SAN BENITO
SCHOOLS

Employee Benefit Booklet

Contents

Directory 2

Eligibility 3

Blue Cross Blue Shield of Texas 4-7
Medical Plan
Dental Plan

United Healthcare Vision 8-11
Vision Plan

Standard Life Insurance Company 12-27
Basic Term Life Insurance
Voluntary Term Life Insurance
Disability Insurance

Allstate Benefits 28-47
Accident Insurance
Cancer Insurance
Critical Illness Insurance
Hospital Indemnity Insurance
Universal Life Insurance

MASA 48
Medical Transport Solutions

David K. Young Consulting, LLC. 49-52
HealthCare FSA
Dependent Care FSA

This Employee Benefit Booklet contains highlights only and is subject to change. Specific terms of coverage, exclusions, and limitations are contained in the Summary Plan Description or insurance certificate. If there are any inconsistencies between this booklet and the Plan Document, the Plan Document will govern.

Directory of Carriers and Contact Information

Blue Cross Blue Shield of Texas—Health & Dental Insurance
Website: www.bcbstx.com
Customer Service Phone: 1.800.521.2227

United Healthcare —Vision Insurance
Website: www.myuhc.com
Customer Service Phone: 800.638.3120

The Standard Life Insurance — Group Disability & Group Life Insurance
Website: www.standard.com
Disability Insurance Customer Service Phone: 800.368.1135
Life Insurance Customer Service Phone: 800.638.8600

Allstate Benefits—Accident, Cancer, Critical Illness, Hospital Indemnity, Universal Life
Website: www.allstatebenefits.com/mybenefits
Customer Service Phone: 1.800.521.3535

MASA – Medical Transport Solutions
Website: www.masamts.com
Customer Service Phone: 800.643.9023

David K. Young Consulting, LLC— Healthcare & Dependent Care FSA Administration
Website: www.dkyoung.com
Customer Service Phone: 877.774.5661

Bob Trevino Insurance
Office Number: 1.888.556.2825
Fax Number 956.781.9318

Employee Eligibility

Full-time employees who work a minimum of 30 hours per week and are at least 18 years of age are eligible to participate in the benefits program. Coverage for full-time employees start on the first day of the month following employment. Once your enrollment is completed, no changes will be allowed until the next annu−al open enrollment period unless you have a Qualifying Life Event. If you experience a qualifying life event, please contact your Human Resources Insurance Specialist within 30 days of the event to change current benefit elections.

Qualifying Life Events

If you choose not to enroll during your specified enrollment window (either New Hire or Annual Enroll−ment), you will not have any elective benefit coverage (medical, dental, vision, etc.) for yourself or your dependents. If you experience a qualifying life event (for example: getting married or having a baby) please contact your Human Resources Insurance Specialist within 30 days of the event to change current benefit elections.

A Qualifying Life Event is:

• A change in the number of dependents (birth, adoption, death, guardianship);
• A change in marital status (marriage, divorce, death, legal separation);
• A termination or commencement of employment of employee's spouse or eligible dependent with coverage;
• A change in employee's, spouse's or dependent's work hours;
• You or your spouse becomes eligible for Medicare benefits;
• Other events as the Plan Administrator determines to be permitted under I.R.S. Section 125 or any other applicable guidelines issued by the Internal Revenue Service.

Dependents added by a qualifying life event are covered the day of the event, provided that enrollment for the dependent is requested within 30 days from the date of the event.

Eligible Dependents

• An employee's legal spouse (common law spouses require a Common Law Certificate. (County courthouse issues these certificates.)
• An employee's unmarried dependent children under age 26 (including adopted children, stepchildren, foster children, minor child for whom a court has ordered coverage, a child being placed for adoption with the employee or a child for whom a court has appointed the employee or their spouse the legal guardian).
• Any dependent child of any age who is physically or mentally unable to care for themselves and are primarily dependent upon the employee for support.
• Dependent child(ren) for whom health care coverage is required through a Qualified Medical Child Sup−port

Order or other court or administrative order – even if the child does not reside with the employee.
• If adding eligible dependent children including stepchildren or adopted children requires and original birth certificate.

Health Benefit Summary

BlueCross BlueShield of Texas

Customer Service: 800-521-2227

Benefits	PPO BASE		PPO HSA MID PLAN		PPO BUY UP PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual	$5,000	$10,000	$3,000	$6,000	$1,500	$3,000
Family	$10,000	$20,000	$6,000	$9,000	$4,500	$9,000
Out of Pocket Maximum						
Individual	$6,500	$20,000	$4,500	$9,000	$3,000	$16,800
Family	$13,000	$40,000	$9,000	$13,500	$9,000	$33,600
Doctor Office Visit						
Primary care	$0	70%*	100% after	70%*	$30	70%*
Specialist visit	$100	70%*	Deductible	70%*	$45	70%*
Preventive	100%	70%*	100%	70%*	100%	70%*
Virtual Visit	100%	N/A	100%	N/A	100%	N/A
Inpatient Admission	70%*	50%*	100% after deductible	70% after deductible	90%*	50%*
Emergency Room	$250 copay + 30%	$250 copay + 30%	$250 copay + 20%	$250 copay + 20%	$200 copay + 10%	$200 copay + 10%
Urgent Care	$50 copay	70%*	100% after deductible	70% after deductible	$40 copay	70%*
All other Covered Services	70%*	50%*	100% after deductible	70% after deductible	90%*	50%*
Retail Prescription			*Deductible Must Be Met First			
Generic	$10	$10	$10	$10	$10	$10
Preferred Brand	$30	$30	$30	$30	$30	$30
Non Preferred Brand	$50	$50	$50	$50	$50	$50
Specialty drugs	50%	N/A	50%	N/A	50%	N/A
Mail in order (90 day Supply)			*Deductible Must Be Met First			
Generic	$0	N/A	$0	N/A	$0	N/A
Preferred Brand	$75		$75		$75	
Non Preferred Brand	$125		$125		$125	
PREMIUMS	**MONTHLY**	**BIWEEKLY**	**MONTHLY**	**BIWEEKLY**	**MONTHLY**	**BIWEEKLY**
Employee Only	$0	$0	$36.22	$18.11	$74.18	$37.09
Employee and Children	$248.00	$124.00	$295.92	$147.96	$373.94	$186.97
Employee and Spouse	$438.20	$219.00	$497.58	$248.79	$594.20	$297.10
Employee and Family	$898.34	$449.17	$984.70	$492.35	$1,125.26	$562.63

* After Deductible

BlueCross BlueShield of Texas

Confused About Where to Go for Care?

SmartER Care℠ options may save you money.

If you aren't having an emergency, deciding where to go for medical care may save you time and money.

You have choices for where you get non-emergency care — what we call SmartER Care. Use this chart to help you figure out when to use each type of care.

When you use in-network providers for your family's health care, you usually pay less for care. Search for in-network providers in your area at **bcbstx.com** or by calling the Customer Service number on your member ID card.



24/7 Nurseline

- Available 24 hours a day, seven days a week
- 24/7 Nurseline* can help you identify options when you or a family member have a health problem or concern
- Call **800-581-0393** to speak with a nurse
- At no additional cost as part of your health plan



Virtual Visits

- Available 24 hours a day, seven days a week
- Access to care for non-emergency medical issues whether you're at home or traveling from almost anywhere
- Access to an independently contracted, board-certified MDLIVE® doctor at **888-680-8646**, online at **MDLIVE.com/bcbstx** or with the MDLIVE mobile app‡
- Average wait time is less than 20 minutes
- Powered by MDLIVE

$



Doctor's Office

- Office hours vary
- Generally the best place to go for non-emergency care
- Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history
- Average wait time is 18 minutes[1]

$



Retail Health Clinic

- Based on retail store hours
- Usually lower out-of-pocket cost to you than urgent care
- Often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems

$



Urgent Care Center

- Generally includes evenings, weekends and holidays
- Often used when your doctor's office is closed, and you don't consider it an emergency
- Average wait time is 16-24 minutes[2]
- Many have online and/or telephone check-in

$$



Hospital ER

- Open 24 hours, seven days a week
- Average wait time is 35-49 minutes (variable)[3]
- If you receive emergency room (ER) care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- Multiple bills for services such as doctors and facility

$$$



Freestanding ER

- Open 24 hours, seven days a week
- Could be transferred to a hospital-based ER depending on medical situation
- Services do not include trauma care
- Often freestanding ERs are out-of-network. If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- All freestanding ERs charge a facility fee that urgent care centers do not. You may receive other bills for each doctor you see.[4]

$$$$

If you need emergency care, call **911** or seek help from any doctor or hospital immediately.

*24/7 Nurseline is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

‡Internet/Wi-Fi connection is needed for computer access. Data charges may apply.

[1] Vitals Annual Wait Time Report, 2017.

[2] Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.

[3] National Center for Health Statistics, Centers for Disease Control and Prevention. 2019.

[4] The Texas Association of Health Plans.

Note: The relative costs described here are for independently contracted network providers. Your costs for out-of-network providers may be significantly higher. Wait times described are just estimates.

The information provided in this guide is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for individualized advice on the information provided. Coverage may vary depending on your specific benefit plan and use of network providers. For questions, please call the number on the back of your member ID card.

Deciding Where to Go? Virtual Visit, Doctor's Office, Retail Clinic, Urgent Care or ER.

	Virtual Visits powered by MDLIVE	Doctor's Office	Retail Health Clinic	Urgent Care Center	Hospital ER	Freestanding ER
Who usually provides care	**Primary Care Pediatrics, Family and Emergency Medicine Doctors**	**Primary Care Doctor**	**Physician Assistant or Nurse Practitioner**	**Internal Medicine, Family Practice and Pediatric**	**ER Doctors, Internal Medicine, Specialists**	**ER Doctors**
Sprains, strains		■	■	■	• Any life-threatening or disabling conditions • Sudden or unexplained loss of consciousness • Major injuries • Chest pain; numbness in the face, arm or leg; difficulty speaking • Severe shortness of breath • High fever with stiff neck, mental confusion or difficulty breathing • Coughing up or vomiting blood • Cut or wound that won't stop bleeding • Possible broken bones	• Most major injuries except for trauma[1] • May also provide imaging and lab services but do not offer trauma or cardiac services requiring catheterization[1] • Do not always accept ambulances
Animal bites		■	■	■		
X-rays				■		
Stitches				■		
Mild asthma	■	■	■	■		
Minor headaches	■	■	■	■		
Back pain		■	■	■		
Nausea, vomiting, diarrhea	■	■	■	■		
Minor allergic reactions	■	■	■	■		
Coughs, sore throat	■	■	■	■		
Bumps, cuts, scrapes	■	■	■	■		
Rashes, minor burns	■	■	■	■		
Minor fevers, colds	■	■	■	■		
Ear or sinus pain	■	■	■	■		
Burning with urination	■	■	■	■		
Eye swelling, irritation, redness or pain	■	■	■	■		
Vaccinations		■	■	■		

Urgent Care Center or Freestanding ER – Knowing the Difference Can Save You Money

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers, but costs may be higher. A visit to a freestanding ER often results in significantly higher medical bills than the rate charged by urgent care centers for the same services.

Here are some ways to know if you are at a freestanding ER:

- Looks like urgent care centers, but have the word "Emergency" in their name or on the building.
- Is open 24 hours a day, seven days a week.
- Is not attached to and may not be affiliated with a hospital.
- Is subject to the same ER member share which may include a copay, coinsurance and applicable deductible.

Find urgent care centers[1] near you by texting[2] **URGENTTX** to **33633**.

[1] "Freestanding ED 101: What you need to know" July 2016, The Advisory Board Company.

[1] The closest urgent care center may not be in your network. Be sure to check Provider Finder® to make sure the center you go to is in-network.

[2] Message and data rates may apply. Read terms, conditions and privacy policy at bcbstx.com/mobile/text-messaging.

Virtual Visits may not be available on all plans. Virtual Visits are subject to the terms and conditions of your benefit plan, including benefits, limitations and exclusions. Non-emergency medical service in Montana and New Mexico is limited to interactive audio/video (video only). Non-emergency medical service in Arkansas and Idaho is limited to interactive audio/video (video only) for initial consultation. Service availability depends on location at the time of consultation.

MDLIVE®, a separate company, operates and administers the Virtual Visits program for Blue Cross and Blue Shield of Texas and is solely responsible for its operations and that of its contracted providers.
MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.
Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.
Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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SAN BENITO SCHOOLS

BlueCross BlueShield of Texas

Customer Service: 800-521-2227

SAN BENITO CISD DENTAL SUMMARY

Low Plan

Deductible Calendar Year	
Individual	$50
Family	$150
Annual Plan Maximum Per Covered Member	$750
ORTHODONTICS	
Not Covered	

PREVENTIVE	**100%**
Periodic Oral Evaluation	
Prophylaxis (cleanings)	
Topical Fluoride Applications	
Full Mouth/ Panoramic X-rays	
Periapical X-rays	
Sealants	
Space Maintainer	
BASIC	**80%**
Amalgams	
Resin-based composite restorations	
Non-Surgical Extractions	
Periodontal Services	
Palliative Treatment (emergency)	
Deep Sedation/ General Anesthesia	
Endodontic Services	
Oral Surgery Services	
MAJOR	**50%**
Single Crown Restorations	
Inlay/ Onlay Restorations	
Labial Veneer Restoration	
Crowns placed over implants	
Complete and Removable Partial Dentures	
Fixed Bridgework	
Prosthetic placed over implants	
Prefabricated crowns	
Recementations	
Post and Core, Pin Retention and Crown	
Bridge repairs	

Low Plan Rates		
Employee Only	$	18.16
Employee and Spouse	$	35.92
Employee and Children	$	44.44
Family	$	62.20

High Plan

Deductible Calendar Year	
Individual	$50
Family	$150
Annual Plan Maximum Per Covered Member	$1,250
ORTHODONTICS	
Orthodontic Treatment -Child Only up to age 19	
Lifetime Maximum per person $1000	
No Waiting Period	

PREVENTIVE	**100%**
Periodic Oral Evaluation	
Prophylaxis (cleanings)	
Topical Fluoride Applications	
Full Mouth/ Panoramic X-rays	
Periapical X-rays	
Sealants	
Space Maintainer	
BASIC	**80%**
Amalgams	
Resin-based composite restorations	
Non-Surgical Extractions	
Periodontal Services	
Palliative Treatment (emergency)	
Deep Sedation/ General Anesthesia	
Endodontic Services	
Oral Surgery Services	
MAJOR	**50%**
Single Crown Restorations	
Inlay/ Onlay Restorations	
Labial Veneer Restoration	
Crowns placed over implants	
Complete and Removable Partial Dentur	
Fixed Bridgework	
Prosthetic placed over implants	
Prefabricated crowns	
Recementations	
Post and Core, Pin Retention and	
Crown Bridge repairs	

High Plan Rates		
Employee Only	$	28.63
Employee and Spouse	$	56.61
Employee and Children	$	72.68
Family	$	100.68

Vision Benefit Summary

Powered by UnitedHealthcare Vision Network

San Benito Consolidated Independent School District (TX)

Customer Service and Provider Locator: (800) 638-3120

myuhcvision.com

UnitedHealthcare vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

Rates (Monthly)	**Exam with Materials**
Employee	$10.98
Employee + One	$21.40
Employee + Family	$29.64
Benefit Frequency	
Comprehensive Exam(s)	Once every 12 months
Eyeglass Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses instead of Eyeglasses	Once every 12 months
In-Network Services	
Copays	
Exam(s)	$ 5.00
Eyeglasses (lenses and frame)	$ 0.00
Contact lenses instead of Eyeglasses	$ 0.00
Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage)[1]	
Private Practice Provider	$150.00 retail frame allowance
Retail Chain Provider	$150.00 retail frame allowance
Lens Options	
Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full.	
Contact Lens Benefit[2] (Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at myuhcvision.com).	
Formulary contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay.	If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider.
Non-Formulary contact lenses An allowance is applied toward the purchase of contact lenses outside the Formulary. Contact lens copay is waived.	$150.00
Necessary contact lenses[3]	Covered in full after copay (if applicable).
Children's and Maternity Eye Care Benefit	
Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam. Members age 0-12 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.	
Out-of-Network Reimbursements (Copays do not apply)	
Exam(s)	Up to $40.00
Frames	Up to $45.00
Single Vision Lenses	Up to $40.00
Lined Bifocal and Progressive Lenses	Up to $60.00
Lined Trifocal Lenses	Up to $80.00
Lenticular Lenses	Up to $80.00
Elective Contacts instead of Eyeglasses[2]	Up to $150.00
Necessary Contacts instead of Eyeglasses [3]	Up to $210.00

UnitedHealthcare®

Discounts

Laser vision
UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction providers. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at $945 per eye for Traditional LASIK and $1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit myuhcvision.com.

Additional Material
At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.

Hearing Aids
As a UnitedHealthcare vision plan member, you can save on custom-programmed hearing aids when you buy them from UnitedHealthcare Hearing. To find out more go to UHCHearing.com. When placing your order use promo code MYVISION to get the special price discount.

Sample Illustration of Savings

Cost	Employee Only	Employee + One	Employee + Child(ren)	Employee + Family
Monthly Premium	$10.98	$21.40	N/A	$29.64
Annual Premium	$131.76	$256.80	N/A	$355.68
Approx. Pre-Tax Savings (20%) [4]	$26.35	$51.36	N/A	$71.14
Annual Tax-Adjusted Premium	$105.41	$205.44	N/A	$284.54
Plus Copays	$5.00	$10.00	N/A	$20.00
Total Cost to Employee	$110.41	$215.44	N/A	$304.54

Exam and Materials Covered by UnitedHealthcare Vision Plan	Estimated Cost Without a Vision Plan [5]	Less Employee Cost	Total Savings with UnitedHealthcare Vision
Employee Only Exam, Single Vision & Covered-in-Full Frames	$275.00	$110.41	$164.59
Employee + One Exam, Single Vision & Covered-in-Full Frames	$550.00	$215.44	$334.56
Employee + Child(ren) [6] Exam, Single Vision & Covered-in-Full Frames	N/A	N/A	N/A
Employee + Family [7] Exam, Single Vision & Covered-in-Full Frames	$1,100.00	$304.54	$795.46

0% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.
:ontact lenses are instead of eyeglass lenses and/or eyeglass frames. Coverage for Formulary contact lenses does not apply at all in-network providers. The allowance for Non-Formulary contact lenses applies to materials. No portion will be exclusively applied to the fitting and evaluation.
lecessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames; with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, pathological myopia, aniseikonia, aniridia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

[4]Actual tax savings will depend upon your individual tax bracket.

[5]Approximate retail value illustrated: Exam & Refraction ($65), Single Vision Lenses ($80), and Frames ($130). Average retail cost may vary by provider.

[6]For purposes of this calculation, Employee + Child(ren) is calculated with three (3) members.

[7]For purposes of this sample calculation, Employee + Family is calculated with four (4) members.

UnitedHealthcare®

Vision Benefit Summary

Powered by UnitedHealthcare Vision Network

San Benito Consolidated Independent School District (TX)

Customer Service and Provider Locator: (800) 638-3120

myuhcvision.com

UnitedHealthcare vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

Rates (Monthly)	**Exam with Materials**
Employee	$8.73
Employee + One	$16.49
Employee + Family	$24.25
Benefit Frequency	
Comprehensive Exam(s)	Once every 12 months
Eyeglass Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses instead of Eyeglasses	Once every 12 months
In-Network Services	
Copays	
Exam(s)	$ 10.00
Eyeglasses (lenses and frame)	$ 20.00
Contact lenses instead of Eyeglasses	$ 20.00
Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage)[1]	
Private Practice Provider	$130.00 retail frame allowance
Retail Chain Provider	$130.00 retail frame allowance
Lens Options	
Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full.	
Contact Lens Benefit[2] (Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at myuhcvision.com).	
Formulary contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay.	If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider.
Non-Formulary contact lenses An allowance is applied toward the purchase of contact lenses outside the Formulary. Contact lens copay is waived.	$130.00
Necessary contact lenses[3]	Covered in full after copay (if applicable).
Children's and Maternity Eye Care Benefit	
Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam. Members age 0-12 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.	
Out-of-Network Reimbursements (Copays do not apply)	
Exam(s)	Up to $40.00
Frames	Up to $45.00
Single Vision Lenses	Up to $40.00
Lined Bifocal and Progressive Lenses	Up to $60.00
Lined Trifocal Lenses	Up to $80.00
Lenticular Lenses	Up to $80.00
Elective Contacts instead of Eyeglasses[2]	Up to $130.00
Necessary Contacts instead of Eyeglasses [3]	Up to $210.00

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Discounts

Laser vision
UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction providers. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at $945 per eye for Traditional LASIK and $1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit myuhcvision.com.

Additional Material
At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.

Hearing Aids
As a UnitedHealthcare vision plan member, you can save on custom-programmed hearing aids when you buy them from UnitedHealthcare Hearing. To find out more go to UHCHearing.com. When placing your order use promo code MYVISION to get the special price discount.

Sample Illustration of Savings

Cost	Employee Only	Employee + One	Employee + Child(ren)	Employee + Family
Monthly Premium	$8.73	$16.49	N/A	$24.25
Annual Premium	$104.76	$197.88	N/A	$291.00
Approx. Pre-Tax Savings (20%) [4]	$20.95	$39.58	N/A	$58.20
Annual Tax-Adjusted Premium	$83.81	$158.30	N/A	$232.80
Plus Copays	$30.00	$60.00	N/A	$120.00
Total Cost to Employee	$113.81	$218.30	N/A	$352.80

Exam and Materials Covered by UnitedHealthcare Vision Plan	Estimated Cost Without a Vision Plan [5]	Less Employee Cost	Total Savings with UnitedHealthcare Vision
Employee Only Exam, Single Vision & Covered-in-Full Frames	$275.00	$113.81	$161.19
Employee + One Exam, Single Vision & Covered-in-Full Frames	$550.00	$218.30	$331.70
Employee + Child(ren) [6] Exam, Single Vision & Covered-in-Full Frames	N/A	N/A	N/A
Employee + Family [7] Exam, Single Vision & Covered-in-Full Frames	$1,100.00	$352.80	$747.20

0% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.
:ontact lenses are instead of eyeglass lenses and/or eyeglass frames. Coverage for Formulary contact lenses does not apply at all in-network providers. The allowance for Non-Formulary contact lenses applies to materials. No portion will be exclusively applied to the fitting and evaluation.
lecessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames; with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, pathological myopia, aniseikonia, aniridia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

[4]Actual tax savings will depend upon your individual tax bracket.

[5]Approximate retail value illustrated: Exam & Refraction ($65), Single Vision Lenses ($80), and Frames ($130). Average retail cost may vary by provider.

[6]For purposes of this calculation, Employee + Child(ren) is calculated with three (3) members.

[7]For purposes of this sample calculation, Employee + Family is calculated with four (4) members.

UnitedHealthcare®

Standard Insurance Company
San Benito Consolidated Independent School District
Group Policy #000000

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:	If you elect AD&D insurance coverage, the benefit amount is the same as the 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, 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).
Public Transportation	The Standard may pay an additional benefit if you die as a result of an accident that occurs while you are riding as a fare-paying passenger on public transportation.
Occupational Assault	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 in all states except Oregon. 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.**

Important Details

Here's where you'll find the nitty-gritty 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, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Life insurance for yourself, you may also buy AD&D insurance.

Medical Underwriting Approval for Life Coverage

Required for:

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

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

Coverage Effective Date 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.

*The eligibility waiting period varies; contact your human resources representative for details.

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.

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

If you elect AD&D insurance, 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. A certified copy of the death certificate is needed to prove loss of life.

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%
Hemiplegia	50%
Paraplegia	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 will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

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

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

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

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

SI 12505-D-VLVA-TX-000000 (8/21)
6893288-739352

Standard Insurance Company
San Benito Consolidated Independent School District
Group Policy #000000

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.	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:	If you elect AD&D insurance coverage, the benefit amount is the same as the Additional Life insurance benefit.
	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, 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 $0.20 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	$0.05	$0.05
30–39	$0.06	$0.06
40–44	$0.09	$0.09
45–49	$0.16	$0.16
50–54	$0.24	$0.24
55–59	$0.40	$0.40
60–64	$0.47	$0.47
65+	$0.82	$0.82

*If you elect AD&D insurance with your Additional Life insurance, your monthly AD&D rate is $0.02 per $1,000 of AD&D benefit added to the above rates.
**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.

Child Life Monthly Premiums

Coverage Amount	Premium
$2,000	0.40
$4,000	0.80
$6,000	1.20
$8,000	1.60
$10,000	2.00

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

Important Details

Here's where you'll find the nitty-gritty 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
- Insured for Basic Life insurance through The Standard

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

If you buy Additional Life insurance for yourself, you may also buy Life coverage for your eligible children and/or spouse. This is called Dependents Life insurance. If you buy Additional Life insurance for yourself, you may also buy AD&D insurance. If you buy AD&D insurance for yourself, you can also buy AD&D insurance for your dependents. 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. Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval 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
- Eligible but not insured under the prior life insurance plan

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

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

*The eligibility waiting period varies; contact your human resources representative for details.

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.

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

If you elect AD&D insurance, 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. A certified copy of the death certificate is needed to prove loss of life.

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%
Hemiplegia	50%
Paraplegia	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.

Standard Insurance Company
Educator Options Voluntary Long Term Disability Coverage Highlights
San Benito Consolidated Independent School District

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	25 percent of your LTD benefit before reduction by deductible income

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: www.standard.com/mhs

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 $2,700 (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	$2,700
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 or a reasonably prudent person 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.



Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.
Practical benefits for everyday living.®

*Please refer to the Exclusions and Limitations section of this brochure. [1]National Safety Council, Injury Facts®, 2019 Edition

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW

DID YOU KNOW?

The number of injuries suffered by workers in one year, both on- and off-the-job, includes:[1]

ON-THE-JOB (in millions)

Work **4.4**

OFF-THE-JOB (in millions)

Home **25.0**

Non-Auto **12.6**

Auto **4.3**

Offered to the employees of:

San Benito Consolidated Independent School District

BASE COVERAGE	OPTION 1	OPTION 2
Initial Hospital Confinement	$500	$1,000
Daily Hospital Confinement	$100	$200
Intensive Care	$200	$400
DISLOCATION or FRACTURE ENHANCED RIDER*		
Open Reduction (300% of Closed Reduction)	$6,000	$12,000
Closed Reduction	$2,000	$4,000
Avulsion and Chip Fracture (25% of Closed Reduction)	$500	$1,000
Stress Fracture (10% of Closed Reduction)	$200	$400
ACCIDENT TREATMENT & URGENT CARE RIDER		
Ground Ambulance	$100	$200
Air Ambulance	$300	$600
Accident Physician's Treatment	$50	$100
X-ray	$100	$200
Urgent Care	$50	$100
ACCIDENTAL DEATH*, DISMEMBERMENT* AND FUNCTIONAL LOSS* RIDER		
Accidental Death	$20,000	$40,000
Common Carrier Accidental Death	$50,000	$100,000
Dismemberment	$20,000	$40,000
Functional Loss	$20,000	$40,000
EMERGENCY ROOM SERVICES RIDER		
Emergency Room Services Rider	$100	$200
OUTPATIENT PHYSICIAN'S TREATMENT FOR ACCIDENT AND PREVENTIVE CARE BENEFIT RIDER		
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (OPH)	$25	$25

* pays up to the amount shown

BENEFIT ENHANCEMENT RIDER		OPTION 1	OPTION 2
Accident Follow-Up Treatment		$50	$50
Lacerations		$50	$50
Burns	< 15% of body	$100	$100
	≥ 15% of body	$500	$500
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		$300	$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) Benefit		$50	$50
Paralysis Benefit	Paraplegia	$7,500	$7,500
	Quadriplegia	$15,000	$15,000
Coma with Respiratory Assistance		$10,000	$10,000
Open Abdominal or Thoracic Surgery		$1,000	$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery Benefit			
	With Repair	$500	$500
	Without Repair	$150	$150
Ruptured Disc Surgery		$500	$500
Eye Surgery		$100	$100
General Anesthesia		$100	$100
Blood and Plasma		$300	$300
Appliance		$125	$125
Medical Supplies		$5	$5
Medicine		$5	$5
Prosthesis	One device	$500	$500
	Two or more devices	$1,000	$1,000
Physical, Occupational, or Speech Therapy		$30	$30
Rehabilitation Unit		$100	$100
Non-Local Transportation		$250	$250
Family Member Lodging		$100	$100
Post-Accident Transportation		$200	$200
Broken Tooth		$100	$100
Residence/Vehicle Modification		$500	$500
Pain Management (Epidural Injection)		$50	$50
Miscellaneous Outpatient Surgery		$100	$100

PREMIUMS

PLAN DESIGN	EE	EE+SP	EE+CH	F
OPTION 1 = Monthly	$6.77	$11.70	$14.37	$18.86
OPTION 2 = Monthly	$10.61	$18.33	$23.02	$29.02

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family

No associations allowed in this state.

FOR HOME OFFICE USE ONLY - GVAP6 (CU)

Opt 1 - 1.0U Base; 1.0U D/F-E 100%CH; 1.0U AUC; 1.0U ERS; 1.0U ADD; 1.0U BER; 1.0U OPH; 24 Hour

Opt 2 - 2.0U Base; 2.0U D/F-E 100%CH; 2.0U AUC; 2.0U ERS; 2.0U ADD; 1.0U BER; 1.0U OPH; 24 Hour

TF0.00 == CF1.00

Eligible 1,493. SIC 8211. National.

ABQ V 07.06.2021 RE V 06.03.2020
Prepared on 08/06/2021 and valid through 03/01/2022.

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 180 days, unless otherwise stated, from the date of an accident, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories except in the case of emergency.

Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

Dependent Eligibility/Termination

Coverage may include you, your spouse or domestic partner, and your children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of the domestic partnership or your death.

When Coverage Ends

Coverage under the policy and riders ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment, except as provided under the Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence provision; the date you are no longer in an eligible class; the date your class is no longer eligible; or discovery of fraud or material misrepresentation when filing a claim.

Continuing Your Coverage

You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Exclusions and Limitations for Policy and the following riders: Accident Treatment and Urgent Care Rider; Dislocation/Fracture Rider; Emergency Room Services Rider; Accidental Death, Dismemberment and Functional Loss Rider; and Benefit Enhancement Rider

Benefits are not paid for: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; any bacterial infection (except pyogenic food poisoning and infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting a felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; injury sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic, unless taken as prescribed by a physician; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Exclusions and Limitations for Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider

Benefits are not paid for: injury incurred within 12 months before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting a felony; driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway; injury sustained or contracted in consequence of being intoxicated or under the influence of any narcotic, unless taken as prescribed by a physician; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

This brochure is for use in enrollments sitused in TX, and is incomplete without the accompanying rate insert. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than August 24, 2024.

Group Accident benefits are provided under policy form GVAP6, or state variations thereof. Accident Rider benefits are provided under the following rider forms, or state variations thereof: Accident Treatment and Urgent Care Rider GP6AUC; Dislocation/Fracture Rider GP6DF; Emergency Room Services Rider GP6ERS; Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider GP6OPH; Accidental Death, Dismemberment and Functional Loss Rider GP6ADD; and Benefit Enhancement Rider GP6BE.

The coverage provided is limited benefit supplemental accident insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Allstate BENEFITS

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www.allstate.com or allstatebenefits.com



Allstate BENEFITS

Protection for the treatment of cancer and 29 specified diseases

Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Meeting Your Needs

- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Practical benefits for everyday living.®**

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[1]Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017.
[2]Cancer Treatment & Survivorship Facts & Figures, 2019-2021

POD105873

DID YOU KNOW?



Early detection, improved treatments and access to care are factors that influence cancer survival[1]

22.1 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030[2]

Offered to the employees of:

San Benito Consolidated Independent School District

Benefits and Amounts

HOSPITAL AND RELATED BENEFITS	OPTION 1	OPTION 2
Continuous Hospital Confinement (daily)	$200	$400
Government or Charity Hospital (daily)	$200	$400
Private Duty Nursing Services (daily)	$200	$400
Extended Care Facility (daily)	$200	$400
At Home Nursing (daily)	$200	$400
Freestanding Hospice Care Center (daily) or	$200	$400
Hospice Care Team (per visit)	$200	$400
RADIATION, CHEMOTHERAPY, AND RELATED BENEFITS		
Radiation/Chemotherapy for Cancer (every 12 months)	$5,000	$10,000
Blood, Plasma, and Platelets (every 12 months)	$5,000	$10,000
Hematological Drugs (yearly)	$100	$200
Medical Imaging (yearly)	$250	$500
SURGERY AND RELATED BENEFITS		
Surgery (maximum, depending on surgery)	$3,000	$6,000
Anesthesia (% of Surgery Benefit)	25%	25%
Ambulatory Surgical Center (daily)	$500	$1,000
Second Opinion	$400	$800
Bone Marrow or Stem Cell Transplant - Autologous*	$1,000	$2,000
Non-autologous*	$2,500	$5,000
Non-autologous for Leukemia*	$5,000	$10,000
MISCELLANEOUS BENEFITS		
Inpatient Drugs and Medicine (daily)	$25	$25
Physician's Attendance (daily)	$50	$50
Ambulance (per confinement)	$100	$100
Non-Local Transportation (per trip or mile)	Coach Fare or $0.40/Mile	Coach Fare or $0.40/Mile
Outpatient Lodging (daily, $2,000 max/12 months)	$50	$50
Family Member Lodging (daily) and	$50	$50
Transportation (per trip or mile)	Coach Fare or $0.40/Mile	Coach Fare or $0.40/Mile
Physical or Speech Therapy (daily)	$50	$50
New or Experimental Treatment (every 12 months)	$5,000	$5,000
Prosthesis (per amputation)	$2,000	$2,000
Hair Prosthesis (every 2 years)	$25	$25
Nonsurgical External Breast Prosthesis	$50	$50
Anti-Nausea Benefit (yearly)	$200	$200
Waiver of Premium (primary insured only)	Yes	Yes
OPTIONAL BENEFITS		
Cancer Initial Diagnosis (one-time benefit)	$4,000	$8,000
Intensive Care - Intensive Care Confinement (daily)	$200	$400
Step-Down Confinement (daily)	$100	$200
Air/Surface Ambulance	Actual Charges	Actual Charges
Wellness (yearly)	$50	$50

* Yearly

premiums

PLAN DESIGN	EE	EE + SP	EE + CH	F
Option 1 - Monthly 2 Units Hospital Benefits, 2 Units Radiation & Chemotherapy Benefits, 2 Units Surgery Benefits, 1 Unit Miscellaneous Benefits, 2 Units Wellness Benefit, 2 Units Intensive Care Benefits, 4 Units Cancer Initial Diagnosis.	**$19.29**	**$30.40**	**$27.55**	**$38.63**
Option 2 - Monthly 4 Units Hospital Benefits, 4 Units Radiation & Chemotherapy Benefits, 4 Units Surgery Benefits, 1 Unit Miscellaneous Benefits, 2 Units Wellness Benefit, 4 Units Intensive Care Benefits, 8 Units Cancer Initial Diagnosis.	**$36.17**	**$56.76**	**$52.22**	**$72.80**

In addition to cancer, benefits (unless noted specifically for cancer) are also payable for: Muscular Dystrophy, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure or Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, Primary Biliary Cirrhosis.

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family

Rates reflect 2,000 eligible employees for coverage.
V.2021.07.30 FA Proposal Creation Date: 7/30/2021
This Quote Expires on 7/30/2022
Eligible Lives: 1,493

DEFINITIONS

Actual Charges vs. Actual Cost

Actual Charge – Amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost – Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

CERTIFICATE SPECIFICATIONS

Eligibility
Coverage may include you, your spouse or domestic partner, and children under age 26.

Termination of Coverage
Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible.

Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Portability Privilege
Coverage may be continued under the Portability Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation
We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or condition for which medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

Exclusions and Limitations
We do not pay for any loss except for losses due to cancer or a specified disease. Benefits are not paid for conditions caused or aggravated by cancer or a specified disease. Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

Hospice Care Team Limitation: Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

Blood, Plasma and Platelets Limitation: Does not include immunoglobulins or blood replaced by donors.

For the **Surgery, New or Experimental Treatment** and **Prosthesis** benefits, we pay 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

For the **Radiation/Chemotherapy for Cancer** benefit, we do not pay for: any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

Intensive Care Exclusions and Limitations
Benefits are not paid for attempted suicide or intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. Children born within 10 months of the effective date are not covered for confinement occurring or beginning during the first 30 days of the child's life. We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance benefit.

Allstate BENEFITS

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www.allstate.com or
allstatebenefits.com

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This material is valid as long as information remains current, but in no event later than August 24, 2024.
Group Cancer benefits are provided under policy form GVCP3, or state variations thereof.

The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Critical Illness Insurance

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation*
- Coverage available for individual and child(ren) or family
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- 100% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.®**

*Please refer to the Exclusions and Limitations section of this brochure.

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POD105872

DID YOU KNOW ?

Every 40 seconds, an American will have a heart attack[1]

Every 40 seconds, someone in the U.S. has a stroke[2]

[1]https://www.cdc.gov/heartdisease/heart_attack.htm

[2]https://www.cdc.gov/stroke/facts.htm

Offered to the employees of:

San Benito Consolidated Independent School District

Allstate BENEFITS

BENEFITS AND AMOUNTS

*Benefits paid once per person. When all benefits have been used, the coverage terminates. Covered dependents receive 50% of the benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS*	OPTION 1	OPTION 2	OPTION 3
Heart Attack (100%)	$10,000	$20,000	$30,000
Stroke (100%)	$10,000	$20,000	$30,000
Coronary Artery Bypass Surgery (25%)	$2,500	$5,000	$7,500
Major Organ Transplant (100%)	$10,000	$20,000	$30,000
End Stage Renal Failure (100%)	$10,000	$20,000	$30,000
Waiver of Premium (employee only)	Yes	Yes	Yes
ADDITIONAL BENEFITS*			
Reoccurrence of Critical Illness Benefit	Yes	Yes	Yes
ADDITIONAL RIDERS			
SUPPLEMENTAL CRITICAL ILLNESS RIDER*			
Advanced Alzheimer's Disease (100%)	$10,000	$20,000	$30,000
Advanced Parkinson's Disease (100%)	$10,000	$20,000	$30,000
Benign Brain Tumor (100%)	$10,000	$20,000	$30,000
Coma (100%)	$10,000	$20,000	$30,000
Complete Loss of Hearing (100%)	$10,000	$20,000	$30,000
Complete Loss of Sight (100%)	$10,000	$20,000	$30,000
Complete Loss of Speech (100%)	$10,000	$20,000	$30,000
Paralysis (100%)	$10,000	$20,000	$30,000
FIXED WELLNESS RIDER (per year, per covered person)	$50	$50	$50
CARDIOPULMONARY ENHANCEMENT RIDER*			
Sudden Cardiac Arrest (25%)	$2,500	$5,000	$7,500
Pulmonary Embolism (25%)	$2,500	$5,000	$7,500
Pulmonary Fibrosis (25%)	$2,500	$5,000	$7,500
ADDITIONAL FEATURES			
Pre-Existing Condition Limitation Applies	No	No	No

Issue Age Premiums

		Monthly Plan 1 - 10,000		Monthly Plan 2 - 20,000		Monthly Plan 3 - 30,000	
Tobacco Class	Issue Age	EE/EE + CH	EE + SP/F	EE/EE + CH	EE + SP/F	EE/EE + CH	EE + SP/F
Non-Tobacco	18-29	3.21	5.39	5.23	8.42	7.23	11.45
	30-39	5.08	8.22	8.98	14.04	12.85	19.89
	40-49	8.81	13.79	16.42	25.23	24.04	36.64
	50-59	15.43	23.73	29.67	45.10	43.91	66.45
	60-64	21.28	32.53	41.39	62.66	61.47	92.83
	65+	36.38	55.17	71.59	107.97	106.78	160.77
Tobacco	18-29	4.39	7.15	7.57	11.95	10.76	16.73
	30-39	7.88	12.40	14.56	22.42	21.23	32.45
	40-49	14.61	22.49	28.02	42.63	41.44	62.74
	50-59	24.88	37.91	48.57	73.45	72.26	108.98
	60-64	34.48	52.33	67.78	102.26	101.07	152.23
	65+	59.69	90.13	118.19	177.87	176.68	265.63

EE = Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

FOR HOME OFFICE USE ONLY - GVCIP4 (CU)
Opt 1 - No Pre-Ex; 1.0U Base; RCIB; SCI W/O; CER; 2U FWR;
Opt 2 - No Pre-Ex; 2.0U Base; RCIB; SCI W/O; CER; 2U FWR;
Opt 3 - No Pre-Ex; 3.0U Base; RCIB; SCI W/O; CER; 2U FWR;

SP50
ABQ V 06.15.2021 Proposal Creation Date: 8/13/2021
This Quote Expires on 8/13/2022

CERTIFICATE SPECIFICATIONS

Eligibility
Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination
Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

When Coverage Ends
Coverage under the policy ends on the earliest of: the date the certificate is canceled; the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; a false claim is filed; or when all benefits have been paid under the policy and riders, if applicable.

Continuing Your Coverage
You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Conditions and Limits
A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or specified disease after your effective date will be payable. Benefits are subject to all limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect.

Exclusions
Benefits are not paid for: intentionally self-inflicted injury or action; illegal activities or committing or attempting to commit a felony; suicide while sane, or self-destruction while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of non-prescribed drugs or narcotics; or being under the influence of alcohol, drugs or narcotics, unless administered and taken as prescribed by a physician.

Allstate BENEFITS

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www.allstate.com or allstatebenefits.com

This brochure is for use in enrollments situsted in TX and is incomplete without the accompanying rate insert.

This material is valid as long as information remains current, but in no event later than August 24, 2024.
Group Critical Illness benefits are provided under policy form GVCIP4, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Cardiopulmonary Enhancement Rider GCIP4CER; Supplemental Critical Illness with HIV Rider GCIP4SR1; and Fixed Wellness Rider GCIP4FWR.

The coverage provided is limited benefit supplemental critical illness insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Hospital Indemnity Insurance

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital confinement and medical procedures and/or visits, which may mean costly out-of-pocket expenses.

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. But having the right coverage in place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most.

Allstate Benefits offers a solution to help you protect your income and empower you to seek treatment.

Here's How It Works

Our Hospital Indemnity insurance pays a cash benefit for hospital confinements. This benefit is payable directly to you unless assigned, and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. It is increasingly important to not only protect your finances if faced with an unexpected illness, but also to empower yourself to seek the necessary treatment.

Meeting Your Needs

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation*
- Coverage also available for your dependents
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can feel assured that you have the protection you need if faced with a hospitalization. **Practical benefits for everyday living.®**

*Please refer to the Exclusions and Limitations section of this brochure.
[1]https://www.healthsystemtracker.org/brief/what-drives-health-spending-in-the-u-s-compared-to-other-countries/
[2]https://www.debt.org/medical/hospital-surgery-costs/
[3]https://newsroom.heart.org/news/poll-surprise-medical-bills-pose-significant-financial-burden

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

POD105877

DID YOU KNOW ?

Americans pay nearly **60% more** for hospital stays than patients in Europe or Canada.[1]

$11,700
per hospital stay

The average cost of a 24-hour hospital stay in the United States is $11,700.[2]

About two-thirds of Americans received an **unexpected medical bill** following a hospital stay in 2020.[3]

Offered to the employees of:

San Benito Consolidated Independent School District

HSA Compatible Benefit Offerings

Hospitalization Benefits

	Option 1
First Day Hospital Confinement Benefit*	$1,000
Limit to Number of Occurrences	One per Year
Daily Hospital Confinement Benefit* (daily)	$100
Maximum Days Payable	
If First Day Hospital Confinement Benefit is Payable	Days 2 - 10
If First Day Hospital Confinement Benefit is not Payable	Days 1 - 10
Hospital Intensive Care Benefit (daily)	$100
Maximum Days Payable	10 Days
Wellness Benefit	
Fixed Wellness (daily)	$50
Additional Conditions and Limitations	
Mental and Nervous Disorders Covered	No
Drug Addiction and Alcoholism Covered	No
Pregnancy Waiting Period	None
Pre-Existing Condition Limitation	None

* If the covered person is a newborn child, we will pay 10% of the benefit amount shown for both the First Day and the Daily Hospital Confinement Benefits.

Monthly Premiums

	Option 1
Employee	$19.50
Employee + Spouse	$37.70
Employee + Child	$24.96
Family	$41.60

For Home Office Use Only - GIM2 (CR)

Opt 1 - FDHC $1000/One per Year/Covered; DHC $100/10 Days; HIC $100/10; FW 2

Texas; Product IDs = EHOSPID, SHOSPID, CHOSPID, FHOSPID; Plan Code = H.S.A.

ABQuote Version 06.15.2021. REV04.21.2021. QY2021. Group UW. Lives 1493. SIC 8211. COM 0.15

Prepared on 08/05/2021 and valid through 03/01/2022.

The coverage contains exclusions and limitations; please refer to plan documents for details.

How We Pay the Daily Hospital Confinement Benefit

If the First Day Hospital Confinement benefit is payable
The Daily Hospital Confinement Benefit pays for each day after the first day of a continuous confinement in a hospital for one day less than the maximum number of days on the rate insert.

If the First Day Hospital Confinement benefit is not payable
The Daily Hospital Confinement Benefit pays for each day of a continuous confinement in a hospital for the maximum number of days on the rate insert.

CERTIFICATE SPECIFICATIONS

Conditions and Limits
We pay benefits as stated for service and treatment received by the covered person while coverage is in force, for sickness or injury. Hospital room and board charges must be incurred for benefits to be payable. **Treatment must be received in the United States or its territories, except in the case of an emergency.**

Eligibility
Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination of Coverage
Coverage may include you, your spouse or domestic partner, and children. Coverage for children ends upon your death or when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of domestic partnership or your death.

When Coverage Ends
Coverage under the policy ends on the earliest of: the date the policy is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment, except as provided under the "Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence" provision; the date you are no longer in an eligible class; the date your class is no longer eligible; upon discovery of fraud or material misrepresentation when filing for a claim.

Portability
You may be eligible to continue your coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Exclusions
Benefits are not paid for: any act of war during military service or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; committing or attempting a felony; cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function or congenital defects; intentionally self-inflicted injuries; confinement that begins before the effective date of coverage; the reversal of a tubal ligation or vasectomy; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; participation in aeronautics (including parachuting and hang gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports; mental or nervous disorders without demonstrable organic disease; alcoholism, drug addiction or dependence upon any controlled substance.

This brochure is for use in enrollments situsedin TX, and is incomplete without the accompanying rate insert. This material is valid as long as information remains current, but in no event later than August 24, 2024.

Group Hospital Indemnity benefits are provided under policy form GVSP2, or state variations thereof. Group Hospital Indemnity Rider benefits are provided under the following rider form or state variations thereof: Fixed Wellness Rider GVSEC2FW.

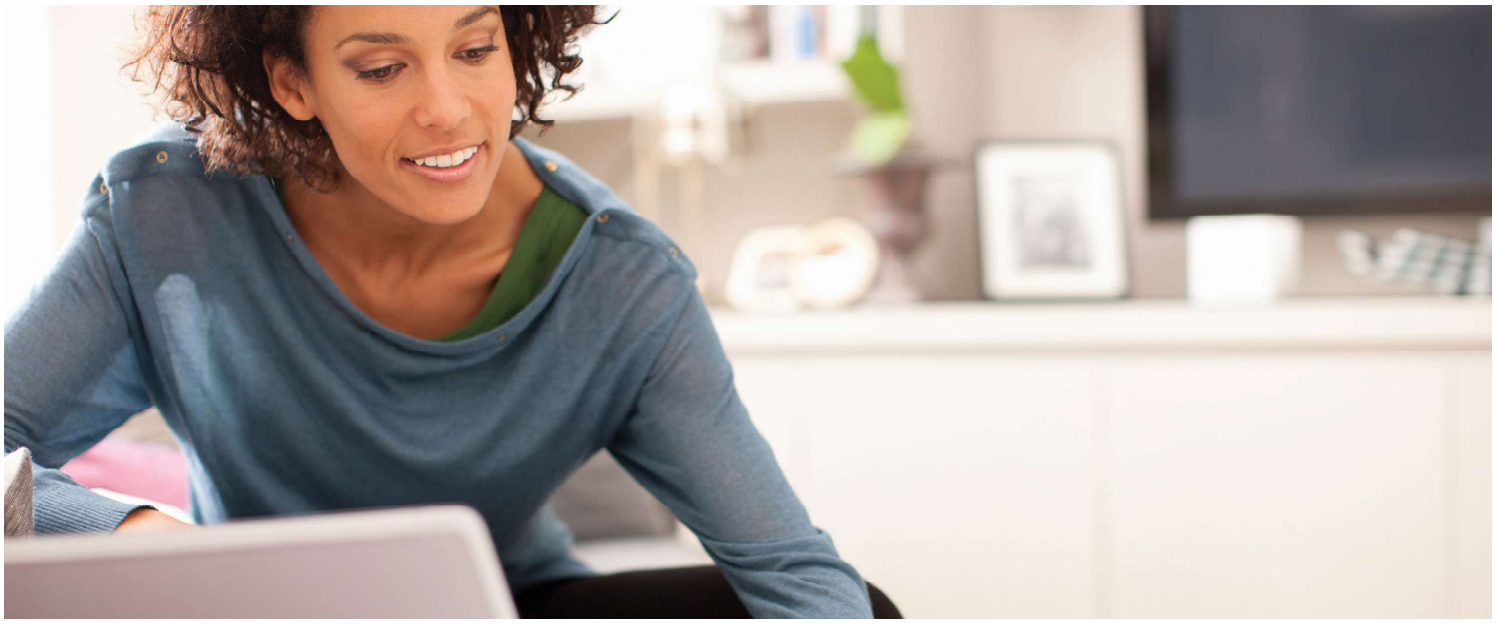
The coverage provided is limited benefit hospital indemnity medical insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Allstate BENEFITS

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MyBenefits

Offering secure online access to your benefit information.

MyBenefits gives you anytime access to your coverage information, claims and more. Optimized for mobile devices, submitting claims is as easy as taking a picture of your documents and submitting them through MyBenefits.

Accessing Your Benefit Information Has Never Been Easier

Fast File
Quick and secure claim submission

Express Claim
Submit Wellness or Outpatient Physician's Treatment benefit claims easily and securely

Direct Deposit
Available for faster processing

View
View full policies, certificates and claim history

Download
View and download your Explanation of Benefits (EOB)

Access MyBenefits

- Go to: allstatebenefits.com/mybenefits
- **Enter Account Info -** SSN, Zip code and Birthdate are required
- **Create Your Account -** Choose your User ID and Password
- **Security Questions -** For your protection—we'll ask you two questions for User ID retrieval and Password reset

Mobile Optimization

- Works great on your smartphone and mobile devices
- Take a picture of your supporting documents and submit them with your mobile device

To find out more about what the MyBenefits site can offer, *see the information on reverse.*

Allstate BENEFITS

ABJ19459MNY



Allstate BENEFITS

Provides a cash benefit directly to your beneficiary

Underwritten by: **American Heritage Life Insurance Company***

Universal Life Insurance

A death not only leaves behind loved ones, but also financial obligations. And, like many people, you may not have enough life insurance to keep your family afloat if an unexpected death occurs. Give yourself and your loved ones a gift of love with Good Hands® protection from Allstate Benefits.

Without a Life Insurance policy, your family may have to tap into their savings, retirement, or 401k to help cover final expenses and everyday living expenses should a loved one die unexpectedly.

Here's How It Works

You choose the coverage that's right for you and your family. With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Consult with your tax advisor for specific information. Then, if life comes to an end while coverage is in force, your beneficiary can receive a tax-free death benefit that can be used to help pay for funeral expenses, mortgage payments and more.

Meeting Your Needs

- You choose the death benefit amount to leave behind
- Coverage for spouse and children through a separate certificate or rider**
- Premiums are affordable and conveniently payroll deducted***
- Tax benefits, withdrawals and loans are available. However, penalties and taxes may affect your decision****

With Allstate Benefits, you gain peace of mind knowing your loved ones will receive a financial safety net when you die – think of it as your final gift of love.

Practical benefits for everyday living.®

DID YOU KNOW ?

With the loss of the primary wage earner, 1 in 3 households would have immediate trouble paying living expenses.[1]

Common financial concerns among Americans include: the ability to afford a comfortable retirement, longevity risks, long-term care, and medical expenses.[1]

Offered to the employees of:

San Benito Consolidated Independent School District

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.**Coverage for spouse and child(ren) may be limited to a percentage of the employee's face amount in some states. ***This is a flexible premium adjustable life insurance product with non-guaranteed elements. Premiums may need to be increased to maintain coverage to maturity (age 95). ****Partial withdrawals, surrenders, non-qualified additional benefit rider charges and loans from life insurance policies may be subject to ordinary income taxes and possibly an additional 10% federal tax penalty. Outstanding loan balances and withdrawals generally reduce the death benefit and cash value. With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information. [1]2016 Insurance Barometer Study, LIMRA.

CERTIFICATE SPECIFICATIONS

Exclusions

Other Exclusions and Limitations - The policy and riders have elimination periods, exclusions, and limitations that may affect coverage. Please refer to your certificate for details.

Suicide Exclusion - If a covered person commits suicide, the death benefit may be limited to the premiums paid for that covered person.



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www.allstate.com or
allstatebenefits.com

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It is possible that coverage will expire when either no premiums are paid following the initial premium or subsequent premiums are insufficient to continue coverage.

This material is valid as long as information remains current, but in no event later than August 24, 2024.

Group Universal Life Insurance benefits are provided under policy form GUL23P, or state variations thereof. Rider benefits are provided under the following rider forms or state variations thereof: Accidental Death Benefit Rider GUADB; Accelerated Death Benefit for Terminal Illness Rider GULBR; Total Disability Payor Waiver of Premium Rider GUPWP; Children's Term Rider GUCTR; Other Insured Person Level Term Rider GUOIR.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

Using your cash benefits
Cash benefits provide you with options, because you or your beneficiary get to decide how to use them.

Finances
Cash benefits can help protect your HSAs, savings, retirement plans and 401ks from being depleted

Travel
Your coverage will provide cash benefits to your beneficiary which can be used to help with travel related funeral expenses

Home
Your beneficiary can use the cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs

Expenses
The lump-sum cash benefit can be used to help pay for living expenses such as bills, electricity and gas



With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.

You may be required to answer health questions at enrollment. Coverage may be available with reduced underwriting through your employer during your initial enrollment period. If you enroll after your initial enrollment period, answers to health questions are required.

Prepare for the future today

Losing a loved one can be devastating. Final expenses and daily bills only add to your worries. Our Universal Life Insurance coverage may be used to:

- Pay off a mortgage or debts
- Provide for child care or educational expenses
- Replace income to continue the same standard of living

One way you can determine if you and your family need the coverage is to review the list below and check some or all that apply to you and your family.

- ☐ You're the primary wage earner in your family
- ☐ Your family would have trouble living comfortably without your income
- ☐ You have regular debts, like mortgage, car payment or credit cards
- ☐ You have children under 18
- ☐ You want flexible coverage that can change with your needs
- ☐ You'd like to plan to supplement your retirement income in later years

Here's how Universal Life works

Premium payments are deducted from your paycheck and added to the fund value. Each month, expenses and cost of insurance charges are deducted from the fund value and any excess in the fund continues to earn interest at a rate of at least 3% per year. Interest is not taxed as income until it is withdrawn.

Fund value and premium payments
As you continue to pay your premium, your fund value may grow over time. Monthly premiums are flexible, meaning you can choose to pay as much or as little as you can afford, subject to policy minimums and maximums. Premiums may need to be increased to maintain coverage to maturity (age 95).

Benefits

Life Insurance - pays a lump-sum cash benefit when you die

OPTIONAL/ADDITIONAL RIDER BENEFITS[2]

Accidental Death Benefit - an additional death benefit is paid if death occurs from accidental bodily injury

Accelerated Death Benefit for Terminal Illness* - an advance of the death benefit, up to 75% of the face amount, when certified terminally ill

Total Disability Payor Waiver of Premium - we pay your planned premiums when we receive proof that the employee/payor is totally disabled for at least 6 months

Children's Term[3] **-** a death benefit is paid for each covered child less than 25 years old

Other Insured Person (Spouse) Level Term[3] **-** a death benefit is paid if your spouse dies before age 65

[2]The riders have exclusions and limitations, may vary in availability by issue age, and may not be available to all covered dependents or in all states. Additional premiums may be required for riders added to coverage.
[3]Subject to state limits on dependent life coverage.
*Monthly Deductions are waived after payment of benefit.

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

David K. Young Consulting, LLC
BENEFIT CONSULTING & ADMINISTRATION



Don't lose the chance to put up to $855 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 $2,850. 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 $855 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.
- 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 healthcare FSA by the end of the plan year.
- You may carry over up to $500 of unused healthcare FSA dollars to the next plan year, allowing you to enjoy tax savings without risk.

www.dkyoung.com

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David K. Young Consulting, LLC
BENEFIT CONSULTING & ADMINISTRATION

David K. Young Consulting, LLC
BENEFIT CONSULTING & ADMINISTRATION



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.



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