

Roma Independent School District
2024 – 2025

EMPLOYEE BENEFITS GUIDE

Hats Off to Benefits!



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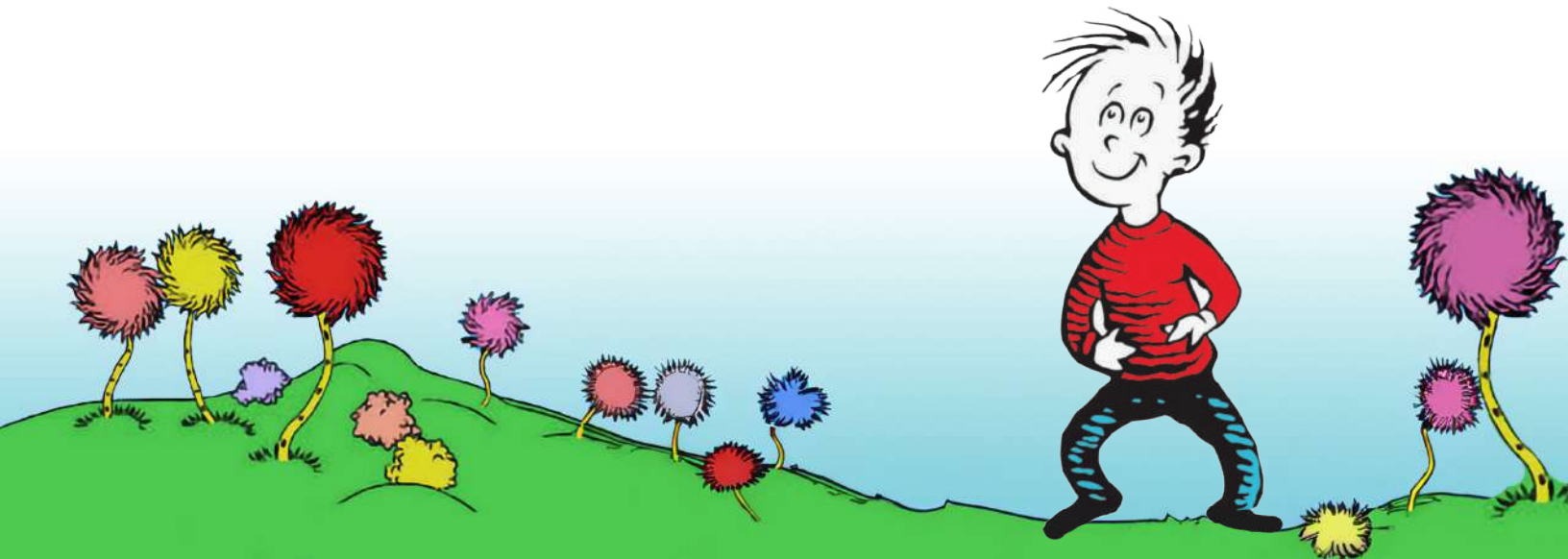
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Roma ISD will be utilizing Fidelity Enrollment Services for our benefit communication and enrollment this year. FES's Benefit Counselors will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

Roma ISD continuously strives to offer comprehensive and competitive benefit plans to its employees. In the following pages, you will find a summary of our benefit plan for **November 1, 2024 to October 31, 2025**. Please read this Guidebook carefully as you prepare to make your elections for the upcoming Plan Year.

About This Benefits Guidebook

This Benefits Guidebook describes the highlights of Roma ISD's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this Guidebook. If there is any discrepancy between the description of the program elements as contained in this Benefits Guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Any and all elements of Roma ISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules or otherwise as decided by Roma ISD.



Benefits Service Center: (833) 216-0447 ext 0

Tuesday 10/15 – Friday 10/18: 8:00AM – 7:00PM CST

Monday 10/21 – Friday 10/25: 8:00AM – 7:00PM CST

Saturday 10/19: 9:00AM – 3:00PM CST

**Before you speak with a Benefit Counselor,
please have the following information ready:**

dependents' names, birth dates, social security numbers,
addresses, and phone numbers.



Scan the QR code to view a copy of your
Employee Benefit Guide on your phone.

Roma ISD encourages the health and financial well-being of its employees by providing access to quality and affordable healthcare. Eligible full-time employees have access to Roma ISD's comprehensive Benefits Program. Roma ISD may conduct an audit requesting supporting documentation on all eligible dependents at any time during the plan year.

Full-time employees who work a minimum of 20 hours per week and are at least age 18 are eligible to participate in the benefits program, with an effective date of the first of the month following the date of hire.

Please thoroughly review this Benefits Guidebook to learn more about these options. Once your enrollment is completed, you may not make any changes to your elections unless you have a Qualifying Life Event or your hours worked per week drop below the minimum.



QUALIFYING LIFE EVENTS

If you experience a Qualifying Life Event (QLE), such as getting married or having a baby, please contact HR; proof of the QLE must be submitted to your HR department within 30 days to change current benefit election.

Examples of QLE's include:

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility (attainment of limiting age or change in student status);
- A change in associate's, spouse's, or dependents' work hours;
- A termination or commencement of employment of associate's spouse or eligible dependent with coverage;
- An entitlement to Medicare or Medicaid;
- Other events as the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.

FLEXIBLE SPENDING ACCOUNT (FSA)

What is a Healthcare FSA?

A flexible spending account is an employer- sponsored benefit that allows you to pay for eligible medical expenses on a pre-tax basis. If you expect to incur medical expenses that won't be reimbursed by another plan, FSA's are a great way to save money while covering those costs.

How Does It Benefit Me?

An FSA saves you money. The contributions you make to an FSA are deducted from your pay before your federal, FICA and state taxes are calculated and are never reported to the IRS. The end result is that you decrease your taxable income and increase your spendable income. You can save hundreds.

Federal Tax Rate	Annual FSA Contribution	Annual Tax Savings*
15%	\$1,550	\$429
15%	\$3,200	\$843
25%	\$1,550	\$584
25%	\$3,200	\$1,148
33%	\$1,550	\$708
33%	\$3,200	\$1,392

*For illustrative purposes only. Savings calculations are based on the federal tax rate listed in the table, a state tax of 5%, and 7.65% FICA. Your tax situation may be different. Consult a tax advisor.

How a Healthcare FSA Works

Flexible spending accounts (FSAs) reduce your taxable income by setting aside pre-tax dollars to pay for eligible healthcare expenses.

You can contribute up to \$3,200 annually to your flexible spending account. This annual election amount will be deducted evenly out of each pay check on a pre-tax basis and put into your FSA. You can then use the funds to pay for eligible expenses. Changes to the annual election amount are only permitted due to a change of status such as marriage or birth of a child.

A big perk to an FSA is that it is pre-funded, meaning that you will have access to your full annual election amount at the very beginning of the plan year, regardless of the amount contributed to date. That is like having a tax-free, interest-free loan to help you pay for healthcare

expenses. So go ahead and schedule that laser eye surgery in January!

Your plan may allow for a maximum of \$640 of unused funds to be rolled over to the next year. The rollover amount can be used to pay or reimburse healthcare expenses incurred during the entire plan year to which it is carried over.

Who's Covered?

An FSA covers eligible expenses for you and all of your dependents, even if they are not covered under your primary health plan.

What's Covered?

For a complete list of eligible expenses see IRS Publication 502: Medical and Dental Expenses. Examples of eligible expenses:

- Acne Treatments**
- Allergy Medicine**
- Antacids**
- Bandages
- Chiropractic Care
- Cold Medicine**
- Condoms
- Contact Lenses & Cleaners
- Copays, Co-Insurance & Deductibles
- Dental Care
- Diabetic Supplies
- Eyeglasses
- Hearing Aids
- Laser Eye Surgery
- Orthodontia
- Over-the-Counter Medications
- Pain Relievers
- Pregnancy Tests
- Prescription Drugs
- Smoking Cessation Programs**
- Sunscreen

Ameritas FUSION combines dental and eye care benefits into one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans.

For the maximum:

- The member can use up to \$1,000 toward any covered dental expense.
- The member can use up to \$150 toward any covered eye care expense.
- Total benefits paid between the two coverages will not exceed \$1,000.

Ameritas Fusion Plan		
	<i>Low Plan</i>	<i>High Plan</i>
Deductible¹		
Type 1	\$0	\$0
Type 2	\$50 per person, per calendar year	\$50 per person, per calendar year
Type 3	N/A	\$50 per person, per calendar year
Benefit Plan Year Maximum		
Type 1	\$1,000 per person, per calendar year	\$1,000 per person, per calendar year
Type 2	\$1,000 per person, per calendar year	\$1,000 per person, per calendar year
Type 3	\$1,000 per person, per calendar year N/A	\$1,000 per person, per calendar year
Type 1: Preventive Services (No waiting period)	100%	
	Routine Exam (2 per benefit plan year) Bitewing X-Rays (2 per benefit plan year) Cleaning (2 per benefit plan year)	
Type 2: Basic Services (No waiting period)	50%	80%
	Restorative Amalgams Restorative Composites Simple Extractions Sealants 17 and under (1 in 3 years permanent molars)	Restorative Amalgams Restorative Composites Simple and Surgical Extractions Endontics (surgical and nonsurgical) Periodontics (surgical and nonsurgical)
Type 3: Major Services (12 month waiting period)	N/A	50%
		Crowns (1 in 5 years per tooth) Bridges/Dentures (1 in 5 years)
Orthodontia (12 month waiting period)		
Plan Benefit	N/A	50%
Lifetime Deductible	N/A	\$0
Lifetime Maximum (per person)	N/A	\$1,000

1. When three (3) family members satisfy their Deductible Amounts for this Calendar year, no additional Deductibles will apply to any family members for the rest of this Calendar year.

Ameritas Fusion Monthly Premiums		
	<i>Low Plan</i>	<i>High Plan</i>
Employee	\$17.24	\$39.96
Employee + Spouse	\$45.08	\$79.36
Employee + Child(ren)	\$50.24	\$86.52
Family	\$78.76	\$138.12

Your vision health is an important part of complete wellness. VSP is pleased to present to you vision benefits designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health. This plan encourages yearly exams along with the frames and lenses you want.

VSP Vision-Only Plan			
	<i>Standard</i>	<i>Premium</i>	<i>Gold</i>
Wellness Vision Exam (every 12 months)	\$10 copay	\$10 copay	\$10 copay
Prescription Glasses			
Copay	\$25 copay	\$25 copay	\$25 copay
Frames	\$130 allowance for wide frame selection \$150 allowance for featured frame brands 20% savings on the amount over allowance Frequency: Every 24 months	\$180 allowance for wide frame selection \$200 allowance for featured frame brands 20% savings on the amount over allowance Frequency: Every 12 months	\$200 allowance for wide frame selection \$220 allowance for featured frame brands 20% savings on the amount over allowance Frequency: Every 12 months
Lenses	Single vision, lined bifocal, and lined trifocals. Polycarbonate lenses for dependent children. Frequency: Every 12 months		
Lens Enhancements	\$0 copay for standard progressive lenses \$95 - \$105 copay for premium progressive lenses \$150 - \$175 copay for custom progressive lenses Frequency: Every 12 months		\$0 copay for standard progressive lenses \$0 copay for anti-glare coating \$95 - \$105 copay for premium progressive lenses \$150 - \$175 copay for custom progressive lenses Frequency: Every 12 months
Contacts (in lieu of glasses)	\$130 allowance for contacts (copay does not apply) Up to \$60 for exam (fitting and evaluation) Frequency: Every 12 months	\$180 allowance for contacts (copay does not apply) Up to \$60 for exam (fitting and evaluation) Frequency: Every 12 months	\$200 allowance for contacts (copay does not apply) Up to \$60 for exam (fitting and evaluation) Frequency: Every 12 months

VSP Vision-Only Monthly Premiums			
	<i>Standard</i>	<i>Premium</i>	<i>Gold</i>
Employee	\$8.41	\$13.17	\$15.58
Employee + Spouse	\$13.45	\$21.07	\$24.94
Employee + Child(ren)	\$13.73	\$21.51	\$25.46
Family	\$22.14	\$34.68	\$41.04

BASIC LIFE AND AD&D

Roma ISD provides Basic Term Life and Accidental Death & Dismemberment (AD&D) to all active full-time employees working 20 or more hours per week. Employees receive \$20,000 of Basic Life and AD&D Benefits.

Please note: Basic Term Life and AD&D reduces to 65% at age 70 and to 50% at age 75.



VOLUNTARY LIFE AND AD&D

With Unum's Voluntary Life Insurance, Roma ISD gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse, and your dependent children — all at affordable group rates. Employees are able to elect a Guaranteed Issue of \$250,000 (in increments of \$10,000) up to a maximum of \$500,000, spouses can elect a Guaranteed Issue of \$50,000 (in increments of \$5,000), and children can be elected up to \$10,000 in coverage.

Unum Voluntary Life and AD&D Monthly Premiums (per \$10,000)

	Employee	Spouse	Child(ren)
< 30	\$0.63	\$0.80	\$2.20 for \$10,000 in coverage (covers all children)
30 – 34	\$0.72	\$0.90	
35 – 39	\$0.81	\$1.10	
40 – 44	\$1.50	\$2.00	
45 – 49	\$2.79	\$3.80	
50 – 54	\$4.18	\$5.80	
55 – 59	\$7.22	\$10.00	
60 – 64	\$12.32	\$17.00	
> 65	\$21.60	\$29.90	

Group Whole Life Insurance can pay money to your family if you die. It can help them with basic living expenses, tuition and later, final expenses. After the initial scheduled enrollment, new hires and newly eligible employees may enroll for coverage when they are first eligible. Late entrants may enroll, and existing insureds may increase coverage at a scheduled enrollment event.

Unum Whole Life Benefits			
	Employee	Spouse	Child(ren)
Benefit Range	\$5,000 – \$250,000	\$5,000 – \$50,000	\$5,000 – \$50,000
Issue Age	15-75	15-75	1 days – 26 years
Increments	\$5,000	\$5,000	N/A
Guaranteed	\$100,000	\$10,000	\$20,000

You can keep Group Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. Coverage is guaranteed as long as you pay premiums. That means you get protection during your working years and into retirement. Your plan also has a coverage reduction provision. See the disclosures to learn more.

Group Whole Life Insurance also builds cash value at a guaranteed rate of 3.75%*. You can borrow from that cash value, or you can use it to buy a smaller, paid-up policy - with no more premiums due.

Why should I buy coverage now?

- Once you purchase coverage, your premium remains the same as long as premiums are paid.
- When you purchase coverage when first eligible, you qualify for coverage without medical underwriting.
- The cost is conveniently deducted from your paycheck.
- Group Whole Life insurance gives you valuable protection in addition to any term life insurance you might have.
- Your coverage, as well as coverage for your spouse and child (if applicable), is portable, meaning you can take it with you if you leave your company. Your premiums would remain the same but you would be billed directly.

Who can get coverage?

Employee (issue ages 15-75)

You can purchase between \$5,000 and \$250,000 in increments of \$5,000 during this enrollment. You may have the option to purchase additional coverage at a future scheduled enrollment or a qualifying life event. You can purchase up to \$100,000 without medical underwriting to qualify for coverage.

Spouse (issue ages 15-75)

You can purchase between \$5,000 and \$50,000 in increments of \$5,000 for your spouse during this enrollment. You may have the option to purchase additional coverage at a future scheduled enrollment or a qualifying life event. You can purchase up to \$10,000 without medical underwriting to qualify for coverage. You must purchase coverage for yourself before purchasing coverage for your spouse.

Children's Term Rider

The rider covers all eligible children, as well as future children (newborns, adopted children) for one fixed premium amount. Eligible children must be between live birth and 26 years old, your or your spouse's child, your lawfully adopted child, foster child or any other child residing with you that is dependent on you for primary financial support.**

You can purchase \$20,000 for your children during this enrollment. There will be no option to purchase additional coverage after this enrollment period. You must purchase coverage for yourself to purchase coverage for your children.

The amount of Group Whole Life Insurance for a spouse and the amount of coverage under Children's Term Rider will not be more than 100% of the employee Group Whole Life amount.

What's Included?

Accelerated Death Benefit for Terminal Illness

You can request an advance payout of your death benefit if you're diagnosed with a terminal illness and expected to live 24 months or less. You can receive up to 100% of the death benefit to a maximum of \$150,000 and it can help cover your costs while you're still alive. Benefits received under this provision are taxable and any payout would reduce the benefit that's paid when you die. When benefits are accelerated under this rider, premiums will be waived for up to 24 months. As with all tax matters, individuals should consult a tax advisor to assess the impact of this benefit.

Accelerated Death Benefit for Long Term Care Rider Your employer has chosen to include this benefit.

Age	Coverage Amount	Non-Tobacco Cost	Tobacco Cost
35	\$100,000	\$37.40	\$59.65
36	\$100,000	\$39.20	\$62.15
37	\$100,000	\$40.95	\$64.65
38	\$100,000	\$42.80	\$67.15
40-44			
45	\$100,000	\$59.60	\$95.65
46	\$100,000	\$63.40	\$101.75
47	\$100,000	\$67.20	\$107.85
48	\$100,000	\$71.00	\$113.95
50-54			
55	\$100,000	\$109.50	\$169.60
56	\$100,000	\$116.45	\$181.45
57	\$100,000	\$123.50	\$193.30
58	\$100,000	\$130.50	\$205.20

DISABILITY INSURANCE

Unum's Disability insurance provides several levels of income replacement during short- and long-term absences caused by a covered illness or injury.

Benefit Amount: 66-2/3% of monthly salary (up to \$7,500)

Elimination Period: 7, 14, 30, 60, 90, or 180 days following injury or illness

Benefit Duration: Please speak with a benefits counselor for benefit duration period.

Pre-Existing Conditions: 12-month look-back / 12-month waiting

Unum Educator Select Income Protection Semi-Monthly Premiums	
	Per \$100
0 Injury / 7 Illness	\$1.25
14 Injury / 14 Illness	\$1.06
30 Injury / 30 Illness	\$0.90
60 Injury / 60 Illness	\$0.73
90 Injury / 90 Illness	\$0.42
180 Injury / 180 Illness	\$0.28

PLAN FEATURES

Accelerated Survivor Benefit

Delivers a 3-month lump sum benefit to the policy holder's family upon a covered accident resulting in death.

Dependent Care Benefit

Pays an additional \$350 per dependent per month (up to \$1,000) to disabled employees receiving Long-Term Disability payments while participating in the Rehab/Return-to-Work Assistance Program.

Full Maternity Benefit

Full coverage for Long-Term disability as the result of maternity leave.

Minimum Monthly Benefit

Monthly benefit for policy holder will never be lower than \$200 per month.

Rehire Provision

Secures job position for up to 12 months following covered injury or illness.

Work / Life Balance Employee Assistance Program

Provides access to comprehensive programs for the insured and their family. This helps manage workplace stress and helps the insured handle personal issues.

Worldwide Emergency Travel Assistance

Delivers global travel assistance (including Medical and Legal support) for the insured and their family who travel for business or pleasure more than 100 miles from home.

ACCIDENT INSURANCE

Group Accident Insurance



How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

How much does it cost?

Your semi-monthly premium	Option 1	Option 2
You	\$5.67	\$2.73
You and your spouse	\$9.74	\$4.59
You and your children	\$10.84	\$5.40
Family	\$14.91	\$7.26

ACCIDENT INSURANCE

Schedule of Benefits		
AD&D	Option 1	Option 2
Employee	\$100,000	\$50,000
Spouse	\$50,000	\$25,000
Children	\$25,000	\$12,500
Common Carrier-Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)		
	Option 1	Option 2
Employee	\$100,000	\$50,000
Spouse	\$50,000	\$25,000
Children	\$25,000	\$12,500
Dismemberment		
	Option 1	Option 2
Both Feet	\$100,000	\$50,000
Both Hands	\$100,000	\$50,000
One Foot	\$50,000	\$25,000
One Hand	\$50,000	\$25,000
Thumb and Index Finger of the same Hand	\$25,000	\$12,500
Coma	\$20,000	\$10,000
Hospitalization		
	Option 1	Option 2
Admission	\$1,500	\$1,000
Admission-Hospital ICU (added to Admission)	\$2,500	\$1,000
Daily Stay (365 days)	\$350	\$300
Daily Stay-Hospital ICU (added to Daily Stay)	\$600	\$300
Short Stay	\$200	\$200
Injury		
	Option 1	Option 2
2nd Degree Burns-At least 5%, but less than 20% of skin surface	\$1,000	\$500
2nd Degree Burns-20% or greater of skin surface	\$2,000	\$1,000
3rd Degree Burns-less than 5% of skin surface	\$4,000	\$2,000
3rd Degree Burns-At least 5%, but less than 20% of skin surface	\$10,000	\$5,000
3rd Degree Burns-20% or greater of skin surface	\$20,000	\$10,000
Concussion	\$500	\$300
Dislocations		
	Option 1	Option 2
Ankle bones or bones of the foot (other than toes)	\$3,000	\$1,650
Collarbone (sternoclavicular)	\$1,500	\$825
Elbow Joint	\$900	\$500
Hand (other than fingers)	\$900	\$500
Shoulder	\$900	\$500

Schedule of Benefits		
Lacerations	Option 1	Option 2
No Repair	\$85	\$50
Repair less than 2 inches	\$250	\$150
Repair at least 2 inches but less than 6 inches	\$500	\$300
Repair 6 inches or greater	\$1,000	\$600
Recovery		
	Option 1	Option 2
Acquired Brain Injury	\$25	\$25
At-Home Care	\$150	\$100
Physician Follow-up Visits	\$150	\$50
Physician Follow-up Maximum Visits	2	3
Prescription Drug	\$25	\$25
Prescription Benefit Incidence per covered accident	1 Per Insured	2 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	\$200	\$100
Behavior Health Therapy	\$30	\$20
Behavior Health Therapy Visits	15	15
Telehealth Service	\$25	\$25
Telemedicine Medical Service	\$25	\$25
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	\$30	\$35
Therapy Services Maximum Days	15	10
Surgery		
	Option 1	Option 2
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%
Epidural or Regional Anesthesia	\$140	\$100
General Anesthesia	\$350	\$250
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%
Treatment		
	Option 1	Option 2
Organized Sports	10%	10%
Ambulance Air	\$2,000	\$1,000
Ambulance Ground	\$400	\$200
Imaging Tier 1: X-rays or Ultrasound	\$100	\$50
Imaging Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$400	\$150
Lodging (per night)	\$250	\$150
Prosthetic Device: One Device or Limb	\$1,250	\$750
Prosthetic Device: Two or more Devices or Limbs	\$2,500	\$1,500
Emergency Room Treatment	\$200	\$100
Injections to Prevent or Limit Infection (tetanus, rabies, anti venom, immune globulin)	\$50	\$50
Pain Management Injections (epidural, cortisone, steroid)	\$200	\$100

Group Critical Illness Insurance

Plan 1



When life takes an unexpected turn due to a critical illness diagnosis, your focus should be on recovery – not finances. Colonial Life group critical illness insurance helps provide financial support by providing a lump-sum benefit payable directly to you for your greatest needs.

Coverage amount: _____

Critical illness benefit

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Benign brain tumor	100%
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Major organ failure requiring transplant	100%
Occupational infectious HIV or occupational infectious hepatitis B, C, or D	100%
Stroke	100%
Sudden cardiac arrest	100%
Coronary artery disease	25%

BENEFITS STORY

An unexpected moment changes life forever

Chris was mowing the lawn when he suffered a stroke. His recovery will be challenging and he's worried, since his family relies on his income.

How Chris's coverage helped

The lump-sum payment from his critical illness insurance helped pay for:



Co-payments and hospital bills not covered by his medical insurance



Physical therapy to get back to doing what he loves



Household expenses while he was unable to work

For illustrative purposes only.

Colonial Critical Illness Employee Monthly Premiums (with Wellness Benefit)							
		\$10,000 Benefit		\$20,000 Benefit		\$30,000 Benefit	
	Employee Age	Employee or Emp + Child	Employee + Spouse or Family	Employee or Emp + Child	Employee + Spouse or Family	Employee or Emp + Child	Employee + Spouse or Family
Non-Tobacco	17-24	\$3.60	\$5.60	\$4.30	\$6.70	\$5.00	\$7.80
	25-29	\$3.80	\$5.70	\$4.70	\$6.90	\$5.60	\$8.10
	30-34	\$3.90	\$6.00	\$4.90	\$7.50	\$4.90	\$9.00
	35-39	\$4.30	\$6.50	\$5.70	\$8.50	\$7.10	\$10.50
	40-44	\$5.10	\$7.70	\$7.30	\$10.90	\$9.50	\$14.10
	45-49	\$6.10	\$9.20	\$9.30	\$13.90	\$12.50	\$18.60
	50-54	\$7.30	\$11.00	\$11.70	\$17.50	\$16.10	\$24.00
	55-59	\$9.20	\$13.80	\$15.50	\$23.10	\$21.80	\$32.40
	60-64	\$11.50	\$17.40	\$20.10	\$30.30	\$28.70	\$43.20
	65-69	\$14.90	\$22.40	\$26.90	\$40.30	\$38.90	\$58.20
70-74	\$19.10	\$28.70	\$35.30	\$52.90	\$51.50	\$77.10	
Tobacco	17-24	\$3.80	\$5.80	\$4.70	\$7.10	\$5.60	\$8.40
	25-29	\$4.00	\$6.10	\$5.10	\$7.70	\$6.20	\$9.30
	30-34	\$4.30	\$6.50	\$5.70	\$8.50	\$7.10	\$10.50
	35-39	\$5.00	\$7.60	\$7.10	\$10.70	\$9.20	\$13.80
	40-44	\$6.40	\$9.70	\$9.90	\$14.90	\$13.40	\$20.10
	45-49	\$8.20	\$12.40	\$13.50	\$20.30	\$18.80	\$28.20
	50-54	\$10.40	\$15.60	\$17.90	\$26.70	\$25.40	\$37.80
	55-59	\$13.70	\$20.60	\$24.50	\$36.70	\$35.30	\$52.80
	60-64	\$18.00	\$27.10	\$33.10	\$49.70	\$48.20	\$72.30
	65-69	\$24.00	\$36.10	\$45.10	\$67.70	\$66.20	\$99.30
70-74	\$31.60	\$47.50	\$60.30	\$90.50	\$89.00	\$133.50	

Key benefits

- Available coverage for spouse and eligible dependent children at 50% of your coverage amount
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Subsequent diagnosis of a different critical illness²

If you receive a benefit for a critical illness, and are later diagnosed with a different critical illness, 100% of the coverage amount may be payable for that particular critical illness.

Subsequent diagnosis of the same critical illness²

If you receive a benefit for a critical illness, and are later diagnosed with the same critical illness,³ 25% of the coverage amount may be payable for that critical illness.

Additional covered conditions for dependent children

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Spina bifida	100%

CANCER INSURANCE

When a cancer diagnosis takes life on an unexpected turn, your focus should be on treatment and recovery — not finances. Colonial Life’s GCI6000 insurance helps relieve the stress of financial worry by providing a lump-sum benefit payable directly to you to cover any expenses.

Re-occurrence of invasive cancer (including all breast cancer)

If you receive a benefit for invasive cancer and are later diagnosed with a re-occurrence of invasive cancer, 25% of the coverage amount is payable if treatment-free for at least 12 months and in complete remission prior to the date of re-occurrence; excludes non-invasive or skin cancer.

Colonial Cancer Insurance Monthly Premiums			
(\$1,000 Coverage)	Base Plan	Low Plan	High Plan
Employee	\$11.53	\$14.97	\$19.50
Employee + Spouse	\$18.63	\$23.77	\$32.78
Employee + Child(ren)	\$11.53	\$14.97	\$19.50
Family	\$18.63	\$23.77	\$32.78
(\$2,000 Coverage)	Base Plan	Low Plan	High Plan
Employee	\$13.20	\$16.64	\$21.17
Employee + Spouse	\$21.72	\$26.86	\$35.87
Employee + Child(ren)	\$13.20	\$16.64	\$21.17
Family	\$21.72	\$26.86	\$35.87
(\$3,000 Coverage)	Base Plan	Low Plan	High Plan
Employee	\$14.87	\$18.31	\$22.84
Employee + Spouse	\$24.81	\$29.95	\$38.96
Employee + Child(ren)	\$14.87	\$18.31	\$22.84
Family	\$24.81	\$29.95	\$38.96
(\$4,000 Coverage)	Base Plan	Low Plan	High Plan
Employee	\$16.54	\$19.98	\$24.51
Employee + Spouse	\$27.90	\$33.04	\$42.05
Employee + Child(ren)	\$16.54	\$19.98	\$24.51
Family	\$27.90	\$33.04	\$42.05
(\$5,000 Coverage)	Base Plan	Low Plan	High Plan
Employee	\$18.21	\$21.65	\$26.18
Employee + Spouse	\$30.99	\$36.13	\$45.14
Employee + Child(ren)	\$18.21	\$21.65	\$26.18
Family	\$30.99	\$36.13	\$45.14

Additional rates for coverage levels of \$6,000-\$10,000 on following page.

Colonial Cancer Insurance Monthly Premiums			
(\$6,000 Coverage)	<i>Base Plan</i>	<i>Low Plan</i>	<i>High Plan</i>
Employee	\$19.88	\$23.32	\$27.85
Employee + Spouse	\$34.08	\$39.22	\$48.23
Employee + Child(ren)	\$19.88	\$23.32	\$27.85
Family	\$34.08	\$39.22	\$48.23
(\$7,000 Coverage)	<i>Base Plan</i>	<i>Low Plan</i>	<i>High Plan</i>
Employee	\$21.55	\$24.99	\$29.52
Employee + Spouse	\$37.17	\$42.31	\$51.32
Employee + Child(ren)	\$21.55	\$24.99	\$29.52
Family	\$37.17	\$42.31	\$51.32
(\$8,000 Coverage)	<i>Base Plan</i>	<i>Low Plan</i>	<i>High Plan</i>
Employee	\$23.22	\$26.66	\$31.19
Employee + Spouse	\$40.26	\$45.40	\$54.41
Employee + Child(ren)	\$23.22	\$26.66	\$31.19
Family	\$40.26	\$45.40	\$54.41
(\$9,000 Coverage)	<i>Base Plan</i>	<i>Low Plan</i>	<i>High Plan</i>
Employee	\$24.89	\$28.33	\$32.86
Employee + Spouse	\$43.35	\$48.49	\$57.50
Employee + Child(ren)	\$24.89	\$28.33	\$32.86
Family	\$43.35	\$48.49	\$57.50
(\$10,000 Coverage)	<i>Base Plan</i>	<i>Low Plan</i>	<i>High Plan</i>
Employee	\$26.56	\$30.00	\$34.53
Employee + Spouse	\$46.44	\$51.58	\$60.59
Employee + Child(ren)	\$26.56	\$30.00	\$34.53
Family	\$46.44	\$51.58	\$60.59

You may also receive a \$50 Wellness Benefit per person per year, for all 3 Cancer plans.

Colonial Cancer Insurance Benefits			
	Base Plan	Low Plan	High Plan
Invasive cancer (including all breast cancer)	100%		
Non-invasive cancer	25%		
Skin cancer initial diagnosis	\$400 per lifetime		
Hospital Confinment	\$100 per day 30 days or less \$200 per day 31 days or more	\$200 per day 30 days or less \$400 per day 31 days or more	\$300 per day 30 days or less \$600 per day 31 days or more
Lodging¹	\$50 per day	\$50 per day	\$75 per day
Radiation/Chemotherapy or Immunotherapy¹⁰ Self-administered Physician administered Hormonal therapy	\$100 per calendar month \$250 per calendar month \$50 per calendar month	\$200 per calendar month \$350 per calendar month \$75 per calendar month	\$200 per calendar month \$700 per calendar month \$150 per calendar month
Blood, Plasma, Platelets, Immunoglobulins*	\$150 per day ²	\$175 per day ²	\$250 per day ²
Medical Imaging³	\$50 per study	\$75 per study	\$250 per study
Surgery and Related Benefits⁴	\$30 per surgical unit	\$50 per surgical unit	\$60 per surgical unit
Anesthesia General Local	25% of Surgery \$25	25% of Surgery \$30	25% of Surgery \$50
Outpatient Surgical Center¹¹	\$150 per day	\$250 per day	\$500 per day
Second Medical Opinion⁶	\$150	\$200	\$300
Bone Marrow or Stem Cell Transplant Donor Screening ⁶ Donation ⁶ Transplant ⁷	\$50 \$500 \$3,500	\$50 \$750 \$4,000	\$50 \$1,000 \$7,000
Prosthesis/Artificial Limb⁸	\$1,000 per device/limb	\$1,500 per device/limb	\$3,000 per device/limb
Ambulance⁵ Donation ⁹ Air ⁹	\$250 per trip \$2,000	\$250 per trip \$2,000	\$250 per trip \$2,000
Home Health Services¹²	\$50	\$75	\$100
Hospice¹³ Initial ¹⁴ Daily	\$1,000 \$50 per day	\$1,000 \$50 per day	\$1,000 \$50 per day

1. Maximum of 90 days per covered person per calendar year)

2. Maximum benefit amount of \$10,000 per covered person per calendar year

3. Specific studies for cancer treatment (maximum benefit amount of \$100 per covered person per calendar year)

4. Surgical treatment of invasive cancer (maximum benefit amount of \$4,800 per covered person per procedure)

5. Transportation to or from a hospital/medical facility (maximum of two trips per confinement per covered person)

6. Maximum one (1) per covered person per lifetime

7. Maximum two (2) transplant benefits per covered person per lifetime

8. Maximum benefit \$2000 per covered person per lifetime

9. Maximum of two (2) trips per confinement per covered person

10. Maximum benefit per calendar year equal to 12x benefit amount per covered person

11. Maximum benefit per calendar year equal to 3x benefit amount per covered person

12. Maximum of 30 days per covered person per calendar year or twice the number of days of hospital confinement per covered person per calendar year

13. Maximum benefit amount of \$15,000 for initial and daily hospice care per covered person per lifetime

14. Maximum of one per covered person per lifetime



For more information,
talk with your
benefits counselor.

ColonialLife.com

Group Medical Bridge Insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

You may also receive a \$50 Wellness Benefit.

Diagnostic procedures

The following is a list of common diagnostic procedures that may be covered if the diagnostic procedure benefit is selected.

- **Breast**
 - Biopsy (incisional, needle, stereotactic)
- **Cardiac**
 - Angiogram
 - Arteriogram
 - Thallium stress test
 - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
 - Computerized tomography scan (CT scan)
 - Electroencephalogram (EEG)
 - Magnetic resonance imaging (MRI)
 - Myelogram
 - Nuclear medicine test
 - Positron emission tomography scan (PET scan)
- **Digestive**
 - Barium enema/lower GI series
 - Barium swallow/upper GI series
 - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
 - Laryngoscopy
- **Gynecological**
 - Amniocentesis
 - Cervical biopsy
 - Cone biopsy
 - Endometrial biopsy
 - Hysteroscopy
 - Loop electrosurgical excisional procedure (LEEP)
- **Liver**
 - Biopsy
- **Lymphatic**
 - Biopsy
- **Miscellaneous**
 - Bone marrow aspiration/biopsy
- **Renal**
 - Biopsy
- **Respiratory**
 - Biopsy
 - Bronchoscopy
 - Pulmonary function test (PFT)
- **Skin**
 - Biopsy
 - Excision of lesion
- **Thyroid**
 - Biopsy
- **Urologic**
 - Cystoscopy



The procedures listed below are only a sampling of the procedures that may be covered if the outpatient surgical procedure benefit is selected. Procedures must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, refer to your certificate.

Tier 1 surgery is \$500 & Tier 2 surgery is \$1,000 with a maximum \$1,500 per calendar year.

Tier 1 outpatient surgical procedures

- **Breast**
 - Axillary node dissection
 - Breast capsulotomy
 - Lumpectomy
- **Cardiac**
 - Pacemaker insertion
- **Digestive**
 - Colonoscopy*
 - Fistulotomy
 - Hemorrhoidectomy
 - Lysis of adhesions
- **Ear, nose, throat, mouth**
 - Adenoidectomy
 - Removal of oral lesions
 - Myringotomy
 - Tonsillectomy
 - Tracheostomy
 - Tympanotomy
- **Gynecological**
 - Dilation and curettage (D&C)
 - Endometrial ablation
 - Lysis of adhesions
- **Liver**
 - Paracentesis
- **Musculoskeletal system**
 - Carpal/cubital repair or release
 - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
 - Removal of orthopedic hardware
 - Removal of tendon lesion
- **Skin**
 - Laparoscopic hernia repair
 - Skin grafting

Tier 2 outpatient surgical procedures

- **Breast**
 - Breast reconstruction
 - Breast reduction
- **Cardiac**
 - Angioplasty
 - Cardiac catheterization
- **Digestive**
 - Exploratory laparoscopy
 - Laparoscopic appendectomy
 - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
 - Ethmoidectomy
 - Mastoidectomy
 - Septoplasty
 - Stapedectomy
 - Tympanoplasty
- **Eye**
 - Cataract surgery
 - Corneal surgery (penetrating keratoplasty)
 - Glaucoma surgery (trabeculectomy)
 - Vitrectomy
- **Gynecological**
 - Hysterectomy
 - Myomectomy
- **Musculoskeletal system**
 - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
 - Arthroscopic shoulder surgery
 - Clavicle resection
 - Dislocations (open reduction with internal fixation)
 - Fracture (open reduction with internal fixation)
 - Removal or implantation of cartilage
 - Tendon/ligament repair
- **Thyroid**
 - Excision of a mass
- **Urologic**
 - Lithotripsy

Colonial Life®

ColonialLife.com





AllstateSM Identity Protection Select

strong identity and financial protection for employees



Identity theft impacts **15 million**¹ consumers a year.

When fraud occurs, unraveling it can be overwhelming and costly. In 2022 alone, identity theft victims experienced nearly **\$20 billion**¹ in total fraud losses.

A comprehensive financial and identity monitoring product that protects employees from the impact of identity theft

Allstate Identity Protection Select is available to employers that offer at least one Allstate Benefits supplemental insurance product. As part of this special offer, employees gain access to exclusive pricing.

Protecting your employees also protects your business Identity theft affects both employees and employers

- 84% of identity theft victims reported feeling worried or anxious²
- 41% of identity theft victims missed work or spent time away from their families to resolve their cases²
- 64% of identity theft victims experienced financial-related problems²



The more **secure** employees feel, the more **secure** employers feel.

Individual Premium



Weekly	\$1.37
Bi-Weekly	\$2.75
Semi-Monthly	\$2.98
Monthly	\$5.95

Family Premium



Weekly	\$2.76
Bi-Weekly	\$5.52
Semi-Monthly	\$5.98
Monthly	\$11.95

9thly, 10thly, Quarterly, Semi-Annual and Annual rates are also available

See reverse for additional information



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¹Javelin Strategy & Research "2023 Identity Fraud Study: The Butterfly Effect," March 2023. ²The Identity Theft Resource Center, "2022 Consumer Impact Report," 2022.

Compare plans

Comprehensive coverage and care for emergency transport.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in excessive bills.

With a MASA plan, you'll have an additional layer of financial protection from the out-of-pocket costs of medical transportation. Explore the options below to compare the benefits offered in each plan.



Did you know?

51.3 million

emergency responses occur each year



	Emergent Plus \$14	Platinum \$29 / \$39 SINGLE FAMILY
Emergency Ground Ambulance Coverage	● ²	● ²
Emergency Air Ambulance Coverage	● ²	● ²
Hospital to Hospital Ambulance Coverage	● ²	● ²
Repatriation to Hospital Near Home Coverage	● ²	● ⁴
Minor Return Transportation Coverage		● ³
Pet Return Transportation Coverage		● ³
Patient Return Transportation Coverage		● ⁴
Companion Transportation Coverage		● ³
Hospital Visitor Transportation Coverage		● ³
Mortal Remains Transportation Coverage		● ⁴
Vehicle & RV Return Coverage		● ³
Organ Retrieval & Organ Recipient Transportation Coverage		● ¹

Coverage territories

- 1: United States only.
- 2: United States, Canada.
- 3: United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda.
- 4: Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or under certain U.S. travel advisories as long as the member has provided ten (10) day notice.

Disclaimers

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

FL residents: MASA provides insurance coverage whereby Medical Air Services Association of Florida, Inc. is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 and is doing business as MASA with its principal place of business at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324.

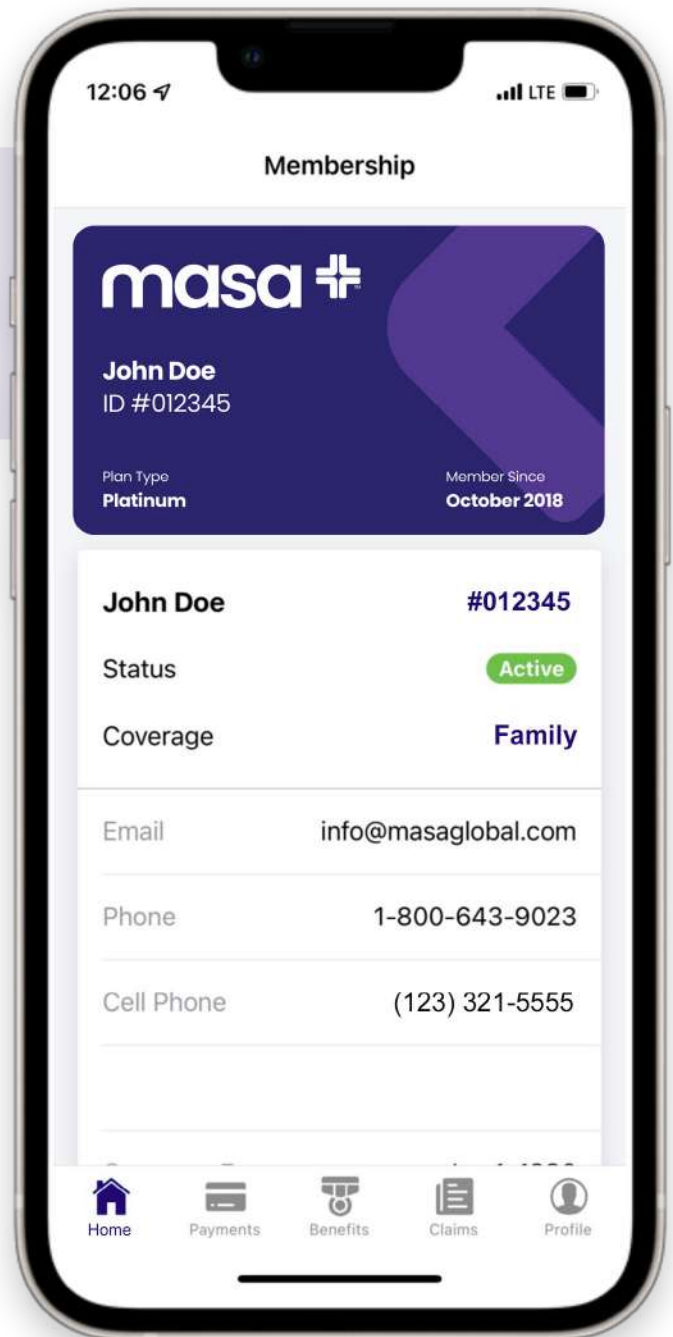
Download the MASA mobile app today!

Registration is easy with your member ID.

- ✓ Access your digital ID cards.
- ✓ View plan documents and benefits.
- ✓ View your claims history.

You now have access to emergency transportation solutions in the palm of your hand. The MASA App allows you to check and update your membership information, view payment history, immediately access benefits and to view up-to-the minute claims processing information, along with many more exciting features to come.

This one stop shop is a must have app for all MASA Global members, while at home or traveling.



Empowering employees through easy access to legal help

Legal issues occur throughout life, when employees are getting married, buying a home, becoming a caregiver or handling financial matters like debt or tax audits. Dealing with these matters can be costly and time consuming, taking employees away from work and impacting their overall well-being.

We provide your employees with the cost-effective, multi-channel access to legal help they need to easily handle costly legal matters in their life—helping them to feel more financially and emotionally secure.

Flexibility to handle matters how employees want

We want your employees to get the help they need how they want it. That's why we allow them to choose their attorney from our network, or outside of it, or use our digital tools to handle matters.¹ With a large network of attorneys and the ability to complete estate planning or download self-help documents on our website, employees have the flexibility to choose how they want to handle their legal matter.

Wide range of coverage for a diverse workforce

LGBTQ+	<ul style="list-style-type: none"> • Adoption • Creating estate planning documents to recognize same-sex partners • Name and gender marker change
Caregivers	<ul style="list-style-type: none"> • Nursing home agreements • Reviewing Medicare/Medicaid documents • Reviewing parents' estate planning documents
Veterans/ Military	<ul style="list-style-type: none"> • Assistance with real estate or rental issues • Guardianship • Updating or creating estate planning documents
International employees	<ul style="list-style-type: none"> • Access to attorneys out of the country² • Assistance with immigration issues • Translation services for Call Center and Attorneys
Those just starting out	<ul style="list-style-type: none"> • Assistance with rental issues and landlords • Reviewing leases • Student loan debt assistance

The MetLife Legal Plans Difference



Telephone and office consultations, demand letters and document review on **unlimited number** of personal legal matters



Over 18,000 attorneys in all 50 states and many U.S. territories who have an average of 25 years of experience and are subject to a comprehensive set of criteria



Best-in-class digital experience to find attorneys and complete estate planning



We're focused on providing **exceptional customer service** and are appropriately staffed for peak call volume

Money Matters	<ul style="list-style-type: none"> • Debt Collection Defense • Financial Wellness Programs³ • Identity Theft Defense 	<ul style="list-style-type: none"> • LifeStages Identity Restoration Services⁴ • Negotiations with Creditors • Personal Bankruptcy 	<ul style="list-style-type: none"> • Promissory Notes • Tax Audit Representation • Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> • Boundary & Title Disputes • Deeds • Eviction Defense • Foreclosure 	<ul style="list-style-type: none"> • Mortgages • Property Tax Assessments • Refinancing & Home Equity Loan • Sale or Purchase of Home 	<ul style="list-style-type: none"> • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	<ul style="list-style-type: none"> • Codicils • Complex Wills • Healthcare Proxies 	<ul style="list-style-type: none"> • Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	<ul style="list-style-type: none"> • Adoption • Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship 	<ul style="list-style-type: none"> • Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Issues 	<ul style="list-style-type: none"> • Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> • Administrative Hearings • Civil Litigation Defense 	<ul style="list-style-type: none"> • Disputes Over Consumer Goods & Services • Incompetency Defense 	<ul style="list-style-type: none"> • Pet Liabilities • Small Claims Assistance
Elder-Care Issues	<ul style="list-style-type: none"> • Consultation & Document Review for Issues Related to Your Parents: • Deeds • Leases 	<ul style="list-style-type: none"> • Medicaid • Medicare • Notes • Nursing Home Agreements 	<ul style="list-style-type: none"> • Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	<ul style="list-style-type: none"> • Defense of Traffic Tickets⁵ • Driving Privileges Restoration 	<ul style="list-style-type: none"> • Habeas Corpus • License Suspension Due to DUI 	<ul style="list-style-type: none"> • Repossession
Rate⁶	\$17.25 per employee per month (covers spouse and dependents)		
Additional Features:	Telephone advice, office consultations, demand letters and document review on an unlimited number of personal legal matters.		
	For non-covered matters that are not otherwise excluded employees get four additional hours of network attorney time and services per plan year. ⁷		
	Reduced fees for personal injury, probate and estate administration matters, provided by network attorneys.		
	Access to a digital estate planning solution for wills, living wills, power of attorney and living trusts.		
	Over 1,700 self-help documents⁸ are available to members and potential members on our website.		

1. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. Your employees will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.

2. Internationally, employees can see an attorney outside of our network and be reimbursed according to a set fee reimbursement schedule.

3. MetLife administers the PlanSmart program and has arranged to have specially trained third party financial professionals offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract. Offered to groups with 500 or more employees. Upwise is available at no cost to all individuals and regardless of any MetLife relationship or product.

4. These benefits provide the Participant with access to services provided by IdentityForce, A TransUnion® Brand. IdentityForce, A TransUnion® Brand is not a corporate affiliate of MetLife Legal Plans.

5. Does not cover DUI.

6. Rate is standard and subject to change.

7. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.

8. The self-help library is offered by Standard Legal. Standard Legal is not a corporate affiliate of MetLife Legal Plans.

Group 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, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details.

Know what your plan covers...

MetLife Pet Insurance helps cover the costs of vet visits, accidents, illness and more.



Get regular check-ups to help protect your pet



Be better prepared for unexpected accidents



Help cover the costs of unplanned illness

Your benefit in action

Take advantage of how simple it is to get – and use – MetLife Pet Insurance:



Select and enroll in the coverage that's right for you and your pet and download our mobile app.



Take your pet to the vet and pay the bill; manage your pet's health and wellness using the app.



Send the bill and your claim to us and receive reimbursement² by check or direct deposit if the claim expense is covered under the policy.

MetLife Pet Insurance can help take the worry out of covering the cost of unexpected pet care.

Product overview	Pet Insurance can help reimburse you for covered vet visits, accidents, illness and more. Plus, it can help keep your pet safe and healthy with preventive care like X-rays and ultrasounds.	
Why needed	<ul style="list-style-type: none"> • Pet parents are spending more than \$4,500 annually on pet care, according to a 2021 survey conducted by OnePoll and MetLife Pet Insurance • A small monthly payment can help plan for these expenses 	
Flexible coverage	<p>Choose the plan that works for you and your pet. Options include:</p> <ul style="list-style-type: none"> • Levels of coverage from \$500–unlimited⁵ • \$0–\$2,500 deductible options⁶ • Reimbursement percentages from 50%–90%² 	
What is Covered	<ul style="list-style-type: none"> • accidental injuries • illnesses • exam fees • surgeries 	<ul style="list-style-type: none"> • medications • ultrasounds • hospital stays • X-rays and diagnostic tests
Coverage also includes	<ul style="list-style-type: none"> • hip dysplasia • hereditary conditions • congenital conditions • chronic conditions 	<ul style="list-style-type: none"> • alternative therapies • holistic care • and much more
Additional value	<ul style="list-style-type: none"> • Take your pet to any licensed veterinarian, specialist or emergency clinic in the U.S. • If you're claim-free in a policy year, we'll automatically decrease your deductible by \$25 or \$50⁷ • Group discounts are available⁸ 	

Hypothetical savings example when visiting a licensed veterinarian, specialist or emergency clinic in the U.S.¹

Claim Details	Amount
Total vet bill (including exam, bloodwork, X-rays, and hospitalization)	\$1,278.00
Insurance reimbursement ⁴ percentage	90%
Out-of-pocket cost (including \$100 deductible)	\$227.80
Savings	\$1,050.20

Benefit	Carrier	Website	Contact
Hospital Indemnity	Colonial	www.coloniallife.com	210-394-9785
Critical Illness	Colonial	www.coloniallife.com	210-394-9785
Cancer	Colonial	www.coloniallife.com	210-394-9785
Accident	Unum	www.unum.com	409-651-9242
Disability	Unum	www.unum.com	713-502-4717
Volume Life	Unum	www.unum.com	713-502-4717
Basic Life	Unum	www.unum.com	713-502-4717
Whole Life	Unum	www.unum.com	713-502-4717
Dental	Ameritas	www.ameritas.com	210-638-7907
Vision	VSP	www.vsp.com	916-858-5775
Medical Transport	MASA	www.masaglobal.com	954-284-2326
Identity Protection	Allstate	www.allstate.com	832-701-5602
Flexible Spending Account	National Plan Admin.	www.natplan.com	512-329-5069
Legal Plan	MetLife	www.metlife.com	713-204-3475
Pet Insurance	MetLife	www.metlife.com	713-204-3475

Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.



Scan the QR code to view a copy of your Employee Benefit Guide on your phone.



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