15.20	22.60	34.60	65.00	99.60	191.80	202.15	139.95
\$210,000	7.77	9.45	12.60	14.28	15.96	23.73	36.33	68.25	104.58	201.39	212.26	146.95
\$220,000	8.14	9.90	13.20	14.96	16.72	24.86	38.06	71.50	109.56	210.98	222.37	153.95
\$230,000	8.51	10.35	13.80	15.64	17.48	25.99	39.79	74.75	114.54	220.57	232.47	160.94
\$240,000	8.88	10.80	14.40	16.32	18.24	27.12	41.52	78.00	119.52	230.16	242.58	167.94
\$250,000	9.25	11.25	15.00	17.00	19.00	28.25	43.25	81.25	124.50	239.75	252.69	174.94
\$260,000	9.62	11.70	15.60	17.68	19.76	29.38	44.98	84.50	129.48	249.34	262.80	181.94
\$270,000	9.99	12.15	16.20	18.36	20.52	30.51	46.71	87.75	134.46	258.93	272.90	188.93
\$280,000	10.36	12.60	16.80	19.04	21.28	31.64	48.44	91.00	139.44	268.52	283.01	195.93
\$290,000	10.73	13.05	17.40	19.72	22.04	32.77	50.17	94.25	144.42	278.11	293.12	202.93
\$300,000	11.10	13.50	18.00	20.40	22.80	33.90	51.90	97.50	149.40	287.70	303.23	209.93
\$310,000	11.47	13.95	18.60	21.08	23.56	35.03	53.63	100.75	154.38	297.29	313.33	216.92
\$320,000	11.84	14.40	19.20	21.76	24.32	36.16	55.36	104.00	159.36	306.88	323.44	223.92
\$330,000	12.21	14.85	19.80	22.44	25.08	37.29	57.09	107.25	164.34	316.47	333.55	230.92
\$340,000	12.58	15.30	20.40	23.12	25.84	38.42	58.82	110.50	169.32	326.06	343.66	237.92
\$350,000	12.95	15.75	21.00	23.80	26.60	39.55	60.55	113.75	174.30	335.65	353.76	244.91
\$360,000	13.32	16.20	21.60	24.48	27.36	40.68	62.28	117.00	179.28	345.24	363.87	251.91
\$370,000	13.69	16.65	22.20	25.16	28.12	41.81	64.01	120.25	184.26	354.83	373.98	258.91
\$380,000	14.06	17.10	22.80	25.84	28.88	42.94	65.74	123.50	189.24	364.42	384.09	265.91
\$390,000	14.43	17.55	23.40	26.52	29.64	44.07	67.47	126.75	194.22	374.01	394.19	272.90
\$400,000	14.80	18.00	24.00	27.20	30.40	45.20	69.20	130.00	199.20	383.60	404.30	279.90
\$410,000	15.17	18.45	24.60	27.88	31.16	46.33	70.93	133.25	204.18	393.19	414.41	286.90
\$420,000	15.54	18.90	25.20	28.56	31.92	47.46	72.66	136.50	209.16	402.78	424.52	293.90
\$430,000	15.91	19.35	25.80	29.24	32.68	48.59	74.39	139.75	214.14	412.37	434.62	300.89
\$440,000	16.28	19.80	26.40	29.92	33.44	49.72	76.12	143.00	219.12	421.96	444.73	307.89
\$450,000	16.65	20.25	27.00	30.60	34.20	50.85	77.85	146.25	224.10	431.55	454.84	314.89
\$460,000	17.02	20.70	27.60	31.28	34.96	51.98	79.58	149.50	229.08	441.14	464.95	321.89
\$470,000	17.39	21.15	28.20	31.96	35.72	53.11	81.31	152.75	234.06	450.73	475.05	328.88
\$480,000	17.76	21.60	28.80	32.64	36.48	54.24	83.04	156.00	239.04	460.32	485.16	335.88
\$490,000	18.13	22.05	29.40	33.32	37.24	55.37	84.77	159.25	244.02	469.91	495.27	342.88
\$500,000	18.50	22.50	30.00	34.00	38.00	56.50	86.50	162.50	249.00	479.50	505.38	349.88

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Employee Life Monthly Premiums (Continued)

Coverage Amount	Employee's Age as of September 1		
	80-84	85-89	90
\$10,000	4.67	3.11	2.33
\$20,000	9.33	6.22	4.67
\$30,000	14.00	9.33	7.00
\$40,000	18.66	12.44	9.33
\$50,000	23.33	15.55	11.66
\$60,000	27.99	18.66	14.00
\$70,000	32.66	21.77	16.33
\$80,000	37.32	24.88	18.66
\$90,000	41.99	27.99	20.99
\$100,000	46.65	31.10	23.33
\$110,000	51.32	34.21	25.66
\$120,000	55.98	37.32	27.99
\$130,000	60.65	40.43	30.32
\$140,000	65.31	43.54	32.66
\$150,000	69.98	46.65	34.99
\$160,000	74.64	49.76	37.32
\$170,000	79.31	52.87	39.65
\$180,000	83.97	55.98	41.99
\$190,000	88.64	59.09	44.32
\$200,000	93.30	62.20	46.65
\$210,000	97.97	65.31	48.98
\$220,000	102.63	68.42	51.32
\$230,000	107.30	71.53	53.65
\$240,000	111.96	74.64	55.98
\$250,000	116.63	77.75	58.31
\$260,000	121.29	80.86	60.65
\$270,000	125.96	83.97	62.98
\$280,000	130.62	87.08	65.31
\$290,000	135.29	90.19	67.64
\$300,000	139.95	93.30	69.98
\$310,000	144.62	96.41	72.31
\$320,000	149.28	99.52	74.64
\$330,000	153.95	102.63	76.97
\$340,000	158.61	105.74	79.31
\$350,000	163.28	108.85	81.64
\$360,000	167.94	111.96	83.97
\$370,000	172.61	115.07	86.30
\$380,000	177.27	118.18	88.64
\$390,000	181.94	121.29	90.97
\$400,000	186.60	124.40	93.30
\$410,000	191.27	127.51	95.63
\$420,000	195.93	130.62	97.97
\$430,000	200.60	133.73	100.30
\$440,000	205.26	136.84	102.63
\$450,000	209.93	139.95	104.96
\$460,000	214.59	143.06	107.30
\$470,000	219.26	146.17	109.63
\$480,000	223.92	149.28	111.96
\$490,000	228.59	152.39	114.29
\$500,000	233.25	155.50	116.63

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life Monthly Premiums

Coverage Amount	Employee's Age as of September 1											
	< 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64*	65-69*	70-74*	75-79*
\$5,000	0.17	0.22	0.26	0.30	0.43	0.73	1.19	1.87	2.94	5.23	4.59	3.17
\$10,000	0.34	0.43	0.51	0.60	0.85	1.45	2.38	3.74	5.87	10.46	9.17	6.35
\$15,000	0.51	0.65	0.77	0.90	1.28	2.18	3.57	5.61	8.81	15.69	13.76	9.52
\$20,000	0.68	0.86	1.02	1.20	1.70	2.90	4.76	7.48	11.74	20.92	18.34	12.70
\$25,000	0.85	1.08	1.28	1.50	2.13	3.63	5.95	9.35	14.68	26.15	22.93	15.87
\$30,000	1.02	1.29	1.53	1.80	2.55	4.35	7.14	11.22	17.61	31.38	27.51	19.05
\$35,000	1.19	1.51	1.79	2.10	2.98	5.08	8.33	13.09	20.55	36.61	32.10	22.22
\$40,000	1.36	1.72	2.04	2.40	3.40	5.80	9.52	14.96	23.48	41.84	36.69	25.40
\$45,000	1.53	1.94	2.30	2.70	3.83	6.53	10.71	16.83	26.42	47.07	41.27	28.57
\$50,000	1.70	2.15	2.55	3.00	4.25	7.25	11.90	18.70	29.35	52.30	45.86	31.75
\$55,000	1.87	2.37	2.81	3.30	4.68	7.98	13.09	20.57	32.29	57.53	50.44	34.92
\$60,000	2.04	2.58	3.06	3.60	5.10	8.70	14.28	22.44	35.22	62.76	55.03	38.10
\$65,000	2.21	2.80	3.32	3.90	5.53	9.43	15.47	24.31	38.16	67.99	59.61	41.27
\$70,000	2.38	3.01	3.57	4.20	5.95	10.15	16.66	26.18	41.09	73.22	64.20	44.45
\$75,000	2.55	3.23	3.83	4.50	6.38	10.88	17.85	28.05	44.03	78.45	68.79	47.62
\$80,000	2.72	3.44	4.08	4.80	6.80	11.60	19.04	29.92	46.96	83.68	73.37	50.80
\$85,000	2.89	3.66	4.34	5.10	7.23	12.33	20.23	31.79	49.90	88.91	77.96	53.97
\$90,000	3.06	3.87	4.59	5.40	7.65	13.05	21.42	33.66	52.83	94.14	82.54	57.15
\$95,000	3.23	4.09	4.85	5.70	8.08	13.78	22.61	35.53	55.77	99.37	87.13	60.32
\$100,000	3.40	4.30	5.10	6.00	8.50	14.50	23.80	37.40	58.70	104.60	91.72	63.50
\$105,000	3.57	4.52	5.36	6.30	8.93	15.23	24.99	39.27	61.64	109.83	96.30	66.67
\$110,000	3.74	4.73	5.61	6.60	9.35	15.95	26.18	41.14	64.57	115.06	100.89	69.84
\$115,000	3.91	4.95	5.87	6.90	9.78	16.68	27.37	43.01	67.51	120.29	105.47	73.02
\$120,000	4.08	5.16	6.12	7.20	10.20	17.40	28.56	44.88	70.44	125.52	110.06	76.19
\$125,000	4.25	5.38	6.38	7.50	10.63	18.13	29.75	46.75	73.38	130.75	114.64	79.37
\$130,000	4.42	5.59	6.63	7.80	11.05	18.85	30.94	48.62	76.31	135.98	119.23	82.54
\$135,000	4.59	5.81	6.89	8.10	11.48	19.58	32.13	50.49	79.25	141.21	123.82	85.72
\$140,000	4.76	6.02	7.14	8.40	11.90	20.30	33.32	52.36	82.18	146.44	128.40	88.89
\$145,000	4.93	6.24	7.40	8.70	12.33	21.03	34.51	54.23	85.12	151.67	132.99	92.07
\$150,000	5.10	6.45	7.65	9.00	12.75	21.75	35.70	56.10	88.05	156.90	137.57	95.24
\$155,000	5.27	6.67	7.91	9.30	13.18	22.48	36.89	57.97	90.99	162.13	142.16	98.42
\$160,000	5.44	6.88	8.16	9.60	13.60	23.20	38.08	59.84	93.92	167.36	146.74	101.59
\$165,000	5.61	7.10	8.42	9.90	14.03	23.93	39.27	61.71	96.86	172.59	151.33	104.77
\$170,000	5.78	7.31	8.67	10.20	14.45	24.65	40.46	63.58	99.79	177.82	155.92	107.94
\$175,000	5.95	7.53	8.93	10.50	14.88	25.38	41.65	65.45	102.73	183.05	160.50	111.12
\$180,000	6.12	7.74	9.18	10.80	15.30	26.10	42.84	67.32	105.66	188.28	165.09	114.29
\$185,000	6.29	7.96	9.44	11.10	15.73	26.83	44.03	69.19	108.60	193.51	169.67	117.47
\$190,000	6.46	8.17	9.69	11.40	16.15	27.55	45.22	71.06	111.53	198.74	174.26	120.64
\$195,000	6.63	8.39	9.95	11.70	16.58	28.28	46.41	72.93	114.47	203.97	178.84	123.82
\$200,000	6.80	8.60	10.20	12.00	17.00	29.00	47.60	74.80	117.40	209.20	183.43	126.99
\$205,000	6.97	8.82	10.46	12.30	17.43	29.73	48.79	76.67	120.34	214.43	188.02	130.16
\$210,000	7.14	9.03	10.71	12.60	17.85	30.45	49.98	78.54	123.27	219.66	192.60	133.34
\$215,000	7.31	9.25	10.97	12.90	18.28	31.18	51.17	80.41	126.21	224.89	197.19	136.51
\$220,000	7.48	9.46	11.22	13.20	18.70	31.90	52.36	82.28	129.14	230.12	201.77	139.69
\$225,000	7.65	9.68	11.48	13.50	19.13	32.63	53.55	84.15	132.08	235.35	206.36	142.86
\$230,000	7.82	9.89	11.73	13.80	19.55	33.35	54.74	86.02	135.01	240.58	210.94	146.04
\$235,000	7.99	10.11	11.99	14.10	19.98	34.08	55.93	87.89	137.95	245.81	215.53	149.21
\$240,000	8.16	10.32	12.24	14.40	20.40	34.80	57.12	89.76	140.88	251.04	220.12	152.39
\$245,000	8.33	10.54	12.50	14.70	20.83	35.53	58.31	91.63	143.82	256.27	224.70	155.56
\$250,000	8.50	10.75	12.75	15.00	21.25	36.25	59.50	93.50	146.75	261.50	229.29	158.74

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life Monthly Premiums (Continued)

Coverage Amount	Employee's Age as of September 1		
	80-84	85-89	90
\$5,000	2.12	1.41	1.06
\$10,000	4.23	2.82	2.12
\$15,000	6.35	4.23	3.17
\$20,000	8.47	5.64	4.23
\$25,000	10.58	7.06	5.29
\$30,000	12.70	8.47	6.35
\$35,000	14.82	9.88	7.41
\$40,000	16.93	11.29	8.47
\$45,000	19.05	12.70	9.52
\$50,000	21.17	14.11	10.58
\$55,000	23.28	15.52	11.64
\$60,000	25.40	16.93	12.70
\$65,000	27.51	18.34	13.76
\$70,000	29.63	19.75	14.82
\$75,000	31.75	21.17	15.87
\$80,000	33.86	22.58	16.93
\$85,000	35.98	23.99	17.99
\$90,000	38.10	25.40	19.05
\$95,000	40.21	26.81	20.11
\$100,000	42.33	28.22	21.17
\$105,000	44.45	29.63	22.22
\$110,000	46.56	31.04	23.28
\$115,000	48.68	32.45	24.34
\$120,000	50.80	33.86	25.40
\$125,000	52.91	35.28	26.46
\$130,000	55.03	36.69	27.51
\$135,000	57.15	38.10	28.57
\$140,000	59.26	39.51	29.63
\$145,000	61.38	40.92	30.69
\$150,000	63.50	42.33	31.75
\$155,000	65.61	43.74	32.81
\$160,000	67.73	45.15	33.86
\$165,000	69.84	46.56	34.92
\$170,000	71.96	47.97	35.98
\$175,000	74.08	49.39	37.04
\$180,000	76.19	50.80	38.10
\$185,000	78.31	52.21	39.16
\$190,000	80.43	53.62	40.21
\$195,000	82.54	55.03	41.27
\$200,000	84.66	56.44	42.33
\$205,000	86.78	57.85	43.39
\$210,000	88.89	59.26	44.45
\$215,000	91.01	60.67	45.50
\$220,000	93.13	62.08	46.56
\$225,000	95.24	63.50	47.62
\$230,000	97.36	64.91	48.68
\$235,000	99.48	66.32	49.74
\$240,000	101.59	67.73	50.80
\$245,000	103.71	69.14	51.85
\$250,000	105.83	70.55	52.91

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Group Additional Life Insurance

Child Life with AD&D Monthly Premiums

Coverage Amount	Premium
\$2,000	0.20
\$4,000	0.40
\$6,000	0.60
\$8,000	0.80
\$10,000	1.00

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- An active employee of Seguin ISD
- Regularly working at least 15 hours per week
- Insured for Basic Life insurance through The Standard to qualify for Additional Life insurance

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

If you buy Additional Life insurance for yourself, you may also buy additional coverage for your eligible children and/or spouse. This is called Dependents Life insurance. You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law. Child means your child from live birth through age 25. Your child 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.

Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Eligible but not insured under the prior life insurance plan

Visit www.standard.com/mhs to submit a medical history statement online.

Coverage Effective Date

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the

scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage.

*Defined as first of the month that follows the date you become a member

Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 70, to 45 percent at age 75, to 30 percent at age 80, to 20 percent at age 85 and to 15% at age 90. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 70, to 45 percent at age 75, to 30 percent at age 80, to 20 percent at age 85 and to 15% at age 90. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Waiver of Premium

Your premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will 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.

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**.

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

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE,
GP190-LIFE/A997/S399, GP411-LIFE

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 12506-D-AL-TX-Seguin ISD (5/18)
5599489-187350

If diagnosed with cancer, how will you pay for what your health insurance won't?

The risk of developing cancer, unfortunately, is very real.

Nearly everyone has experienced or knows somebody who has experienced a cancer diagnosis in their family. The good news is that cancer screenings and cancer-fighting technologies have gotten a lot better in recent years. However, with advanced technology come high costs. Major medical health insurance is a great start, but even with this essential safety net, cancer sufferers can still be hit with unexpected medical and non-medical expenses.

Cancer coverage from Colonial Life offers the protection you need to concentrate on what is most important — your care.

Features of Colonial Life's Cancer Insurance:

1. Pays benefits to help with the cost of cancer screening and cancer treatment.
2. Provides benefits to help pay for the indirect costs associated with cancer, such as:
 - Loss of wages or salary
 - Deductibles and coinsurance
 - Travel expenses to and from treatment centers
 - Lodging and meals
 - Child care
3. Pays regardless of any other insurance you have with other insurance companies.
4. Provides a cancer screening benefit that you can use even if you are never diagnosed with cancer.
5. Benefits paid directly to you unless you specify otherwise.
6. Flexible coverage options for employees and their families.

This is a brief description of some available benefits.

We will pay benefits if one of the following routine cancer screening tests is performed or if cancer is diagnosed while your coverage is in force.

Cancer Screening Benefit Tests

This benefit is payable once per calendar year per covered person.

- Pap Smear
- ThinPrep Pap Test¹
- CA125 (Blood test for ovarian cancer)
- Mammography
- Breast Ultrasound
- CA 15-3 (Blood test for breast cancer)
- PSA (Blood test for prostate cancer)
- Chest X-ray
- Biopsy of Skin Lesion
- Colonoscopy
- Virtual Colonoscopy
- Hemoccult Stool Analysis
- Flexible Sigmoidoscopy
- CEA (Blood test for colon cancer)
- Bone Marrow Aspiration/Biopsy
- Thermography
- Serum Protein Electrophoresis
(Blood test for Myeloma)

To file a claim for a covered cancer screening/wellness test, it is not necessary to complete a claim form. Call our toll-free Customer Service number, 1.800.325.4368, with the medical information

Inpatient Benefits

- Hospital and Hospital Intensive Care Unit Confinement
- Ambulance
- Private Full-Time Nursing Services
- Attending Physician

Treatment Benefits (In-or Outpatient)

- Radiation/Chemotherapy
- Antinausea Medication
- Blood/Plasma/Platelets/Immunoglobulins
- Experimental Treatment
- Hair Prosthesis/External Breast/Voice Box Prosthesis
- Supportive/Protective Care Drugs and Colony Stimulating Factors
- Bone Marrow Stem Cell Transplant
- Peripheral Stem Cell Transplant

Surgery Benefits

- Surgery Procedures (including skin cancer)
- Anesthesia (including skin cancer)
- Second Medical Opinion
- Reconstructive Surgery
- Prosthesis/Artificial Limb
- Outpatient Surgical Center

Transportation/Lodging Benefits

- Transportation
- Transportation for Companion
- Lodging

Extended Care Benefits

- Skilled Nursing Care Facility
- Hospice
- Home Health Care Service

Waiver of Premium

THIS IS A CANCER ONLY POLICY.

This policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form GCAN-MP and certificate form GCAN-C (including state abbreviations where used, for example GCAN-C-TX.)

¹ThinPrep is a registered trademark of Cytoc Corporation.

Colonial Life

1200 Colonial Life Boulevard
Columbia, South Carolina 29210
coloniallife.com

© 2011 Colonial Life & Accident Insurance Company
Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

Group Cancer Insurance— Initial Diagnosis of Cancer Rider



The diagnosis of internal cancer can be an upsetting time. You do not need to add financial worry to what is already a very difficult situation. When you add an Initial Diagnosis of Cancer rider to your group cancer insurance coverage, you add a little more financial protection at the point you or an insured family member is diagnosed with internal cancer—a time before many medical costs are incurred.

Rider Benefits

This rider pays a lump sum benefit for the initial diagnosis of internal (not skin) cancer. Use the benefit any way you choose, such as to help pay for deductibles and coinsurance on your major medical insurance or settle any outstanding debts.

Rider Features

- Guaranteed renewable as long as your cancer insurance policy is in force.
- Covers the same family members as your cancer insurance policy.
- Pays benefits regardless of any other insurance you have with other insurance companies.
- Pays benefits directly to you, unless you specify otherwise.

This rider has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to rider form R-GCAN-Indx (including state abbreviations where used - for example: R-GCAN-Indx-TX).

Colonial Life
1200 Colonial Life Boulevard
Columbia, South Carolina 29210
coloniallife.com

©2011 Colonial Life & Accident Insurance Company.
Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.
Colonial Life and *Making benefits count* are registered service marks of Colonial Life & Accident Insurance Company.

Group Cancer 1000

Colonial Life's Group Cancer 1000 insurance helps employees and their families maintain financial security in the event of a cancer diagnosis. There are two plan types (Base Plan only or Base Plan with Additional Benefits) and four levels of coverage. Employees will choose from two options you have selected.

In addition, employees have two optional riders available and can choose either Employee or Employee & Family coverage.

What this product can do for you

- You can select from several levels and plan options to help meet the needs of a diverse employee base.
- This plan provides benefits for cancer/wellness screening tests, and early detection of cancer may decrease major medical claims.
- You can attract and retain employees by offering affordable supplemental insurance products that satisfy individual employee needs.
- You can provide a more comprehensive benefits program at no direct cost to you, unless you choose otherwise.
- If you are raising deductibles on employee health plans, cancer insurance can help employees offset these deductibles.

What this product can do for your employees

- Cancer treatment is expensive and often lengthy. Colonial Life's cancer insurance helps employees pay for the costs associated with this disease.
- All eligible applicants in an account have the same premium, regardless of risk class or age.
- Your employees can choose from two choices of coverage and two riders to best fit their changing healthcare needs.
- By providing cancer/wellness screening benefits, this policy encourages employees to get regular exams that can detect cancer early and increase the probability of successful treatment.
- Employees receive benefits to use for the indirect, non-medical costs associated with cancer, such as lost wages and additional living expenses.

Benefits

Base Benefits	Level 2	Level 3
Cancer Screening/Wellness Benefit, per calendar year	\$50	\$75
Hospital Confinement/Hospital Intensive Care Unit Confinement		
per day for first 30 days of hospital confinement in a calendar year	\$100	\$200
per day after first 30 days of hospital confinement in a calendar year	\$200	\$400
per day for hospital intensive care unit confinement	\$200	\$400
maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined		
Hospital Confinement/Hospital Intensive Care Unit Confinement in a US Government Hospital		
per day for first 30 days of hospital confinement in a calendar year	\$100	\$200
per day after first 30 days of hospital confinement in a calendar year	\$200	\$400
per day for hospital intensive care unit confinement	\$200	\$400
maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined		
Private Full-Time Nursing, per day	\$100	\$200
Radiation/Chemotherapy, per day	\$150	\$225
calendar year maximum	\$5,000	\$7,500
Antinausea Medication, per day	\$50	\$50
calendar year maximum	\$200	\$200
Blood/Plasma/Platelets/Immunoglobulins, per day	\$150	\$225
calendar year maximum	\$5,000	\$7,500
Supportive or Protective Care Drugs and Colony Stimulating Factors, per day	\$100	\$150
calendar year maximum	\$800	\$1,200
Bone Marrow Stem Cell Transplant, per lifetime	\$10,000	\$10,000
Peripheral Stem Cell Transplant, per lifetime	\$5,000	\$5,000
Transportation (per mile) up to 700 miles per round trip	\$0.40	\$0.40
Transportation for Companion (per mile) up to 700 miles per round trip	\$0.40	\$0.40
Lodging, per day, up to 70 days per calendar year	\$50	\$50
Surgical Procedures-Unit Value	\$30	\$60
maximum per procedure	\$1,500	\$3,000
Anesthesia		
General Anesthesia % of surgical procedure	25%	25%
local anesthesia per procedure	\$25	\$50

Proposal applicable to: AL, AR, DC, AK, AZ, DE, HI, IL, IN, KY, LA, MA, MI, MN, MO, MS, ND, NE, NM, OH, OK, OR, RI, SC, SD, TN, TX, VA, WY

PS00001

This information is only intended for proposal use with employers.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.
11/13 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210

Second Medical Opinion, per malignant condition	\$300	\$300
Reconstructive Surgery-Unit Value	\$30	\$60
maximum per procedure including anesthesia, limit 2 per site	\$1,500	\$3,000
Outpatient Surgical Center, per day	\$250	\$500
calendar year maximum	\$750	\$1,500
Waiver of Premium	Yes	Yes
Additional Benefits		
Ambulance, per trip, limit 2 trips per confinement	\$100	\$100
Attending Physician, per day, max 180 days per calendar year	\$50	\$50
Experimental Treatment, per treatment	\$300	\$300
lifetime maximum	\$10,000	\$10,000
Hair, External Breast, Voice Box Prosthesis, per calendar year	\$200	\$200
Prosthesis, Artificial Limb per device, limit 1 per site, \$4,000 lifetime maximum	\$2,000	\$2,000
Skilled Nursing Care Facility, per day up to days confined	\$300	\$300
Hospice, per day, no lifetime limit	\$300	\$300
Home Health Care Services, per day, up to greater of 30 days/calendar year or 2x days confined	\$300	\$300

NOTE: Level 1 benefits are not available with the Base Only Plan.

Optional Riders

A choice of optional riders is available and can be purchased at an additional cost to provide extra coverage and benefits.

Specified Disease

Pays up to \$125,000 during the insured's lifetime for covered specified diseases for any covered person in the following benefits:

- Hospital Confinement – up to \$300 per day, up to the lifetime limit.
- Ambulance - \$100 for each trip, up to the lifetime limit, to or from a hospital where confined.
- Attending Physician – up to \$50 per day, up to the lifetime limit, while confined to a hospital

Initial Diagnosis

- Paid for the first diagnosis of internal (not skin) cancer.
- Available in \$1,000 units from \$1,000 - \$5,000
- Pays 1.5 times amount for children on family coverage.

Features

- In multi-state enrollments, situs state rules apply for Group Cancer 1000.*
- Benefits are paid directly to the insured unless they specify otherwise.
- Benefits are paid in addition to other insurance your employees may have with other insurance companies.

Proposal applicable to: AL, AR, DC, AK, AZ, DE, HI, IL, IN, KY, LA, MA, MI, MN, MO, MS, ND, NE, NM, OH, OK, OR, RI, SC, SD, TN, TX, VA, WY

PS00001

This information is only intended for proposal use with employers.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.
11/13 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210

- Conversion privilege to individual cancer policy if certain criteria met.
 - Group Cancer coverage offers innovative benefits to help address current treatment costs for the care of cancer.
 - All eligible applicants in an account have the same premium, regardless of risk class or age.
- *Not applicable in New York**

Eligibility Requirements

- Issue ages 17-70 for both the employee and spouse.
- The employee must be permanent, actively working at least 20 hours per week.
- The employee must be actively at work at the time of application.
- Dependent children (as defined in the policy).

Participation Requirements

Participation plans vary based on account size:

- 50-99 eligible lives =100% (assumes 100% employer paid)
- 100-199 eligible lives =50%
- 200-999 eligible lives =20%
- 1,000 + eligible lives =15%

Premium Information

- Premiums are based on plan type and level of coverage chosen.
- Premiums are not age banded.
- Premiums are unisex.
- Premiums are not based on occupational risk

Sample Monthly Premiums

Base + Additional Benefits

Coverage Description	Level	Monthly Premium
Employee only coverage without Optional riders	1	\$7.85
Employee + Family coverage with Specified Disease Rider	3	\$29.85
Employee + Family coverage with \$5,000 Initial Diagnosis Rider	3	\$37.50

Definitions

Pre-existing condition means a sickness or physical condition for which any covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the effective date of coverage.

Proposal applicable to: AL, AR, DC, AK, AZ, DE, HI, IL, IN, KY, LA, MA, MI, MN, MO, MS, ND, NE, NM, OH, OK, OR, RI, SC, SD, TN, TX, VA, WY

PS00001

This information is only intended for proposal use with employers.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.
11/13 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210

What is Not Covered

- If cancer is not pathologically or clinically diagnosed until after death, we will pay benefits for the treatment of cancer or specified disease (if applicable) performed during a specified number of days before death (number of days will vary by state.)
- We will not pay the Reconstructive Surgery, Second Medical Opinion, Transportation, or Transportation for Companion benefits for skin cancer.
- Pre-existing conditions.

Guaranteed Issue Underwriting

Colonial Life is pleased to offer our Group Cancer 1000 insurance on a guaranteed issue basis. Employee and family coverage will be guaranteed issue on group cancer during the initial enrollment if participation is met, and for new hires who apply within 31 days after satisfying their waiting period.

Employees who apply outside of this initial eligibility period are required to answer evidence of insurability questions.

Colonial Cancer Plan Rates

Monthly Premiums	Level 2	Level 3
Employee Only	\$13.84	\$22.54
Employee & Spouse	\$23.10	\$37.50
Single Parent	\$23.10	\$37.50
Employee & Family	\$23.10	\$37.50

Proposal applicable to: AL, AR, DC, AK, AZ, DE, HI, IL, IN, KY, LA, MA, MI, MN, MO, MS, ND, NE, NM, OH, OK, OR, RI, SC, SD, TN, TX, VA, WY PS00001

This information is only intended for proposal use with employers.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.
11/13 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210



EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they **DO NOT!**

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. **ONLY MASA** offers comprehensive coverage since MASA is a **PAYER** and not a **PROVIDER!**

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS** of which provider transports them.

Members are covered **ANYWHERE** in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



**Any Ground. Any Air.
Anywhere.™**

OUR BENEFITS

Benefit*	Platinum \$39/Month	Emergent Plus \$14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	

* Please refer to the MSA for a detailed explanation of benefits and eligibility.

** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

**For more information, please contact
Jaran Floyd or Brice Calahan**

830-377-8637 | Jfloyd@masamts.com
956-252-6818 / Bcalahan@masamts.com

EVERY FAMILY DESERVES A MASA MEMBERSHIP

The Ultimate Peace of Mind for Employees and Their Families

The Harrison's Story




- Jim and his family were at a local festival when his daughter, Sara, suddenly began experiencing horrible abdominal and back pain, after a fall from earlier in the day.
- His wife, Heather, called 911 and Sara was transported to a local hospital, where it was decided that she needed to be flown to another hospital.
- Upon arrival, Sara underwent multiple procedures and her condition was stabilized.
- After further testing, it was discovered that Sara needed additional specialized treatment at another hospital requiring transport on a non-emergent basis.



Based on a true story. Names were changed to protect identities in compliance with HIPAA.



And then, the Bills came!

		As a MASA Member	If a Non-MASA Member	
		Sara would pay*	If In-Network**	If Out-of-Network**
911 Ground Ambulance Cost: \$1,800		\$0	\$300	\$1,600
Emergent Air Ambulance Cost: \$45,000		\$0	\$4,000	\$30,000
Non-Emergent Air Transport† Cost: \$20,000		\$0	\$20,000	\$20,000
Total Out-of-Pocket Cost		\$0	\$24,300	\$51,600

*Benefit is dependent on Membership Enrolled.

**Out-of-pocket dollars vary dependent on provider, distance, health plan design, current status of deductible and out-of-pocket max. These figures are an example of the costs one may incur.

†More and more health plans are not covering interfacility transports on a non-emergent basis.

Any Ground. Any Air. Anywhere.™

No matter how comprehensive your local in-network coverage may be, you still have significant exposure to out-of-network emergency transportation. Moreover, when you and your family travel outside your area, there is an 80% chance of being picked up by an out-of-network provider.

A MASA Membership prepares you for the unexpected. ONLY MASA MTS provides you with:

- **Coverage ANYWHERE** in all 50 states and Canada whether at home or away
- Coverage for BOTH emergent ground ambulance and air ambulance transport **REGARDLESS** of the provider
- **Non-emergent transport services**, which are frequently covered inadequately by your insurance, if at all

For more information, please contact your local MASA MTS representative or visit www.masamts.com