SAN BENITO
SCHOOLS

Employee Benefits Booklet

2025-2026

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JEFF EVERITT
& ASSOCIATES, INC.

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Thank you for the opportunity to offer our services and propose insurance solutions to you and your loved ones. Jeff Everitt & Associates, Inc. is honored and humbled to service San Benito Consolidated Independent School District (SBCISD) and all their employees. As we specialize in employee benefits, our goal is to deliver a superior level of customer service and satisfaction through professional and individualized care.

This booklet will include information on all your employee benefits offered through your employer, SBCISD. Upon reviewing your benefits and options, you will have the opportunity to enroll in the various insurance products with one of our experienced benefit counselors. Our knowledgeable and experienced counselors will provide you with clarification on any of the insurance products being offered and guide you along the enrollment process.

Be advised that our highly trained staff is available at any time to review your benefits and assist you with any of your insurance coverage or claims related questions. Our team guarantees exceptional attention and dedication regarding your insurance needs.

Sincerely,

Jeff Everitt & Associates, Inc.

2025-2026
Health Benefit Summary

Benefits	HMO BASE		PPO 5000 BUY UP		PPO 2000 BUY UP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual	$5,000	N/A	$5,000	$10,000	$2,000	$3,000
Family	$10,000	N/A	$10,000	$20,000	$5,500	$9,000
Out of Pocket Maximum						
Individual	$7,500	N/A	$7,500	$20,000	$5,000	$16,800
Family	$15,000	N/A	$15,000	$40,000	$13,000	$33,600
Doctor Office Visit						
Primary care	$40	N/A	$40	70%*	$30	70%*
Specialist visit	$100	N/A	$100	70%*	$45	70%*
Diagnostic Testing (Lab & X-Rays)	$40	N/A	$40	70%*	$40	70%*
Preventive	100%	N/A	100%	70%*	100%	70%*
Virtual Visit	100%	N/A	100%	N/A	100%	N/A
Inpatient Admission	70%*	N/A	70%*	50%*	90%*	50%*
Emergency Room	$250 copay + 30%	N/A	$250 copay + 30%	$250 copay + 30%	$200 copay + 10%	$200 copay + 10%
Urgent Care	$50 copay	N/A	$50 copay	70%*	$40 copay	70%*
All other Covered Services	70%*	N/A	70%*	50%*	90%*	50%*
Retail Prescription						
Generic	$10	$0	$0	$0	$0	$0
Preferred Brand	$50**	$50	$50**	$50	$50**	$50
Non Preferred Brand	$100**	$100	$100**	$100	$100**	$100
Specialty drugs	50% **	N/A	50% **	N/A	50% **	N/A
Mail in order (90 day Supply)						
Generic	0**	N/A	0**	N/A	0**	N/A
Preferred Brand	125**		125**		125**	
Non Preferred Brand	250**		250**		250**	
PREMIUMS	**MONTHLY**	**BIWEEKLY**	**MONTHLY**	**BIWEEKLY**	**MONTHLY**	**BIWEEKLY**
Employee Only	$0	$0	$51.30	$25.65	$162.88	$81.44
Employee and Children	$481.04	$240.52	$578.52	$289.26	$790.52	$395.26
Employee and Spouse	$587.93	$293.97	$695.67	$347.84	$929.98	$464.99
Employee and Family	$1,122.42	$561.21	$1,281.46	$640.73	$1,627.35	$813.68

* After Deductible

**RX Copays will apply after $100 Deductible

Customer Service: 800-521-2227

This benefit summary is a Non-Grandfathered health plan. This is not a contract. This benefit summary does not contain a complete list of benefits available to you, nor does it contain a listing of exclusions, limitations and conditions that apply to the benefits shown. Full information can be found in the Certificate of Benefits Booklets, available on Blue Access for Members (BAM) must register to access.

Picking a Plan

How does a PPO work?



Higher premiums, but lower deductible



In-network services paid with copays/coinsurance at a discount



No need to designate a PCP, and no referral needed to see a specialist



Out-of-network pharmacies are NOT covered

How does an HMO work?



Lower premiums, but higher deductible



In-network services paid with copays/coinsurance at a discount



Must designate a PCP, and need a referral from your PCP to see a specialist



Out-of-network pharmacies, medical services and facilities are NOT covered*

*Out-of-network services are covered ONLY in cases of true emergency.

How the Plans Work



PPO Plan

- Find in-network doctors, facilities, and pharmacies using the Provider Finder at **bcbstx.com/member**
- The PPO Plan utilizes the **Blue Choice PPO Network**, giving you access to the Blue Cross Blue Shield PPO network of providers **in Texas and nationwide**.
- Out-of-network pharmacies are NOT covered.



HMO Plan

- Find in-network doctors, facilities, and pharmacies using the Provider Finder at **bcbstx.com/member**
- The HMO Plan utilizes the **Blue Essentials HMO Network**, giving you access to an extensive network of providers **in Texas**.
- When traveling **outside of Texas**, the BlueCard program gives you the ability to obtain **urgent** health care services through a BCBS-affiliated physician or hospital when traveling – learn more by calling **1-800-521-2227**.
- During enrollment, you and your covered family members will be **required to select a Primary Care Physician (PCP)**. If you do not select a PCP, one will be selected for you; however, you can change your PCP once a month for any reason online or by calling Customer Service at **1-800-521-2227**.
- Out-of-network providers, facilities and pharmacies are NOT covered. **Out-of-network services are covered in cases of true emergency ONLY**.

BlueCross BlueShield of Texas

Choosing or Changing your Primary Care Provider

Blue Essentials℠ offers you access to a statewide network of hospitals and doctors. As a Blue Essentials member, you select a PCP from the Blue Essentials℠ network. You may benefit from having your care coordinated by one doctor. Your doctor gets to know you and your health history. They may recognize changes in your health while overseeing routine care and making referrals to see specialists when needed.

Q How do I choose a PCP?

A When you enrolled in your HMO, you and your covered family members were each asked to select a PCP that participates in our network. If you did not select a PCP at that time, one is selected for you. However, you can change your PCP. The most common PCP specialties to choose from are family practitioners, pediatricians, geriatricians, internists and gynecologists. Specialists are not PCPs.

Each PCP has a 10-digit PCP ID which includes letters and numbers. You will need this number when enrolling or changing PCPs. It is noted within the physician profile.

Q. How do I change my PCP?

A To ensure that you are comfortable with your choice of doctors, you may change your PCP once a month for any reason. The change will be effective on the first of the next month. To change to another PCP in the same medical group as your current PCP, simply call the group to inform them of your decision. The medical group will let you know if the PCP you have selected is available and tell you the effective date of the change. You can also change your PCP online or by telephone; log in to Blue Access for Members℠ at **bcbstx.com/member** or call the customer service number on the back of your member ID card.

Q How do I find a doctor who participates in the Blue Essentials network?

A You can search from your computer, smartphone or other mobile device. Visit **bcbstx.com/member** to access BAM℠. Enter your username and password - to register for a BAM account, all you need are your group numbers, found on your member ID card.

Continues on reverse

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Can I continue to see my current doctor when I join?

Your doctor may already be in the Blue Essentials network. If not, and you are undergoing a course of evaluation and/or medical treatment when you join the plan, you may request Transition of Care benefits. These benefits may be authorized for up to 90 days. Please refer to your Explanation of Benefits guide or call Customer Service to find out about Transition of Care benefits.

Do I need a referral to see a specialist?

It depends. If you see another PCP or specialist within the medical group that your PCP participates in and it's billed under the same Tax ID, you do not need a referral. If the specialist is outside your medical group, you will need a referral from your PCP. Referrals do expire, so make sure to review the effective date

Please keep in mind, not all PCP groups have specialists within their clinic, therefore you would need a referral. You do not need a referral for urgent or emergency care. Also, women do not need a referral to see a gynecologist.

If you need help finding a network provider or have questions about your benefits, call the toll-free number on the back of your member ID card.



Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Network: PDP Plus

	Plan option 1 Low Dental Plan		Plan option 2 High Dental Plan	
	In-Network[1] % of Negotiated Fee[2]	**Out-of-Network[1]** % of Maximum Allowable Charge*	**In-Network[1]** % of Negotiated Fee[2]	**Out-of-Network[1]** % of R&C Fee**
Coverage Type				
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%	50%	50%
Type D: Orthodontia	Not Covered	Not Covered	50%	50%
TMJ	Not Covered	Not Covered	Not Covered	Not Covered
Deductible†				
Individual	$50	$50	$50	$50
Family	$150	$150	$150	$150
Annual Maximum Benefit				
Per Person	$750	$750	$1,250	$1,250
Orthodontia Lifetime Maximum				
Per Person***	Not Covered	Not Covered	$1,000	$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26, age 26 if a full-time student.

[1] "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.
[2]Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.
*Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.
**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.
†Applies only to Type B & C Services.
*** Orthodontia excluded for adults. Available for dependent children up to age 19.

Monthly Cost – Low Plan

The following monthly costs are effective through September 30, 2027. Your premium will be paid through convenient payroll deduction. The monthly costs shown below for "Employee + Spouse + Child(ren)" and "Employee + Family" include the cost for all eligible children.

Employee Only	$17.07	Employee + Child(ren)	$41.77
Employee + Spouse	$33.76	Employee + Family	$58.46

Monthly Cost – High Plan

The following monthly costs are effective through September 30, 2027. Your premium will be paid through convenient payroll deduction. The monthly costs shown below for "Employee + Spouse + Child(ren)" and "Employee + Family" include the cost for all eligible children.

Employee Only	$26.91	Employee + Child(ren)	$68.31
Employee + Spouse	$53.21	Employee + Family	$94.63

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Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

List of Primary Covered Services & Limitations

service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	Plan Option 1: Low Plan How Many/How Often	Plan Option 2: High Plan How Many/How Often
Type A — Preventive		
Prophylaxis (cleanings)	One in 6 months	One in 6 months
Oral Examinations	One in 6 months	One in 6 months
Topical Fluoride Applications	One fluoride treatment per 12 months for dependent children under age 14	One fluoride treatment per 12 months for dependent children under age 14
X-rays	Bitewings X-rays; two times in one calendar year for adults; two times in one year for children	Bitewings X-rays; two times in one calendar year for adults; two times in one year for children
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday. Once per tooth area, per lifetime.	Space maintainers for dependent children up to his/her 14th birthday. Once per tooth area, per lifetime.
Sealants	One application of sealant material every 36 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday	One application of sealant material every 36 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday
Type B — Basic Restorative		
Fillings		
Simple Extractions		
Oral Surgery		
X-Rays	Full mouth X-rays; one per 60 months	Full mouth X-rays; one per 60 months
Endodontics	Root canal treatment limited to once per tooth per lifetime	Root canal treatment limited to once per tooth per lifetime
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	• Periodontal scaling and root planing once per quadrant, every 24 months • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year	• Periodontal scaling and root planing once per quadrant, every 24 months • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year

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Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Type C — Major Restorative		
Crown, Denture and Bridge Repair/ Recementations		
Implants	Replacement once every 5 years	Replacement once every 5 years
Bridges and Dentures	• Initial placement to replace one or more natural teeth, which are lost while covered by the plan • Dentures and bridgework replacement; one every 10 years • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed	• Initial placement to replace one or more natural teeth, which are lost while covered by the plan • Dentures and bridgework replacement; one every 10 years • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	Replacement once every 10 years	Replacement once every 10 years
Type D — Orthodontia		
	Not Covered	• Your children, up to age 19, are covered while Dental insurance is in effect. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia • Payments are on a repetitive basis • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary • Orthodontic benefits end at cancellation of coverage

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

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Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Exclusions

This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth
- Fixed and removable appliances for correction of harmful habits;

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Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders.
- Repair or replacement of an orthodontic device; (*This specific exclusion applies to low plan only)*
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

Limitations

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your participation ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY 10166.

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy. Ask your MetLife representative for costs and complete details.

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MetLife | Vision

San Benito Consolidated Independent School District

Superior Vision Network Plan Summary – Low and High Plan Options

With your Superior Vision Preferred Provider Organization (PPO) Plan you can:

- Go to any licensed Superior vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart®, Sam's Club®, Visionworks® , LensCrafters®, and Target Optical®.

In-network value added features:

Additional savings on lens enhancements:[5] Save an average 20-25% savings over retail on all lens enhancements not otherwise covered under the Superior Vision Insurance program.

Additional savings on glasses and sunglasses:[5] 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

Additional savings on frames:[5] 20% off any amount over your frames allowance.

Additional savings on contacts:[5] Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses. Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses.

Laser vision correction: [5] Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

Monthly Premiums:	Low Plan – Plan1	High Plan – Plan 2
• *Employee Only:*	***$6.95***	***$8.73***
• *Employee + 1 Dependent:*	***$13.11***	***$17.01***
• *Employee + Family:*	**$19.29**	**$23.57**

In-network benefits

There are no claims for you to file when you go to an in-network Superior vision provider. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/contact allowance at the time of service.

Frequency

Eye exam — Once every **12** months

- Eye health exam, dilation, prescription, and refraction for glasses after a:
  - Low Plan: **$10** copay.
  - High Plan: **$5** copay.
- Retinal imaging: Up to a **$39** copay on routine retinal screening when performed by a private practice.

Frame — Once every **12** months

- Allowance:
  - Low Plan: **$130**
  - High Plan: **$150**
- Additional allowance of 20% at select providers. Visit metlife.com/mybenefits to locate participating providers Look for the dollar sign icon ($).

Standard corrective lenses — Once every **12** months

- Single vision, lined bifocal, lined trifocal, lenticular after a
  - Low Plan: **$20** eyewear copay.[1]
  - High Plan: Covered in full.

Standard lens enhancements[2] — Once every **12** months

- Standard Polycarbonate (child up to age 18) [3] Covered in full
- Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at metlife.com/mybenefits.

[1] Materials co-pay applies to lenses and frames only, not contact lenses.

[2] The above list highlights some of the most popular lens enhancements and is not a complete listing.

[3] Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

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Other in-network features - continued:

Hearing discounts: [5] A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

Lens Enhancements[6]: How to maximize potential savings[7]. In search results, look for the star icon. These providers have agreed to accept discounts[8] for all covred lens enhancements.

Contact lenses (instead of eyeglasses)[4]

Once every **12** months

Contact fitting and evaluation: Standard fitting; Covered in full after

- Low Plan: **$25** copay
- High Plan: **$25** copay

- Specialty fitting:
  - Low Plan: **$50** allowance after **$25** copay
  - High Plan: **$50** allowance after **$25** copay
- Elective lenses:
  - Low Plan: **$130** allowance
  - High Plan: **$150** allowance
- Necessary lenses: **Covered in full** with prior authorization
- Discounts:[4]
  - Conventional contacts: **20%** off the amount that you pay over your allowance and on purchases of additional contact lenses
  - Disposable contacts: **10%** off the amount that you pay over your allowance and on purchases of additional contact lenses

We're here to help

Find a Superior Vision provider at www.metlife.com/vision and select 'Superior Vision by MetLife'.

For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at www.metlife.com/mybenefits.

1 [4] Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.

2 [5] These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart, Costco and Sam's Club. Please check with your in-network vision provider.

3 [6] Your actual savings from enrolling in a vision plan will depend on various factors, including the plan chosen, plan premiums, number of visits to an eye care professional by your family per year, and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

4 [7] Lens enhancements are available at participating private practices. Pricing is subject to change without notice. Please check with your provider for details and availability prior to receiving services. Additional discounts may not be available in certain states or at certain retail locations.

5 [8] Discount off retail. Not all providers participate in vision program discounts, including the member out-of-pocket features. Discounts may not be available in all states. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

Out-of-network reimbursement – Low & High Plans

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

- Eye exam: up to **$45**
- Frames: up to **$70**
- Single vision lenses: up to **$30**
- Lined bifocal lenses: up to **$50**
- Lined trifocal lenses: up to **$65**
- Lenticular lenses: up to **$100**
- Progressive lenses: up to **$50**
- Contact lenses:
  - Elective lenses up to **$105**
  - Necessary lenses up to **$210**

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision, Inc. ("Superior Vision"), a New York corporation. Superior Vision is part of the MetLife family of companies.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

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.

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/Domestic Partner	For Your Dependent Children*
$10,000 increments to a maximum of the lesser of 5 times pay or $500,000	$5,000 increments to a maximum of $250,000, not to exceed 50% of employee's Supplemental Life Benefit.	Child under 15 days to less than 1 year old $1,000 Child more than 1 year old: $1,000 increments to a maximum of $10,000

*Child(ren)'s Eligibility: Dependent children ages from birth/14 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.

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.

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, 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/Domestic Partner and Child(ren)

- You can choose to cover your dependent spouse/domestic partner 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)'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.

Life Insurance

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

Other Available Additional Benefits Include

- COBRA Continuation
- HIV
- Job Related injury
- Parental Care
- Rehabilitative Physical Therapy
- Repatriation of Remains
- Therapeutic Counseling
- Workplace Felonious Assault
- Surviving Spouse
- Home & Vehicle Access Alteration
- Felonious Assault
- Motorcycle Helmet
- Motorcycle Safety Apparel

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. **Act Now During the Enrollment Period.**

* 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.

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for coverage less than 5 times your basic annual earnings or $150,000.

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.[13]

For Dependent Coverage†

You must be covered in order to obtain coverage for your spouse/domestic partner and child(ren).

Your spouse/domestic partner and dependent children do not need to provide medical information as long as:

†A domestic partner declaration may be required for those partners not registered with a government agency where such registration is available.

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had for your spouse/domestic partner and child(ren) in the last year

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for spouse/domestic partner coverage equal to $50,000

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/domestic partner's and eligible children's coverage to take effect. In addition, your spouse/domestic partner 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 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/domestic partner 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.

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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/domestic partner (based on your age as of your 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/Domestic Partner Coverage
Less than 30	$0.048	$0.048
30 – 34	$0.057	$0.057
35 – 39	$0.057	$0.057
40 – 44	$0.086	$0.086
45 – 49	$0.150	$0.150
50 – 54	$0.228	$0.228
55 – 59	$0.380	$0.380
60 – 64	$0.447	$0.447
65 – 69	$0.779	$0.779
70 +	$0.779	$0.779
Cost for your Child(ren)†	$0.190	

† 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.

Use the table below to calculate your premium based on the amount of life insurance you will need.
Example: $100,000 Supplemental Life Coverage

1. Enter the rate from the table (example age 36)	$0.057	$_____
2. Enter the amount of insurance in thousands of dollars (Example: for $100,000 of coverage enter $100)	$100	$_____
3. Monthly premium (1) x (2)	$5.70	$_____

Repeat the three easy steps above to determine the cost for each coverage selected.

Monthly Cost for Accidental Death & Dismemberment (AD&D) Insurance

Supplemental Coverage	Monthly Cost Per $1,000 of Coverage
Employee – Supplemental AD&D	$0.020
Dependent Spouse/Domestic Partner	$0.020
Dependent Child	$0.020

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

Grief Counseling (all states except NY)[1] 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[4]

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.

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Travel Assistance[5]

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

Travel assistance services, offered on your AD&D/business travel accident 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[6]

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/estateplanning 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.

Estate Resolution Services[SM7] (ERS)

Personal service and compassion assistance to help probate your and your spouse's/domestic partner'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/domestic partner. 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.

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Life Insurance

Portability

So you can keep your coverage even if you leave your current employer
Should you leave San Benito Consolidated Independent School District for any reason, and your Basic and Supplemental and Dependent Term Life and Supplemental and Dependent and 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/domestic partner and dependent child(ren). The maximum amount of coverage for spouse/domestic partners is $250,000; the maximum amount of dependent child coverage is $25,000. 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 plan administrator/employer or certificate 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 administrator/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[8]

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/domestic partners insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

Conversion

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 administrator/employer for more information.

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Waiver of Premiums for Total Disability (Continued Protection)

Offering continued coverage when you need it most

If you become Totally Disabled, you may qualify to continue certain insurance. You may also be eligible for waiver of your Supplemental term life and Supplemental 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 6-month waiting period of continuous disability. The waiver of premium will end when you turn age 65, 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 6-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.

1- (Not available in NY) Grief Counseling services are provided through an agreement with TELUS Health. TELUS Health is not an affiliate of MetLife, and the services TELUS Health provides are separate and apart from the insurance provided by MetLife. TELUS Health has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.

2-Funeral Discounts Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name 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. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers have been pre-negotiated. Not available where prohibited by law. 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 only.

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.

4- 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.

5-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

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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.

6 -Digital Estate Planning is not available for customers situsedin 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.

7- MetLife 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 - 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).

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.

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.

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 San Benito Consolidated Independent School District 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 GPNP15-2T) 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.

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LI-ALL-SUPP

NEW YORK LIFE GROUP BENEFIT SOLUTIONS

Offered by Life Insurance Company of North America

Employee-Paid Long Term Disability Insurance

Summary of Benefits

Prepared for: San Benito Consolidated Independent School District

Eligibility:
All active, Full-Time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States.
Employee: You will be eligible for coverage first of month after 1 day.

Available Coverage:

Gross Monthly Disability Benefit	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
Units of $100, minimum amount of $200	Lesser of 66.67% of your monthly covered earnings or $8,000	0/7, 14/14, 30/30, 60/60, 90/90, 180/180	Please refer to the "How Long Benefits Last" section below for more details.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Select Plan – Monthly Rate by Type of Plan (Per $100 Benefit)						
Accident in Days	0	14	30	60	90	180
Sickness in Days	7	14	30	60	90	180
All Ages	$2.180	$1.730	$1.390	$1.050	$.680	$.480

Actual per pay period premiums may differ slightly due to rounding. Rates may be subject to change in the future.

How to Calculate Your Monthly Cost:
Step 1: Divide your annual salary by 12 to calculate your monthly earnings.
Step 2: Multiply this amount by the benefit percentage defined above in the Available Coverage section, round it to the next nearest unit amount of $100. For example, 66.67% would be .6667. Now, you have your Gross Monthly Benefit.
Step 3: Use the chart above to find your Monthly rate. Multiply this rate by your Gross Monthly Benefit, or the Maximum Gross Monthly Benefit of $8,000, whichever is less.
Step 4: Divide the total by 100. The result is your **Monthly** cost.
Important Definitions and Policy Provisions:
Disability - "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or

experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings - "Covered Earnings" means your wages or salary, not including bonuses, commissions, overtime pay and other extra compensation.

When Benefits Begin - You must be continuously Disabled for your elected benefit waiting period before benefits will be payable for a covered Disability.

How Long Benefits Last - Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to one of the following schedules, depending on your age at the time you become Disabled and the plan you select.

Select Plan: Maximum Benefit Period Schedule for Accident		**Select Plan: Maximum Benefit Period Schedule for Sickness**	
Age at Commencement of Disability	**Duration of Benefit Period**	**Age at Commencement of Disability**	**Duration of Benefit Period**
Age 62 or younger	To age 65 or the date the 42nd monthly benefit is payable, if later.	Age 62 or younger	To age 65 or the date the 42nd monthly benefit is payable, if later.
63 years	36 monthly payments	63 years	36 monthly payments
64 years	30 monthly payments	64 years	30 monthly payments
65 years	24 monthly payments	65 years	24 monthly payments
66 years	21 monthly payments	66 years	21 monthly payments
67 years	18 monthly payments	67 years	18 monthly payments
68 years	15 monthly payments	68 years	15 monthly payments
69 years or older	12 monthly payments	69 years or older	12 monthly payments

When Coverage Takes Effect - Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits - This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by Other Income Benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Disability benefits may be reduced by amounts received through Social Security disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will also be reduced by amounts received through other government programs, sick leave, employer's sabbatical leave, employer's assault leave plan, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer's summary plan description. *Note: Some of the Other Income Benefits, as defined in the group policy, will not be considered until after disability benefits are payable for 12 months.*

Earnings While Disabled - During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period - Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, somatoform disorders (including psychosomatic illnesses). Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

Pre-existing Condition Waiver - The Insurance Company will waive the Pre-Existing Condition Limitation for the first 12 weeks of Disability even if the Employee has a Pre-Existing Condition. The Disability Benefits as shown in the Schedule of Benefits will continue beyond 12 weeks only if the Pre-Existing Condition Limitation does not apply. **Pre-existing Condition Limitation -** Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.
Termination of Disability Benefits - Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, or on the following events: (1) the date you earn from any occupation more than the percentage of Indexed Earnings, or the date you fail to cooperate with us in a rehabilitation plan, or transitional work arrangement, or the administration of the claim.
Exclusions - This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane; War or any act of war, whether or not declared; Active participation in a riot; Commission of a felony; The revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. SLH0100042. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madison Avenue, New York, NY 10010.

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Employee-Paid

DISABILITY INSURANCE FOR EDUCATORS

SAN BENITO CONSOLITDATED INDEPENDENT SCHOOL DISTRICT

Max. Benefit %	66.67%	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Elimination Period:							
	Injury (Days)	0	14	30	60	90	180
	Sickness (Days)	7	14	30	60	90	180
Gross Annual Salary	**Maximum Monthly Benefit**	**Premium Plan Monthly Cost**					
$3,600	$200	$4.36	$3.46	$2.78	$2.10	$1.36	$0.96
$5,400	$300	$6.54	$5.19	$4.17	$3.15	$2.04	$1.44
$7,200	$400	$8.72	$6.92	$5.56	$4.20	$2.72	$1.92
$9,000	$500	$10.90	$8.65	$6.95	$5.25	$3.40	$2.40
$10,800	$600	$13.08	$10.38	$8.34	$6.30	$4.08	$2.88
$12,600	$700	$15.26	$12.11	$9.73	$7.35	$4.76	$3.36
$14,400	$800	$17.44	$13.84	$11.12	$8.40	$5.44	$3.84
$16,200	$900	$19.62	$15.57	$12.51	$9.45	$6.12	$4.32
$18,000	$1,000	$21.80	$17.30	$13.90	$10.50	$6.80	$4.80
$19,800	$1,100	$23.98	$19.03	$15.29	$11.55	$7.48	$5.28
$21,600	$1,200	$26.16	$20.76	$16.68	$12.60	$8.16	$5.76
$23,400	$1,300	$28.34	$22.49	$18.07	$13.65	$8.84	$6.24
$25,200	$1,400	$30.52	$24.22	$19.46	$14.70	$9.52	$6.72
$27,000	$1,500	$32.70	$25.95	$20.85	$15.75	$10.20	$7.20
$28,800	$1,600	$34.88	$27.68	$22.24	$16.80	$10.88	$7.68
$30,600	$1,700	$37.06	$29.41	$23.63	$17.85	$11.56	$8.16
$32,400	$1,800	$39.24	$31.14	$25.02	$18.90	$12.24	$8.64
$34,200	$1,900	$41.42	$32.87	$26.41	$19.95	$12.92	$9.12
$36,000	$2,000	$43.60	$34.60	$27.80	$21.00	$13.60	$9.60
$37,800	$2,100	$45.78	$36.33	$29.19	$22.05	$14.28	$10.08
$39,600	$2,200	$47.96	$38.06	$30.58	$23.10	$14.96	$10.56
$41,400	$2,300	$50.14	$39.79	$31.97	$24.15	$15.64	$11.04
$43,200	$2,400	$52.32	$41.52	$33.36	$25.20	$16.32	$11.52
$45,000	$2,500	$54.50	$43.25	$34.75	$26.25	$17.00	$12.00
$46,800	$2,600	$56.68	$44.98	$36.14	$27.30	$17.68	$12.48
$48,600	$2,700	$58.86	$46.71	$37.53	$28.35	$18.36	$12.96
$50,400	$2,800	$61.04	$48.44	$38.92	$29.40	$19.04	$13.44
$52,200	$2,900	$63.22	$50.17	$40.31	$30.45	$19.72	$13.92
$54,000	$3,000	$65.40	$51.90	$41.70	$31.50	$20.40	$14.40
$55,800	$3,100	$67.58	$53.63	$43.09	$32.55	$21.08	$14.88
$57,600	$3,200	$69.76	$55.36	$44.48	$33.60	$21.76	$15.36
$59,400	$3,300	$71.94	$57.09	$45.87	$34.65	$22.44	$15.84
$61,200	$3,400	$74.12	$58.82	$47.26	$35.70	$23.12	$16.32
$63,000	$3,500	$76.30	$60.55	$48.65	$36.75	$23.80	$16.80
$64,800	$3,600	$78.48	$62.28	$50.04	$37.80	$24.48	$17.28
$66,600	$3,700	$80.66	$64.01	$51.43	$38.85	$25.16	$17.76
$68,400	$3,800	$82.84	$65.74	$52.82	$39.90	$25.84	$18.24
$70,200	$3,900	$85.02	$67.47	$54.21	$40.95	$26.52	$18.72
$72,000	$4,000	$87.20	$69.20	$55.60	$42.00	$27.20	$19.20
$73,800	$4,100	$89.38	$70.93	$56.99	$43.05	$27.88	$19.68
$75,600	$4,200	$91.56	$72.66	$58.38	$44.10	$28.56	$20.16
$77,400	$4,300	$93.74	$74.39	$59.77	$45.15	$29.24	$20.64
$79,200	$4,400	$95.92	$76.12	$61.16	$46.20	$29.92	$21.12
$81,000	$4,500	$98.10	$77.85	$62.55	$47.25	$30.60	$21.60
$82,800	$4,600	$100.28	$79.58	$63.94	$48.30	$31.28	$22.08

SAN BENITO CONSOLITDATED INDEPENDENT SCHOOL DISTRICT

Max. Benefit %	66.67%	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Elimination Period:							
Injury (Days)		0	14	30	60	90	180
Sickness (Days)		7	14	30	60	90	180
Gross Annual Salary	**Maximum Monthly Benefit**	**Premium Plan Monthly Cost**					
$84,600	$4,700	$102.46	$81.31	$65.33	$49.35	$31.96	$22.56
$86,400	$4,800	$104.64	$83.04	$66.72	$50.40	$32.64	$23.04
$88,200	$4,900	$106.82	$84.77	$68.11	$51.45	$33.32	$23.52
$90,000	$5,000	$109.00	$86.50	$69.50	$52.50	$34.00	$24.00
$91,800	$5,100	$111.18	$88.23	$70.89	$53.55	$34.68	$24.48
$93,600	$5,200	$113.36	$89.96	$72.28	$54.60	$35.36	$24.96
$95,400	$5,300	$115.54	$91.69	$73.67	$55.65	$36.04	$25.44
$97,200	$5,400	$117.72	$93.42	$75.06	$56.70	$36.72	$25.92
$99,000	$5,500	$119.90	$95.15	$76.45	$57.75	$37.40	$26.40
$100,800	$5,600	$122.08	$96.88	$77.84	$58.80	$38.08	$26.88
$102,600	$5,700	$124.26	$98.61	$79.23	$59.85	$38.76	$27.36
$104,400	$5,800	$126.44	$100.34	$80.62	$60.90	$39.44	$27.84
$106,200	$5,900	$128.62	$102.07	$82.01	$61.95	$40.12	$28.32
$108,000	$6,000	$130.80	$103.80	$83.40	$63.00	$40.80	$28.80
$109,800	$6,100	$132.98	$105.53	$84.79	$64.05	$41.48	$29.28
$111,600	$6,200	$135.16	$107.26	$86.18	$65.10	$42.16	$29.76
$113,400	$6,300	$137.34	$108.99	$87.57	$66.15	$42.84	$30.24
$115,200	$6,400	$139.52	$110.72	$88.96	$67.20	$43.52	$30.72
$117,000	$6,500	$141.70	$112.45	$90.35	$68.25	$44.20	$31.20
$118,800	$6,600	$143.88	$114.18	$91.74	$69.30	$44.88	$31.68
$120,600	$6,700	$146.06	$115.91	$93.13	$70.35	$45.56	$32.16
$122,400	$6,800	$148.24	$117.64	$94.52	$71.40	$46.24	$32.64
$124,200	$6,900	$150.42	$119.37	$95.91	$72.45	$46.92	$33.12
$126,000	$7,000	$152.60	$121.10	$97.30	$73.50	$47.60	$33.60
$127,800	$7,100	$154.78	$122.83	$98.69	$74.55	$48.28	$34.08
$129,600	$7,200	$156.96	$124.56	$100.08	$75.60	$48.96	$34.56
$131,400	$7,300	$159.14	$126.29	$101.47	$76.65	$49.64	$35.04
$133,200	$7,400	$161.32	$128.02	$102.86	$77.70	$50.32	$35.52
$135,000	$7,500	$163.50	$129.75	$104.25	$78.75	$51.00	$36.00

Disability insurance for educators.

How to report a disability claim.



How do I report a disability claim?

Simply do one of the following:

- Go to myNYLGBS.com > Coverage > Disability (Make sure to print your confirmation page).
- Call toll-free **(888) 842-4462** or **(866) 562-8421** (Español) between 7:00 am – 7:00 pm CST, Monday-Friday. A representative will walk you through the process.
  - If your school district participates in an Employee Benefit Cooperative for disability insurance, please have the name of the Cooperative on hand.
- Fill out a claim form online at newyorklife.com/group-benefit-solutions/employees/group-insurance/disability/submit-disability-claim
  - Review fraud warning and click **I agree** at the bottom of the page.
  - Follow the simple steps to complete your form and submit.

When do I report a claim?

- Contact your employer on, or before, your first day out of work. Tell them when and for how long you plan to be absent.
- If you know you'll be out for more than seven days in a row, call New York Life Group Benefit Solutions (NYL GBS) at **(888) 842-4462** or **(866) 562-8421** (Español). Make sure you call us before your seventh day out of work so we can begin reviewing your claim. If your plan allows for coverage sooner than seven days, you should report your claim promptly.

What information do I need?

Before you call or go online, please have this information handy:

- Your name, address, phone number, birth date, Social Security number and email address.
- Employment information, such as date hired and job title.
- Reason for your claim – illness, injury or pregnancy.
- Description of your illness, symptoms and/or diagnosis. Include the date your symptoms first appeared and if you have had these symptoms before.
- Workers' compensation claims you've filed or plan to file.
- Details about doctor, hospital or clinic visits, including dates and contact information.

What happens next?

During the call, we'll ask for your permission to get your medical information. Here's how it works:

- After you give us your claim information, you'll be transferred to a recorded message.
- Listen to the recording and answer **Yes** or **No** to the questions.
- At the end of the recording, say **Yes** if you give permission or **No** if you do not.
- You can cancel your permission at any time by calling your NYL GBS claim manager.

If you need immediate medical attention, please call 911.

NEW YORK LIFE Group Benefit Solutions

Employee Assistance and Wellness Support

Support they can count on.



We understand the need for support during life's tough times. New York Life Group Benefit Solutions (NYL GBS) offers eligible participants confidential grief counseling through our Employee Assistance and Wellness program after filing a life claim.

Our suite of value-add resources includes:

› Employee Assistance Program

This program offers confidential grief counseling to beneficiaries at the time of a claim, helping them navigate the emotions and challenges of loss.

All calls are answered by a Master's or PhD-level counselor who will collect some general information and discuss the employee's needs. The standard program offers three face-to-face counseling sessions per issue, per year with certified clinicians*.

› GuidanceResources®

This online portal and app experience offers education, tools, and other features on topics such as health and wellness, law and regulations, family and relationships, work and education, money and investments, estate management and grief resources. Includes articles, podcasts, videos, on-demand trainings, and personalized support based on individual needs.

› Wellbeing Coaching

This program offers wellness coaching with certified resiliency coaches to beneficiaries, along with their dependent spouse or child, are matched with a counselor based on their specific needs, covering topics such as substance use support, smoking cessation, nutrition, sleep improvement, and meditation—helping to promote overall well-being.

NEW YORK LIFE GROUP BENEFIT SOLUTIONS

Contact Information

24/7 — Employee Assistance and Wellness Support

Phone: (800) 344-9752
Website: guidanceresources.com

First time visitor? Click "Register" and enter "NYLGBS" as the Organization Web ID.

* Options for an enhanced number of sessions are available. Please contact NYL GBS representative for more information.

This communication is intended for clients who are situsedin New York state.

This program is offered to eligible participants at time of death claims and provides confidential professional grief counseling as they cope with the emotions and challenges of grief. For eligible participants only. These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. These services are provided exclusively by ComPsych® Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. ComPsych is solely responsible for its services and is not affiliated with New York Life Insurance Company or any of its affiliates. Some of these programs are not available under policies issued by New York Life Group Insurance Company of NY.

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After the call, NYL GBS will send you a letter. It'll include a copy of the recorded message for your records and a form that gives us permission to get other information we may need to finish processing your claim. Please sign and return that form. Check with your doctor to see if there are any other forms you need to sign.

A NYL GBS claim manager will call you and your employer for a list of your job requirements. The claim manager will also call your doctor for your medical records. This information will help us figure out how long you may be out of work and the benefits you may be able to receive.

What happens if my claim is approved?

- NYL GBS will send you an approval letter that gives you an explanation of your benefits. You may also get a recorded call from NYL GBS with this information.
- NYL GBS will coordinate payment of your benefits as soon as possible.
- NYL GBS will tell your employer that we approved your claim and the date you plan to return to work.

What happens if my claim is denied?

- NYL GBS will send you a letter that explains why. The letter will also tell you how you can appeal the decision.
- NYL GBS will let your employer know the claim is denied.
- You should call your employer when you get the letter to discuss your return-to-work date.

What can I expect while I'm out?

Your NYL GBS claim manager will stay in touch to help you return to work quickly and safely. We may work with you, your doctor and your employer to talk about different work options. This may include an adjustment to your job or work schedule. Your employer may also call you to check on your progress and offer support.

What if I can't return to work on the date my disability benefits end?

- Call your NYL GBS claim manager to talk about the situation and learn about your options.
- Call your employer to let them know when you plan to return to work.

What should I do when it's time to return to work?

Call your employer and NYL GBS claim manager to let them know the date you'll be returning to work.

What if I need more information?

Our website provides useful information for you and your family members – from submitting a disability claim and what comes next, to information that can help you manage a specific condition at work. Please visit the website at **nyl.com/workwellness**.

Questions?

Call **(888) 842-4462** or **(866) 562-8421** (Español).
A NYL GBS representative is available to help you between 7:00 am – 7:00 pm CST, Monday-Friday.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

Policy forms: Disability -TL-004700 et al.

New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

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Accident Insurance

San Benito Consolidated Independent School District

Benefits that may help cover costs such as those not covered by your medical plan.

Accident Insurance Benefits

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments in addition to any other insurance payments you may receive[1]. Here are just some of the covered events/services[2].

This plan provides protection 24 hours a day—while on or off the job.

Benefit Type	Low Plan Benefits	High Plan Benefits
Accidental Injury Benefits		
Fracture Benefit*	$100 – $8,000 depending on the fracture and type of repair	$200 – $10,000 depending on the fracture and type of repair
Dislocation Benefit*	$100 – $8,000 depending on the dislocation and type of repair	$200 – $10,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	$75 – $10,000 depending on the degree of the burn and the percentage of burnt skin	$100 – $15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	$250	$500
Coma Benefit	$7,500	$10,000
Laceration Benefit	$50 – $400 depending on the length of the cut and type of repair	$75 – $700 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: $200 Filling: $25 Extraction: $100	Crown: $300 Filling: $50 Extraction: $150
Eye Injury Benefit	$300	$400
Accident - Medical Services & Treatment Benefits		
Ambulance Benefit	Ground: $300 Air: $1,000	Ground: $400 Air: $1,250
Emergency Care Benefit	$50 – $100 depending on location of care	$50 – $150 depending on location of care
Non-Emergency Initial Care Benefit	$75	$100
Physician Follow-Up Visit Benefit	$75	$100
Therapy Services Benefit (including physical therapy)	$35	$50
Medical Testing Benefit	X-rays: $25 All other tests: $150	X-rays: $50 All other tests: $200
Medical Appliance Benefit	$75 – $750 depending on the appliance	$150 – $1,000 depending on the appliance
Transportation Benefit	$300	$400
Pain Management Benefit (for epidural anesthesia)	$75	$100
Prosthetic Device Benefit	One device: $750	One device: $1,000

Accident Insurance

	More than one device: $1,500	More than one device: $2,000
Modification Benefit	$1,000	$1,500
Blood/Plasma/Platelets Benefit	$400	$500
Surgical Repair Benefit	$150 – $1,500 depending on the type of surgery	$200 – $2,000 depending on the type of surgery
Exploratory Surgery Benefit	$150	$200
Other Outpatient Surgery Benefit	$300	$400
Hospital Benefits		
Admission Benefit	$1,000 for the day of admission	$1,500 for the day of admission
ICU Supplemental Admission Benefit	$1,000 for the day of admission	$1,500 for the day of admission
Confinement Benefit (paid for up to 15 days per accident)	$200 per day	$300 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per accident)	$200 per day	$300 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	$150 per day	$200 per day
Accidental Death Benefit		
Accidental Death Benefit*	$25,000 $75,000 for accidental death on common carrier	$50,000 $150,000 for accidental death on common carrier
Accidental Dismemberment, Functional Loss & Paralysis Benefits		
Dismemberment/Functional Loss	$750 – $20,000 depending on the injury	$1,000 – $40,000 depending on the injury
Paralysis	$10,000 – $20,000 depending on the number of limbs	$20,000 – $40,000 depending on the number of limbs
Other Benefits		
Health Screening Benefit* - benefit provided for certain screening/prevention tests	$50 Paid 1 time per calendar year	$100 Paid 1 time per calendar year
Lodging Benefit* - for a companion of a covered person who is hospitalized	$100 per day	$200 per day

Organized Sports Activity Injury Benefit Rider
This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

* Notes Regarding Certain Benefits

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit – The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Accidental Death Benefit – Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG) and electroencephalogram (EEG).
- Lodging Benefit - The lodging must be at least 50 miles from the insured's primary residence.

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Accident Insurance

Benefit Payment Example – High Plan

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event[3]	Benefit Amount
Ambulance (ground)	**$400**
Emergency Care	**$150**
Physician Follow-Up ($100 x 2)	**$200**
Medical Testing	**$250**
Concussion	**$500**
Broken Tooth (repaired by crown)	**$300**
Benefits paid by MetLife Group Accident Insurance	**$1,800**

Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage through your Employer.

Q. Who is eligible to enroll for this accident coverage?

A. You are eligible to enroll yourself and your eligible family members![4] You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my accident coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.[5] You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Insurance Rates

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Accident Insurance

MetLife offers group rates and payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident Insurance	Monthly Cost to You	
Coverage Options	**Low Plan**	**High Plan**
Employee	$5.53	$9.38
Employee & Spouse	$9.56	$16.20
Employee & Child(ren)	$11.73	$20.34
Employee & Spouse/Child(ren)	$15.40	$25.64

[1] Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.
[2] Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.
[3] Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.
[4] Eligible Family Members means all persons eligible for coverage as defined in the Certificate.
[5] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

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Critical Illness Insurance

Benefits you can use as you see fit, such as to help cover expenses that are not covered by your medical plan.

San Benito Consolidated Independent School District

Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	**$10,000, $20,000 or $30,000**	Coverage is guaranteed provided you are actively at work. [1]
Spouse/Domestic Partner[2]	**50% of the Employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]
Dependent Child(ren)[3]	**50% of the Employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]

Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit**[4] for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions.

Please refer to the table below for the percentage benefit payable for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Autism Spectrum Disorder Category		
Autism Spectrum Disorder *payable for a covered person (adult or child) for a diagnosis of any severity*	25% of Benefit Amount	NONE
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Coronary Artery Disease Category		
Coronary Artery Bypass Graft (CABG) - *where surgery involving either a median sternotomy or minimally invasive procedure is performed*	50% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	NONE
Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE

Critical Illness Insurance

Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE
Infectious Disease Category		
For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days.		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
Diphtheria	25% of Benefit Amount	100% of Initial Benefit
Encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire's Disease	25% of Benefit Amount	100% of Initial Benefit
Malaria	25% of Benefit Amount	100% of Initial Benefit
Necrotizing Fasciitis	25% of Benefit Amount	100% of Initial Benefit
Osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	100% of Initial Benefit
Tuberculosis	25% of Benefit Amount	100% of Initial Benefit
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit
Major Organ Transplant Category		
Major Organ Transplant *For bone marrow, heart, lung, pancreas, and liver*	100% of Benefit Amount	100% of Initial Benefit
Occupational Exposure Category		
Occupational Hepatitis or Occupational HIV	100% of Benefit Amount	NONE
Progressive Disease Category		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit
Transient Ischemic Attack	10% of Benefit Amount	100% of Initial Benefit

* Notes Regarding Covered Conditions

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Critical Illness Insurance

MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Infectious Disease Covered Condition Category – For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for a consecutive number of days as specified in the certificate.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
    - Coma
    - Loss of: Ability to Speak; Hearing; or Sight
    - Paralysis
    - Severe Burn

Health Screening Benefit

MetLife will provide an annual benefit of $50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in all states.

Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of $10,000.

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Initial Benefit payment of $10,000 or 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of $10,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of $10,000 or 100%

This example is for illustrative purposes only. The MetLife Critical Illness Insurance Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

Questions & Answers

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Critical Illness Insurance

Q. How do I enroll?

A. Enroll for coverage through your Employer.

Q. Who is eligible to enroll for this critical illness coverage?

A. You are eligible to enroll yourself and your eligible family members![5] You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my critical illness coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.[6] You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Insurance Rates

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Monthly Premium per $1,000 of Coverage – Non - Tobacco

Age	Employee Only	Employee + Spouse
<30	$0.17	$0.17
30 - 39	$0.30	$0.30
40 - 49	$0.57	$0.57
50 - 59	$1.04	$1.04
60 - 69	$1.46	$1.46
70+	$2.53	$2.53

Monthly Premium per $1,000 of Coverage - Tobacco

Age	Employee Only	Employee + Spouse
<30	$0.25	$0.25
30 - 39	$0.50	$0.50
40 - 49	$0.98	$0.98
50 - 59	$1.71	$1.71
60 - 69	$2.40	$2.40
70+	$4.19	$4.19

Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.

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Critical Illness Insurance

[1] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.
[2] Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
[3] Dependent Child coverage varies by state. Please contact MetLife for more information.
[4] Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.
[5] Eligible Family Members means all persons eligible for coverage as defined in the Certificate.
[6] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14-CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses

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Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

San Benito Consolidated Independent School District

Hospital Indemnity Insurance Benefits

With MetLife's Hospital Indemnity Insurance, you'll have a plan which provide benefit payments for covered events regardless of any other insurance payments you may receive . Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.[A]

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amounts
Hospital Benefits			
Admission Benefit	4 time(s) per calendar year[1]	Admission	$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	$1,000
Confinement Benefit	31 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 31 of those days	Confinement[4]	$250
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	$250
Confinement Benefit for Newborn Nursery Care	3 day(s) per confinement	Confinement Benefit for Newborn Nursery Care[5]	$200
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	$250
Other Benefits			
Health Screening Benefit[7]	1 time(s) per calendar year per covered person	Health Screening	$50

*Any benefit(s) marked with an asterisk requires a prior Hospital Admission or Confinement.

[1] If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.

[4] If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

[5] Payable for the period of newborn confinement for a newborn child who is not sick or injured.

[7] In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, dental exam , digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), electroencephalogram (EEG), endoscopy, eye exam, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hearing test, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, immunization, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill , successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms and virtual colonoscopy.

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Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

Benefit Payment Example for Plan

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can help cover these unexpected costs or in any other way Susan sees fit.

Covered Benefit	Benefit Amount
Regular Hospital Admission (1x)	$1,000
ICU Supplemental Admission (1x)	$1,000
Regular Hospital Confinement (3 total days)	$750
ICU Supplemental Confinement (1 day)	$250
Benefits paid by MetLife Group Hospital Indemnity Insurance	$3,000

Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage through your Employer.

Q. Who is eligible to enroll for this Hospital Indemnity coverage?

A. You are eligible to enroll yourself and your eligible family members. [C] You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

Q. How do I pay for my Hospital Indemnity coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier. [D]

Q. What is the coverage effective date?

A. The coverage effective date is 10/01/2025.

Q. Who do I call for assistance?

A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant.

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Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

Insurance Rates

MetLife offers group rates and payroll deductions, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Hospital Indemnity Insurance

Coverage Options	Premium
Monthly Cost to You	
Employee	$17.50
Employee & Spouse	$33.84
Employee & Child(ren)	$22.40
Employee & Spouse/Child(ren)	$37.34

[A] Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
[C] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions may apply to dependents serving in the armed forces or living overseas."
[D] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

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MetLife | Health Screening Benefit

Discover your Health Screening Benefits

Health screenings are an important part of managing your health.



That's why your Accident Insurance, Critical Illness Insurance, and Hospital Indemnity Insurance coverage from MetLife provides a Health Screening Benefit[1] (HSB) for covered screenings and tests. Now, everyone who's enrolled—you, your spouse, and dependent children[2]—can earn a benefit just for taking care of his or her health.

At least 42% of newly diagnosed cancers in colorectal cancer deaths in the U.S. could be prevented with recommended screenings.[3]

For women in their 40s and 50s, **annual mammogram screenings decrease breast cancer deaths.**[4]

Examples of covered screening and prevention tests may include **a blood test to determine total cholesterol, a blood test to determine triglycerides, an endoscopy**, or a colonoscopy. For a complete list of what's covered, please see a copy of your certificate.

Here's an example of how it works.

*Susan's doctor conducts a blood test to determine total cholesterol, which is one of the many screenings or tests covered by MetLife. Afterward, Susan contacts MetLife by calling 1-800-GET-MET8 to submit her HSB claim. All Susan needs to provide is her physician's name, phone number and address, plus the test and the date it was completed. A check for Susan's HSB benefit payment is on the way within a few business days once her claim is processed. It's that easy!**

*This is an example for illustrative purposes only.

Claiming your Health Screening Benefit (HSB) is as simple as 1-2-3.

1. **Visit MyBenefits at www.metlife.com/mybenefits or call 1-800-GET-MET8 (800-438-6388) 8:00 am–8:00 pm EST.** You can also file a claim using the MetLife Mobile App!
2. **Provide a few details**, including:
   - The name of the Insured, SSN or EEID, Group Name, Certificate Number
   - What date did you have your test?
   - What was the test you had completed?
3. **Receive your HSB payment**. (If submitting via MyBenefits, payment can be made via EFT. Checks are typically issued within a few business days once your claim has been processed)

You can submit claims for your spouse and/or dependent children. No hard copy proof is ever required! Please refer to your certificate of coverage for details on the health screening benefit and which tests are applicable based on your coverage.

Add claiming your MetLife Health Screening Benefit to your annual good health to-do list.

For complete details, including covered screenings and tests, please see your insurance coverage certificate on the ***MyBenefits*** portal at **www.metlife.com/mybenefits, or the MetLife Mobile App.**

MetLife

Accident | Critical Illness | Hospital Indemnity



How to submit a MetLife Accident, Hospital Indemnity, Critical Illness or Cancer Insurance claim

Submitting an Accident, Hospital Indemnity, Critical Illness or Cancer Insurance claim doesn't have to be challenging. Below you'll find the information and tools you need to make the process as smooth as possible.

How to submit an Accident, Hospital Indemnity, Critical Illness or Cancer Insurance claim online
Submitting a claim is as simple as 1-2-3:

1



Visit **mybenefits.metlife.com** or download the **MetLife Mobile App** to view your certificate of insurance and to initiate your claim* or call 866-626-3705 to obtain a claim form*.

2



Answer some questions about your claim and upload your medical documentation to support your claim. The whole process takes just minutes!

3



Visit **MyBenefits** or your **MetLife Mobile App** frequently to check claim status, letters and benefit payments.

*For Critical Illness claims, a Physician Statement, which is available on **MyBenefits**, needs to be completed by your physician.

What happens next
A MetLife claims specialist will review your information, request any additional medical information (if necessary), and notify you in writing of a claim decision.

Online claim submission can be hassle-free!
You can register at www.mybenefits.metlife.com or on the MetLife Mobile App. See reverse for details.



MyBenefits: easy online claim submission

Benefits of registering to process claims online:

- Faster processing time
- Less paper waste
- Claims can be submitted 7 days a week

MyBenefits is the web portal for MetLife group participants. Once registered, you can log in to:

- Submit a claim and upload medical documentation
- See claim status, history, and payments
- Set up direct deposit of benefits
- Read correspondence from MetLife
- Download claim forms
- View your certificate of insurance and designate beneficiaries

MetLife Mobile App

Employees can also submit and access claim information on-the-go. Our mobile app has the same features as the MyBenefits web portal — employees can register and submit claims online, view claim status, letters and benefit payments.

Download on the App Store | GET IT ON Google Play

Download the MetLife app from the App Store or Google Play

[Hospital Indemnity Insurance Disclaimer:]
METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

[Critical Illness Insurance Disclaimer:]
The MetLife Cancer Insurance plan is based on the MetLife Critical Illness Insurance (CII) policy. MetLife Cancer Insurance includes only the Cancer Covered Conditions.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a preexisting condition exclusion. There may be a Benefit Reduction Due to Age provision. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. Issue Age rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14- CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.[Accident Insurance Disclaimer:]

[Accident Insurance Disclaimer:]
METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There are benefit reductions that begin at age 65, if applicable. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.
Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

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KEY BENEFITS

- Available coverage for spouse and eligible dependent children
- 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

Colonial Life

Group Cancer

Plan 4 – Level 2

Colonial Life

Level 2 benefits

Cancer benefits can help provide financial protection through a variety of benefits.

Air ambulance ..... $2,000 per trip
Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)

Ambulance ..... $250 per trip
Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)

Anesthesia
Administered during a surgical procedure for treatment of invasive cancer

- **General** ..... 25% of surgical procedures benefit
- **Local** ..... $30 per procedure

Anti-nausea medication ..... $40 per day administered or per prescription filled
Doctor-prescribed medication as a result of radiation or chemotherapy (max. benefit amount of $160 per covered person per calendar month)

Blood/plasma/platelets/immunoglobulins[2] ..... $175 per day
A transfusion required during the treatment of invasive cancer (max. benefit amount of $10,000 per covered person per calendar year)

Bone marrow donor screening $50
Testing in connection with being a potential donor (max. of one per covered person per lifetime)

Bone marrow or peripheral stem cell donation $750
Receiving another person's bone marrow or stem cells for a transplant (max. of one per covered person per lifetime)

Bone marrow or peripheral stem cell transplant ..... $4,000 per transplant
Transplant you receive for the treatment of invasive cancer (max. of two transplant benefits per covered person per lifetime)

Cancer vaccine $50
An FDA-approved vaccine for the prevention of invasive cancer (max. of one per covered person per lifetime)

Companion transportation ..... $.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment (max. benefit amount of $1,000 per covered person per round trip)

Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation)
Extracted/harvested or collected before chemotherapy, radiation or immunotherapy (max. of one per covered person per lifetime)

- **Egg(s) extraction or harvesting or sperm collection** $700
- **Egg(s) or sperm storage** $175

Experimental treatment ..... $250 per day
Hospital, medical or surgical care for experimental treatment of invasive cancer (max. benefit amount of $2,500 per covered person per calendar year)

Hair/external breast/voice box prosthesis ..... $200 per year
Prosthesis needed as a direct result of invasive cancer (per covered person per calendar year)

Home health care services ..... $75 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment (max. of 30 days per covered person per calendar year or twice the number of days of hospital confinement per covered person per calendar year)

Hospice
(max. benefit amount of $15,000 for initial and daily hospice care per covered person per lifetime)

- **Initial hospice care** $1,000
  (max. of one per covered person per lifetime)
- **Daily hospice care** ..... $50 per day

Colonial Life®

Hospital confinement
Hospital stay (including intensive care) required for the treatment of invasive cancer (per covered person)

- **30 days or less** ..... $200 per day
- **31 days or more** ..... $400 per day

Lodging ..... $50 per day
Hotel/motel expenses while being treated for invasive cancer more than 50 miles from home (max. of 90 days per covered person per calendar year)

Medical imaging studies ..... $75 per study
Specific studies for cancer treatment (max. benefit amount of $150 per covered person per calendar year)

Outpatient surgical center ..... $250 per day
Surgery at an outpatient center for the treatment of invasive cancer (max. benefit amount of $750 per covered person per calendar year)

Private full-time nursing services ..... $100 per day
Services while hospital confined other than those regularly furnished by a hospital (per covered person)

Prosthetic device/artificial limb ..... $1,500 per device or limb
A surgical implant needed because of invasive cancer surgery (max. benefit amount of $3,000 per covered person per lifetime)

Radiation/chemotherapy or immunotherapy
(max. benefit amount per covered person)

- **Self-administered** ..... $200 per calendar month
  Self-injected/topical/oral non-hormonal
  (max. benefit amount of $2,400 per covered person per calendar year)
- **Physician-administered** ..... $350 per calendar month
  Injected chemotherapy by medical personnel/pump/immunotherapy
  (max. benefit amount of $4,200 per covered person per calendar year)
- **Hormonal therapy** ..... $75 per calendar month
  Oral hormonal
  (max. benefit amount of $900 per covered person per calendar year)

Reconstructive surgery ..... $40 per surgical unit
Surgery to reconstruct anatomical defects resulting from treatment of invasive cancer (max. benefit amount of $2,000 per covered person per procedure, including 25% for general anesthesia; limit two per site)

Second medical opinion $200
A second physician's opinion on surgery or treatment following the positive diagnosis of invasive cancer (max. of one per covered person per lifetime)

Skilled nursing care facility ..... $100 per day
Confinement to a covered facility after hospital release during the treatment of invasive cancer (per covered person per day up to the number of days for hospital confinement)

Supportive/protective care drugs and colony stimulating factors ..... $40 per day
Doctor-prescribed drugs for the treatment of invasive cancer (max. benefit amount of $320 per covered person per calendar year)

Surgical procedures ..... $50 per surgical unit
Inpatient or outpatient surgery for the treatment of invasive cancer (max. benefit amount of $3,500 per covered person per procedure)

Transportation ..... $.50 per mile
Travel expenses when being treated for invasive cancer more than 50 miles from home (max. benefit amount of $1,200 per covered person per round trip)

Waiver of premium ..... Yes
No premiums due if the named insured is disabled longer than 90 consecutive days (lifetime maximum of 24 months)



For more information, talk with your benefits counselor.



KEY BENEFITS

- Available coverage for spouse and eligible dependent children
- 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

Colonial Life

Group Cancer

Plan 4 – Level 3

Colonial Life

Level 3 benefits

Cancer benefits can help provide financial protection through a variety of benefits.

Air ambulance ..... $2,000 per trip
Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)

Ambulance ..... $250 per trip
Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)

Anesthesia
Administered during a surgical procedure for treatment of invasive cancer

- **General** ..... 25% of surgical procedures benefit
- **Local** ..... $50 per procedure

Anti-nausea medication ..... $50 per day administered or per prescription filled
Doctor-prescribed medication as a result of radiation or chemotherapy (max. benefit amount of $200 per covered person per calendar month)

Blood/plasma/platelets/immunoglobulins[2] ..... $250 per day
A transfusion required during the treatment of invasive cancer (max. benefit amount of $10,000 per covered person per calendar year)

Bone marrow donor screening $50
Testing in connection with being a potential donor (max. of one per covered person per lifetime)

Bone marrow or peripheral stem cell donation $1,000
Receiving another person's bone marrow or stem cells for a transplant (max. of one per covered person per lifetime)

Bone marrow or peripheral stem cell transplant ..... $7,000 per transplant
Transplant you receive for the treatment of invasive cancer (max. of two transplant benefits per covered person per lifetime)

Cancer vaccine $50
An FDA-approved vaccine for the prevention of invasive cancer (max. of one per covered person per lifetime)

Companion transportation ..... $.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment (max. benefit amount of $1,000 per covered person per round trip)

Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation)
Extracted/harvested or collected before chemotherapy, radiation or immunotherapy (max. of one per covered person per lifetime)

- **Egg(s) extraction or harvesting or sperm collection** $1,000
- **Egg(s) or sperm storage** $300

Experimental treatment ..... $300 per day
Hospital, medical or surgical care for experimental treatment of invasive cancer (max. benefit amount of $3,000 per covered person per calendar year)

Hair/external breast/voice box prosthesis ..... $350 per year
Prosthesis needed as a direct result of invasive cancer (per covered person per calendar year)

Home health care services ..... $100 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment (max. of 30 days per covered person per calendar year or twice the number of days of hospital confinement per covered person per calendar year)

Hospice
(max. benefit amount of $15,000 for initial and daily hospice care per covered person per lifetime)

- **Initial hospice care** $1,000
  (max. of one per covered person per lifetime)
- **Daily hospice care** ..... $50 per day

Colonial Life®

Hospital confinement
Hospital stay (including intensive care) required for the treatment of invasive cancer (per covered person)

- **30 days or less** ..... $300 per day
- **31 days or more** ..... $600 per day

Lodging ..... $75 per day
Hotel/motel expenses while being treated for invasive cancer more than 50 miles from home (max. of 90 days per covered person per calendar year)

Medical imaging studies ..... $125 per study
Specific studies for cancer treatment (max. benefit amount of $250 per covered person per calendar year)

Outpatient surgical center ..... $500 per day
Surgery at an outpatient center for the treatment of invasive cancer (max. benefit amount of $1,500 per covered person per calendar year)

Private full-time nursing services ..... $150 per day
Services while hospital confined other than those regularly furnished by a hospital (per covered person)

Prosthetic device/artificial limb ..... $3,000 per device or limb
A surgical implant needed because of invasive cancer surgery (max. benefit amount of $6,000 per covered person per lifetime)

Radiation/chemotherapy or immunotherapy
(max. benefit amount per covered person)

- **Self-administered** ..... $400 per calendar month
  Self-injected/topical/oral non-hormonal
  (max. benefit amount of $4,800 per covered person per calendar year)
- **Physician-administered** ..... $700 per calendar month
  Injected chemotherapy by medical personnel/pump/immunotherapy
  (max. benefit amount of $8,400 per covered person per calendar year)
- **Hormonal therapy** ..... $150 per calendar month
  Oral hormonal
  (max. benefit amount of $1,800 per covered person per calendar year)

Reconstructive surgery ..... $60 per surgical unit
Surgery to reconstruct anatomical defects resulting from treatment of invasive cancer (max. benefit amount of $3,000 per covered person per procedure, including 25% for general anesthesia; limit two per site)

Second medical opinion $300
A second physician's opinion on surgery or treatment following the positive diagnosis of invasive cancer (max. of one per covered person per lifetime)

Skilled nursing care facility ..... $150 per day
Confinement to a covered facility after hospital release during the treatment of invasive cancer (per covered person per day up to the number of days for hospital confinement)

Supportive/protective care drugs and colony stimulating factors ..... $50 per day
Doctor-prescribed drugs for the treatment of invasive cancer (max. benefit amount of $400 per covered person per calendar year)

Surgical procedures ..... $60 per surgical unit
Inpatient or outpatient surgery for the treatment of invasive cancer (max. benefit amount of $4,800 per covered person per procedure)

Transportation ..... $.50 per mile
Travel expenses when being treated for invasive cancer more than 50 miles from home (max. benefit amount of $1,500 per covered person per round trip)

Waiver of premium ..... Yes
No premiums due if the named insured is disabled longer than 90 consecutive days (lifetime maximum of 24 months)



For more information, talk with your benefits counselor.

Colonial Life

Group Cancer Insurance

Wellbeing Assistance Benefit



For more information, talk with your benefits counselor.

ColonialLife.com

The wellbeing assistance benefit can help reduce the risk of serious illness through early detection of disease or risk factors.

Wellbeing assistance benefit ..... $ 50

Maximum of one test per covered person per calendar year; subject to a 30-day waiting period before the benefit is payable. The test must be performed after the waiting period.

- Blood test for triglycerides
- Bone marrow testing
- BRCA1 or BRCA2 testing (genetic test for breast cancer)
- Breast ultrasound
- CA 15-3 (blood test for ovarian cancer)
- CA 125 (blood test for breast cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Cancer Benefits - Level 2

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
$4,000	17-74	$19.98	$33.04	$19.98	$33.04

Infectious Disease Rider: EO/EC: $1.16; ES/EF: $1.72

Cancer Benefits - Level 3

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
$8,000	17-74	$31.19	$54.41	$31.19	$54.41

Infectious Disease Rider: EO/EC: $2.32 ES/EF: $3.44

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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Colonial Life
for Policyholders

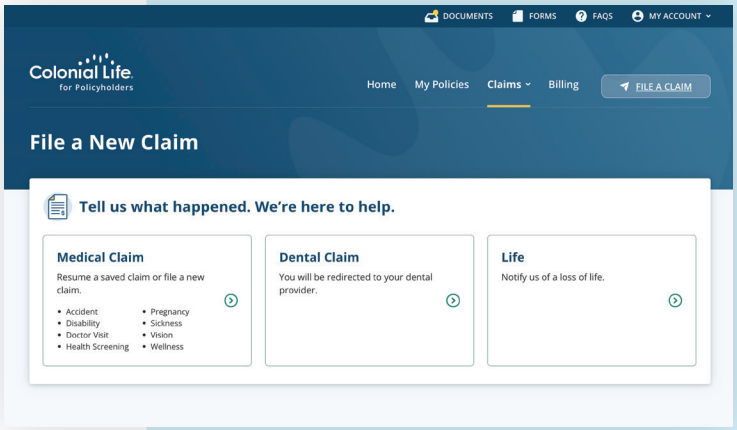
How to file a Wellness claim

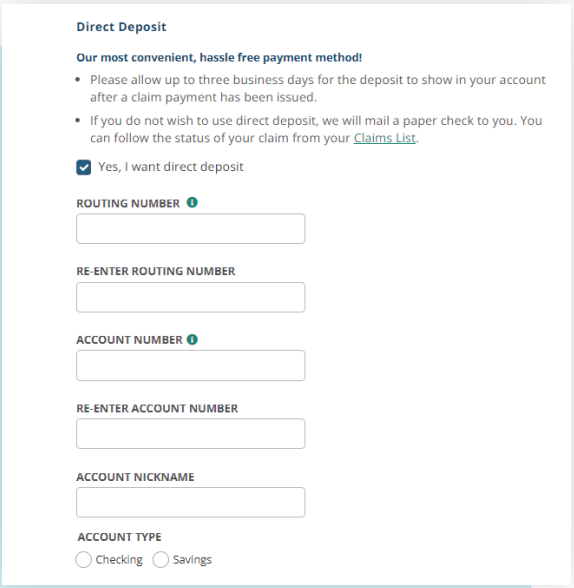
1 Log in to file a new claim

Log onto the **coloniallife.com** portal

Click on the **File a Claim** button in the upper right-hand corner.

Choose Medical claim.





2 Verify your personal information

Choose who the claim is for and verify personal information. (For new profiles, you will need to provide name, birthdate, and contact information.)

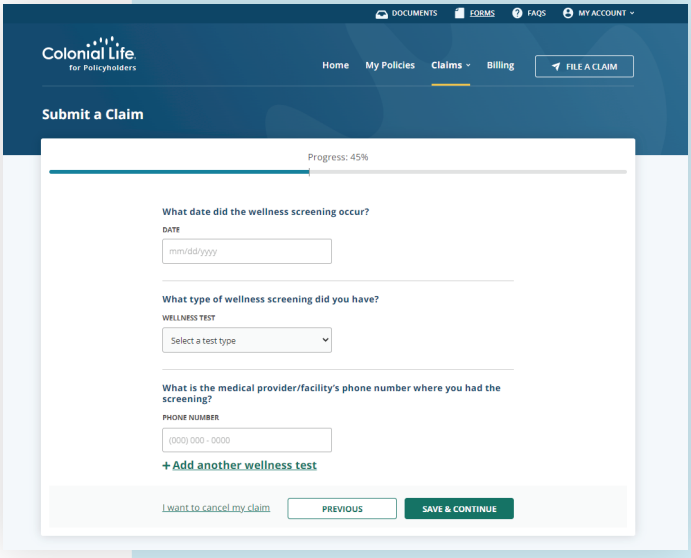
If you haven't already, sign up for direct deposit. Once approved, payments post as soon as 48 hours after submission.

3 Submit wellness visit details

Select Wellness or Doctor's Office Visit.

Enter the date of your test/visit, the type of test, and the phone number of your provider.

Once completed, you will receive a confirmation screen validating your claim is complete.



TEXAS REPUBLIC LIFE INSURANCE COMPANY

EMPLOYEE

FINANCIAL PROTECTION FOR TODAY AND TOMORROW, STARTS AT WORK.

The TrueFlex UL with Living Benefits offers you protection if you encounter some hardship along life's journey, or simply would like to leave some resources to those close to you when your journey ends. Employee, spouse, children and grandchildren are eligible. For less than a cup of coffee, a premium of $3.16 a week, a 35-year-old employee can purchase $30,000 of life insurance coverage, through Texas Republic Life's, TrueFlex Universal life product. (See form: TRLIC-TF-NT52LO)



EMPLOYEES CAN EASILY QUALIFY

TrueFlex is guaranteed issue up to $100,000 in coverage and for more coverage only answer 3 questions (at right) covering the last six months: **NO MEDICAL EXAM!**

TRUEFLEX IS EASY TO ENROLL IN

TrueFlex is easy to enroll in, right at your place of employment. No one coming to your home.

TRUEFLEX IS EASY TO FUND

TrueFlex is easy to fund by payroll deduction.

TRUEFLEX IS EASY TO PORT

TrueFlex policies are easy to port, you keep the same premium, your payment simply changes from a payroll deduction to a bank draft. No requalifying, no conversions and no decreasing face amounts.

TRUEFLEX IS EASY TO KEEP AND MAINTAIN

TrueFlex is easy to keep, *(See form: TRLIC-WFUL1)* you have permanent life insurance coverage to age 121 as long as you pay the required premiums. Texas Republic Life has a service desk to address any questions you may have, or policy services that you may need.

GUARANTEED ISSUE UP TO $100,000

QUALIFICATION QUESTIONS FROM $100,001 - $150,000

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 five 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 therapy, dialysis treatment, or treatment for alcohol or drug abuse?

MONTHLY PREMIUM RATE
LIFE WITH ADB & WOP • NON-TOBACCO

Age	Face Amount		
	$25,000	$50,000	$75,000
25	$11.75	$21.25	$30.75
35	$15.04	$27.83	$40.63
45	$28.17	$54.08	$80.00

TEXAS REPUBLIC LIFE INSURANCE COMPANY

Home Office:
13215 Bee Cave Pkwy, Ste A120
Austin, TX 78738
Phone: 512-330-0099
Fax: 512-330-0093

Administrative Office:
PO BOX 1784
Brownwood, TX 76804
Phone: 800-263-7590
Fax: 866-985-0666

TRUEFLEX UNIVERSAL LIFE PROPOSAL

For: San Benito CISD

Effective Date: 10/1/2023

Pay Frequency: 12/24/9

Issue ages: Employees 17-65 years of age on effective date.

Employee Face amount GI and Express Issue:

Age 17 to 34	**GI** Minimum $25,000.00	**GI** Maximum $100,000.00	**Max Express** $150,000.00
Age 35 to 39	**GI** Minimum $25,000.00	**GI** Maximum $100,000.00	**Max Express** $150,000.00
Age 40 to 49	**GI** Minimum $25,000.00	**GI** Maximum $100,000.00	**Max Express** $150,000.00
Age 50 to 65	**GI** Minimum $25,000.00	**GI** Maximum $100,000.00	**Max Express** $150,000.00

Riders Available

Employer Elected

Accidental Death Benefit 1X Face Amount (ages 17 to 59 employee and spouse only)
Waiver of Premium (ages 17 to 59 employee and spouse only)

Dependent Policies

Spouse Express Issue

Age 17 to 34	Minimum $25,000.00	Maximum $50,000.00
Age 35 to 39	Minimum $25,000.00	Maximum $50,000.00
Age 40 to 49	Minimum $25,000.00	Maximum $50,000.00
Age 50 to 60	Minimum $25,000.00	Maximum $50,000.00

Children

Age 15 days to 25	$25,000.00 only

Grandchildren

Age 15 days to 25	$25,000.00 only

Texas Republic Life Participation: 15%

TrueFlex

Class: Non-Tobacco

TEXAS REPUBLIC LIFE INSURANCE COMPANY

Issue Age (ALB)	Monthly Premium with ADB & WOP (12 Pay Periods per Year)								Age to Which Coverage is Guaranteed at Table Premium
	25,000	30,000	40,000	50,000	75,000	100,000	125,000	150,000	
17-20	11.29	13.10	16.72	20.33	29.38	38.42	47.46	56.50	66
21	11.52	13.37	17.08	20.79	30.06	39.33	48.60	57.87	66
22	11.52	13.37	17.08	20.79	30.06	39.33	48.60	57.87	65
23	11.75	13.65	17.45	21.25	30.75	40.25	49.75	59.25	63
24	11.75	13.65	17.45	21.25	30.75	40.25	49.75	59.25	63
25	11.75	13.65	17.45	21.25	30.75	40.25	49.75	59.25	63
26	12.00	13.95	17.85	21.75	31.50	41.25	51.00	60.75	63
27	12.23	14.23	18.22	22.21	32.19	42.17	52.15	62.13	63
28	12.23	14.23	18.22	22.21	32.19	42.17	52.15	62.13	62
29	12.46	14.50	18.58	22.67	32.87	43.08	53.29	63.50	62
30	12.69	14.78	18.95	23.13	33.56	44.00	54.44	64.88	60
31	12.94	15.08	19.35	23.63	34.31	45.00	55.69	66.38	60
32	13.40	15.62	20.08	24.54	35.69	46.83	57.98	69.12	61
33	13.88	16.20	20.85	25.50	37.13	48.75	60.38	72.00	62
34	14.33	16.75	21.58	26.42	38.50	50.58	62.67	74.75	62
35	15.04	17.60	22.72	27.83	40.63	53.42	66.21	79.00	64
36	16.25	19.05	24.65	30.25	44.25	58.25	72.25	86.25	64
37	16.71	19.60	25.38	31.17	45.62	60.08	74.54	89.00	64
38	17.42	20.45	26.52	32.58	47.75	62.92	78.08	93.25	65
39	18.33	21.55	27.98	34.42	50.50	66.58	82.67	98.75	66
40	19.27	22.67	29.48	36.29	53.31	70.33	87.35	104.37	67
41	21.44	25.28	32.95	40.63	59.81	79.00	98.19	117.38	68
42	23.06	27.23	35.55	43.88	64.69	85.50	106.31	127.13	70
43	24.69	29.18	38.15	47.13	69.56	92.00	114.44	136.88	72
44	26.31	31.13	40.75	50.38	74.44	98.50	122.56	146.63	73
45	28.17	33.35	43.72	54.08	80.00	105.92	131.83	157.75	74
46	31.29	37.10	48.72	60.33	89.38	118.42	147.46	176.50	75
47	32.92	39.05	51.32	63.58	94.25	124.92	155.58	186.25	76
48	34.77	41.27	54.28	67.29	99.81	132.33	164.85	197.37	77
49	36.88	43.80	57.65	71.50	106.13	140.75	175.38	210.00	78
50	39.42	46.85	61.72	76.58	113.75	150.92	188.08	225.25	79
51	43.69	51.98	68.55	85.13	126.56	168.00	209.44	250.88	80
52	47.42	56.45	74.52	92.58	137.75	182.92	228.08	273.25	82
53	51.13	60.90	80.45	100.00	148.88	197.75	246.63	295.50	83
54	54.85	65.38	86.42	107.46	160.06	212.67	265.27	317.88	85
55	58.10	69.28	91.62	113.96	169.81	225.67	281.52	337.38	86
56	59.69	71.18	94.15	117.13	174.56	232.00	289.44	346.88	85
57	61.31	73.13	96.75	120.38	179.44	238.50	297.56	356.63	84
58	63.17	75.35	99.72	124.08	185.00	245.92	306.83	367.75	84
59	65.50	78.15	103.45	128.75	192.00	255.25	318.50	381.75	84
60	62.23	74.23	98.22	122.21	182.19	242.17	302.15	362.13	84
61	67.58	80.65	106.78	132.92	198.25	263.58	328.92	394.25	85
62	74.08	88.45	117.18	145.92	217.75	289.58	361.42	433.25	87
63	78.50	93.75	124.25	154.75	231.00	307.25	383.50	459.75	89
64	83.00	99.15	131.45	163.75	244.50	325.25	406.00	486.75	93
65	87.75	104.85	139.05	173.25	258.75	344.25	429.75	515.25	94

Children's Policy: $9.00 per Pay Period [15 days through 25 years]

Grandchildren's Policy: $9.00 Pay Period [15 days through 25 years]

NOT APPROVED

TrueFlex

Class: Tobacco

TEXAS REPUBLIC LIFE INSURANCE COMPANY

Issue Age (ALB)	Monthly Premium with ADB & WOP (12 Pay Periods per Year)								Age to Which Coverage is Guaranteed at Table Premium
	25,000	30,000	40,000	50,000	75,000	100,000	125,000	150,000	
17-20	15.25	17.85	23.05	28.25	41.25	54.25	67.25	80.25	66
21	15.71	18.40	23.78	29.17	42.62	56.08	69.54	83.00	66
22	15.71	18.40	23.78	29.17	42.62	56.08	69.54	83.00	65
23	16.42	19.25	24.92	30.58	44.75	58.92	73.08	87.25	63
24	16.42	19.25	24.92	30.58	44.75	58.92	73.08	87.25	63
25	16.42	19.25	24.92	30.58	44.75	58.92	73.08	87.25	63
26	16.65	19.52	25.28	31.04	45.44	59.83	74.23	88.62	63
27	16.88	19.80	25.65	31.50	46.13	60.75	75.38	90.00	63
28	17.10	20.08	26.02	31.96	46.81	61.67	76.52	91.38	62
29	17.33	20.35	26.38	32.42	47.50	62.58	77.67	92.75	62
30	19.21	22.60	29.38	36.17	53.12	70.08	87.04	104.00	60
31	19.46	22.90	29.78	36.67	53.87	71.08	88.29	105.50	60
32	19.92	23.45	30.52	37.58	55.25	72.92	90.58	108.25	61
33	20.15	23.72	30.88	38.04	55.94	73.83	91.73	109.62	62
34	20.38	24.00	31.25	38.50	56.63	74.75	92.88	111.00	62
35	21.54	25.40	33.12	40.83	60.13	79.42	98.71	118.00	64
36	23.00	27.15	35.45	43.75	64.50	85.25	106.00	126.75	64
37	24.15	28.52	37.28	46.04	67.94	89.83	111.73	133.62	64
38	24.85	29.38	38.42	47.46	70.06	92.67	115.27	137.88	65
39	26.25	31.05	40.65	50.25	74.25	98.25	122.25	146.25	66
40	28.33	33.55	43.98	54.42	80.50	106.58	132.67	158.75	67
41	30.96	36.70	48.18	59.67	88.37	117.08	145.79	174.50	68
42	33.06	39.23	51.55	63.88	94.69	125.50	156.31	187.13	70
43	36.31	43.13	56.75	70.38	104.44	138.50	172.56	206.63	72
44	38.17	45.35	59.72	74.08	110.00	145.92	181.83	217.75	73
45	40.73	48.43	63.82	79.21	117.69	156.17	194.65	233.13	74
46	44.31	52.73	69.55	86.38	128.44	170.50	212.56	254.63	75
47	46.63	55.50	73.25	91.00	135.38	179.75	224.13	268.50	76
48	48.96	58.30	76.98	95.67	142.37	189.08	235.79	282.50	77
49	52.67	62.75	82.92	103.08	153.50	203.92	254.33	304.75	78
50	55.23	65.83	87.02	108.21	161.19	214.17	267.15	320.13	79
51	60.44	72.08	95.35	118.63	176.81	235.00	293.19	351.38	80
52	65.31	77.93	103.15	128.38	191.44	254.50	317.56	380.63	82
53	69.27	82.67	109.48	136.29	203.31	270.33	337.35	404.37	83
54	74.15	88.52	117.28	146.04	217.94	289.83	361.73	433.62	85
55	77.65	92.72	122.88	153.04	228.44	303.83	379.23	454.62	86
56	79.92	95.45	126.52	157.58	235.25	312.92	390.58	468.25	85
57	82.23	98.23	130.22	162.21	242.19	322.17	402.15	482.13	84
58	86.42	103.25	136.92	170.58	254.75	338.92	423.08	507.25	84
59	89.92	107.45	142.52	177.58	265.25	352.92	440.58	528.25	84
60	87.35	104.38	138.42	172.46	257.56	342.67	427.77	512.88	84
61	93.40	111.62	148.08	184.54	275.69	366.83	457.98	549.12	85
62	101.06	120.83	160.35	199.88	298.69	397.50	496.31	595.13	87
63	108.96	130.30	172.98	215.67	322.37	429.08	535.79	642.50	89
64	117.56	140.63	186.75	232.88	348.19	463.50	578.81	694.13	93
65	123.38	147.60	196.05	244.50	365.63	486.75	607.88	729.00	94

Children's Policy: $9.00 per Pay Period [15 days through 25 years]

Grandchildren's Policy: $9.00 Pay Period [15 days through 25 years]

TRIAL

EMERGENCY TRANSPORTATION COSTS

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

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

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

HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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

MASA Medical Transport Solutions™

Any Ground. Any Air. Anywhere.™

OUR BENEFITS

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

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

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



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

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

For more information, please contact Jaran Floyd or Brice Calahan

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

EVERY FAMILY DESERVES A MASA MEMBERSHIP



Don't lose the chance to put up to $1015 back into your pocket this year!

Participating in a healthcare flexible spending account (FSA) is like receiving a 30% discount from your medical providers.

How does a healthcare FSA work?

A healthcare FSA is a flexible spending account that allows you to set aside pre-tax dollars for eligible medical, dental, and vision expenses for you and your dependents, even if they are not covered under your primary health plan.

You choose an annual election amount, up to $3,300 *2025 limit. At the beginning of the plan year, your account is pre-funded and your full contribution is immediately available for use. Your election amount is then deducted from your paychecks in equal installments throughout the year.

Why should I enroll in a healthcare FSA?

Almost everyone has some level of predictable and non-reimbursable medical needs.

If you expect to incur medical expenses that won't be reimbursed by another plan, you'll want to take advantage of the savings this plan offers. Money contributed to a healthcare FSA is free from federal and state taxes and remains tax-free when it is spent on eligible expenses. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving up to $1015 per year on healthcare expenses!



How do I use my FSA to pay for healthcare expenses?

You can use your benefit card to pay your providers for eligible healthcare expenses, or pay with your personal funds and submit a claim for reimbursement.

Qualifying expenses

What qualifies?

Healthcare FSA funds can cover costs for:

- Copays, deductible payments, coinsurance
- Doctor office visits, exams, lab work, x-rays
- Hospital charges
- Prescription drugs
- Dental exams, x-rays, fillings, crowns, orthodontia
- Vision exams, frames, contact lenses, contact lens solution, laser vision correction
- Physical therapy
- Chiropractic care
- Medical supplies and first aid kits
- Prescribed over-the-counter medications
- And much more…

What doesn't qualify?

Certain expenses are not eligible, for instance:

- Expenses incurred in a prior plan year
- Cosmetic procedures or surgery
- Dental products for general health
- Hygiene products
- Insurance premiums
- Late payment fees charged by healthcare providers

A comprehensive list of eligible expenses can be found at www.dkyoung.com.

Online & mobile access

Get instant access to your account with the **Wealth Care Member Portal** and **Wealth Care Mobile**.

- View your account balance and transaction history
- Submit and view claims
- Upload and store receipts
- View important alerts and communications
- Sign up for direct deposit
- Sign up for text message alerts

Register for the Wealth Care Member Portal at www.dkyoung.com

Download Wealth Care Mobile Search for DK Young Mobile

Helpful hints

- Your full election amount is available on the first day of the plan year, which means you'll have access to the money you need, when you need it.
- You can't change your election amount during the plan year, unless you experience a change in status or qualifying event.
- Save your receipts when you spend your healthcare FSA dollars. You may need itemized invoices to verify the eligibility of expenses or for reimbursement requests.
- The easiest way to manage your account is online at www.dkyoung.com or through the Wealth Care Mobile.
- You may carry over up to $660 *2025 amount of unused healthcare FSA dollars to the next plan year, allowing you to enjoy tax savings without risk.



Don't lose the chance to put up to $1,500 back into your pocket this year!

Participating in a dependent care flexible spending account (FSA) is like receiving a 30% discount from your care provider.

How does a dependent care FSA work?

A dependent care FSA is a flexible spending account that allows you to set aside pre-tax dollars for dependent care expenses, such as daycare, that allow you to work or look for work.

You choose an annual election amount, up to $5,000 per family. The money is placed in your account via payroll deduction, in equal installments, and then used to pay for eligible dependent care expenses incurred during the plan year.

Why should I enroll in a dependent care FSA?

Child and dependent care is a large expense for many families. Millions of people rely on child care to be able to work, while others are responsible for older parents or disabled family members.

If you pay for care of dependents in order to work, you'll want to take advantage of the savings this plan offers. Money contributed to a dependent care account is free from federal and state taxes and remains tax-free when it is spent on eligible expenses. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving up to $1,500 per year on dependent care expenses!



How do I use my FSA to pay for dependent care expenses?

You can use your Debit Card to pay your provider for eligible dependent care expenses, or pay with your personal funds and submit a claim for reimbursement.

Qualifying expenses

What qualifies?

Dependent care FSA funds can cover costs for:

- Before school or after school care for children 12 and younger
- Custodial care for dependent adults
- Licensed day care centers
- Nanny / Au Pair
- Nursery schools or preschools
- Late pick-up fees
- Summer or holiday day camps

What doesn't qualify?

Certain expenses are not eligible, for instance:

- Expenses incurred in a prior plan year
- Expenses for non-disabled children 13 and older
- Educational expenses including kindergarten or private school tuition fees
- Food, clothing, sports lessons, field trips, and entertainment
- Overnight camp expenses
- Late payment fees for child care

A comprehensive list of eligible expenses can be found at www.dkyoung.com.

Online & mobile access

Get instant access to your account with the **Wealth Care Member Portal** and **DKYoung Mobile**.

- View your account balance and transaction history
- Submit and view claims
- Upload and store receipts
- View important alerts and communications
- Sign up for direct deposit
- Sign up for text message alerts

Register for the Wealth Care Member Portal at dkyoung.wealthcareportal.com

Download Wealth Care Mobile DKYoung Mobile

Helpful hints

- You must have funds in your dependent care FSA before you can spend them.
- You can't change your election amount during the plan year, unless you experience a change in status or qualifying event.
- Keep your receipts, you will need an itemized invoice for all reimbursement requests.
- The easiest way to manage your account is online at dkyoung.wealthcareportal.com or through the DKYoung Mobile.
- Any unused funds that remain in your account at the end of the year will be forfeited. Plan carefully and use all the money in your dependent care FSA by the end of the plan year.

Directory of Carriers and Contact Information

BCBS of Texas-Medical
Website: www.bcbstx.com
Medical and Dental Customer Service: 800-521-2227

MetLife-Dental
Website: www.metlife.com/dental
Vision Customer Service: 800-GET-MET8

MetLife-Vision
Website: www.metlife.com/vision
Customer Service: 800-GET-MET8

New York Life-Disability
Website: www.newyorklife.com/group-benefit-solutions/forms
Customer Service: 888-842-4462

MetLife-Accident, Critical Illness, Hospital Indemnity
Website: www.metlife.com
Customer Service: 800-GET-MET8

Colonial Life-Cancer
Website: www.coloniallife.com
Customer Service: 800-438-6423
Wellness/Screening Claim Service: 800-325-4368

Texas Republic Life, Universal Life
Website: www.texasrepubliclife.com
Customer Service: 800-263-7590

MASA Medical Transport Solutions
Website: www.masamts.com
Customer Service: 800-643-9023

David K. Young Consulting, LLC- FSA and Dependent Care Administration
Website: www.dkyoung.com
Customer Service: 877-774-5661

Jeff Everitt & Associates, Inc. (Agency)
Website: www.jeainsurance.com
Office No.: 956-968-5954


SB