Employee Benefits Guide

2026-2027 Plan Year

Seguin Independent School District
Exceptional Students to Exceptional Citizens

daybright FINANCIAL | US Employee Benefits Services Group

2163 Stephens Pl, Suite 102, New Braunfels, TX 78130
(830) 606-5100 • www.daybright.com

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Benefit Contacts

Carrier	Phone	Website
Health Savings Account HSA Bank	1-800-357-6246	www.hsabank.com
Disability The Hartford	1-800-523-2233	www.thehartford.com
Permanent Life Texas Life	1-800-283-9233	www.texaslife.com
Hip & Accident The Hartford	1-800-523-2233	www.thehartford.com
Cancer TransAmerica	1-888-763-7474	www.transamerica.com
Group Life MetLife	1-800-638-5000	www.metlife.com/lifeinsuranceclaims
Voluntary Life MetLife	1-800-638-5000	www.metlife.com/lifeinsuranceclaims
Critical Illness The Hartford	1-800-523-2233	www.thehartford.com
Dental/Vision Guardian	1-800-541-7846	www.guardiananytime.com
TeleHealth 1.800 MD	1-800-530-8666	www.1800md.com
Medical Transport MASA	1-954-334-8261	www.masamts.com
Flexible Spending Account NBS	1-800-274-0503	www.nbsbenefits.com
Legal Plan MetLife	1-800-821-6400	www.members.legalplans.com
Pet Insurance MetLife	1-800-GET-MET8	www.metlife.com/getpetquote

SEGUIN ISD BENEFITS CONTACTS

Brooke Pesek
830-401-8732
Payrolldept@seguin.k12.tx.us

Stephanie Valdes- Flores
830-401-8694
Payrolldept@seguin.k12.tx.us

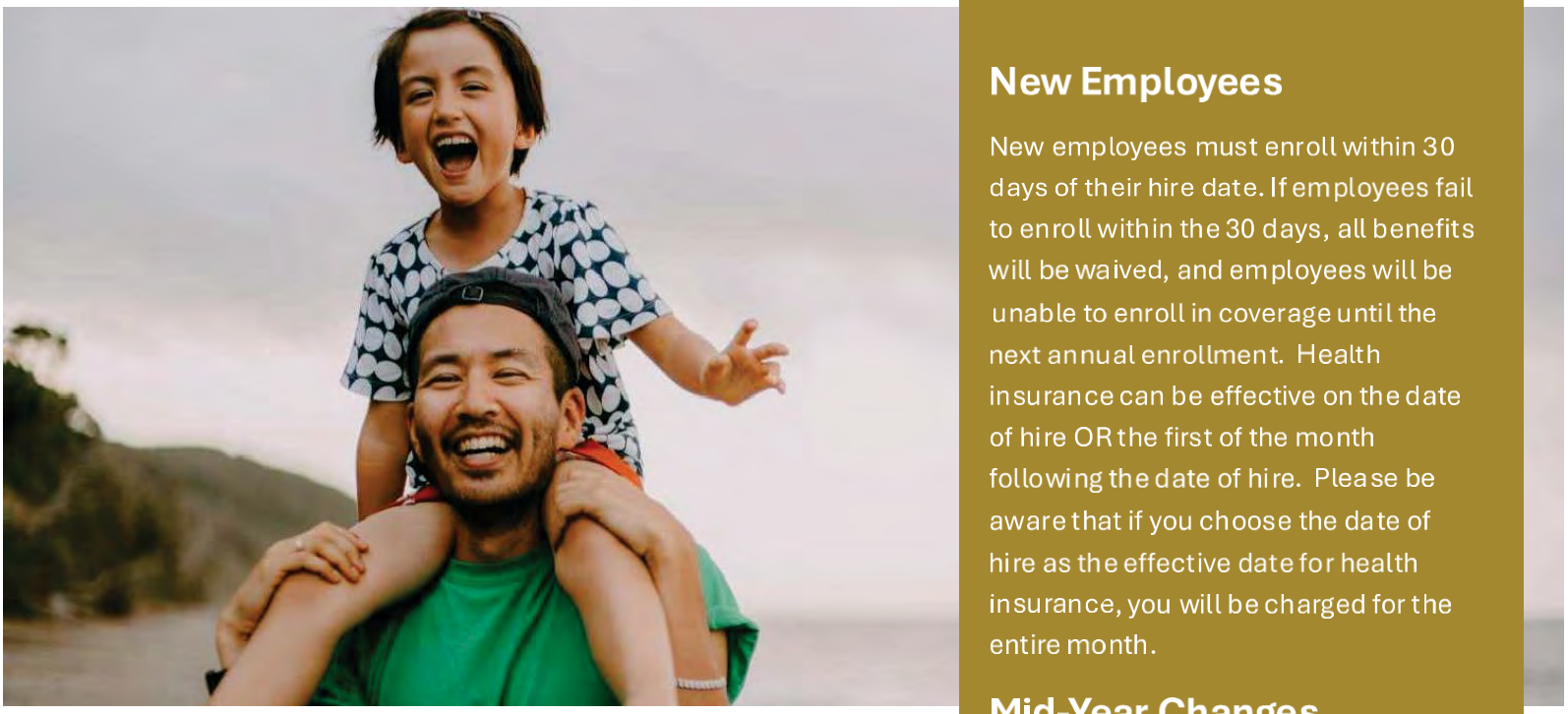
Welcome!

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

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

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

Important Information



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.

Very Important!

Please carefully review your paycheck(s) to ensure all deductions are correct If you find a discrepancy in your paycheck, please contact Brooke Pesek (830) 401 -8732 or Stephanie Valdes-Flores at (830) 401-8694 OR email payrolldept@seguin.k12.tx.us. 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.

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, and employees will be unable to enroll in coverage until the next annual enrollment. Health insurance can be effective on the date of hire OR the first of the month following the date of hire. Please be aware that if you choose the date of hire as the effective date for health insurance, you will be charged for the entire month.

Mid-Year Changes

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**

Requests for a qualifying event must be received within 30 days of the event date. Note that per the IRS, only changes consistent with the life event are allowed.

ENROLLMENT INSTRUCTIONS

2026-2027 BENEFIT SCHOOL YEAR

LOGIN

To access your enrollment site, THEbenefitsHUB, go to www.mybenefitshub.com/SeguinISD .

Enter your Last Name, Date of Birth and Last Four (4) of your Social Security Number.

VERIFICATION

- 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!

2026-2027 Benefits Summary

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 • Guardian

Coverage for preventative, basic, major and ortho services. Low and High options available. Orthodontia is included on the High Plan.

Vision • Guardian

Provides a Low or High Plan Option coverage for routine eye examinations and greatly offsets the cost of glasses, contacts, and vision correction.

Group Life • MetLife

Employees of the district can purchase up to $200,000 group term life insurance on themselves, $50,000 on their spouse and $10,000 on their children during the 2026-2027 Open Enrollment Period or during an individual's New Hire Period. Medical Evidence of Insurability may apply.

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.

Disability • The Hartford

Plan includes both short and long-term disability coverage. Plan is designed to protect up to 66% of your gross SISD income.

Telemedicine • 1800 MD

Around the clock access to physicians via phone, email, or video. One low monthly cost that covers employee and all eligible dependents.

Legal • MetLife

NEW Cost-effective legal insurance with unlimited in-network consultations for wills/estate planning, buying/selling a home, identity theft, traffic tickets, and more.

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 of the eligible screening/preventative measures.

Cancer • TransAmerica

Plan offers benefits to help cover the costs associated with cancer treatment, including hospital stays and outpatient services. Includes an annual cancer screening benefit, which pays up to $50 once per 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 $3400 and the Dependent Care FSA is $7500 per household if filing jointly OR $3750 if filing single. ***You MUST elect your monthly contribution each year as elections will not roll over from year to yea***r.

HSA • HSA Bank

A health savings 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 for the next year. Only available with a high-deductible Medical Plan.

Medical Transport • MASA

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 ground ambulance, air ambulance and helicopter, depending on the plan.

Pet Insurance • MetLife (Non-Payroll Deduction)

NEW MetLife Pet Insurance is available to employees and is paid directly to MetLife, not through payroll deduction. Coverage helps with eligible veterinary expenses for accidents and illnesses. To enroll, call 1-800-GET-MET8 or visit metlife.com/getpetquote.

Seguin ISD

2026-2027 Benefits Summary Sheet

Welcome!

We're glad you're here. This snapshot gives you a quick look at the benefits available to you as part of our team. From health coverage to financial wellness and everything in between, we're committed to supporting you every step of the way.

TRS Active-Care Primary

Tier	Total Cost	Employer Contribution	Employee Cost
Employee	$499.00	$417.00	$82.00
Employee & Spouse	$1,348.00	$417.00	$931.00
Employee & Children	$849.00	$417.00	$432.00
Employee & Family	$1,697.00	$417.00	$1,280.00

TRS Active-Care Primary+

Tier	Total Cost	Employer Contribution	Employee Cost
Employee	$586.00	$417.00	$169.00
Employee & Spouse	$1,524.00	$417.00	$1,107.00
Employee & Children	$997.00	$417.00	$580.00
Employee & Family	$1,934.00	$417.00	$1,517.00

TRS Active-Care HD

Tier	Total Cost	Employer Contribution	Employee Cost
Employee	$515.00	$417.00	$98.00
Employee & Spouse	$1,391.00	$417.00	$974.00
Employee & Children	$876.00	$417.00	$459.00
Employee & Family	$1,751.00	$417.00	$1,334.00

www.mybenefitshub.com/SeguinISD

Enrollment Dates:

Jul 13th-Aug 13th

Onsite (Central Office):

Jul 13th, 14th & 15th

Aug 4th, 5th, & 6th

8AM-4PM

*****BCBS will be onsite July 14th 9AM-2PM***

Login:

To access your enrollment site, THEbenefitsHUB, go to www.mybenefitshub.com/SeguinISD. Enter your Last Name, Date of Birth and Last Four (4) of your Social Security Number.

Verification:

- **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!

Have questions?

Call (830) 606-5100

Monday-Friday, 8 a.m.-5 p.m. CST

TRS-ActiveCare
REGION 20

TRS is committed to accessibility. If you have trouble accessing this content, contact TRS at **WebAccessibility@trs.texas.gov** to request an alternative format.

LEARN THE TERMS

- **PREMIUM:** The monthly amount you pay for health care coverage.
- **DEDUCTIBLE:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **COPAY:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **COINSURANCE:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **TIERING:** Grouping doctors and facilities into tiers based on quality, cost and best practice clinical guidelines. This helps you compare choices. Tier 1 providers and facilities offer top performance and best value. You pay less when you choose Tier 1 and may pay more when you choose Tier 2.
- **OUT-OF-POCKET MAXIMUM:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

765401.0226

2026-27 TRS-ActiveCare Plan Highlights Sept. 1, 2026 – Aug. 31, 2027

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

How to Calculate Your Monthly Premium

Total Monthly Premium
− Your Employer Contribution
= **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Being Healthy is Easy

- $0 preventive services
- One-on-one health coaches
- Weight loss programs and nutrition
- TRS Virtual Health
- Member Rewards is even better. Now you'll get a check when you use Member Rewards and choose low-cost, high-quality doctors and facilities – up to $599* per tax year.
- Airrosti Remote Recovery gives you in-home virtual physical therapy to relieve common aches and pains at no cost.*

** Eligibility rules may apply.*

See the Annual Enrollment Guide for more details.

Mental Health

You have in-office and virtual benefits:

- TRS-ActiveCare Primary Plan: $30 copay for office visits or $0 with Teladoc
- TRS-ActiveCare Primary+ Plan: $15 copay for office visits or $0 with Teladoc
- TRS-ActiveCare HD Plan: 30% coinsurance after deductible or $42 with Teladoc
- TRS-ActiveCare 2 Plan: $20 copay for office visits or $12 with Teladoc

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	• Lowest premium of the three available plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Highest premium of the three available plans • Copays for many services and drugs • Lower deductible than the HD and Primary plans • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Higher premium of the three available plans • Must meet your deductible before plan pays for non-preventive care • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Compatible with a Health Savings Account

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	$499	$417.00	$82.00	$586	$417.00	$169.00	$515	$417.00	$98.00
Employee and Spouse	$1,348	$417.00	$931.00	$1,524	$417.00	$1,107.00	$1,391	$417.00	$974.00
Employee and Children	$849	$417.00	$432.00	$997	$417.00	$580.00	$876	$417.00	$459.00
Employee and Family	$1,697	$417.00	$1,280.00	$1,934	$417.00	$1,517.00	$1,751	$417.00	$1,334.00

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	$2,500/$5,000	$1,200/$2,400	$3,400/$6,800	$6,800/$13,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	$8,050/$16,100	$6,900/$13,800	$8,300/$16,600	$20,500/$41,000
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	$30 copay	$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	$70 copay	$70 copay	You pay 30% after deductible	You pay 50% after deductible

Immediate Care				
Urgent Care	$50 copay	$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD™	$0 per medical consultation	$0 per medical consultation	$30 per medical consultation	
TRS Virtual Health-Teladoc®	$12 per medical consultation	$12 per medical consultation	$42 per medical consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	$15/$45 copay; $0 copay for certain generics	$15/$45 copay	You pay 20% after deductible; $0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible ($100 max)/ You pay 25% after deductible ($265 max)	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max) Call **1-844-367-6108** to see if your specialty medication is covered by SaveOnSP.	You pay 30% after deductible; $0 if SaveOnSP eligible	You pay 20% after deductible ($500 max); $0 if SaveOnSP eligible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61- to 90-day supply	$25 copay for 31-day supply; $75 for 61- to 90-day supply	You pay 25% after deductible

This plan is closed to new enrollees. Current TRS-ActiveCare 2 participants can stay enrolled.

TRS-ActiveCare 2
• Closed to new enrollees • Current enrollees can choose to stay in the plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
$1,013	$417.00	$596.00
$2,402	$417.00	$1985.00
$1,507	$417.00	$1,090.00
$2,841	$417.00	$2,424.00

In-Network	Out-of-Network
$1,000/$3,000	$2,000/$6,000
You pay 20% after deductible	You pay 40% after deductible
$7,900/$15,800	$23,700/$47,400
No	

Tier 1: $20 copay Tier 2: $40 copay	You pay 40% after deductible
Tier 1: $55 copay Tier 2: $85 copay	You pay 40% after deductible

$50 copay	You pay 40% after deductible
You pay a $250 copay plus 20% after deductible	
$0 per medical consultation	
$12 per medical consultation	

$200 brand deductible
$20/$45 copay
You pay 25% after deductible ($40 min/$80 max)/ You pay 25% after deductible ($105 min/$210 max)
You pay 50% after deductible ($100 min/$200 max)/ You pay 50% after deductible ($215 min/$430 max)
You pay 30% after deductible ($200 min/$900 max); $0 if SaveOnSP eligible
$25 copay for 31-day supply; $75 for 61- to 90-day supply

Questions?

Call a Personal Health Guide at **1-866-355-5999** for help with medical services.
Call Express Scripts® by Evernorth Pharmacy Benefit Services at **1-844-367-6108** for help with your pharmacy benefits.

Compare Prices for Common Medical Services

Closed to new enrollees.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs	Office/Independent Lab: You pay $0 Outpatient: You pay 30% after deductible	Office/Independent Lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 40% after deductible
High-Tech Imaging (like CT Scan, Mammogram and MRI)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + $100 copay per procedure	You pay 40% after deductible + $100 copay per procedure
Outpatient (like colonoscopy, cataract surgery and steroid injections)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible ($150 facility copay per incident)	You pay 40% after deductible ($150 facility copay per incident)
Inpatient (like childbirth, complex joint replacement and cardiac surgery)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible ($500 facility per day maximum)	You pay 20% after deductible ($150 facility copay per day)	You pay 40% after deductible ($500 facility copay per incident)
Freestanding Emergency Room	You pay $500 copay + 30% after deductible	You pay $500 copay + 20% after deductible	You pay $500 copay + 30% after deductible	You pay $500 copay + 50% after deductible	You pay $500 copay + 20% after deductible	You pay $500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible Professional Services: You pay $5,000 copay + 30% after deductible Only covered if rendered at a BDC+ facility	Facility: You pay 20% after deductible Professional Services: You pay $5,000 copay + 20% after deductible Only covered if rendered at a BDC+ facility	Not Covered	Not Covered	Facility: You pay 20% after deductible ($150 facility copay per day) Professional Services: You pay $5,000 copay + 20% after deductible Only covered if rendered at a BDC+ facility	Not Covered
Annual Vision Exam (one per plan year)	Specialist: You pay $70 copay	Specialist: You pay $70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 Specialist: $55 copay Tier 2 Specialist: $85 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	PCP: $30 copay Specialist: $70 copay	PCP: $15 copay Specialist: $70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 PCP: $20 copay Tier 2 PCP: $40 copay Tier 1 Specialist: $55 copay Tier 2 Specialist: $85 copay	You pay 40% after deductible

KNOW WHERE TO GO FOR CARE

You choose where you get non-emergency care. Knowing where to go for the care you need can save you time and money. Plus, when you visit in-network providers, you may pay less.

If you're not having a medical emergency, use these places instead of the emergency room.

Your PCP $

Schedule an appointment for:

- annual wellness visits (no added cost)
- routine screenings (no added cost)
- minor injuries and illnesses

TRS Virtual Health $

Board certified doctors through Teladoc and RediMD are a convenient choice for care 24 hours a day, seven days a week from your computer, tablet or phone. They can treat many conditions, including:

- allergies
- asthma
- fever, colds and flu
- rashes

Retail Health Clinic $$

When you can't go to your PCP, walk-in clinics available in many retail stores are a lower-cost choice for treatment. Many stores have a physician assistant or nurse practitioner who can help treat:

- allergies and cold
- ear infections
- minor cuts and scrapes
- rashes

Urgent Care Center $$$

Go to an urgent care center when it's not an emergency, but you still need care right away. They have convenient hours, cost less than an emergency room and can treat things like:

- cuts that need stitches
- minor burns
- minor illnesses
- sprains

Emergency Room $$$$

For emergencies, call **911** or go to your nearest ER for:

- broken bones
- chest pain
- heart attack
- heavy bleeding
- sudden or severe pain
- trouble breathing

When you use the ER for true emergencies, you help keep your out-of-pocket costs lower. If you're having a life-threatening or disabling health problem, you should go to the nearest ER or call **911**.

When you use in-network labs, imaging centers and surgical centers, you can get the same quality care you'd get in hospitals and at your doctor's office for a lot less.

Independent Laboratories

Choose an in-network independent lab for routine lab work and comprehensive blood panels.

Lab work at an in-network hospital can cost nearly five times more than at an independent lab. An out-of-network lab or hospital will cost even more.

Imaging Center

You have options for X-rays, CT scans, and MRIs. An in-network, imaging center can save you money.

One study showed an MRI performed at an in-network hospital was nearly three times more expensive than the same test at a freestanding imaging clinic and nearly five times more at an out-of-network imaging center or hospital.

Surgical Centers

You may think of surgery as something that only happens in the hospital, but offsite surgical centers offer the same quality care at a lower price.

Surgery performed at an in-network hospital can cost nearly three times more than the same procedure at a surgical center and almost seven times more at an out-of-network hospital.

Urgent Care Centers or Freestanding ERs

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look like urgent care centers and treat most major injuries, except for trauma—but costs are higher. Unlike urgent care centers, freestanding ERs are often out of network and can charge patients up to 10 times more for the same services. Here's how to know if you're at a freestanding ER.

Freestanding ERs:

- look like urgent care centers, but have the word "Emergency" or "ER" in their name or on the building
- are open 24 hours a day, seven days a week
- aren't attached to and may not be affiliated with a hospital
- are subject to an ER cost share, which may include a copay, coinsurance and applicable deductible

Need help knowing where to go?

Call a PHG at **1-866-355-5999** or the 24/7 Nurseline at **1-833-968-1770**. You can also go to **www.bcbstx.com/trsactivecare/doctors-and-hospitals/where-to-go-for-care**. If you need emergency care, call **911** or get help from any doctor or hospital right away.

Prescription Drug Program At A Glance

TRS-ActiveCare Primary
Plan Year 2026 – 2027

Annual Deductible (DED)	$2,500 per Person and $5,000 per Family per year (integrated with medical)			
Access Options	**Generic**	**Preferred Brand**	**Non-Preferred Brand**	**Specialty**
Retail – 31-Day Supply	$15	30% After DED	50% After DED	NA
Retail – 90-Day Supply	$45	30% After DED	50% After DED	NA
Home Delivery – 90-Day Supply	$45	30% After DED	50% After DED	NA
Accredo® Specialty Pharmacy – 31-Day Supply	NA	NA	NA	30% After DED

Your Cost-share

TRS-ActiveCare Primary has copays and coinsurance. You pay the lowest copay for generic drugs. **Your plan also includes certain preventive generic and SaveOnSP medications with $0 copays.**

Deductible

Each plan year (September–August), each covered person in your family will pay the first $2,500 in medical and brand name drug costs, not to exceed $5,000 per family. After you meet your annual deductible, you are responsible for the cost-share listed in the chart above.

However, if you choose a brand name drug with a generic alternative, you must pay the difference between the cost of the brand name drug and the generic drug, plus the applicable generic copay. This difference does not count toward your annual deductible.

Maximum Out of Pocket (MOOP)

$8,050 per Person
$16,100 per Family
Your MOOP is shared with your medical plan. Your deductible and cost-shares apply toward your MOOP.

Contact us:

Express Scripts Member Services: **844-367-6108 24 hours 7 days a week**.
Accredo Member Services: **800-596-7701 M–F 8 AM to 11 PM & Sat. 8 AM to 5 PM CT**
SaveOnSP Copay Assistance: **800-683-1074 M–Th 7 AM to 10 PM & F 7 AM to 9 PM CT**
Web or Mobile: **express-scripts.com/trsactivecare**

For additional information on how to take control of your prescription plan or any other questions about your account or coverage, visit express-scripts.com/trsactivecare.

Download the Express Scripts® mobile app or call the Member Services number on your digital ID card.

Prescription Drug Program At A Glance

TRS-ActiveCare Primary+
Plan Year 2026 – 2027

Annual Rx Deductible (DED)	$200 per Person Brand Drug only (Rx Only)			
Access Options	**Generic**	**Preferred Brand**	**Non-Preferred Brand**	**Specialty**
Retail – 31-Day Supply	$15	25% $100 Max After DED	50% After DED	NA
Retail – 90-Day Supply	$45	25% $265 Max After DED	50% After DED	NA
Home Delivery – 90-Day Supply	$45	25% $265 Max After DED	50% After DED	NA
Accredo® Specialty Pharmacy – 31-Day Supply	NA	NA	NA	20% $500 Max After DED

Your Cost-share

TRS-ActiveCare Primary+ has copays and coinsurance. You pay the lowest copay for generic drugs. **Your plan also includes SaveOnSP medications with $0 copays.**

Rx Deductible

Each plan year (September–August), each covered person in your family will pay the first $200 for brand name drugs. After you meet your annual $200 deductible, you are responsible for the cost-share listed in the chart above.

Ex: Pref. Brand drug cost $800; you pay $200 DED + 25% coinsurance up to max of $100
Retail 31 day: $200 DED + 25% or $100 max = $300 first fill, then 25% up $100 max thereafter

However, if you choose a brand name drug with a generic alternative, you must pay the difference between the cost of the brand name drug and the generic drug, plus the applicable generic copay. This difference does not count toward your annual deductible.

Maximum Out of Pocket (MOOP)

$6,900 per Person
$13,800 per Family
Your MOOP is shared with your medical plan. Your prescription deductible and cost-shares apply toward your MOOP.

Contact us:

Express Scripts Member Services: **844-367-6108 24 hours 7 days a week**.
Accredo Member Services: **800-596-7701 M–F 8 AM to 11 PM & Sat. 8 AM to 5 PM CT**
SaveOnSP Copay Assistance: **800-683-1074 M–Th 7 AM to 10 PM & F 7 AM to 9 PM CT**
Web or Mobile: **express-scripts.com/trsactivecare**

For additional information on how to take control of your prescription plan or any other questions about your account or coverage, visit express-scripts.com/trsactivecare.

Download the Express Scripts® mobile app or call the Member Services number on your digital ID card.

Prescription Drug Program At A Glance

TRS-ActiveCare HD
Plan Year 2026 – 2027

Annual Deductible (DED)	$3,400 per Person and $6,800 for Family Per Year (Integrated with Medical)			
Access Options	**Generic**	**Preferred Brand**	**Non-Preferred Brand**	**Specialty**
Retail – 31-Day Supply	20% After DED	25% After DED	50% After DED	NA
Retail – 90-Day Supply	20% After DED	25% After DED	50% After DED	NA
Home Delivery – 90-Day Supply	20% After DED	25% After DED	50% After DED	NA
Accredo® Specialty Pharmacy – 31-Day Supply	NA	NA	NA	20% After DED

Your Cost-share

TRS-ActiveCare HD has coinsurance. You pay the lowest coinsurance for generic drugs. **Your plan also includes certain preventive generic drugs with $0 copays.**

Deductible

Each plan year (September–August), each covered person in your family will pay the first $3,400 in medical and drug costs, not to exceed $6,800 per family. After you meet your annual deductible, you are responsible for the coinsurance listed in the chart above.

However, if you choose a brand name drug with a generic alternative, you must pay the difference between the cost of the brand name drug and the generic drug, plus the applicable generic coinsurance. This difference does not count toward your annual deductible.

Maximum Out of Pocket (MOOP)

$8,300 per Person
$16,600 per Family
Your MOOP is shared with your medical plan. Your deductible and coinsurance apply toward your MOOP.

Contact us:

Express Scripts Member Services: **844-367-6108 24 hours 7 days a week**.
Accredo Member Services: **800-596-7701 M–F 8 AM to 11 PM & Sat. 8 AM to 5 PM CT**

Web or Mobile: **express-scripts.com/trsactivecare**

For additional information on how to take control of your prescription plan or any other questions about your account or coverage, visit express-scripts.com/trsactivecare.

Download the Express Scripts® mobile app or call the Member Services number on your digital ID card.

Telehealth

A Comprehensive Telehealth Program

1.800MD members have around-the-clock access to a national network of physicians (24/7/365), and can request consult via telephone, email or bi-directional video.

- **Telephone Consultations –** During phone consultations, physicians answer medical questions, provide general information, diagnose illnesses, recommend treatment plans and prescribe medication (when deemed appropriate).
- **Email Consultations –** Physicians answer general questions and provide general health information only.
- **Video Consultations –** Physicians answer questions, provide general information, diagnose illnesses, recommend treatment plans and prescribe medication (when deemed appropriate). 1.800MD provides a secure video link. Members need a standard web camera and internet connection.

Member Services Number: 1-800-530-8666

Employee Monthly Cost
$6.00

Monthly Cost covers employee and all eligible dependents.

Convenient Care. Anywhere.

Founded in 2009, 1.800MD is one of oldest and most reliable virtual care companies.
1.800MD's national network of **board-certified, licensed physicians** diagnose non-emergent illnesses, recommend treatment and prescribe medications over the telephone or through secure bi-directional video and email. 1.800MD's remote behavioral health service provides on-going psychotherapy sessions through secure bi-directional video.

Fully Credentialed Physicians. All physicians are fully credentialed, independent providers. The credentialing process is performed by a national third-party agency in accordance with the National Committee for Quality Assurance (NCQA), and the Utilization Review Accreditation Committee (URAC) guidelines. Credentialing includes a thorough review of medical licensure, training, education, and work and malpractice history.

Around-the-clock Availability. 1.800MD provides fast, convenient access to quality telemedicine care 24 hours a day, 7 days a week, 365 days a year throughout the United States. Behavioral telehealth services are available from 9:00 am- 9:00 pm in the member's local time zone.

An Affordable Alternative. 1.800MD is an easily accessible, inexpensive alternative to emergency room and urgent care visits. 1.800MD also prevents the inconvenience of traveling to primary care physician or behavioral health provider for non-emergent appointments during or after normal business hours.

Commonly Treated Conditions

TELEMEDICINE

- Allergies
- Minor Burns
- Sprains and Strains
- Ear Infections
- Arthritic Pain
- Respiratory Infections
- Urinary Tract Infections
- Laryngitis
- Cold/Flu
- Insect Bites
- Gastroenteritis
- Pink Eye

BEHAVIORAL HEALTH

- Depression
- Eating Disorders
- Childcare, Eldercare
- Anxiety
- Drug/Alcohol Issues
- Smoking Cessation
- Grief and Loss
- Parenting Issues
- Marriage Issues

A Comprehensive Telehealth Program

1.800MD members have around-the-clock access to a national network of physicians (24/7/365), and can request consult via telephone, email or bi-directional video.

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I. My 1800MD Health Portal – secure and password protected. In addition, to requesting consultations, the health portal also features:

- **Preventative Health Tools** – members can store physician contact information, family health history, chronic conditions and medical records. The portal then produces age, gender and health history based screening and preventative maintenance tools. The portal also includes a video medical condition library and healthcare blogs.
- **Wellness Tools** – online access to resources that help users set and monitor general wellness goals including weight loss, nutrition, exercise, stress relief and smoking cessation for a healthier, more productive lifestyle.
- **Electronic Medical Records (EMR)** – secure and HIPPA-compliant that allows members to safeguard and store medical records. 1.800MD providers use the platform to upload and store all patient medical encounter information. Members can take control of their health records by importing or exporting external medical information for safekeeping, or by forwarding 1.800MD medical records to primary care physicians.

II. Behavioral Telehealth Program - Research has shown that caring for your body emotionally, physically, and mentally directly correlates to one's life span, happiness and overall well-being. 1800MD's remote behavioral clinicians assess, diagnose, consult, and provide brief psychotherapy to address various behavioral health needs via live, interactive videoconferencing.

III. Prescription Medications - Physicians may prescribe medication during remote consultations as a part of a member's treatment plan. Prescriptions can be e-prescribed to a member's pharmacy of choice.

Member Experience

ACCOUNT ACTIVIATION

- New members activate their accounts using the unique group and member numbers located on 1.800MD membership cards.

CONSULTATION REQUEST

- Members can request a medical consultation by logging into the client portal, using the 1.800MD mobile app or calling 1.800MD directly. Health information must be confirmed and updated in the portal and on the mobile app before seeking a consultation.

MEMBER SERVICES

- Upon receiving the consultation request, a member service representative forwards the information to a local physician. Wait times - video (scheduled); phone (15 mins – hour); email (2 hours). Behavioral health is video only.

PHYSICIAN CONSULTATION

- The physician contacts the member, conducts a consultation, recommends treatment and/or refers the member to a specialist or his/her primary care physician.

PRESCRIPTIONS

- The 1.800MD physician will e-prescribe medication to the member's preferred pharmacy (when deemed necessary).

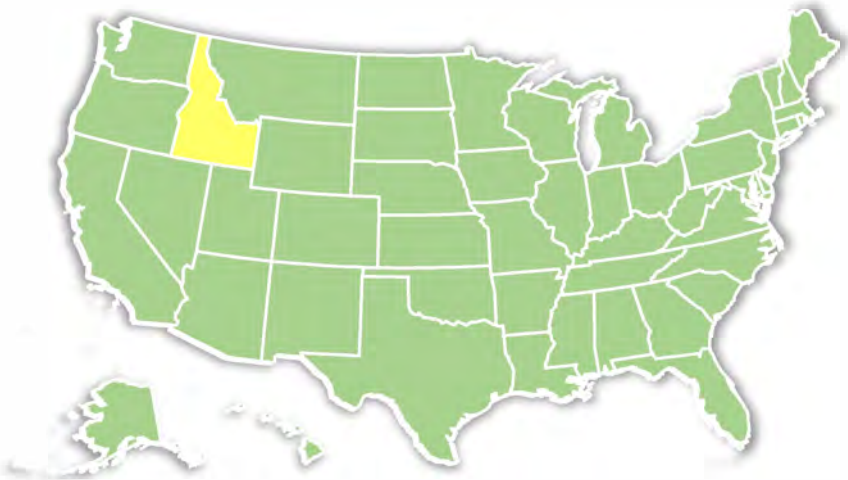
ONLINE MEDICAL RECORDS

- The 1.800MD physician documents and completes a patient encounter form. The record is uploaded into the member's 1.800MD medical record portal. The member now has the option of forwarding the record to a primary care physician or specialized care provider.

98.5% CLIENT RETENTION

97% MEMBER SATISFACTION

92% MEDICAL ISSUES SOLVED



MAP OF SERVICES

- **1.800MD provides service in compliance with state regulations.**
- **Idaho currently only allows two-way video consultations.**

Video consultations only with Rx

Phone & video consultations with Rx

1.800MD does not replace primary care physicians. 1.800MD does not guarantee that a prescription will be written. 1.800MD operates subject to state regulation and may not be available in certain states. 1.800MD does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. 1.800MD physicians reserve the right to deny care for potential misuse of services.

Flexible Spending Account

FSA - Medical

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

Please visit **www.fsastore.com** for a list of eligible expenses.

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

FSA - Dependent Care

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

Dependent Care Eligible for Reimbursement:

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

BE SURE TO ALWAYS KEEP COPIES OF YOUR RECEIPTS

Offering you cost savings and well-being with a Flexible Spending Account (FSA)

nbs national benefit services

Signing up for a Flexible Spending Account (FSA) puts more money in your pocket.

You can pay less in taxes and reduce your medical expenses simply by signing up for an FSA!

A Flexible Spending Account (FSA) lets you set aside a portion of your paycheck—before taxes—into an account to help you pay for medical expenses. An FSA is a planning tool with great tax benefits. With an FSA, you must use the account balance in full before the end of the plan year or it will be forfeited.

A Flexible Spending Account (FSA):

- **Two Types of FSAs.** To take advantage of a health FSA, start by choosing an annual election amount. This amount will be available on day one of your plan year for eligible medical expenses. Payroll deductions will then be made throughout the plan year to fund your account. A dependent care FSA works differently than a health FSA. Dependent care FSA money only becomes available as it is contributed, and can only be used to pay expenses for the care of your dependents while you work. Both are pre-tax benefits your employer offers through a cafeteria plan. Choose one or both — whichever is right for you.

- **Reduces your taxable income.** Your FSA contributions are deducted from your paycheck by your employer before taxes are withheld. These deductions lower your taxable income, which can save you money on income taxes.

- **Enrollment Consideration.** After the enrollment period ends, you may increase, decrease or stop your contribution only when you experience a qualifying “change in status” event (e.g. marriage, divorce, employment change, dependent change). Be conservative in the total amount you elect to avoid forfeiting money at the end of the plan year.

- **What if I don’t use it all?** You must use the account balance in full before the end of the plan year or it will be forfeited. This is known as the “use it or lose it” rule. Your employer may offer a grace period or a rollover to help if you miss the mark a little bit. Check your Summary Plan Description for specifics on your employer's plan, and make sure to plan carefully when you enroll.

Spending is easy

Our convenient NBS Smart Debit Card allows you to avoid out-of-pocket expenses, cumbersome claim forms and reimbursement delays. You may also utilize the “pay a provider” option on our web portal.

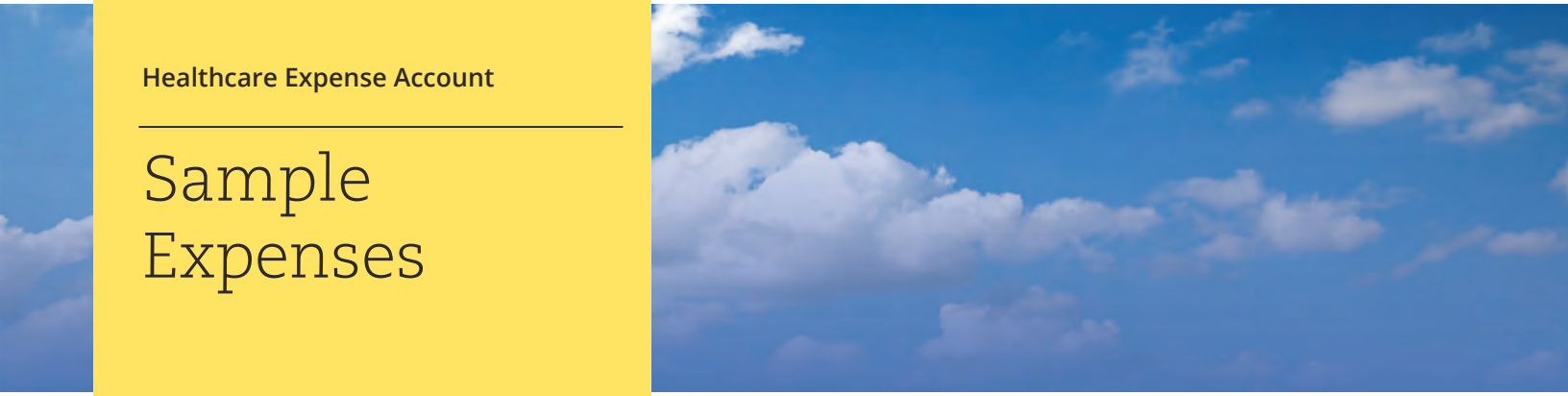
Account access is easy

Get account information from our easy-to-use online portal and mobile app. You can submit claims online, and see your account balance, contributions, and account history in real time.

Eligible Expenses

Expenses can be reimbursed from your health FSA if the expenses are for the diagnosis, cure, mitigation, treatment or prevention of disease and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses solely for cosmetic reasons generally are not considered expenses for medical care. Also, expenses that are merely beneficial to your general health are not eligible.

The following list shows common examples of qualified medical expenses. Complete lists of eligible and non-eligible expenses can be found in IRS Publication 502, which can be ordered from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or by visiting www.irs.gov.



Healthcare Expense Account

Sample Expenses

Medical Expenses

- Acupuncture
- Addiction programs
- Adoption (medical expenses for baby birth)
- Alternative healer fees
- Ambulance
- Body scans
- Breast pumps
- Care for mentally handicapped
- Chiropractor
- Copayments
- Crutches
- Diabetes (insulin, glucose monitor)
- Eye patches
- Fertility treatment
- First aid (e.g., bandages, gauze)
- Hearing aids & batteries
- Hypnosis (for treatment of illness)
- Incontinence products (e.g., Depends, Serene)
- Joint support bandages and hosiery
- Lab fees
- Menstrual Products*
- Monitoring device (blood pressure, cholesterol)
- Non-prescription medicines or drugs (vitamins/supplements without a prescription are not eligible)*
- Physical exams
- Pregnancy tests
- Prescription medicines or drugs
- Psychiatrist/psychologist (for mental illness)
- Physical therapy
- Speech therapy
- Vaccinations
- Vaporizers or humidifiers
- Weight loss program fees (if prescribed by physician)
- Wheelchair

**After January 1, 2020*

Dental Expenses

- Artificial teeth
- Copayments
- Deductible
- Dental work
- Dentures
- Orthodontia expenses
- Preventative care at dentist office
- Bridges, crown, etc.

Vision Expenses

- Braille - books & magazines
- Contact lenses
- Contact lens solutions
- Eye exams
- Eyeglasses
- Laser surgery
- Office fees
- Guide dog and upkeep/ other animal aid

Items that generally do not qualify for reimbursement

- Personal hygiene (e.g., deodorant, soap, body powder, sanitary products. Does not include menstrual products)
- Addiction products**
- Cosmetic surgery**
- Cosmetics (e.g., makeup, lipstick, cotton swabs, cotton balls, baby oil)
- Counseling (e.g., marriage/family)
- Dental care - routine (e.g., toothpaste, toothbrushes, dental floss, anti-bacterial mouthwashes, fluoride rinses, teeth whitening/bleaching)**
- Exercise equipment**
- Haircare (e.g., hair color, shampoo, conditioner, brushes, hair loss products)
- Health club or fitness program fees**
- Homeopathic supplement or herbs**
- Household or domestic help
- Laser hair removal
- Massage therapy**
- Nutritional and dietary supplements (e.g., bars, milkshakes, power drinks, Pedialyte)**
- Skin care (e.g., moisturizing lotion, lip balm)
- Sleep aids (e.g., snoring strips)**
- Vitamins**
- Weight reduction aids (e.g., Slimfast, appetite suppressant)**

***Portions of these expenses may be eligible for reimbursement if they are recommended by a licensed medical professional as medically necessary for treatment of a specific medical condition.*

Health Savings Account

hsabank
A Division of Webster Bank, N.A. Member FDIC

Health Savings Account (HSA) Overview

A Health Savings Account (HSA) is a tax-favored savings account for individuals and families covered by a High-Deductible Health Plan (HDHP) created for the purpose to set aside pre-tax dollars to pay for qualified medical expenses.

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.

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/OME 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 11011-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.

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]

2025

	SINGLE PLAN	FAMILY PLAN
Maximum contribution limit	$4,300	$8,550

2026

	SINGLE PLAN	FAMILY PLAN
Maximum contribution limit	$4,400	$8,750

What's covered?

You can use your HSA funds to pay for any IRS-qualified healthcare 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.

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

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Dental Plan (Group:00084543)

Plan Name	NETWORK HERE	NAME HERE
	LOW PLAN	HIGH PLAN
Deductible (Single / Family)	$50/3 FAMILY MAXIMUM	$50/3 FAMILY MAXIMUM
	Annual Maximum	Annual Maximum
Annual Maximum Per Person	$1000	$1000
	Dependent Coverage	Dependent Coverage
Dependent Age Limit	Up to Age 26	Up to Age 26
	Dental Services	Dental Services
Preventive Services • Oral Exam • Cleanings • X-rays • Fluoride for Children	100%	100%
Basic Services • Fillings • Root Canals	80%	80%
Major Services • Crowns • Dentures	50%	50%
Orthodontia (Adults & Children)	Not Covered	$1000 (LIFETIME MAXIMUM)
	Monthly Cost	Monthly Cost
	EE Cost	EE Cost
Single	$24.00	$30.00
Employee + 1	$49.00	$62.00
Employee + Children	$65.00	$80.00
Family	$89.00	$108.00

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

Guardian®

Watch our video
Learn how dental insurance can protect your long-term health.

Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.

You will receive these benefits if you meet the conditions listed in the policy.

Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and strokes may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Worsening oral health is seen as Alzheimer's disease progresses.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2021.

Guardian®

Your dental coverage

Option 1 or 2: LOW PLAN or HIGH PLAN plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	**Option 1: LOW PLAN**		**Option 2: HIGH PLAN**	
	Tier 1	Tier 2	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Your Monthly premium	**$24.00**		**$30.00**	
You and Spouse	$49.00		$62.00	
You and Child(ren)	$65.00		$80.00	
You, Spouse and Child(ren)	$89.00		$108.00	
Calendar year deductible	*Tier 1*	*Tier 2*	*Tier 1*	*Tier 2*
Individual	$50	$50	$50	$50
Family limit	3 per family (applies to all levels)		3 per family (applies to all levels)	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	*Tier 1*	*Tier 2*	*Tier 1*	*Tier 2*
Preventive Care	100%	100%	100%	100%
Basic Care	80%	80%	80%	80%
Major Care	50%	50%	50%	50%
Orthodontia	Not Covered (applies to all levels)		50%	50%
Early Smiles	Yes (applies to all levels)		Yes (applies to all levels)	
Annual Maximum Benefit	$1000 (applies to all levels)		$1000 (applies to all levels)	
Maximum Rollover	Yes (applies to all levels)		Yes (applies to all levels)	
Rollover Threshold	$500		$500	
Rollover Amount	$250		$250	
Rollover Account Limit	$1000		$1000	
Lifetime Orthodontia Maximum	Not Applicable (applies to all levels)		$1000 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)		26 (applies to all levels)	

Guardian®

Your dental coverage

A Sample of Services Covered by Your Plan:

		Option 1: LOW PLAN *Plan pays (on average)*		Option 2: HIGH PLAN *Plan pays (on average)*	
		Tier 1	Tier 2	Tier 1	Tier 2
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	2 in 12 Months (applies to all levels)		2 in 12 Months (applies to all levels)	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 16 (applies to all levels)		Under Age 16 (applies to all levels)	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	80%	80%	80%	80%
	Fillings‡	80%	80%	80%	80%
	Simple Extractions	80%	80%	80%	80%
	Surgical Extractions	80%	80%	80%	80%
Major Care	Bridges and Dentures	50%	50%	50%	50%
	Dental Implants	50%	50%	50%	50%
	Inlays, Onlays, Veneers**	50%	50%	50%	50%
	Perio Surgery	50%	50%	80%	80%
	Periodontal Maintenance	50%	50%	80%	80%
	Frequency:	Once Every 6 Months (applies to all levels)		2 in 12 months (applies to all levels)	
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%	50%	50%
	Root Canal	50%	50%	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%	80%	80%
	Single Crowns	50%	50%	50%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:	(applies to all levels)		Child(ren) (applies to all levels)	

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.Guardianlife.com to confirm your Dentist's tiered participation.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filing material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Guardian®

Your dental coverage

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Find A Dentist:

Visit www.Guardianlife.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00084543

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # DG7-P et al.

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

Guardian®

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
$1,000 Maximum claims reimburesment	**$500** Claims amount that determines rollover eligibility	**$250** Additional dollars added to a plan's annual maximum for future years	**$1,000** The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America ® ©Copyright 2023 The Guardian Life Insurance Company of America.

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2023-158786 (07/25)

Guardian®

Early Smiles

From the time that first tooth comes in, dental care can critically impact a child's overall health and well-being.

That's why Guardian is committed to helping our youngest members take care of their smiles. Your plan includes the Early Smiles benefit to help you save on dental care for your children while taking care of their health.

How does Early Smiles work?

- Preventive, Basic and Major services are covered at 100% for children ages 12 and under.
- No deductible will apply — benefits can be used right away.
- No waiting periods apply.
- Frequency limitations and plan provisions apply.
- If orthodontic coverage is included on your plan, the orthodontic services will be covered at the orthodontic coinsurance amount.

Guardian has one of the largest dental networks so it's easy to find a network dentist near you! Simply visit guardianlife.com to find a network dentist.

Here are some tips to keep your children smiling

- Schedule routine check-ups. If it's been more than six months since your child has seen a dentist, schedule an appointment as soon as possible.
- Start brushing when you see your baby's first tooth coming. Use water, an infant toothbrush and a tiny bit of fluoride toothpaste (about the size of a grain of rice).
- Brush twice each day for two minutes. Children ages 2-6 should use a pea-sized amount of fluoride toothpaste. Always supervise kids younger than six years old while brushing, as they are more likely to swallow toothpaste.
- Snack healthy! Fruit juice, sports drinks, fruit snacks, and sticky candies all pose serious threats to your child's teeth. Give kids calcium-rich snacks like cheese or low-sugar yogurt. For candy options — a chocolate bar is preferable to gummy or sticky sweets that can get lodged in between the teeth, even after brushing.

Source: © 2021 Children's Dental Health.

Vision Plan (Group: 00084543)

Vision Insurance helps protect the health on your eyes by providing coverage for benefits that often aren't covered by regular medical insurance

- Annual Exams
- Lenses
- Frames
- Contact Lenses
- Laser Vision Correction Discount

Employee Monthly Premiums		
	LOW PLAN	HIGH PLAN
Employee Only	$6.00	$8.00
Employee/Spouse	$10.00	$14.00
Employee/Children	$11.00	$15.00
Employee/Family	$16.00	$22.00

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

Guardian®

Watch our video
How vision insurance can help you see clearly as you get older.

Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.

20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: **$171**

Average cost of frames and lenses: **$350**

Total cost: **$521**

With a Vision policy from Guardian, David pays just **$10** for his eye exam. After **$25** in copay, his lenses are fully covered, and he pays **$96** for his frames.

David's total out-of-pocket expense is **$131**, saving him **$390**.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

Guardian

Your vision coverage

Option 1 or 2: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Costco®, Wal-Mart®, JCPenney®, Target®, Sam's Club®, Pearle®, Visionworks® and Warby Parker®. You can also use your network benefits online at Visionworks®.com, glasses®.com, WarbyParker®.com, or 1800contacts®.com.

Your Vision Plan	**Option 1: Full Feature - Designer**		**Option 2: Full Feature - Designer**	
Your Network is	Davis Vision		Davis Vision	
Your Monthly premium	**$ 6.00**		**$ 8.00**	
You and Spouse	$ 10.00		$ 14.00	
You and Child(ren)	$ 11.00		$ 15.00	
You, Spouse and Child(ren)	$ 16.00		$ 22.00	
Copay				
Exams Copay	$ 10		$ 10	
Materials Copay *(waived for elective contact lenses)*	$ 10		$ 10	
Sample of Covered Services	*You pay (after copay if applicable):*		*You pay (after copay if applicable):*	
	In-network	*Out-of-network*	*In-network*	*Out-of-network*
Eye Exams	$0	Amount over $50	$0	Amount over $50
Single Vision Lenses	$0	Amount over $48	$0	Amount over $48
Lined Bifocal Lenses	$0	Amount over $67	$0	Amount over $67
Lined Trifocal Lenses	$0	Amount over $86	$0	Amount over $86
Lenticular Lenses	$0	Amount over $126	$0	Amount over $126
Frames	80% of amount over $120*[2]	Amount over $48	80% of amount over $200*[2]	Amount over $48
Contact Lenses *(Elective and conventional)*	85% of amount over $120*	Amount over $105	85% of amount over $200*	Amount over $105
Contact Lenses *(Planned replacement and disposable)*	85% of amount over $120*	Amount over $105	85% of amount over $200*	Amount over $105
Contact Lenses *(Medically Necessary)*	$0	Amount over $210	$0	Amount over $210
Cosmetic Extras	Avg. 40-60% off retail price	No discounts	Avg. 40-60% off retail price	No discounts
Glasses *(Additional pair of frames and lenses)*	50% at Visionworks and 30% at other in network providers	No discounts	50% at Visionworks and 30% at other in network providers	No discounts
Laser Correction Surgery Discount	Savings of 20-35% off national average price thru Davis laser vision network	No discounts	Savings of 20-35% off national average price thru Davis laser vision network	No discounts
Service Frequencies				
Exams	Every calendar year		Every calendar year	
Lenses *(for glasses or contact lenses)*‡‡	Every calendar year		Every calendar year	

Guardian®

Your vision coverage

Your Vision Plan	Option 1: Full Feature - Designer	Option 2: Full Feature - Designer
Frames	Every two calendar years	Every calendar year
Network discounts *(glasses and contact lens professional service)*	Applies to first purchase & courtesy discount from most providers on subsequent purchases.	Applies to first purchase & courtesy discount from most providers on subsequent purchases.
Dependent Age Limits	26	26
	Visit www.Guardianlife.com and click on "Find a Provider"	

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

Davis

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- *Additional discounts are not available at all private practice locations. Costco, Walmart, Sam's Club, glasses.com, and 1800contacts.com do not allow additional discounts.
- For Davis Vision, complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period. Only charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use.
- [2]Extra $50 at Visionworks stores and at Visionworks.com.
- In Network Routine Retinal Screening Covered after no more than a $39 copay.
- Members can use their in network benefits at visionworks.com, warbyparker.com, glasses.com, and 1800contacts.com. Additional discounts are not available at glasses.com or 1800contacts.com. Discounts may vary at Warby Parker.

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-DAVIS-05-VIS et al.

Laser Correction Surgery:

In Network savings of 20%-35% off national average price of traditional Lasik are available at over 800 locations across the Davis nationwide network of laser vision correction providers

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Educator Disability Insurance

THE HARTFORD

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 following 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 disability.

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 income

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

BENEFIT HIGHLIGHTS FOR:

Seguin Independent School District

EDUCATOR DISABILITY INSURANCE OVERVIEW

What is Educator Disability Income Insurance?

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Why do I need Disability Insurance Coverage?

More than half of all personal bankruptcies and mortgage foreclosures are a consequence of disability[1]

[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 disability[2]

[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 income[3]

[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.

THE HARTFORD

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

Seguin Independent School District

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

			Accident / Sickness Elimination Period in Days					
Annual Earnings	Monthly Earnings	Monthly Benefit	0 / 7	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
$3,600	$300	$200	$6.28	$5.10	$4.00	$2.70	$2.32	$2.02
$5,400	$450	$300	$9.42	$7.65	$6.00	$4.05	$3.48	$3.03
$7,200	$600	$400	$12.56	$10.20	$8.00	$5.40	$4.64	$4.04
$9,000	$750	$500	$15.70	$12.75	$10.00	$6.75	$5.80	$5.05
$10,800	$900	$600	$18.84	$15.30	$12.00	$8.10	$6.96	$6.06
$12,600	$1,050	$700	$21.98	$17.85	$14.00	$9.45	$8.12	$7.07
$14,400	$1,200	$800	$25.12	$20.40	$16.00	$10.80	$9.28	$8.08
$16,200	$1,350	$900	$28.26	$22.95	$18.00	$12.15	$10.44	$9.09
$18,000	$1,500	$1,000	$31.40	$25.50	$20.00	$13.50	$11.60	$10.10
$19,800	$1,650	$1,100	$34.54	$28.05	$22.00	$14.85	$12.76	$11.11
$21,600	$1,800	$1,200	$37.68	$30.60	$24.00	$16.20	$13.92	$12.12
$23,400	$1,950	$1,300	$40.82	$33.15	$26.00	$17.55	$15.08	$13.13
$25,200	$2,100	$1,400	$43.96	$35.70	$28.00	$18.90	$16.24	$14.14
$27,000	$2,250	$1,500	$47.10	$38.25	$30.00	$20.25	$17.40	$15.15
$28,800	$2,400	$1,600	$50.24	$40.80	$32.00	$21.60	$18.56	$16.16
$30,600	$2,550	$1,700	$53.38	$43.35	$34.00	$22.95	$19.72	$17.17
$32,400	$2,700	$1,800	$56.52	$45.90	$36.00	$24.30	$20.88	$18.18
$34,200	$2,850	$1,900	$59.66	$48.45	$38.00	$25.65	$22.04	$19.19
$36,000	$3,000	$2,000	$62.80	$51.00	$40.00	$27.00	$23.20	$20.20
$37,800	$3,150	$2,100	$65.94	$53.55	$42.00	$28.35	$24.36	$21.21
$39,600	$3,300	$2,200	$69.08	$56.10	$44.00	$29.70	$25.52	$22.22
$41,400	$3,450	$2,300	$72.22	$58.65	$46.00	$31.05	$26.68	$23.23
$43,200	$3,600	$2,400	$75.36	$61.20	$48.00	$32.40	$27.84	$24.24
$45,000	$3,750	$2,500	$78.50	$63.75	$50.00	$33.75	$29.00	$25.25
$46,800	$3,900	$2,600	$81.64	$66.30	$52.00	$35.10	$30.16	$26.26
$48,600	$4,050	$2,700	$84.78	$68.85	$54.00	$36.45	$31.32	$27.27
$50,400	$4,200	$2,800	$87.92	$71.40	$56.00	$37.80	$32.48	$28.28
$52,200	$4,350	$2,900	$91.06	$73.95	$58.00	$39.15	$33.64	$29.29
$54,000	$4,500	$3,000	$94.20	$76.50	$60.00	$40.50	$34.80	$30.30
$55,800	$4,650	$3,100	$97.34	$79.05	$62.00	$41.85	$35.96	$31.31
$57,600	$4,800	$3,200	$100.48	$81.60	$64.00	$43.20	$37.12	$32.32
$59,400	$4,950	$3,300	$103.62	$84.15	$66.00	$44.55	$38.28	$33.33
$61,200	$5,100	$3,400	$106.76	$86.70	$68.00	$45.90	$39.44	$34.34
$63,000	$5,250	$3,500	$109.90	$89.25	$70.00	$47.25	$40.60	$35.35
$64,800	$5,400	$3,600	$113.04	$91.80	$72.00	$48.60	$41.76	$36.36
$66,600	$5,550	$3,700	$116.18	$94.35	$74.00	$49.95	$42.92	$37.37
$68,400	$5,700	$3,800	$119.32	$96.90	$76.00	$51.30	$44.08	$38.38
$70,200	$5,850	$3,900	$122.46	$99.45	$78.00	$52.65	$45.24	$39.39
$72,000	$6,000	$4,000	$125.60	$102.00	$80.00	$54.00	$46.40	$40.40
$73,800	$6,150	$4,100	$128.74	$104.55	$82.00	$55.35	$47.56	$41.41
$75,600	$6,300	$4,200	$131.88	$107.10	$84.00	$56.70	$48.72	$42.42
$77,400	$6,450	$4,300	$135.02	$109.65	$86.00	$58.05	$49.88	$43.43
$79,200	$6,600	$4,400	$138.16	$112.20	$88.00	$59.40	$51.04	$44.44
$81,000	$6,750	$4,500	$141.30	$114.75	$90.00	$60.75	$52.20	$45.45
$82,800	$6,900	$4,600	$144.44	$117.30	$92.00	$62.10	$53.36	$46.46
$84,600	$7,050	$4,700	$147.58	$119.85	$94.00	$63.45	$54.52	$47.47
$86,400	$7,200	$4,800	$150.72	$122.40	$96.00	$64.80	$55.68	$48.48
$88,200	$7,350	$4,900	$153.86	$124.95	$98.00	$66.15	$56.84	$49.49
$90,000	$7,500	$5,000	$157.00	$127.50	$100.00	$67.50	$58.00	$50.50
$91,800	$7,650	$5,100	$160.14	$130.05	$102.00	$68.85	$59.16	$51.51
$93,600	$7,800	$5,200	$163.28	$132.60	$104.00	$70.20	$60.32	$52.52
$95,400	$7,950	$5,300	$166.42	$135.15	$106.00	$71.55	$61.48	$53.53
$97,200	$8,100	$5,400	$169.56	$137.70	$108.00	$72.90	$62.64	$54.54
$99,000	$8,250	$5,500	$172.70	$140.25	$110.00	$74.25	$63.80	$55.55
$100,800	$8,400	$5,600	$175.84	$142.80	$112.00	$75.60	$64.96	$56.56
$102,600	$8,550	$5,700	$178.98	$145.35	$114.00	$76.95	$66.12	$57.57
$104,400	$8,700	$5,800	$182.12	$147.90	$116.00	$78.30	$67.28	$58.58
$106,200	$8,850	$5,900	$185.26	$150.45	$118.00	$79.65	$68.44	$59.59
$108,000	$9,000	$6,000	$188.40	$153.00	$120.00	$81.00	$69.60	$60.60
$109,800	$9,150	$6,100	$191.54	$155.55	$122.00	$82.35	$70.76	$61.61
$111,600	$9,300	$6,200	$194.68	$158.10	$124.00	$83.70	$71.92	$62.62
$113,400	$9,450	$6,300	$197.82	$160.65	$126.00	$85.05	$73.08	$63.63
$115,200	$9,600	$6,400	$200.96	$163.20	$128.00	$86.40	$74.24	$64.64
$117,000	$9,750	$6,500	$204.10	$165.75	$130.00	$87.75	$75.40	$65.65
$118,800	$9,900	$6,600	$207.24	$168.30	$132.00	$89.10	$76.56	$66.66
$120,600	$10,050	$6,700	$210.38	$170.85	$134.00	$90.45	$77.72	$67.67
$122,400	$10,200	$6,800	$213.52	$173.40	$136.00	$91.80	$78.88	$68.68
$124,200	$10,350	$6,900	$216.66	$175.95	$138.00	$93.15	$80.04	$69.69

			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**	$219.80	$178.50	$140.00	$94.50	$81.20	$70.70
$127,800	**$10,650**	**$7,100**	$222.94	$181.05	$142.00	$95.85	$82.36	$71.71
$129,600	**$10,800**	**$7,200**	$226.08	$183.60	$144.00	$97.20	$83.52	$72.72
$131,400	**$10,950**	**$7,300**	$229.22	$186.15	$146.00	$98.55	$84.68	$73.73
$133,200	**$11,100**	**$7,400**	$232.36	$188.70	$148.00	$99.90	$85.84	$74.74
$135,000	**$11,250**	**$7,500**	$235.50	$191.25	$150.00	$101.25	$87.00	$75.75

Hospital Indemnity

What is Hospital Indemnity Insurance?

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

*Note: Group Limited Indemnity is NOT major medical insurance

What does the plan cover?

The plan provides a benefit amount for select occurrences such as inpatient hospitalization.

Why should I have it?

To fill gaps and protect your income and assets.

To take advantage of the opportunity to select benefit options offered at work.

Who is eligible?

You may opt for coverage for your spouse or child(ren). You are eligible for this coverage (regardless of your health status), and you do not have to answer any medical questions to qualify for coverage.

GROUP VOLUNTARY HOSPITAL INDEMNITY INSURANCE BENEFIT HIGHLIGHTS

THE HARTFORD

The average cost for a hospital stay is $2,607 per day[1]

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.

[1]"Kaiser 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.
-For Hospital Care benefits, when an insured is eligible for more than one benefit in a single day, only the highest benefit will be paid.
[3]AbilityAssist® 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.
[4]HealthChampion[SM] 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. HealthChampion[SM] 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.
[5]Rates and/or benefits may be changed on a class basis.

The Buck's Got Your Back ®

Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitory 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

THE HARTFORD

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, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities
- Travel or activity outside the United States or Canada
- Active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of the certificate
- Involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer

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

- 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

Accident Insurance

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 within the following pages. 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.

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS

THE HARTFORD

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.

Critical Illness Coverage

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.

Who is eligible for Critical Illness Insurance?

- 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. Your Spouse – Coverage available only if employee coverage elected
- Your Child(ren) – to age 26. Coverage available only if employee coverage elected

Conditions	Employee: $15,000 or $30,000 Spouse/Children: 50% of Employee's Amount	
Cancer	1st Occurrence	2nd Occurrence
Invasive Cancer	100%	100%
Carcinoma in Situ	100%	100%
Benign Brain Tumor (Advanced Diagnosis)	100%	None
Skin Cancer	$250	None
Vascular		
Heart Attack (STEMI)	100%	100%
Stroke (Severe)	100%	100%
Coronary Arteriosclerosis (Major Diagnosis)	100%	100%
Other		
Major Organ Failure	100%	100%

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 themself 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	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: • intentional self-inflicted illness or Injury • voluntarily taking or using any drug, narcotic, medication or sedative, unless it is: - 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 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. 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.

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® EAP[1]	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	Coverage will start on the later to occur of: • 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	Coverage will start on the later to occur of: • 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.

Cancer Coverage

Transamerica℠

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

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

Low Plan

	Monthly Premium
Employee Only	$10.93
Employee & Spouse	$19.95
Employee and Child(ren)	$12.55
Employee and Family	$19.95

High Plan

	Monthly Premium
Employee Only	$18.01
Employee & Spouse	$32.42
Employee and Child(ren)	$20.34
Employee and Family	$32.42

PROTECTION YOU CAN COUNT ON

CANCERSELECT® PLUS
CANCER-ONLY INSURANCE

CancerSelect Plus, underwritten by Transamerica Life Insurance Company, can help provide extra protection in the event of a cancer diagnosis.

Nancy knows her family history may put her at a higher risk for a cancer diagnosis. When a coworker battled cancer and faced a financial strain due to his deductible, co-pays, and missed work, his situation hit close to home. She worries her medical insurance might not be enough.

GOOD MEDICAL INSURANCE HELPS, BUT IS IT ENOUGH?

While some people diagnosed with cancer have health insurance to help pay for some of their treatment, many face the prospect of significant out-of-pocket costs.

IF CANCER IS THE DISEASE YOU WORRY ABOUT MOST, YOU'RE NOT ALONE

If Nancy or one of her loved ones were to be diagnosed with cancer, how would she face that challenge? There's a way she can take simple steps now to help protect her and her family's Wealth + Health℠.

With this supplemental benefit, she'll have more resources to cope with any future cancer diagnosis, and have wellness benefits to help her detect cancer early — when it's most treatable.

HOW IT WORKS

- Pays benefits directly to you
- Spouse and dependent benefits available
- Payroll-deducted premiums
- Easy enrollment process

Visit:
transamerica.com

Customer Service:
888-763-7474

YOU CAN INSURE YOURSELF OR ADD YOUR ELIGIBLE SPOUSE AND CHILDREN

If you are 18 years of age or older, you can purchase this valuable supplemental benefit. You can also choose to insure your eligible family members, including your spouse, age 18 or older, and your children from birth through age 25.

VALUABLE BENEFITS FOR YOUR LIFE

Review the attached benefits and costs for the insurance policy. It's a long list of benefits, but they're all important. As you read through the list, think about how you could possibly pay for all these costs on your own. Fighting cancer can be challenging both financially and emotionally, and the more resources you have, the better prepared you and your family will be.

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TRANSAMERICA®

Product Details

Hospital Benefits	Plan Option 1 - 1.00 Units	Plan Option 2 - 2.00 Units	Policy Pays
Hospital Confinement	$100	$200	per day of covered confinement
Extended Benefits	$200	$400	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	$20	$40	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	$15	$30	per day while hospital confined
Private Duty Nurse	$100	$200	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	$100	$200	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	$100	$200	per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge
Government or Charity Hospital	$100	$200	per day of covered confinement; in lieu of all other benefits
Hospice Care	$100	$200	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined
Surgery Benefits	**Plan Option 1 - 1.00 Units**	**Plan Option 2 - 2.00 Units**	**Policy Pays**
Surgery Inpatient	$1,000	$2,000	maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in same incision only the highest benefit is paid; for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure
Surgery Outpatient	$1,500	$3,000	
Anesthesia	25%	25%	of covered surgery benefit

Prosthesis	$500	$1,000	maximum benefit; pays actual charges per device requiring implantation
Hair Prosthesis	$50	$100	maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment
Reconstructive Surgery – Breast Cancer – simple or total mastectomy	$120	$240	for reconstructive surgery within 2 years of the initial cancer removal; excludes skin cancer and malignant melanoma; benefit not payable if paid under any other provision of the policy
Reconstructive Surgery – Breast Cancer – radical mastectomy	$170	$340	
Reconstructive Surgery – Cancers of the male or female genitalia	$170	$340	
Reconstructive Surgery – Cancer of the head, neck, or oral cancers	$250	$500	
Second Surgical Opinion	$100	$200	when surgery is prescribed; excludes skin cancer
Ambulatory Surgical Center	$150	$300	maximum per day; pays actual charges for outpatient surgery at an ambulatory surgical center
Skin Cancer – One removal	$75	$150	for removal of skin cancer (skin cancer does not include malignant melanoma or mycosis fungoides)
Skin Cancer – Per additional removal	$35	$70	
Radiation and Chemotherapy Benefits	**Plan Option 1 - 1.00 Units**	**Plan Option 2 - 2.00 Units**	**Policy Pays**
Radiation and Chemotherapy	$5,000	$10,000	maximum benefit per 12-month period; pays actual charges

Associated Radiation & Chemo Expenses	$250	$500	maximum benefit per 12-month period; pays actual charges for treatment consultations and planning, adjunctive therapy, radiation management, chemotherapy administration, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
Blood, Plasma, Blood Components, Bone Marrow and Stem Cell Transplant	$5,000	$10,000	maximum benefit per 12-month period; pays actual charges
Associated Blood & Plasma Expenses	$250	$500	maximum benefit per 12-month period; pays actual charges for administration of blood, plasma and blood components, transfusions, processing and procurement, or cross-matching, treatment consultations and planning, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
New or Experimental Treatment	$5,000	$10,000	maximum benefit per 12-month period; pays actual charges for drugs or chemical substances approved by the FDA for experimental use on humans or surgery or therapy endorsed by either the NCI or ACS for experimental studies received in the US or its territories

Product Details

Wellness & Non-Medical Benefits	Plan Option 1 - 1.00 Units	Plan Option 2 - 1.00 Units	Policy Pays
Annual Cancer Screening	$50	$50	per calendar year for cancer screening tests: • mammogram • pap smear • flexible sigmoidoscopy • prostate-specific antigen test • chest x-ray • hemocult stool specimen • ultrasound • CEA • CA125 • biopsy • thermography • colonoscopy • serum protein electrophoresis • bone marrow testing • blood screening
Magnetic Resonance Imaging (MRI) Scan	$50	$50	per calendar year for MRI scan used as diagnostic tool for breast cancer
Non-Local Transportation	Included	Included	round-trip charges or private vehicle allowance, up to 750 miles at $0.40 per mile, when required non-local hospital confinement is more than 50 miles from residence for an insured person and an adult immediate family member during confinement; payable once per confinement
Family Member Lodging	$50	$50	per day (maximum 50 days per 12 month period) for lodging expenses for an adult immediate family member when non-local hospital confinement is required
Outpatient Lodging	$50	$50	per day (maximum 50 days per 12 month period) for lodging expenses for an insured person to receive radiation or chemotherapy on an outpatient basis if not available locally
Physical Therapy & Speech Therapy	$25	$25	per treatment; limit one treatment per day

Product Details

At-Home Nursing	$50	$50	per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Waiver of Premium	Included	Included	waives premium for total disability due to cancer after 60 consecutive days of total disability; total disability must begin prior to the insured person's 70th birthday
Cancer Maintenance Therapy Benefit	**Plan Option 1 - 1.00 Units**	**Plan Option 2 - 1.00 Units**	**Policy Pays**
• Cancer Suppressive Therapy • Hematological Drugs • Anti-Nausea Drugs • Motility Agents	$1,000	$1,000	maximum benefit per 12-month period; pays actual charges
First Occurrence Rider (Rider Form Series CROCC100, 200 or 300)	**Plan Option 1 - 1.00 Units**	**Plan Option 2 - 1.00 Units**	**Policy Pays**
Initial Diagnosis Benefit	$1,000	$1,000	pays a one-time, lump-sum benefit when an insured person is initially diagnosed with cancer for the first time ever after the effective date of insurance (except skin cancer), based on a microscopic examination of fixed tissue or preparations from the hemic system. Clinical diagnosis is accepted under certain conditions.

Actual charges means the amount actually paid by or on behalf of the insured and accepted by the provider as payment in full for services provided.

Monthly Premium	Individual	Single Parent Family	Family
LOW PLAN	$10.93	$12.55	$19.95
Monthly Premium			
HIGH PLAN	$18.01	$20.34	$32.42

Limitations and Exclusions

We provide benefits only for cancer as defined herein, which is positively diagnosed while insurance is in force. It does not provide benefits for any other illness or disease.

- We may reduce or deny a claim or void insurance for loss incurred by an insured person:
  - During the first 2 years from the effective date of such insurance for any misstatements in the application which would have materially affected our acceptance of the risk;
  - At any time for fraudulent misstatements in the application.
- We will only pay for loss as a direct result of cancer. Proof of positive diagnosis must be submitted to us for each new claim. We will not pay for any other disease or incapacity that has been caused, complicated, worsened or affected by, or as a result of cancer, except as specifically covered under the contract.
- If a covered hospital confinement is due to more than one covered condition, benefits will be payable as though the confinement or expense were due to one condition. If a hospital confinement or expense is also due to a disease or condition that is not covered, benefits will be payable only for the part of the hospital confinement or expense due to the covered disease or condition.
- Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

Pre-Existing Condition Limitation - No benefits are provided during the first 12 months for pre-existing conditions for which the insured person has been diagnosed, treated, or for which the insured person has incurred expense or has taken medication within 12 months prior to the effective date of such person's policy. Pre-existing condition also includes a condition that manifests itself in a way that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

Total Disability means the inability to perform all of the material and substantial duties of the employee's regular occupation. Total Disability will be considered to exist when under the regular care and attendance of a physician for the necessary treatment of cancer. After the first two years of Total Disability, the employee will continue to be considered Totally Disabled if unable to engage in any employment or occupation for which he or she is or becomes qualified by reason of education, training, or experience. On or after age 65, Total Disability will mean that a physician has certified that the employee is unable to perform two or more Activities of Daily Living (continence, transferring, dressing, toileting, eating and bathing) without direct personal assistance as a result of cancer.

12-Month Benefit Period - The initial 12-Month Benefit Period is the 12-month period beginning on the date of positive diagnosis. Subsequent 12-Month Benefit Periods begin on the same month and day as the immediately preceding 12-Month Benefit Period; however, if the insured person incurs no covered loss during the 3 months after the end of any 12-Month Benefit Period, the next 12-Month Benefit Period will begin on the next date a covered loss is incurred. Benefit Periods are determined separately for each insured person.

First Occurrence Rider

Benefits are not payable:

- For cancer diagnosed prior to the Effective Date of this Rider;
- For any other illness or disease other than internal Cancer;
- For Skin Cancer or any Cancer excluded from insurance by name or specific description.

Termination of Insurance

Employee insurance will terminate on the earliest of:

- The date of the employee's death;
- The date on which the employee ceases to be eligible for insurance;
- The last date for which premium payment has been made to us;
- The last date on which employment terminates;
- The date the group master policy terminates; or
- The date the employee sends us a written notice to cancel insurance.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates;
- The last date for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent insurance; or
- The date the employee sends us a written notice to cancel dependent insurance.

We will have the right to terminate the insurance of any insured person who submits a fraudulent claim under the policy.

Limitations and Exclusions

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance.

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end, subject to the Portability Option.

Other Insurance with Us

An individual can only have one cancer policy or certificate with us. If a person already has cancer insurance with us, such person is not eligible to apply for this insurance.

Group Basic Life & AD&D

Life & Accidental Death & Dismemberment Insurance

Group Basic Life/AD&D Insurance Plan

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.

All eligible full-time employees receive a $10,000 Basic Life Insurance policy, which is funded by Seguin ISD. Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 65 and to 50 percent at age 70.

Group Additional Life Insurance

What is Group Additional Life Insurance?

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.

What does this plan offer?

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

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.

Life Insurance

Life insurance is a cost-effective way to protect your family and your finances. It helps ensure your short- and long-term financial obligations could be met if something unforeseen happens to you.

Seguin Independent School District

Explore the coverage that makes it easy to give yourself and your loved ones more security today…and in the future.

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Your employer provides you with Basic Term Life and AD&D insurance coverage in the amount of $10,000

Supplemental Term Life Insurance Coverage Options

For You	For Your Spouse	For Your Dependent Children*
$10,000 increments to a maximum of the lesser of 7.00 times pay or $500,000	$5,000 to $250,000 in $5,000 increments, up to 50% of your coverage amount	Child from live birth to 6 months old: $2,000 Child more than 6 months: $10,000 Child more than 1 year up to 26: $ 10,000

* Child(ren)'s Eligibility: Dependent children ages from birth to 26 years old, or 26 years old if a child is a full-time student, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

What's Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Colorado, Minnesota, Missouri or North Dakota) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Minnesota, Missouri and North Dakota. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

Please note that a reduction schedule may apply. Please see your plan employer or certificate for specific details.

Accidental Death & Dismemberment (AD&D) coverage is a coverage separate and apart from your Basic and Supplemental Life insurance coverage and helps protect you 24 hours a day, 365 days a year.

Accidental Death & Dismemberment Coverage Options This coverage provides benefits beyond your disability or life insurance for losses due to covered accidents — including while commuting, traveling by public or private transportation and during business trips. MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

Supplemental AD&D Coverage Amounts for You

- Your Supplemental AD&D amount is equal to your Supplemental Term Life amount.

Supplemental AD&D Coverage Amounts for Spouse and Child(ren)

- You can choose to cover your dependent Spouse and child(ren) with AD&D coverage. Your dependents will be eligible for coverage amounts equal to their amounts of Dependent Term Life coverage.

**Child(ren) Eligibility: Dependent children ages from birth days to 26 years old, or 26 years old if a child is a full-time student, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The full amount of AD&D coverage you select is called the "Full Amount" and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and will be listed in your coverage in a table of Covered Losses. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.

Standard Additional Benefits Include

Some of the standard additional benefits included in your coverage that may increase the amounts payable to you and/or defray additional expenses that result from accidental injury or loss of life are:

- Air Bag
- Seat Belt
- Common Carrier

What Is Not Covered by AD&D?

AD&D insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained or from food poisoning; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or active participation in a riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self-preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs. Specific information pertaining to your insurance can be obtained by contacting your benefits administrator or MetLife.

Additional Coverage Information

How to Apply*

- Complete your enrollment form and return it to your Human Resources Manager today! Be sure to indicate your Beneficiary. You may apply for life insurance coverage quickly and securely online using the employer site. It's easy to use. Just go to www.metlife.com/mybenefits/employer website address. **Act Now During the Enrollment Period.**
- form and return it to your Human Resources Manager. Be sure to indicate your beneficiary.
- **Note:** If you do not wish to make a change to your coverage, you do not need to do anything.

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* All applications for coverage are subject to review and approval by MetLife. If you choose to apply for increased coverage, the increase may be subject to underwriting. MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.

For Employee Coverage

Enrollment in this Supplemental Term Life insurance plan is available without providing medical information as long as;

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had in the last year, or

  Option A: One up allowed only to the MEOI level/ Non-Medical Issue Amount: For New Hires
- You are requesting to increase existing coverage by one increment, and the total amount of coverage does not exceed 7 times your basic annual earnings or $200,000
- For standard enrollment rules: The enrollment takes place within 31 days from the date you become eligible for benefits, and
- The enrollment takes place prior to the next annual enrollment period the date you became eligible for benefits (note: this period will not be greater than 12 months, or less than 31 days), and
- You are enrolling for coverage in $10,000 increments, up to a maximum of the lesser of 7 times your annual earnings or $500,00

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.[13]

For Dependent Coverage†

You must be covered in order to obtain coverage for your Spouse and child(ren).

Coverage for your spouse may require a Statement of Health depending on the amount elected.

Coverage for dependent child(ren) does not require a Statement of Health.

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are requesting to increase existing coverage by one increment, and the total mount of coverage does not exceed $200,000

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- The enrollment takes place prior to the next annual enrollment period following the date you became eligible for benefits (note: this period will not be greater than 12 months, or less than 31 days), and
- You are enrolling for Spouse coverage equal to or less than $50,000 and enrolling for child(ren) coverage equal to or less than $10,000.

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect in order for your spouse and eligible children's coverage to take effect. In addition, your Spouse and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective on the date you become eligible, for all requests that do not require additional medical information. A request for your amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase. The coverage for your Spouse and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer for your Basic and Supplemental coverages, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary. You are the beneficiary for your Dependent coverage.

Monthly Costs* for Supplemental Term Life and Accidental Death and Dismemberment Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age as of your last birthday) as well as those for your spouse (based on your spouse age as of his/her last birthday). Rates to cover your child(ren) are also shown.

Age	Monthly Cost Per $1,000 of Employee Coverage	Monthly Cost Per $1,000 of Spouse Coverage
Under 25	$0.043	$0.034
25 – 29	$0.052	$0.043
30 – 34	$0.069	$0.051
35 – 39	$0.078	$0.060
40 – 44	$0.087	$0.085
45 – 49	$0.130	$0.145
50 – 54	$0.199	$0.238
55 – 59	$0.374	$0.374
60 – 64	$0.573	$0.587

65 – 69	$1.103	$1.046
70 +	$1.788	$1.411
Cost for your Child(ren)†	$0.043	$0.100

† Covers all eligible children
*Note: rates are subject to the policy's right to change premium rates, and the employer's right to change employee contributions.

Once Enrolled, you have Access to MetLife Advantages℠ — Services to Help Navigate What Life May Bring

Grief Counseling **To help you, your dependents, and your beneficiaries cope with loss**

You, your dependents, and your beneficiaries have access to grief counseling[1] sessions and funeral related concierge services to help cope with a loss — at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.[1] In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-888-319-7819 or log on to one.telushealth.com (Username: metlifeassist; Password: support).

Download this helpful Funeral Planning Guide at https://www.metlife.com/funeralplanning/funeral-guide/.

Funeral Discounts and Planning Services[2]

Ensuring your final wishes are honored

As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life — at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services — either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper — to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you.

Beneficiary Claim Assistance[3] **For support when beneficiaries need it most**

This program is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for specially trained third party financial professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and help with financial questions.

Total Control Account[5]

For immediate access to death proceeds

The Total Control Account® (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accidental death and dismemberment claim payments of $5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

Travel Assistance[6]

A travel assistance benefit is available when you enroll in MetLife's AD&D coverage

Travel assistance services, offered on your AD&D coverage, offers you and your family access to emergency services while you travel, plus the advantage of concierge assistance for personal and work-related travel and entertainment requests. This service provides you and your dependents with medical, legal, transportation and financial assistance 24 hours a day, 365 days a year when you are more than 100 miles away from home. Our travel assistance program offers worldwide telemedicine consultations[12] when non-urgent medical care is needed. It also offers a dedicated travel portal – making it easy to connect when it matters most. You also have access to political and natural disaster evacuation services. Please visit the AXA website for more information.
www.metlife.com/travelassist

Estate Planning Services[8,11]

To help ensure your decisions are carried out

When you enroll for Supplemental term life coverage, you will automatically receive access to Estate Planning Services at no extra cost to you. Estate Planning Services offers unlimited access to Digital Estate Planning services to complete wills and other important estate planning documents quickly and easily online with access to online notary services, and Will Preparation Services to work one-on-one with a MetLife Legal Plans' attorney, in-person or on the phone, to prepare or update a will, living will, or power of attorney. When you use a participating plan attorney, there will be no charge for the services.*

- A will lets you define your most important decisions, such as who will care for your children or inherit your property.
- A living will ensures your wishes are carried out and protects your loved ones from having to make very difficult and personal medical decisions by themselves. Also called an "advanced directive," it is a document authorized by statutes in all states that allows you to provide written instructions regarding use of extraordinary life-support measures and to appoint someone as your proxy or representative to make decisions on maintaining extraordinary life-support if you should become incapacitated and unable to communicate your wishes.
- Powers of attorney allow you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated

Visit legalplans.com/estate planning to get started.

* You also have the flexibility of using an attorney who is not participating in the MetLife Legal Plans, Inc. network and being reimbursed for covered services according to a set fee schedule. In that case you will be responsible for any attorney's fees that exceed the reimbursed amount.

Digital Estate Planning[9]

Estate planning made easy

You have access to Digital Estate Planning services to create key estate planning documents online in as little as 15 minutes by answering a few simple questions. Documents include Last Will and Testament, Advance Healthcare Directive (Living Will), and Durable Financial Power of Attorney. Visit www.willscenter.com to get started.

Estate Resolution Services[SM7] (ERS)

Personal service and compassion assistance to help probate your and your spouse's estates.

MetLife Estate Resolution Services[SM] provides probate services in person or over the phone to the representative (executor or administrator) of the deceased employee's estate and the estate of the employee's Spouse. Estate Resolution Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. ERS covers participating plan attorneys' fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

Retirement Planning[3]

A four-part workshop series that offers you comprehensive retirement education. You also have the option to meet with a local financial professional to discuss your specific circumstances and individual goals.

Portability

Should you leave Seguin Independent School District for any reason, and your Personal and Supplemental Term Life and Basic, Supplemental and Dependent Accidental Death and Dismemberment insurance under this plan terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability. Rates

will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least $10,000 up to a maximum of $2,000,000
Portability is also available on coverage you've selected for your Spouse and dependent child(ren). The maximum amount of coverage for Spouses is $250,000; the maximum amount of dependent child coverage is $10,000. Increases, decreases and maximums are subject to state availability.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your employer plan for specific details.
Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-888-252-3607 or contact your plan employer for more information.

Transition Solutions[3]

Assistance identifying solutions for your financial situations

Transition Solutions provides assistance for important, time-sensitive benefit and financial decisions due to change in benefits including:

- Group Life Insurance Continuation Options
- Lump-sum distributions
- Reduction in benefits for active or retired employees
- Benefits coordination due to layoffs, merger, acquisition or bankruptcy
- Define Contribution Plan termination
- Retiree Group Life elimination

Additional Features
This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family

Accelerate Benefits Option[10]

For access to funds during a difficult time

If you become terminally ill and are diagnosed with 24 months or less to live, you have the option to receive up to 80% of your life insurance proceeds. This can go a long way towards helping your family meet medical and other expenses at a difficult time. Amounts not accelerated will continue under your employer's plan for as long as you remain eligible per the certificate requirements and the group policy remains in effect.

The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C.Sec 101(g)).[10]

Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

The Accelerated Benefits Option is also available to spouses insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

Conversion[14]

For protection after your coverage terminates

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in employee class. Conversion is available on all group life insurance coverages. Please note that conversion is **not** available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process. Please contact your plan employer for more information.

Waiver of Premiums for Total Disability (Continued Protection)

Offering continued coverage when you need it most

Life Insurance

If you become Totally Disabled, you may qualify to continue certain insurance. You may also be eligible for waiver of your personal and supplemental and optional and AD&D insurance premium until you reach age 65, die, or recover from your disability, whichever is sooner.

Total Disability or Totally Disabled means you are unable to do your job and any other job for which you are fit by education, training or experience due to injury or sickness. The Total Disability must begin before age 60, and your waiver will begin after you have satisfied a 9-month waiting period of continuous disability. The waiver of premium will end when you turn age 65 and reach your normal social security retirement age, die, or recover. Please note that this benefit is only available after you have participated in the Supplemental term life plan for 12 months and it is not available on dependent coverage
If you return to work after completing part or all of the 9-month waiting period and later cease active work due to the same or a related Total Disability while your coverage is being continued, you will be given credit for the prior partial or total completion of the waiting period and it will be considered a continuation of the original Total Disability. This means that if you completed the waiting period of continuous disability in the original period of disability, you will not need to complete another one.

- You must notify MetLife of the later period of cessation of active work within 12 months of when that period began.
- The amount of insurance being continued will be the same as during the original period of disability, subject to any reductions in coverage amount due to age.

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2 Funeral Discounts Services and discounts are separate and apart from the insurance provided by MetLife and are provided through a member of the Dignity Memorial® Network, a brand names used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, 'SCI'), 1929 Allen Parkway, Houston, Texas. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife . The online planning site is provided by SCI Shared Resources, LLC. SCI, and is not affiliated with MetLife. Not approved for Non-Employer group policies situsedin WA and Employer and non-Employer group policies in AK, FL, KY, MT, ND and, NY. If the group policy is issued in an approved state, the discount is available for services offered in any state except KY and NY or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for 'At Need' services

3 Beneficiary Claim Assistance, Transition Solutions and Retirement Planning MetLife administers the PlanSmart program, and has arranged to have specially trained third party financial professionals to offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract.

Any [content in this workshop or any other] information provided as part of the PlanSmart program is for educational purposes only. It is not intended to provide legal, tax, investment, or financial advice or make any recommendation as to whether any investment or savings option is appropriate for you. Each individual's legal, tax, and financial situation is unique; therefore, you should consult with your own attorney, accountant, financial professional or investment advisor regarding your specific circumstances. MetLife does not provide legal, tax, or investment recommendations or advice.

Third-party financial professionals provide securities and investment advisory services offered through qualified registered representatives of MML Investors Services, LLC. Member SIPC. www.SIPC.org. 6 Corporate Drive, Shelton, CT 06484, Tel: 203-513-6000. MMLIS is not affiliated with MetLife Consumer Services or any of its affiliates.

5 Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of $5,000 or more. The assets backing the Total Control Account (TCA) are maintained in the general account of MetLife or the Issuing Insurance Company. These general accounts are subject to the creditors of MetLife or the respective Issuing Insurance Company. MetLife or the Issuing Insurance Company bears the investment experience of such assets and expects to earn income sufficient to pay interest to TCA Accountholders and to make a profit on the operation of the TCAs. Regardless of the investment experience of such assets, the effective annual rate on the Account will not be less than the rate guaranteed on the welcome guide. The TCA and other available settlement options are not bank products and are not insured by the FDIC or any other governmental agency. In addition, while the funds in your account are not insured by the FDIC, they are guaranteed by each state's insurance guarantee association. The coverage limits vary by state. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 703-481-5206) to learn more. FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

6 Travel Assistance services are offered and administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

The AXA Travel Assistance Program is available for participants in traveling status. When a trip exceeds 180 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US $1,000,000. The maximum benefit for political and natural disaster evacuation is $100,000 per person. The maximum benefit for dispatch of physician and pet repatriation is $2,500. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

7 [Included with Supplemental Life Insurance.] Estate Resolution Services are offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

8. [Included with Supplemental Life.] Will Preparation is offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. For New York situsedor principally located cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service.

9- Digital Estate Planning without online notary is available to all individuals residing in the United States (except in any U.S. territory) regardless of any MetLife relationship or product. Domestic partnerships are not currently supported on the digital platform. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI.

10 The Accelerated Death Benefit due to Terminal Illness Rider pays between 50%-100% (depending on plan design) of an insured's Life Insurance proceeds (with the balance payable upon final claim) in most states if the insured becomes terminally ill. Conditions and restrictions may apply. Any outstanding loans will reduce the cash value and death benefit.

The ABO benefits are intended to qualify for favorable federal tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g), in which case the benefits will not be subject to federal taxation. This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances. Receipt of ABO benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of ABO benefits will have on public assistance eligibility for you, your spouse or your family. This is a life insurance benefit that also gives you the option to accelerate some or all of the death benefit in the event you meet the criteria for a qualifying event described in the policy. This policy or certificate does not provide long-term care insurance subject to California long-term care insurance (LTC) law. This policy or certificate is not a California Partnership for Long-Term Care program policy. LTC insurance provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that need constant supervision. This policy or certificate is not a Medicare supplement (policy or certificate).

11 Digital Estate Planning is not available for customers situsted in FL or located in GU, PR and VI. It is not included with dependent life coverages or certain GUL/GVUL policies. Domestic Partnerships are not currently supported however members in a domestic partnership may use a MetLife Legal Plans attorney for their planning needs. Online Notary is not available in all states. If you are unable to access the Legal Plans website, you can find a network attorney by calling MetLife Legal Plans at 1-800-821-6400, Monday through Friday, 8am-8pm EST. You will need to provide your company name, customer number and the last 4 digits of the policyholder's social security number. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI.

12. Available globally to members in a traveling status. Teleconsultation is not an emergency medical response program. In the event of a medical emergency, you should contact your local emergency medical service. You can receive Teleconsultation services for limited, non-urgent, non-life threating medical conditions; this service is not appropriate for all conditions. Services, including assistance with prescriptions, will be provided if permitted under applicable law. Teleconsultation services are arranged through AXA Assistance USA and Teladoc International.

13. All applications for coverage are subject to review and approval by MetLife. If you choose to apply for increased coverage, the increase may be subject to underwriting. MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage. Coverage will be effective in accordance with the applicable policy and certificate after approval by MetLife. Only applicants who reside in a US state, the District of Columbia, or Guam, Northern Mariana Islands, Puerto Rico or US Virgin Islands are allowed to complete their SOH form online (where available). Otherwise, applicants will be provided with a paper SOH form. Individuals residing outside of the US or in certain US territories must be on US payroll and be approved by MetLife before being provided with an SOH form.

14. Conversion isn't available on AD&D coverage. Conversion rates are based on your age at the time you convert.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Customer Name and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Nothing in these materials is intended to be advice for a particular situation or individual. Please consult with your own advisors for such advice. Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact your benefits administrator or MetLife for costs and complete details.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates, when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent or when a dependent spouse reaches age 70. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

Life Insurance

TEXAS LIFE INSURANCE COMPANY
Since 1901 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

Texas Life Insurance

Texas Life insurance can be an ideal way to provide money for family when they need it most. It is a voluntary permanent universal life product that is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium.

- You Own It
- You Can Take It With You When You Change Jobs Or Retire
- You Pay For It Through Convenient Payroll Deductions
- You Can Cover Your Spouse, Children And Grandchildren Too
- You Can Get A Living Benefit If You Become Terminally Ill
- The Cost Is Reasonable

The Ideal Complement

Our voluntary permanent life insurance product can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary permanent universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

No Exams Or Needles!

You can qualify by answering just 3 quick questions.[1]

During the last six months, has the proposed insured:

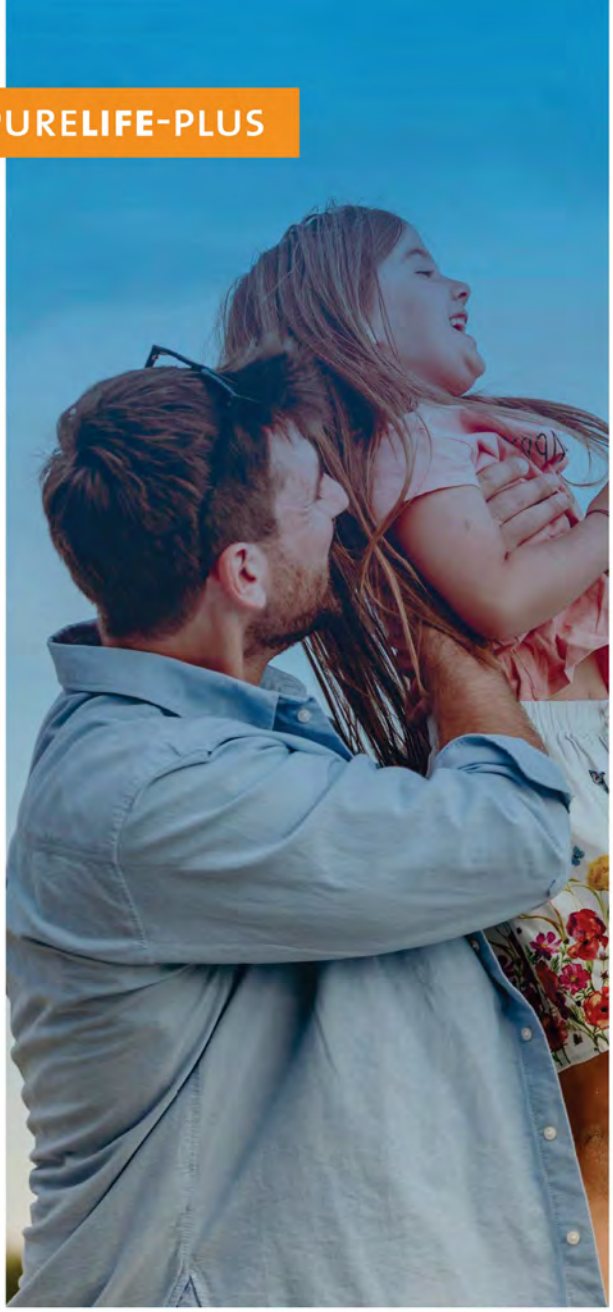
1. Been actively at work on a full time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

Product Features

- You own it and the cost is reasonable
- You can cover your spouse, children and grandchildren, too[2]
- You can take it with you when you change jobs or retire[3]
- You can get a living benefit if you become terminally ill[4]
- You pay for it through convenient payroll deductions
- Your contract features a high death benefit

See reverse for additional features and details.

PURELIFE-PLUS



Additional Information

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-PLUS features one of the highest death benefits per payroll-deducted dollar offered at the worksite.[5]

- **Refund of Premium.** Unique in the workplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. *(Conditions apply.)*

- **Accelerated Death Benefit Due to Terminal Illness Rider.**[4] Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a $150 administrative fee ($100 in FL). Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive.

- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-PLUS helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).

- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium for a significant period of time (after the premium guaranteed period, premiums may go down, stay the same, or go up).[6]

Important Note: Texas Life does not offer financial advice. Contact a financial advisor in your state for financial information.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. See a Texas Life representative or the Purelife-plus brochure for costs and complete details. Form series PRFNG-NI.

1 Issuance of coverage will depend on the answers to these questions.
2 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
3 As long as the necessary premiums are paid.
4 Accelerated Death Benefit Due to Terminal Illness Rider. Conditions apply. Form series ULABR.
5 Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022
6 As long as you pay the necessary premium. Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength. Forty-five (45) years average for all ages based on our actuarial review.

Texas Life Insurance Company | 900 Washington Ave | PO Box 830 | Waco, Texas 76703-0830 | 800.283.9233 | texaslife.com

25M023-C IDC 1013 (exp0327)

Voluntary Permanent Life Insurance Highlights

- You own it and the cost is reasonable
- You can cover your spouse, children and grandchildren, too[1]
- You can take it with you when you change jobs or retire[2]
- You can get a living benefit if you become terminally ill[3]
- You pay for it through convenient payroll deductions
- No exams or needles! You can qualify by answering just 3 quick questions[4]

The agent/agency offering this coverage is not affiliated with Texas Life other than to market its products. Underwritten and claims paid by Texas Life. Licensed in DC and all states except NY.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. See a Texas Life representative or the Purelife-plus brochure for costs and complete details. Form series PRFNG-NI.

1 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
2 As long as the necessary premiums are paid.
3 Accelerated Death Benefit Due to Terminal Illness Rider. Conditions and an administrative fee of up to $150 apply. Form series ULABR.
4 Issuance of coverage will depend on the answers to these questions.

Texas Life Insurance Company | 900 Washington Ave | PO Box 830 | Waco, Texas 76703-0830 | 800.283.9233 | texaslife.com

25M048-C Icon Generic 1037 (exp0627)

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	5	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	6 25	82.25	102.25	122.25	71
35		15.30	24.00	37.05	45.75	.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".

Medical Transport

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.

masaAccess

Stay prepared with MASA® Emergent Plus

Coverage for medical transportation and care in the event of an emergency

Plan includes:

Emergency Ground Ambulance Coverage
MASA provides coverage for emergency ground transportation in the U.S. or Canada to a medical facility.

Emergency Air Ambulance Coverage
MASA provides coverage up to $20,000 for emergency air transportation in the U.S. or Canada to a medical facility.

Hospital to Hospital Ambulance Coverage
If specialized care is required but not available at the initial emergency facility in the U.S. or Canada, MASA provides coverage for ground medical transfer or up to $20,000 for air ambulance transfer to the nearest appropriate medical facility.

Repatriation Near Home Coverage
If you're traveling in the U.S. or Canada and experience an emergency that requires extensive inpatient care and your care provider has approved continued care at a hospital nearer to your home, MASA coordinates your transfer and provides coverage for medical transportation to the approved medical facility.

Did you know?

54.1M

medical emergencies occur each year in the U.S.

Source: NEMSIS, 2024 (National EMS Information Systems)

About MASA

MASA is coverage and care you can count on to protect you from the unexpected — no network needed. Simply send us your emergency transport bill when it arrives, and we'll work to resolve the claim and provide your coverage. Plus, we offer expert coordination services to manage many of the complex needs that can arise after an emergency.

$14 / month family

masaAccess

Stay prepared with MASA® Platinum

Coverage for medical transportation and care in the event of an emergency

Plan includes:

Emergency Ground Ambulance Coverage
MASA provides coverage in the U.S. or Canada for emergency ground transportation to a medical facility.

Emergency Air Ambulance Coverage
MASA provides coverage in the U.S. or Canada for emergency air transportation to a medical facility.

Hospital to Hospital Ambulance Coverage
If specialized care is required but not available at the initial emergency facility in the U.S. or Canada, MASA covers your claim for ground transfer or air ambulance transfer to the nearest appropriate medical facility.

Repatriation Near Home Coverage
If you're traveling worldwide[2] and experience an emergency that requires extensive inpatient care and your care provider has approved continued care at a hospital nearer to your home, MASA coordinates your transfer and provides coverage for medical transportation to the approved medical facility.

Minor Return Transportation Coverage
If your minor child traveling with you in an extended coverage area[1] is left unattended due to your emergency transport, MASA coordinates and provides coverage for their safe return home.

Pet Return Transportation Coverage
If your pet traveling with you in an extended coverage area[1] is left unattended due to your emergency transport, MASA coordinates and provides coverage for their safe return home.

Patient Return Transportation Coverage[4]
Once you're discharged from medical care and able to travel home from worldwide[2] locations at least 100 miles away without medical transport, MASA coordinates and provides coverage for your commercial airline transport home.

Did you know?

$2,000

is the average cost of a ground ambulance, while an air ambulance typically costs around $69,000

Source: MASA claims data, January 2024

About MASA

MASA is coverage and care you can count on to protect you from the unexpected — no network needed. Simply send us your emergency transport bill when it arrives, and we'll work to resolve the claim and provide your coverage. Plus, we offer expert coordination services to manage many of the complex needs that can arise after an emergency.

$39 / month family

Companion Emergency Transportation Coverage

Should a companion be allowed to travel with you during emergency transport, MASA provides coverage for the additional costs incurred within a core coverage area.

Hospital Visitor Transportation Coverage

If you are hospitalized in an extended coverage area[1] more than 100 miles from home, MASA coordinates and provides coverage for a supportive companion to join you.

Mortal Remains Transportation Coverage

If you pass away in worldwide[2] locations more than 100 miles from home, MASA coordinates and coverages the cost of transporting your remains home.

Vehicle & RV Return Coverage

If a medical emergency occurs in an extended coverage area[1] requiring you to leave your vehicle or RV by ambulance, MASA coordinates and provides coverage for the return of the vehicle or RV to your home.

Organ Retrieval Transportation Coverage

If you need an organ transplant in the U.S., MASA provides coverage for the cost of transporting the organ to your transplant location.

Organ Recipient Transportation Coverage

If you need an organ transplant in the U.S., MASA coordinates and provides coverage for transporting you to the transplant location.

Coverage territories

1: Extended coverage areas include the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda.

2: Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or U.S. travel advisories.

Disclaimers

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not guarantee coverage and do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums, benefits, and coverage vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to your member services agreement or policy on your member portal. For additional information and disclosures about MASA plans, visit: https://info.masaglobal.com/disclaimers

LEGAL PLAN

MetLife

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

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

What legal services does this plan cover?

- Money Matters
- Home & Real Estate
- Estate Planning
- Family & Personal
- Civil Lawsuits
- Elder-Care Issues
- Traffic & Other Matters

MONTHLY PREMIUM	
COVERAGE	PREMIUM
Employee	$18.00
Employee & Family	$18.00

MetLife | Legal Plans

Legal help made easy

MetLife Legal Plans provides you, your spouse/domestic partner and dependents with access to a network of experienced attorneys. Having an attorney on your side can help reduce worry, stress, and financial burden when legal matters arise.

1 Easy to find an attorney

Visit **members.legalplans.com** to learn more about your plan. Search for an attorney based on your ZIP code and filters such as attorney experience, specialty, or minority, veteran, or LGBTQ-owned. Or call the Client Service Center to speak with an experienced representative that can match you with the right attorney.

2 Easy to make an appointment

Call the attorney directly after searching on our website. Meet with an attorney in person or over the phone. Or call the Client Service Center at **800-821-6400** and we will schedule your appointment directly with the attorney.

3 Easy from start to finish

That's it! There are no limits on the number of times you can use the benefit. And no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Experience and convenience you can count on.

You'll have all the help you're looking for from our dedicated service team, network of attorneys and variety of online resources.

Award-winning service

- Regularly recognized for excellence in customer service[1]
- Experienced, Ohio-based service team available from 8:00 a.m. to 8:00 p.m., ET

Top-quality attorney network

- Nationwide network of attorneys with a range of specialties
- Average of 25 years of experience and vetted regularly
- Members can select a firm based on identity attributes such as minority, veteran, or LGBTQ+ owned in addition to desired languages and specializations. Years of experience and international licenses are also available.

24/7 access at your fingertips

- Create an account on our website to access coverage information and our attorney locator
- Access to over 1,700 self-help documents and resources online
- Access to digital estate planning to create wills, living wills, and powers of attorney all online

Ease of use[2]

- All billing is handled between MetLife and the attorney
- No claim forms, hidden fees or deductibles

1. Winner of the American Business Awards: Silver Stevie in 2025, 2024, 2023, 2017, 2016; Bronze Stevie in 2020, 2019, 2018.
2. When using a network attorney for a covered legal matter.

Protection at every step.

MetLife Legal Plans, Inc. | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114

MetLife | Legal Plans

How to reach a network attorney

Once enrolled in MetLife Legal Plans, here are **three ways** you can reach a network attorney:

1 Member Dashboard

Log into members.legalplans.com to access the attorney directory. The attorney's contact information is listed within the directory, so you can reach out to make an appointment. **This feature is available 24/7**.

2 Client Service Center

Call our Client Service Center (CSC) at **800-821-6400** for help finding an attorney. You can also request that they schedule your first appointment.
The CSC is available Mon.–Fri., 8:00 a.m.–8:00 p.m.

Want someone to schedule your attorney appointment?
Call the CSC 800-821-6400

3 Ask an Attorney feature

If you have a legal question, you can send it via email and receive a response from an attorney within your jurisdiction within 48 hours. To use this feature, click on your name on the upper right-hand of the member dashboard and select Ask an Attorney. **This feature is available 24/7**.

Other features about your plan

- There are **no copays, deductibles, waiting periods, or claim forms** when using a network attorney.
- Network attorneys are available for **unlimited document review and consultation** regarding covered personal legal matters[1]

What is an Eligibility ID?

Your **Eligibility ID** is a unique identifier. Please provide it to your attorney when you have a legal matter. Find it by clicking on your name on the upper right hand of the member dashboard.

1. Exclusions apply. See your plan description for details.

Protection at every step

MetLife Legal Plans | 1111 Superior Ave, Suite 800 | Cleveland, OH 44114

MetLife | Legal Plans

Your estate plan made simple

Create and manage your estate plan online.
Simply, securely, and on your schedule.

of Americans do not have a will, the most basic estate planning document you need to protect your assets and your family.[1]

When it comes to your family, assets, and legacy, an estate plan gives you the confidence to prepare for your future.

Our Digital Estate Planning tool empowers you to create an online estate plan in **as little as 15 minutes**.

With our Digital Estate Planning solution you can create:

- **Last Will and Testament:** Leave property to loved ones and choose guardians for minor children.
- **Advance Directive:** Plan for a medical emergency and select medical care preferences.
- **Durable Financial Power of Attorney:** Choose someone to manage finances in case of an emergency.
- **Real Estate Trusts:** Keep your home out of the probate process and have it pass directly to the beneficiaries of your choosing with a revocable living trust.

The process is designed to work for most people, but if there are aspects of your estate that are more complicated, you might be directed to reach out to one of our network attorneys instead of using the online process.

Get started:

Enrolled Legal Plan members can create an account at members.legalplans.com

1. Once logged in, choose Wills & Estates from the main menu, and then "Estate Plan Bundle."
2. Answer a few questions to find out if the Digital Estate Planning option is right for you. If it is, click on "Get Started" to continue.
3. Begin creating your documents by providing some information about yourself, your family and your healthcare wishes.
4. Review the documents to ensure your wishes are correctly stated.
5. Print documents and review the instructions for notarization. You can find a notary at most banks or UPS stores.

1. Caring.com, "2025 Wills and Estate Planning Study."
Legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Payroll deduction required for group legal plans. For costs and complete details of the coverage, call or write the company.

Protection at every step

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L5488387[exp0528][All States and][All Territories]

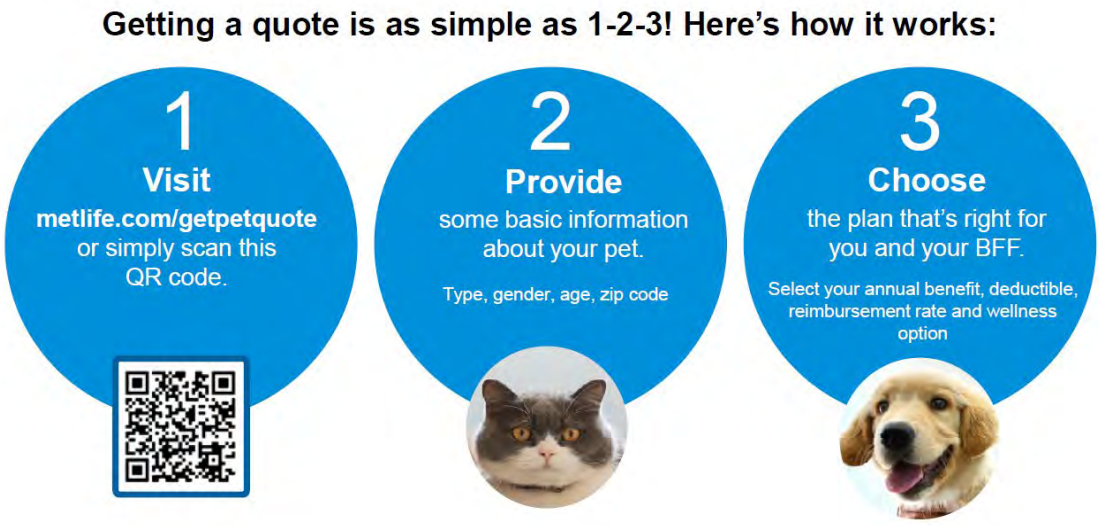
PET INSURANCE

MetLife

Plan is paid directly to MetLife, not through payroll deduction. Coverage helps with eligible veterinary expenses for accidents and illnesses.

How can I get a quote with MetLIfe?

- Visit metlife.com/getpetquote or scan the QR code below.
- Provide basic information about your pet. Type, gender, age, and zip code.
- Choose the plan that is right for you and your pet(s). Select your annual benefit, deductible, reimbursement rate and wellness option.



Seguin ISD Benefits Guide 2026-2027

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

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

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