SAN BENITO
SCHOOLS

Employee Benefits Booklet

2024-2025

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JEFF EVERITT
& ASSOCIATES, INC.

901 S. Texas Blvd.
Weslaco, Texas 78596
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www.jeainsurance.com

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.

SAN BENITO SCHOOLS

2024-2025
Health Benefit Summary

BlueCross BlueShield of Texas

Benefits	PPO BASE		PPO BUY UP PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	$5,000	$10,000	$2,000	$3,000
Family	$10,000	$20,000	$5,500	$9,000
Out of Pocket Maximum				
Individual	$7,500	$20,000	$5,000	$16,800
Family	$15,000	$40,000	$13,000	$33,600
Doctor Office Visit				
Primary care	$40	70%*	$30	70%*
Specialist visit	$100	70%*	$45	70%*
Diagnostic Testing (Lab & X-Rays)	$40	70%*	$40	70%*
Preventive	100%	70%*	100%	70%*
Virtual Visit	100%	N/A	100%	N/A
Inpatient Admission	70%*	50%*	90%*	50%*
Emergency Room	$250 copay + 30%	$250 copay + 30%	$200 copay + 10%	$200 copay + 10%
Urgent Care	$50 copay	70%*	$40 copay	70%*
All other Covered Services	70%*	50%*	90%*	50%*
Retail Prescription				
Generic	$0	$0	$0	$0
Preferred Brand	$50**	$50	$50**	$50
Non Preferred Brand	$100**	$100	$100**	$100
Specialty drugs	50%**	N/A	50%**	N/A
Mail in order (90 day Supply)				
Generic	$0	N/A	$0	N/A
Preferred Brand	$125**		$125**	
Non Preferred Brand	$250**		$250**	
PREMIUMS	**MONTHLY**	**BIWEEKLY**	**MONTHLY**	**BIWEEKLY**
Employee Only	$0	$0	$84.00	$42.00
Employee and Children	$258.00	$129.00	$394.00	$197.00
Employee and Spouse	$459.00	$229.50	$624.00	$312.00
Employee and Family	$944.00	$472.00	$1,180.00	$590.00

* After Deductible

**RX copays will apply after $100 RX deductible

Customer Service: 800-521-2227

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.

DELTA DENTAL®



Keep smiling

Delta Dental PPO™

Stay in network to save

Visit a dentist in the PPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a PPO dentist at **deltadentalins.com**.

If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at **deltadentalins.com**.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need to provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

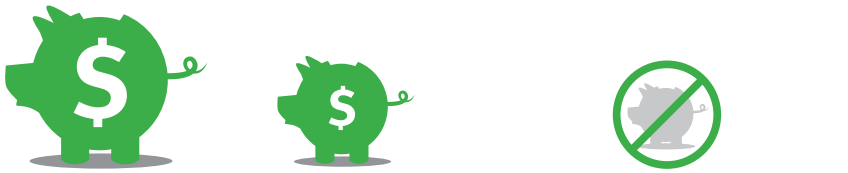
Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.[4] Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care[5], you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



PPO PREMIER NON-DELTA DENTAL

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan

[2] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

[3] You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

[4] Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

[5] Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

West Virginia: Learn about our commitment to providing access to a quality dentist network at **deltadentalins.com/about/legal/index-enrollee.html**.

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HL_PPO-PRE #135419J (rev. 1/23)

Benefit Highlights: DPO from Delta Dental

Plan Benefit Highlights for: San Benito CISD
Group Number: 22461 - Plan 2 Low Plan **Effective Date:** 10/1/2023

Benefits	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member / per family each calendar year	$50/ $150	$50/ $150	$50/ $150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Maximums Per member each calendar year	$750	$750	$750
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings, Simple Extractions and Posterior Composites	80%	80%	80%
Endodontics Root Canals	80%	80%	80%
Periodontics Surgical and Non-Surgical Periodontics	80%	80%	80%
Oral Surgery	80%	80%	80%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	50%	50%	50%

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** The coinsurance shown here reflects cost-sharing responsibility. Reimbursement is based on DPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and DPO contracted fees for non-Delta Dental dentists.

Delta Dental Insurance Company	Customer Service	Claims Address
1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	800-521-2651 deltadentalins.com	P.O. Box 1809 Alpharetta, GA 30023-1809

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

	12-pay	9 month
Enrollee only	$17.07	$22.76
Enrollee + Spouse	$33.76	$45.01
Enrollee + Children	$41.77	$55.69
Family (EE, Spouse, & Child(ren))	$58.46	$77.95

Benefit Highlights: DPO from Delta Dental

Plan Benefit Highlights for: San Benito CISD
Group Number: 22461 - Plan 1 High Plan **Effective Date:** 10/1/2023

Benefits	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member / per family each calendar year	$50/ $150	$50/ $150	$50/ $150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
Maximums Per member each calendar year	$1,250	$1,250	$1,250
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings, Simple Extractions and Posterior Composites	80%	80%	80%
Endodontics Root Canals	80%	80%	80%
Periodontics Surgical and Non-Surgical Periodontics	80%	80%	80%
Oral Surgery	80%	80%	80%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	50%	50%	50%
Orthodontic Services Dependent Children	50%	50%	50%
Orthodontic Maximums	$1,000 Lifetime	$1,000 Lifetime	$1,000 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** The coinsurance shown here reflects cost-sharing responsibility. Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 90th percentile for non-Delta Dental dentists.

Delta Dental Insurance Company	Customer Service	Claims Address
1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	800-521-2651 deltadentalins.com	P.O. Box 1809 Alpharetta, GA 30023-1809

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

	12-pay	9 month
Enrollee only	$26.91	$35.88
Enrollee + Spouse	$53.21	$70.95
Enrollee + Children	$68.31	$91.08
Family (EE, Spouse, & Child(ren))	$94.63	$126.17

Group Vision Insurance

Help protect your eye health with coverage for exams, glasses and contacts.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered vision care services.
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 1: Balanced Care Vision II Plan H Summary **Effective Date: 10/1/2023**

	EyeMed Insight Network	Out of Network
Deductibles		
	$10 Exam	No deductible
	$20 Eye Glass Lenses	
Annual Eye Exam	Covered in full	Up to $35
Lenses (per pair)		
Single Vision	Covered in full	Up to $25
Bifocal	Covered in full	Up to $40
Trifocal	Covered in full	Up to $55
Lenticular	20% discount	Not covered
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams		
Standard	Standard: Participant cost up to $40	Not covered
Premium (Allowance)	Premium: 10% off of retail	Not covered
Elective	Up to $130	Up to $104
Medically Necessary	Covered in full	Up to $200
Frame Allowance	$130	Up to $65
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

Lens Options (participant cost)

	EyeMed Insight Network	Out of Network
Progressive Lenses		
Standard	$65 + lens deductible	Not covered
Premium		
Tier 1	$85 + lens deductible	Not covered
Tier 2	$95 + lens deductible	Not covered
Tier 3	$110 + lens deductible	Not covered
Tier 4	$65 plus 80% of charge less $120 allowance	Not covered
Std. Polycarbonate	$40	Not covered
Tint (solid and gradient)	$15	Not covered
Scratch Resistant Coating	$15	Not covered
Anti-Reflective Coating		
Standard	$45	Not covered
Premium		
Tier 1	$57	Not covered
Tier 2	$68	Not covered
Tier 3	80% of the charge	Not covered
Ultraviolet Coating	$15	Not covered
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	Not covered

Monthly Rates	
Employee Only (EE)	$7.16
EE + 1 Dependent	$13.52
EE + 2 or more Dependents	$19.89

Additional Balanced Care Vision II H Features	
EyeMed In-Network Discounts	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
EyeMed In-Network Secondary Purchase Plan	Participants receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Participants receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit **www.eyemedvisioncare.com** for details.

Based on applicable laws, reduced costs may vary by doctor location.

Section 125

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

Group Vision Insurance

Help protect your eye health with coverage for exams, glasses and contacts.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered vision care services.
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 2: Balanced Care Vision II Plan H Summary **Effective Date: 10/1/2023**

	EyeMed Insight Network	Out of Network
Deductibles		
	$5 Exam	No deductible
	$0 Eye Glass Lenses	
Annual Eye Exam	Covered in full	Up to $35
Lenses (per pair)		
Single Vision	Covered in full	Up to $25
Bifocal	Covered in full	Up to $40
Trifocal	Covered in full	Up to $55
Lenticular	20% discount	Not covered
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams		
Standard	Standard: Participant cost up to $40	Not covered
Premium (Allowance)	Premium: 10% off of retail	Not covered
Elective	Up to $150	Up to $120
Medically Necessary	Covered in full	Up to $200
Frame Allowance	$150	Up to $75
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

Lens Options (participant cost)

	EyeMed Insight Network	Out of Network
Progressive Lenses		
Standard	$65 + lens deductible	Not covered
Premium		
Tier 1	$85 + lens deductible	Not covered
Tier 2	$95 + lens deductible	Not covered
Tier 3	$110 + lens deductible	Not covered
Tier 4	$65 plus 80% of charge less $120 allowance	Not covered
Std. Polycarbonate	$40	Not covered
Tint (solid and gradient)	$15	Not covered
Scratch Resistant Coating	$15	Not covered
Anti-Reflective Coating		
Standard	$45	Not covered
Premium		
Tier 1	$57	Not covered
Tier 2	$68	Not covered
Tier 3	80% of the charge	Not covered
Ultraviolet Coating	$15	Not covered
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	Not covered

Monthly Rates	
Employee Only (EE)	$9.00
EE + 1 Dependent	$17.54
EE + 2 or more Dependents	$24.30

Additional Balanced Care Vision II H Features	
EyeMed In-Network Discounts	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
EyeMed In-Network Secondary Purchase Plan	Participants receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Participants receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit **www.eyemedvisioncare.com** for details.

Based on applicable laws, reduced costs may vary by doctor location.

Section 125

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

Vision Plan Participant Service

Balanced Care Vision II from The Standard features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan participants through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed Access network provider, view plan benefit information and more.

EyeMed Customer Care Center: 866.289.0614

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at:
www.standard.com/services

About The Standard

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

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

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard or your employer for additional information, including costs and complete details of coverage.

A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,[1] which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)[2] and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone or through video.

EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation and other legal documents

Contact **EAP**

888.293.6948
(TTY Services: 711)
24 hours a day,
seven days a week

healthadvocate.com/standard3

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit **healthadvocate.com/standard3** to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

1 The EAP service is provided through an arrangement with Health Advocate℠, which is not affiliated with The Standard. Health Advocate℠ is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

2 Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

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

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

Standard Insurance Company
San Benito Consolidated Independent School District
Group Policy #760562

Group Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident.

This plan offers:

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

About This Coverage

Life Insurance		
How Much Can I Apply For?	For You:	**$25,000**

AD&D Insurance The benefit is paid if you are seriously injured or pass away as a result of a covered accident.		
What Does My AD&D Benefit Provide?	For You:	The AD&D insurance coverage amount matches what you elect for Life insurance.

Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.

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

Additional Features

Your coverage comes with some added features:

Life Insurance	
Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75 percent of your Life benefit to a maximum of $500,000.
Travel Assistance[1]	Available 24 hours a day, this service connects you to resources when you're traveling at least 100 miles from home or in a foreign country for up to 180 days.
Life Services Toolkit[2]	This service allows you and your beneficiaries access to online content for will preparation, identity theft support and other tools and calculators, and provides your beneficiaries with services for grief, and legal and financial matters.
AD&D Insurance	
Seat Belt and Air Bag Benefit(s)	The Standard may pay an additional benefit if you die while wearing a seat belt, provided certain conditions are met. If the car's air bags deploy during an accident, an air bag benefit may also be payable.
Family Benefits Package	This benefit is designed to help surviving family members maintain their standard of living and pursue their dreams. Included in the package are benefits to help with child care, career adjustment for your spouse and higher education for your child(ren).
Occupational Assault Benefit	The Standard may pay a benefit if you die or are dismembered as a result of an act of workplace violence that is punishable by law.

1 This service is provided through an arrangement with a service provider who is not affiliated with The Standard. Travel Assistance is not an insurance product. For more information, visit **www.standard.com/travel-info**.

2 The Life Services Toolkit is offered through an arrangement with a service provider that is not affiliated with The Standard. For more information, visit **www.standard.com/mytoolkit-info**.

How Much Life Insurance Do You Need?

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

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

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

How Much Your Coverage Costs

Because this insurance is offered through San Benito Consolidated Independent School District, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck.

If you elect coverage, and you are under age 65, your monthly premium will be $3.63

If you are age 65 or over, ask your human resources representative or plan administrator for the amount of coverage available and the cost.

Important Details

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

Life and AD&D Insurance Eligibility Requirements

To be eligible for coverage, you must be:

- An active employee of San Benito Consolidated Independent School District
- Regularly working at least 20 hours per week

Temporary and seasonal employees, leased employees and independent contractors are not eligible.

Medical Underwriting Approval for Life Coverage

Required for:

- All late applications (applying 31 days after becoming eligible)
- Reinstatements, if required
- Employees eligible but not insured under the prior life insurance plan

Visit **https://myeoi.standard.com/760562** to complete and submit a medical history statement online.

Coverage Effective Date for Life Coverage

To become insured, you must:

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

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

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance.

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

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 65 and to 50 percent at age 70. If you are age 65 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

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

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

Life and AD&D Insurance Portability

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

Life Insurance Conversion

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

Life Insurance Exclusions

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

AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for your Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss:	Percentage of AD&D benefit payable:
Life[1]	100%
One hand or one foot[2]	50%
Sight in one eye, speech or hearing in both ears	50%
Two or more of the losses listed above	100%

Thumb and index finger of the same hand[3]	25%
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%

1 Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.

2 Even if the severed part is surgically re-attached. This benefit is not payable if an AD&D benefit is payable for quadriplegia, hemiplegia, paraplegia, involving the same hand or foot.

3 This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

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

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

Group Insurance Certificate

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

About Standard Insurance Company

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

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

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

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

SI 12505-D-VLVA-TX-760562 (9/23)
7418572-1049565

Standard Insurance Company
San Benito Consolidated Independent School District
Group Policy #760562

Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).

This plan offers:

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

About This Coverage

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

Life Insurance		
How Much Can I Apply For? Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 8 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.	For You:	**$10,000** – **$500,000** in increments of **$10,000**
	For Your Spouse:	**$5,000** – **$250,000** in increments of **$5,000**
	For Your Child(ren):	**$2,000** – **$10,000** in increments of **$2,000**
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions. To apply for an amount over the guarantee issue, visit **https://myeoi.standard.com/760562** to complete and submit a medical history statement online.	For You:	Up to **$150,000**
	For Your Spouse:	Up to **$50,000**

AD&D Insurance The benefit is paid if you or your dependents are seriously injured or pass away as a result of a covered accident.		
What Does My AD&D Benefit Provide? Note: You cannot buy more coverage for your spouse or child(ren) than you buy for yourself.	For You:	The AD&D insurance coverage amount matches what you elect for Additional Life insurance.
	For Your Spouse:	If you elect AD&D insurance coverage, the benefit amount is the same as the Dependents Life insurance benefit.
	For Your Child(ren):	If you elect AD&D insurance coverage, the benefit amount is the same as the Dependents Life insurance benefit.
Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.		

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

Additional Feature

Life Insurance	
Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of $500,000.

How Much Life Insurance Do You Need?

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

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

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

How Much Your Coverage Costs

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

Use this formula to calculate your premium payment:

_____ ÷ 1000 = _____ x _____ = _____

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

Enter your rate from the rate table.

This amount is an estimate of how much you would pay each month.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is $0.22 per $1,000, no matter how many children you're covering. If you elect AD&D insurance with your Dependents Life insurance for your child(ren), your child(ren)'s monthly AD&D rate is $0.02 per $1,000 added to the above rate.

Age (as of October 1)	Your Rate* (Per $1,000 of Total Coverage)	Your Spouse's Rate** (Per $1,000 of Total Coverage)
<30	$0.07	$0.07
30–39	$0.08	$0.08
40–44	$0.11	$0.11
45–49	$0.18	$0.18
50–54	$0.26	$0.26
55–59	$0.42	$0.42
60–64	$0.49	$0.49
65+	$0.84	$0.84

Child Life with AD&D Monthly Premiums	
Coverage Amount	**Premium**
$2,000	0.44
$4,000	0.88
$6,000	1.32
$8,000	1.76
$10,000	2.20

*Includes a monthly AD&D rate of $0.02 per $1,000 of AD&D benefit.
**If you elect AD&D insurance with your Dependents Life insurance for your spouse, your spouse's monthly AD&D rate is $0.02 per $1,000 of AD&D benefit added to the above rates.

Important Details

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

Life and AD&D Insurance Eligibility Requirements

To be eligible for coverage, you must be:

- Insured for Basic Life insurance through The Standard
- An active employee of San Benito Consolidated Independent School District
- Regularly working at least 20 hours per week

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

If you buy Additional Life and AD&D insurance for yourself, you may also buy Life and AD&D coverage for your eligible children and/or spouse. This is called Dependents Life and AD&D insurance.

You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law.

You may also choose to cover your child. Child means your child from live birth through age 25. Please note:

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval for Life Coverage

Required for:

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

Visit **https://myeoi.standard.com/760562** to complete and submit a medical history statement online.

Coverage Effective Date for Life Coverage

To become insured, you must:

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

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

You may have a different effective date for Life coverage below and above the guarantee issue amount.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including any Dependents Life insurance.

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

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 65 and to 50 percent at age 70. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 65 and to 50 percent at age 70. If you are age 65 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

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

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

Life and AD&D Insurance Portability

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

Life Insurance Conversion

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

Life Insurance Exclusions

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

AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for your or your spouse's or child(ren)'s Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss:	Percentage of AD&D benefit payable:
Life[1]	100%
One hand or one foot[2]	50%
Sight in one eye, speech or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand[3]	25%
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%

1 Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.

2 Even if the severed part is surgically re-attached. This benefit is not payable if an AD&D benefit is payable for quadriplegia, hemiplegia, paraplegia, involving the same hand or foot.

3 This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

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

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

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

Group Insurance Certificate

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

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through San Benito Consolidated Independent School District.

Eligibility Requirements

Policy	• A minimum number of eligible employees must apply and qualify for the proposed plan before Educator Options Voluntary LTD coverage can become effective
Employee	• A regular employee of San Benito Consolidated Independent School District • Actively working at least 30 hours each week • A citizen or resident of the United States or Canada • Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
Premium	• You pay 100 percent of the premium for this coverage through easy payroll deduction

Benefit Amount

Benefit Amount	You may select a monthly benefit amount in $100 increments, based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly predisability earnings. The minimum monthly amount you may elect is $200.
Plan Maximum Monthly Benefit	The lesser of $8,000 or 66 2/3 percent of your predisability earnings
Plan Minimum Monthly Benefit	$200

Note:

- If you do not apply for this coverage within 31 days after becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.
- Reinstatements are subject to medical underwriting approval. To submit a medical history statement online, visit: https://myeoi.standard.com/760562

Disability Needs Calculator

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: http://www.standard.com/calculators/dineeds.html

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

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

Understanding Your Plan Design

Benefit Waiting Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The benefit waiting period options associated with your plan include:

Accidental Injury	Other Disabilities
0 days	7 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days

Own Occupation Definition of Disability

For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Any Occupation Definition of Disability

After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

Deductible Income

Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Understanding Your Plan Design (Continued)

Maximum Benefit Period

The maximum period for which benefits are payable is shown in the table below:

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

Age	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Benefit Calculation

Example

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of $100, from a minimum of $200 to a maximum of the lesser of $8,000 or 66 2/3 percent of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are $4,500, you may select any dollar amount (in $100 increments) between $200 and $3,000 (66 2/3 percent of predisability earnings). In the example below, assume you elected the maximum benefit amount of $3,000, and you now receive a monthly Social Security disability benefit of $1,200 and a monthly retirement benefit of $900. Your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	$4,500
Maximum benefit percentage	X 66 2/3%
Maximum benefit amount	$3,000
Less Social Security disability benefit	-$1,200
Less retirement benefit	-$900
Amount of LTD benefit	**$900**

Additional Features

Please see your human resources representative for additional information about the features and benefits below.

Rehabilitation Plan	If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.
Reasonable Accommodation Expense Benefit	If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.
Rehabilitation Incentive Benefit	If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional benefit equal to 10 percent of your predisability earnings. When added to any other amount you receive from The Standard, your total benefit cannot exceed the maximum benefit allowed by the policy.
Employee Assistance Program	Includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues.
Survivors Benefit	If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three time your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).
First Day Hospital Benefit	If you are hospital confined for at least 4 hours during the benefit waiting period, the following will apply; the remainder of your benefit waiting period will be waived, LTD benefits will become payable on the first day you are hospital confined, and your maximum benefit period will begin on the date your LTD benefits are payable. You are eligible for this benefit only if your elected benefit waiting period is less than 45 days.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- If applicable, with respect to insurance increases, you are not covered for the insurance increase if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period

Preexisting Condition Provision

Preexisting Condition For the first 90 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 90 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply. Benefit amounts subject to the preexisting condition exclusion will be excluded from payment.

A preexisting condition is a mental or physical condition:

- For which you would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Preexisting Condition Period	The 90-day period just before your insurance becomes effective or any insurance increases become effective
Specified Exclusion and Limitation Period	12 months

Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work during the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If applicable, if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period
- If your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Rates

Employees can select a monthly LTD benefit ranging from a minimum of $200 to a maximum amount based on how much they earn. Referencing the attached charts, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

- Find the maximum LTD benefit by locating the amount of your earnings in either the annual earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
- Select the desired monthly LTD benefit between the minimum of $200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
- In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period, or the premium payment of your desired benefit, please contact your human resources representative.

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			0/7	14/14	30/30	60/60	90/90	180/180
3,600	300	200	4.68	3.72	3.00	2.26	1.46	1.04
5,400	450	300	7.02	5.58	4.50	3.39	2.19	1.56
7,200	600	400	9.36	7.44	6.00	4.52	2.92	2.08
9,000	750	500	11.70	9.30	7.50	5.65	3.65	2.60
10,800	900	600	14.04	11.16	9.00	6.78	4.38	3.12
12,600	1,050	700	16.38	13.02	10.50	7.91	5.11	3.64
14,400	1,200	800	18.72	14.88	12.00	9.04	5.84	4.16
16,200	1,350	900	21.06	16.74	13.50	10.17	6.57	4.68
18,000	1,500	1000	23.40	18.60	15.00	11.30	7.30	5.20
19,800	1,650	1100	25.74	20.46	16.50	12.43	8.03	5.72
21,600	1,800	1200	28.08	22.32	18.00	13.56	8.76	6.24
23,400	1,950	1300	30.42	24.18	19.50	14.69	9.49	6.76
25,200	2,100	1400	32.76	26.04	21.00	15.82	10.22	7.28
27,000	2,250	1500	35.10	27.90	22.50	16.95	10.95	7.80
28,800	2,400	1600	37.44	29.76	24.00	18.08	11.68	8.32
30,600	2,550	1700	39.78	31.62	25.50	19.21	12.41	8.84
32,400	2,700	1800	42.12	33.48	27.00	20.34	13.14	9.36
34,200	2,850	1900	44.46	35.34	28.50	21.47	13.87	9.88
36,000	3,000	2000	46.80	37.20	30.00	22.60	14.60	10.40
37,800	3,150	2100	49.14	39.06	31.50	23.73	15.33	10.92
39,600	3,300	2200	51.48	40.92	33.00	24.86	16.06	11.44
41,400	3,450	2300	53.82	42.78	34.50	25.99	16.79	11.96
43,200	3,600	2400	56.16	44.64	36.00	27.12	17.52	12.48
45,000	3,750	2500	58.50	46.50	37.50	28.25	18.25	13.00
46,800	3,900	2600	60.84	48.36	39.00	29.38	18.98	13.52
48,600	4,050	2700	63.18	50.22	40.50	30.51	19.71	14.04
50,400	4,200	2800	65.52	52.08	42.00	31.64	20.44	14.56
52,200	4,350	2900	67.86	53.94	43.50	32.77	21.17	15.08
54,000	4,500	3000	70.20	55.80	45.00	33.90	21.90	15.60
55,800	4,650	3100	72.54	57.66	46.50	35.03	22.63	16.12
57,600	4,800	3200	74.88	59.52	48.00	36.16	23.36	16.64
59,400	4,950	3300	77.22	61.38	49.50	37.29	24.09	17.16
61,200	5,100	3400	79.56	63.24	51.00	38.42	24.82	17.68
63,000	5,250	3500	81.90	65.10	52.50	39.55	25.55	18.20
64,800	5,400	3600	84.24	66.96	54.00	40.68	26.28	18.72
66,600	5,550	3700	86.58	68.82	55.50	41.81	27.01	19.24
68,400	5,700	3800	88.92	70.68	57.00	42.94	27.74	19.76
70,200	5,850	3900	91.26	72.54	58.50	44.07	28.47	20.28
72,000	6,000	4000	93.60	74.40	60.00	45.20	29.20	20.80

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			0/7	14/14	30/30	60/60	90/90	180/180
73,800	6,150	4100	95.94	76.26	61.50	46.33	29.93	21.32
75,600	6,300	4200	98.28	78.12	63.00	47.46	30.66	21.84
77,400	6,450	4300	100.62	79.98	64.50	48.59	31.39	22.36
79,200	6,600	4400	102.96	81.84	66.00	49.72	32.12	22.88
81,000	6,750	4500	105.30	83.70	67.50	50.85	32.85	23.40
82,800	6,900	4600	107.64	85.56	69.00	51.98	33.58	23.92
84,600	7,050	4700	109.98	87.42	70.50	53.11	34.31	24.44
86,400	7,200	4800	112.32	89.28	72.00	54.24	35.04	24.96
88,200	7,350	4900	114.66	91.14	73.50	55.37	35.77	25.48
90,000	7,500	5000	117.00	93.00	75.00	56.50	36.50	26.00
91,800	7,650	5100	119.34	94.86	76.50	57.63	37.23	26.52
93,600	7,800	5200	121.68	96.72	78.00	58.76	37.96	27.04
95,400	7,950	5300	124.02	98.58	79.50	59.89	38.69	27.56
97,200	8,100	5400	126.36	100.44	81.00	61.02	39.42	28.08
99,000	8,250	5500	128.70	102.30	82.50	62.15	40.15	28.60
100,800	8,400	5600	131.04	104.16	84.00	63.28	40.88	29.12
102,600	8,550	5700	133.38	106.02	85.50	64.41	41.61	29.64
104,400	8,700	5800	135.72	107.88	87.00	65.54	42.34	30.16
106,200	8,850	5900	138.06	109.74	88.50	66.67	43.07	30.68
108,000	9,000	6000	140.40	111.60	90.00	67.80	43.80	31.20
109,800	9,150	6100	142.74	113.46	91.50	68.93	44.53	31.72
111,600	9,300	6200	145.08	115.32	93.00	70.06	45.26	32.24
113,400	9,450	6300	147.42	117.18	94.50	71.19	45.99	32.76
115,200	9,600	6400	149.76	119.04	96.00	72.32	46.72	33.28
117,000	9,750	6500	152.10	120.90	97.50	73.45	47.45	33.80
118,800	9,900	6600	154.44	122.76	99.00	74.58	48.18	34.32
120,600	10,050	6700	156.78	124.62	100.50	75.71	48.91	34.84
122,400	10,200	6800	159.12	126.48	102.00	76.84	49.64	35.36
124,200	10,350	6900	161.46	128.34	103.50	77.97	50.37	35.88
126,000	10,500	7000	163.80	130.20	105.00	79.10	51.10	36.40
127,800	10,650	7100	166.14	132.06	106.50	80.23	51.83	36.92
129,600	10,800	7200	168.48	133.92	108.00	81.36	52.56	37.44
131,400	10,950	7300	170.82	135.78	109.50	82.49	53.29	37.96
133,200	11,100	7400	173.16	137.64	111.00	83.62	54.02	38.48
135,000	11,250	7500	175.50	139.50	112.50	84.75	54.75	39.00
136,800	11,400	7600	177.84	141.36	114.00	85.88	55.48	39.52
138,600	11,550	7700	180.18	143.22	115.50	87.01	56.21	40.04
140,400	11,700	7800	182.52	145.08	117.00	88.14	56.94	40.56
142,200	11,850	7900	184.86	146.94	118.50	89.27	57.67	41.08
144,000	12,000	8000	187.20	148.80	120.00	90.40	58.40	41.60

Standard Insurance Company
San Benito Consolidated ISD
Group Policy #760562

Group Accident Insurance

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works

1 You have an accident.

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

2 We send you a check.

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

3 You focus on getting better.

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

Here's what it does:

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

Here's what it would cost you:

Coverage for…	Monthly Premium for Select	Monthly Premium for Enhanced
You	$5.82	$9.87
You and your spouse	$10.06	$17.05
You and your children	$12.35	$21.41
You, your spouse and your children	$16.21	$26.99

Accident Insurance

Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance pays benefits directly to employees for treatment they receive due to an accident. It helps cover employee's out-of-pocket costs like medical deductibles and co-pays.

Covered Members

A regular employee of the Employer working 20 hrs per week

	Select - Plan 6	Enhanced - Plan 7
Minimum Employee Participation	10 Lives	10 Lives
Employer Contribution	0%	0%
Policy Situs State	TX	TX
Type of Coverage	24 Hour	24 Hour
Ages Eligible for Coverage	18–99 for Employee and Spouse; Birth to age 26 for children	18–99 for Employee and Spouse; Birth to age 26 for children
Termination Age	None for Employee and Spouse; 26 for children	None for Employee and Spouse; 26 for children

Plan Design

	Select - Plan 6	Enhanced - Plan 7
Emergency Care Benefits		
Air Ambulance	$600	$800
Blood, Plasma, Platelets	$150	$300
Emergency Dental (Crown)	$150	$200
Emergency Dental (Extraction)	$50	$100
Emergency Room Benefit	$100	$150
Ground Ambulance	$200	$300
Initial Physician's Office	$50	$50
Major Diagnostic Exam	$100	$200
Urgent Care	$50	$50
X-Ray	$25	$50
Specific Injury Benefits		
Burns, 2nd Degree, <15%	$100	$200
Burns, 2nd Degree, >15%	$500	$1,000
Burns, 3rd Degree, <15%	$1,500	$5,000
Burns, 3rd Degree, >15%	$7,500	$10,000
Coma	$5,000	$7,500
Concussion	$100	$150

Plan Design (continued)

	Select - Plan 6	Enhanced - Plan 7
Eye Injury	$150	$200
Lacerations, < 2”	$50	$75
Lacerations, 2" - 6"	$100	$200
Lacerations, > 6"	$400	$500
Skin Graft	25% of Burn Benefit	25% of Burn Benefit
Fracture Benefits Non-Surgical/Surgical		
Ankle, Arm, Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist	$350/$700	$550/$1,100
Bones of Face, Coccyx, Nose, Vertebrae	$300/$600	$500/$1,000
Finger, Toe	$75/$150	$100/$200
Hip	$1,500/$3,000	$2,500/$5,000
Leg (hip to knee)	$800/$1,600	$2,000/$4,000
Leg (knee to ankle), Pelvis, Vertebral Column	$800/$1,600	$1,200/$2,400
Rib	$300/$600	$400/$800
Skull (Depressed)	$2,750/$5,500	$4,000/$8,000
Skull (Non-Depressed)	$800/$1,600	$1,500/$3,000
Chip Fracture	25% of Non-Surgical Fracture Amount	25% of Non-Surgical Fracture Amount
Dislocation Benefits Non-Surgical/Surgical		
Ankle, Collarbone (Sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	$450/$900	$800/$1,600
Collar Bone (Acromioclavicular)	$200/$400	$400/$800
Finger, Rib, Toe	$100/$200	$150/$300
Hip	$1,500/$3,000	$2,500/$5,000
Knee	$450/$900	$900/$1,800
Spine	$200/$400	$400/$800
Partial Dislocation	25% of Non-Surgical Dislocation Amount	25% of Non-Surgical Dislocation Amount
Surgical Benefits		
Knee Cartilage Repair	$400	$750
Knee Cartilage Exploratory Surgery	$150	$200
Tendon, Ligament, Rotator Cuff Repair of One	$400	$750
Tendon, Ligament, Rotator Cuff Repair of Two or More	$600	$1,000

Plan Design (continued)

	Select - Plan 6	Enhanced - Plan 7
Tendon, Ligament, Rotator Cuff Exploratory Surgery	$150	$200
Ruptured Disk, Repair	$400	$750
Abdominal/Thoracic Exploratory Surgery	$150	$200
Abdominal/Thoracic Laparoscopic Surgery	$500	$750
Abdominal/Thoracic Open Surgery	$1,000	$1,500
Outpatient Surgical Facility	$50	$150
Hospital Benefits		
Critical Care Unit Admission	$500	$750
Daily Rehabilitation Facility (up to 90 days per Accident)	$50/day	$100/day
Daily Critical Care Unit Confinement (up to 15 days)	$200/day	$200/day
Daily Hospital Confinement (up to 365 days)	$100/day	$200/day
Hospital Admission	$500	$1,000
Follow-Up Care Benefits		
Medical Appliance	$50	$100
Chiropractic	$25 up to 2 days	$50 up to 2 days
Follow-Up Care Treatment	$50 up to 2 days	$50 up to 2 days
Hearing Device	$400	$500
Prosthesis, One	$250	$500
Prostheses, Two or More	$500	$1,000
Therapy Services	$50 up to 2 days	$50 up to 3 days
Additional Benefits		
Youth Organized Sports	25% Additional of total benefits	25% Additional of total benefits
Health Maintenance Screening Benefit	$50	$100
Lodging (up to 30 days per Accident)	$150/per day	$175/per day
Transportation (up to 30 days per Accident)	$100/per day	$150/per day
Accidental Death & Dismemberment Benefits		
Accidental Death – Employee	$25,000	$50,000
Accidental Death – Spouse	$12,500	$25,000
Accidental Death – Child	$6,250	$12,500
Accidental Death & Dismemberment Benefits	**Percentage of Accidental Death Benefits**	**Percentage of Accidental Death Benefits**
Common Carrier	100%	100%

Plan Design (continued)

	Select - Plan 6	Enhanced - Plan 7
Loss of Two or More Fingers or Toes	5%	5%
Loss of One Finger or One Toe	2%	2%
Loss of Both Hands, or Both Feet	30%	30%
Loss of One Hand or One Foot	15%	15%
Loss of One Hand and One Foot	30%	30%
Loss of Sight for Both Eyes	30%	30%
Loss of Hearing of Both Ears	30%	30%
Loss of Sight in One Eye	15%	15%
Loss of Hearing in One Ear	15%	15%
Accidental Impairment Benefits	**Percentage of Accidental Death Benefits**	**Percentage of Accidental Death Benefits**
Uniplegia	15%	15%
Paraplegia	30%	30%
Triplegia	30%	30%
Hemiplegia	30%	30%
Quadriplegia	50%	50%
Airbag Benefit	10%	10%
Helmet Benefit	10%	10%
Seatbelt Benefit	10%	10%
Repatriation Benefit	10%	10%

Additional Plan Design Details

- A Youth Organized Sports benefit is included with EE+CH and Family coverage. If a covered child 18 age or younger is injured while playing an organized sport, the Standard pays an additional 25% of the total benefits for treatment received.
- If multiple fractures and/or dislocations are sustained in a covered accident, the Standard pays for each fracture and/or each dislocation.
- Critical Care Admission and Critical Care Confinement pay in addition to the Hospital Admission and Hospital Confinement daily benefit.
- Auto-pay is available for the Health Maintenance Screening benefit when covered screenings are completed by employees at their employer's Health Fair.
- The Health Maintenance Screening Benefit pays an annual benefit when the insured receives one of the twenty-two covered health screening tests, including novel infectious disease testing (including COVID-19), lipid panel, mammography, and colonoscopy.
- Portability is automatically included. Employees are able to take their Accident coverage with no change in coverage or rates.
- Benefits paid under the Accident Insurance policy when purchased with employee post-tax income are excluded from claimant gross income under current federal tax law.
- 24 hour - Coverage includes accidents that occur anytime, including work related accidents.

Important Details

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

Portability

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

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of San Benito Consolidated ISD, actively working in the United States at least 30 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through age 25. Your children cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Accident insurance coverage can become effective.

Your Effective Date

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

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

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

Exclusions

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

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

When Your Insurance Ends

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

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

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the

group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

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

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

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

Medicare generally pays for most or all of these expenses.

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

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

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

Before you buy this insurance:

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

About Standard Insurance Company

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

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

This is a limited benefit policy.

GP0614-ACC

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 17615-D-TX-760562 (8/23)
7416177-1048831

Standard Insurance Company
San Benito Consolidated ISD
Group Policy #760562

Group Hospital Indemnity Insurance

Keep your finances on track when you're in the hospital.

1 You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

2 We send you a check.

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

3 You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most - your health.

Here's what it does:

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

Here's what it covers:

Benefits Paid to You	Benefit Amount
Hospital Admission[1]	$1,000 Maximum 1 per calendar year
Daily Hospital Confinement [1]	$250 per day Maximum 15 days per stay
Daily Critical Care Unit Confinement[1,2]	$250 per day Maximum 15 days per stay

Here's what it would cost you:

Coverage for…	Monthly Premium
You	**$18.42**
You and your spouse	**$35.62**
You and your children	**$23.58**
You, your spouse and your children	**$39.30**

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

2 Payable in addition to the Hospital Admission and Daily Hospital Confinement benefit you may be eligible to receive.

Additional Benefits

Waiver of Premium – Premium waived if you are confined to a hospital for more than 30 days.
Health Maintenance Screening Benefit — Pays a $50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

Important Details

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

Portability

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

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of San Benito Consolidated ISD, actively working in the United States at least 30 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through age 25. Your child cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Hospital Indemnity insurance coverage can become effective.

Your Effective Date

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

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

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

Annual Open Enrollment

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

Family Status Change

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

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

Waiver of Premium

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

Exclusions

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

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug, or alcohol in excess of the legal limit in the state in which the injury occurred, unless used or consumed according to the directions of a Health Care Provider.
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function resulting from an injury or sickness
- Any injury or sickness which arises out of or in the course of you or your dependent being incarcerated in a

jail, penal or correctional institution

- Dental care or dental procedures, unless treatment is the result of an injury
- Routine newborn nursing or well-baby care
- Hospital confinement of a newborn child following the child's birth unless the confinement is as a result of an injury or sickness
- Riding in or driving any automobile in a race, stunt show or speed test

When Insurance Ends

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

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

Group Insurance Certificate

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

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

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

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

Medicare generally pays for most or all of these expenses.

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

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

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

Before you buy this insurance:

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

About Standard Insurance Company

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

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

This is a limited benefit policy.

GP0614-HI

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 17617-D-TX-760562 (8/23)
7416177-1048828

Standard Insurance Company
San Benito Consolidated ISD
Group Policy #760562

Group Critical Illness Insurance

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

1 You get a critical illness diagnosis

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

2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

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

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

These are the benefit options you may elect:

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

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

	Premier - Plan 5
Covered Conditions	**Coverage Percentage or Flat Amount**
Cancer	100%
Carcinoma In Situ (non-invasive cancer)	25%
End-stage Renal (Kidney) Failure	100%
Major Organ Failure	100%
Myocardial Infarction (Heart Attack)	100%
Severe Coronary Artery Disease with Recommendation of Bypass	25%
Stroke	100%
Coma	100%
Paralysis	100%
Loss of Sight	100%
Occupational Hepatitis	100%
Occupational HIV	100%
Advanced Alzheimer's Disease	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's Disease	100%
Amyotrophic Lateral Sclerosis	100%
Benign Brain Tumor	100%
Bone Marrow Transplant	100%
Loss of Hearing	100%
Loss of Speech	100%
21 Childhood Diseases	100%
Additional Occurrence Benefit – Separation Period	None
Coverage Amount: Employee	$10,000 to $30,000 in increments of $10,000
Coverage Amount: Spouse	$5,000 to $15,000 in increments of $5,000
Coverage Amount: Child (at no additional charge)	50% of the Employee Amount
Rates	Attained Age, Unisex, Tobacco Distinct
Guarantee Issue (Employee)	$30,000
Guarantee Issue (Spouse)	$15,000
Annual Open Enrollment	Included
Pre-existing Condition	None
Health Maintenance Screening Benefit	$50 per insured per calendar year
Portability	Included
Reoccurrence	100%
Reoccurrence Treatment-Free Period	6-month

Affordable Group Rates

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

The monthly premiums you would pay for Critical Illness insurance benefits are below.

Employee Non-Tobacco Monthly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
$10,000	$2.40	$4.30	$8.00	$14.60	$20.50	$35.60
$20,000	$4.80	$8.60	$16.00	$29.20	$41.00	$71.20
$30,000	$7.20	$12.90	$24.00	$43.80	$61.50	$106.80

Employee Tobacco Monthly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
$10,000	$3.60	$7.10	$13.80	$24.10	$33.70	$58.90
$20,000	$7.20	$14.20	$27.60	$48.20	$67.40	$117.80
$30,000	$10.80	$21.30	$41.40	$72.30	$101.10	$176.70

Spouse Monthly Attained Age Premiums - Based on Employee's Age and Non-Tobacco status						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
$5,000	$1.20	$2.15	$4.00	$7.30	$10.25	$17.80
$10,000	$2.40	$4.30	$8.00	$14.60	$20.50	$35.60
$15,000	$3.60	$6.45	$12.00	$21.90	$30.75	$53.40

Spouse Monthly Attained Age Premiums - Based on Employee's Age and Tobacco status						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
$5,000	$1.80	$3.55	$6.90	$12.05	$16.85	$29.45
$10,000	$3.60	$7.10	$13.80	$24.10	$33.70	$58.90
$15,000	$5.40	$10.65	$20.70	$36.15	$50.55	$88.35

With Critical Illness insurance, you can:

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

Covered Conditions

Receive 100 percent of your coverage amount for:

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

Receive 25 percent of your coverage amount for:

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

Additional Plan Design Details

- Covered Child critical illness: Anal Atresia, Anencephaly, Biliary Atresia, Cerebral Palsy, Cleft Lip or Cleft Palate, Club Foot, Coarctation of the Aorta, Cystic Fibrosis, Diaphragmatic Hernia, Down's Syndrome, Gastroschisis, Hirschsprung's Disease, Hypoplastic Left Heart Syndrome, Infantile Hypertrophic Pyloric Stenosis, Muscular Dystrophy, Omphalocele, Patent Ductus Arteriosis, Spina Bifida Cystica with Myelomeningocele, Tetralogy of Fallot, Transposition of the Great Arteries.

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

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

Diagnosis and recommendation must occur after your coverage becomes effective.

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

Important Details

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

Portability

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

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of San Benito Consolidated ISD, actively working in the United States at least 30 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Critical Illness insurance coverage can become effective.

Your Effective Date

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

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

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

Annual Open Enrollment

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

Family Status Change

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

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

Reoccurrence Benefit

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

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

Exclusions

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

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison,

chemical compound, drug or alcohol in excess of the legal limit in the state the critical illness occurred, unless used or consumed according to the directions of a physician

- Elective surgery or other procedure which:
  - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
  - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

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

When Your Insurance Ends

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

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

Group Insurance Certificate

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

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

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

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

Medicare generally pays for most or all of these expenses.

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

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

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

Before you buy this insurance:

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

About Standard Insurance Company

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Health Maintenance Screening

Get a Cash Benefit Each Year for Covered Wellness Exams

Regular checkups are important for the things you depend on — especially your health. You and your covered dependents will receive a cash benefit each calendar year when completing any one of the 22 tests listed below. It's all part of the Health Maintenance Screening Benefit that comes with your group insurance from Standard Insurance Company.

Approved Tests:

- ✓ Abdominal aortic aneurysm ultrasound
- ✓ Ankle Brachial Index (ABI) screening for peripheral vascular disease
- ✓ Biopsies for cancer
- ✓ Bone density screening
- ✓ Breast ultrasound
- ✓ Cancer antigen 125 (CA 125) blood test for ovarian cancer
- ✓ Cancer antigen 15-3 (CA 15-3) for breast cancer
- ✓ Carcinoembryonic antigen (CEA) blood test for colon cancer
- ✓ Colonoscopy
- ✓ Complete Blood Count (CBC)
- ✓ Comprehensive Metabolic Panel (CMP)
- ✓ COVID-19 testing and antibody testing for COVID-19[1]
- ✓ Electrocardiogram (EKG)
- ✓ Hemocult stool analysis
- ✓ Hemoglobin AIC
- ✓ Human Papillomavirus (HPV) vaccination
- ✓ Lipid panel
- ✓ Mammography
- ✓ Mental Health Assessment[1]
- ✓ Pap smears or thin prep pap test
- ✓ Prostate specific (PSA) test
- ✓ Stress test on a bicycle or treadmill

Novel infectious disease and mental health assessment tests are not approved in all states or on all products. Please reference your certificate of coverage to confirm these tests are available.

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[1] Test not available in the state of New York. Test is not available on the Accident product in the states of Oregon, Idaho, and Utah.

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



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1100 SW Sixth Avenue
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standard.com

GP0614-ACC

SI **17629**

Health Maintenance Screening EE
(7/22)



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

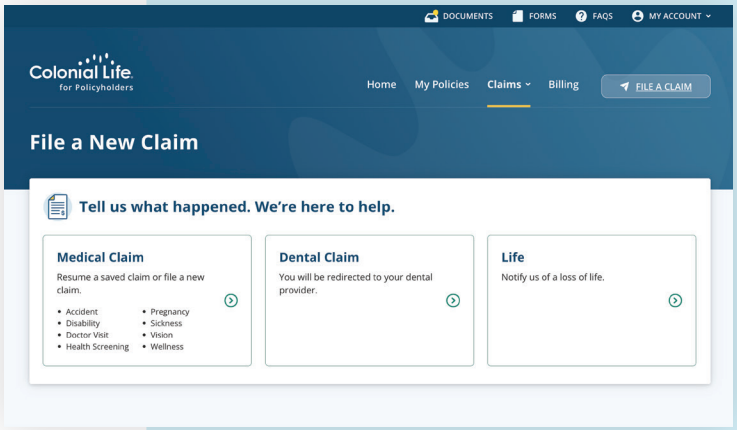
How to file a Wellness claim

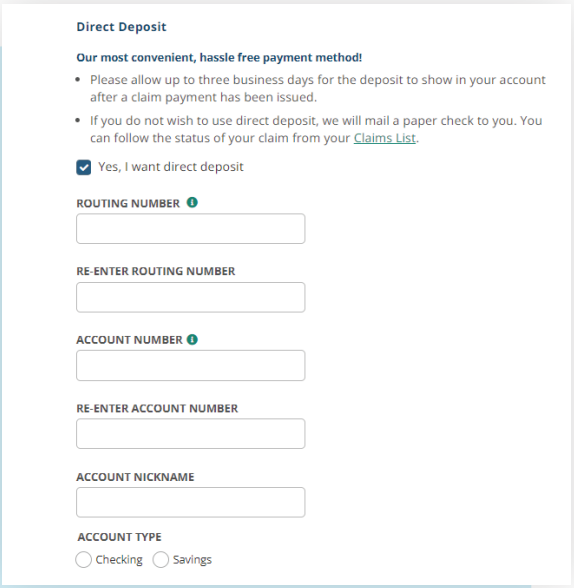
1 Log in to file a new claim

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.)

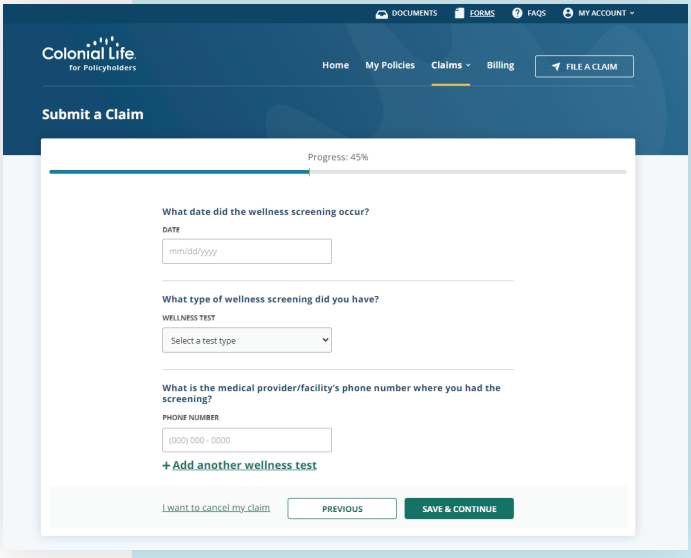
If you haven't already, sign up for direct deposit. Once approved, payments post as soon as 48 hours after submission.

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 $915 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 $3,200 *2024 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 $915 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 $640 *2024 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

Delta Dental-Dental

Website: www.deltadentalins.com

Vision Customer Service: 800-521-2651

The Standard-Vision

Website: www.standard.com/services

Vision Customer Service: 800-547-9515

The Standard-Group Term Life and Disability

Website: www.standard.com

Customer Service: 800- 628-8600

The Standard-Accident, Critical Illness w/ Cancer, Hospital Indemnity

Website: www.standard.com

Customer Service: 866-851-5505

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

Fax No.: 956-255-151


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