SAN BENITO
SCHOOLS

JEFF EVERITT
& ASSOCIATES, INC.

Employee Benefits Booklet

TABLE OF CONTENTS

COVER LETTER.....1

WELCOME

BCBS OF TEXAS.....2-3

MEDICAL
DENTAL

UHC 4-7

VISION

MUTUAL OF OMAHA.....8-14

BASIC TERM LIFE
VOLUNTARY TERM LIFE
VOLUNTARY DISABILITY

GUARDIAN LIFE 15-27

ACCIDENT INSURANCE
CRITICAL ILLNESS W/ CANCER RIDER
HOSPITAL INDEMNITY (GAP PLAN)

TEXAS REPUBLIC LIFE.....28-31

UNIVERSAL LIFE (PERMANENT LIFE INSURANCE)

MASA.....32

MEDICAL TRANSPORT SOLUTIONS

DAVID K. YOUNG CONSULTING 33-36

HEALTHCARE FSA
DEPENDENT CARE FSA

DIRECTORY OF CARRIERS AND CONTACT INFORMATION 37



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

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

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

Sincerely,

Jeff Everitt & Associates, Inc.

BlueCross BlueShield of Texas

SAN BENITO SCHOOLS

Benefits Comparison

Effective Date 10/01/2020

Benefit	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
Individual Deductible	$5,000	$10,000	$3,000	$6,000	$1,500	$3,000
Family Deductible	$10,000	$20,000	$6,000	$9,000	$4,500	$9,000
Individual Out-of-Pocket Max	$6,500	$20,000	$4,500	$9,000	$3,000	$16,800
Family Out-of-Pocket Max	$13,000	$40,000	$9,000	$13,500	$9,000	$33,600
Office Visit	$0 Primary Care/$100 Specialist		100%*	80%*	$30 Primary Care/$45 Specialist	
Preventive Care	100%	70%*	100%	70%*	100%	70%*
Virtual Visits	100%		100%		100%	
Inpatient Admission	70%*	50%*	100%*	70%*	90%*	50%*
Emergency Room	$250 Copay & 70%*		$250 Copay & 80%*	$250 Copay & 80%*	$200 Copay & 90%*	
All Other Covered Services	70%*	50%*	80%*	80%*	90%*	50%*
Rx – Generic/ Preferred/Non-Preferred & Preferred Specialty/Non-preferred Specialty	$10/$30/$50/ 50%	$10/$30/$50/ 50%	$10/$30/$50/ 50% after deductible	$10/$30/$50/ 50% after deductible	$10/$30/$50/ 50%	$10/$30/$50/ 50%
Mail Order Rx – Generic/ Preferred/Non-Preferred	$0/$75/$125	N/A	$0/$75/$125/ 50% after deductible	N/A	$0/$75/$125	N/A

*After Deductible

Cost Summary	PPO - BASE		PPO - MID		PPO - BUY UP	
Pay Mode	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Employee Only	$0.00	$0.00	$36.22	$18.11	$74.18	$37.09
Employee/Children	$248.00	$124.00	$295.92	$147.96	$373.94	$186.97
Employee/Spouse	$438.20	$219.00	$497.58	$248.79	$594.20	$297.10
Employee/Family	$898.34	$449.17	$984.70	$492.35	$1,125.26	$562.63

Please Note: Newborns will be covered once they are added to employee's medical plan and must be enrolled within 30 days of the child's date of birth.

SBCISD DENTAL INSURANCE 2020-2021

	Low Plan		High Plan	
Preventive	*Periodic Oral Evaluations *Prophylaxis (cleanings) *Topical fluoride applications *Full Mouth/Panoramic X-rays *Periapical X-rays *Sealants *Space maintainers	100%	*Periodic Oral Evaluations *Prophylaxis (cleanings) *Topical fluoride applications *Full Mouth/Panoramic X-rays *Periapical X-rays *Sealants *Space maintainers	100%
Basic	*Amalgams *Resin-based composite restorations *Non-Surgical Extractions *Periodontal Services (surgical and non-surgical) *Palliative Treatment (emergency) *Deep Sedation/General Anesthesia *Endodontic Services *Oral Surgery Services	80%	*Amalgams *Resin-based composite restorations *Non-Surgical Extractions *Periodontal Services (surgical and non-surgical) *Palliative Treatment (emergency) *Deep Sedation/General Anesthesia *Endodontic Services *Oral Surgery Services	80%
Major	*Single crown restorations *Inlay/Onlay restorations *Labial veneer restorations *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	50%	*Single crown restorations *Inlay/Onlay restorations *Labial veneer restorations *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	50%
Orthodontics	*Orthodontic Treatment –not covered	N/A	*Orthodontic Treatment- Child Only up to age 19 *Lifetime Maximum per person $1000 *Waiting Period – None	50%
Deductible	*Calendar year (Annual) (Individual/Family); *Waived for Preventive Services	$50/ $150	*Calendar year (Annual) (Individual/Family); *Waived for Preventive Services	$50/ $150
Maximum Benefit	Calendar Year Maximum per person	$750	Calendar Year Maximum per person	$1,250

SAN BENITO SCHOOLS

Dental Rates	Low Plan Employee Deduction	High Plan Employee Deduction
Employee Only	$ 15.94	$ 25.14
Employee & Children	$ 39.02	$ 63.81
Employee & Spouse	$ 31.54	$ 49.70
Employee & Family	$ 54.61	$ 88.39

Customer Service: 800-521-2227

BlueCross BlueShield of Texas

JEFF EVERITT & ASSOCIATES, INC.

Tel. No.: 956-968-5954

Vision Low Plan

San Benito Consolidated Independent School District (TX)

Benefit Plan Year 2020

UnitedHealthcare®

Vision Benefit Summary

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.
In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eyeglasses.

Rates (Monthly)	**Exam with Materials**
Employee	$6.86
Employee + One	$12.96
Employee + Family	$19.06
Benefit Frequency	
Comprehensive Exam(s)	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses in Lieu of Eyeglasses	Once every 12 months
In-Network Services	
Copays	
Exam(s)	$ 10.00
Materials	$ 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. Other optional lens upgrades may be offered at a discount (discount varies by provider). The Lens Options list can be found at myuhcvision.com.	
Contact Lens Benefit[2] (Selection contact lenses refers to our formulary contact list. Contact lenses not listed on the formulary are referred to as non-selection. A copy of the list can be found at myuhcvision.com).	
Selection contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay (if applicable).	If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider.
Non-selection contact lenses An allowance is applied toward the purchase of contact lenses outside the selection. Materials copay (if applicable) is waived.	$130.00
Necessary contact lenses[3]	Covered in full after copay (if applicable).
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 Lenses	Up to $60.00
Lined Trifocal Lenses	Up to $80.00
Lenticular Lenses	Up to $80.00
Elective Contacts in Lieu of Eyeglasses[2]	Up to $130.00
Necessary Contacts in Lieu of Eyeglasses[3]	Up to $210.00

Discounts

Laser vision

UnitedHealthcare has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off standard or 5% off promotional pricing at more than 550 network provider locations and even greater discounts through set pricing at Lasik*Plus*® locations. For more information, call 1-888-563-4497 or visit us at www.uhclasik.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 high-quality hearing aids when you buy them from hi HealthInnovations™. To find out more go to hiHealthInnovations.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	$6.86	$12.96	N/A	$19.06
Annual Premium	$82.32	$155.52	N/A	$228.72
Approx. Pre-Tax Savings (20%)[4]	$16.46	$31.10	N/A	$45.74
Annual Tax-Adjusted Premium	$65.86	$124.42	N/A	$182.98
Plus Copays	$30.00	$60.00	N/A	$120.00
Total Cost to Employee	$95.86	$184.42	N/A	$302.98

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 Frame	$275.00	$95.86	$179.14
Employee + One Exam, Single Vision & Covered-in-Full Frame	$550.00	$184.42	$365.58
Employee + Child(ren)[6] Exam, Single Vision & Covered-in-Full Frame	N/A	N/A	N/A
Employee + Family[7] Exam, Single Vision & Covered-in-Full Frame	$1,100.00	$302.98	$797.02

[1]30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

[2]Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames. Coverage for Selection contact lenses does not apply at Costco, Walmart or Sam's Club locations. The allowance for Non-selection contact lenses applies to materials. No portion will be exclusively applied to the fitting and evaluation.

[3]Necessary 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, 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.

Vision High Plan

San Benito Consolidated Independent School District (TX)

Benefit Plan Year 2020

UnitedHealthcare®

Vision Benefit Summary

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.
In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eyeglasses.

Rates (Monthly)	**Exam with Materials**
Employee	$8.63
Employee + One	$16.82
Employee + Family	$23.30
Benefit Frequency	
Comprehensive Exam(s)	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses in Lieu of Eyeglasses	Once every 12 months
In-Network Services	
Copays	
Exam(s)	$ 5.00
Materials	$ 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. Other optional lens upgrades may be offered at a discount (discount varies by provider). The Lens Options list can be found at myuhcvision.com.	
Contact Lens Benefit[2] (Selection contact lenses refers to our formulary contact list. Contact lenses not listed on the formulary are referred to as non-selection. A copy of the list can be found at myuhcvision.com).	
Selection contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay (if applicable).	If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider.
Non-selection contact lenses An allowance is applied toward the purchase of contact lenses outside the selection. Materials copay (if applicable) is waived.	$150.00
Necessary contact lenses[3]	Covered in full after copay (if applicable).
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 Lenses	Up to $60.00
Lined Trifocal Lenses	Up to $80.00
Lenticular Lenses	Up to $80.00
Elective Contacts in Lieu of Eyeglasses[2]	Up to $150.00
Necessary Contacts in Lieu of Eyeglasses[3]	Up to $210.00

Discounts

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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 high-quality hearing aids when you buy them from hi HealthInnovations™. To find out more go to hiHealthInnovations.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	$8.63	$16.82	N/A	$23.30
Annual Premium	$103.56	$201.84	N/A	$279.60
Approx. Pre-Tax Savings (20%)[4]	$20.71	$40.37	N/A	$55.92
Annual Tax-Adjusted Premium	$82.85	$161.47	N/A	$223.68
Plus Copays	$5.00	$10.00	N/A	$20.00
Total Cost to Employee	$87.85	$171.47	N/A	$243.68

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 Frame	$275.00	$87.85	$187.15
Employee + One Exam, Single Vision & Covered-in-Full Frame	$550.00	$171.47	$378.53
Employee + Child(ren)[6] Exam, Single Vision & Covered-in-Full Frame	N/A	N/A	N/A
Employee + Family[7] Exam, Single Vision & Covered-in-Full Frame	$1,100.00	$243.68	$856.32

[1]30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

[2]Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames. Coverage for Selection contact lenses does not apply at Costco, Walmart or Sam's Club locations. The allowance for Non-selection contact lenses applies to materials. No portion will be exclusively applied to the fitting and evaluation.

[3]Necessary 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, 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.

› Term Life Insurance

Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

We've Got You Covered

As an active employee of San Benito CISD, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.
Life Insurance Benefit Amount	For You: $25,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.
FEATURES	
Living Care/ Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $20,000.

Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Seat Belt - Airbag - Common Carrier
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com.
AGE REDUCTIONS AND EXCLUSIONS	
Insurance benefits and guarantee issue amounts are subject to age reductions: - At age 65, amounts reduce to 65% - At age 70, amounts reduce to 50% Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling. Please contact your employer if you have questions prior to enrolling.	

Employee Monthly Premiums

0-64 Years of Age: $3.76

65-69 Years of Age: $1.88

70+ Years of Age: $1.32

› Voluntary Term Life Insurance

Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

We've Got You Covered

As an active employee of San Benito CISD, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES			
	Minimum	**Guarantee Issue**	**Maximum**
For You	$10,000	5 times annual salary, up to $150,000	$500,000, in increments of $10,000, but no more than 5 times annual salary
Spouse	$5,000	100% of employee's benefit,	100% of employee's benefit, up to $250,000

		up to $50,000	
Children	$2,000	100% of employee's benefit	100% of employee's benefit, up to $10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

BENEFITS	
Life Insurance Benefit Amount	Within the coverage guidelines defined above, you select the amount of life insurance coverage you want. This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26. In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit. AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.
FEATURES	
Living Care/ Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $400,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to $10,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Seat Belt - Airbag - Repatriation - Common Carrier
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com.

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 65, amounts reduce to 65%
- At age 70, amounts reduce to 50%

Spouse coverage terminates when you reach age 70.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of $10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
2) Find your age bracket in the far left column.
3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want $150,000 in coverage, you obtain your premium amount by multiplying the rate for $50,000 times 3.

EMPLOYEE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)

Age	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
0 - 29	$0.70	$1.40	$2.10	$2.80	$3.50	$4.20	$4.90	$5.60	$6.30	$7.00
30 - 39	$0.80	$1.60	$2.40	$3.20	$4.00	$4.80	$5.60	$6.40	$7.20	$8.00
40 - 44	$1.10	$2.20	$3.30	$4.40	$5.50	$6.60	$7.70	$8.80	$9.90	$11.00
45 - 49	$1.80	$3.60	$5.40	$7.20	$9.00	$10.80	$12.60	$14.40	$16.20	$18.00
50 - 54	$2.60	$5.20	$7.80	$10.40	$13.00	$15.60	$18.20	$20.80	$23.40	$26.00
55 - 59	$4.20	$8.40	$12.60	$16.80	$21.00	$25.20	$29.40	$33.60	$37.80	$42.00
60 - 64	$4.90	$9.80	$14.70	$19.60	$24.50	$29.40	$34.30	$39.20	$44.10	$49.00
65+	$8.40	$16.80	$25.20	$33.60	$42.00	$50.40	$58.80	$67.20	$75.60	$84.00

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age,** so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of $5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)

Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
0 - 29	$0.35	$0.70	$1.05	$1.40	$1.75	$2.10	$2.45	$2.80	$3.15	$3.50
30 - 39	$0.40	$0.80	$1.20	$1.60	$2.00	$2.40	$2.80	$3.20	$3.60	$4.00
40 - 44	$0.55	$1.10	$1.65	$2.20	$2.75	$3.30	$3.85	$4.40	$4.95	$5.50
45 - 49	$0.90	$1.80	$2.70	$3.60	$4.50	$5.40	$6.30	$7.20	$8.10	$9.00
50 - 54	$1.30	$2.60	$3.90	$5.20	$6.50	$7.80	$9.10	$10.40	$11.70	$13.00
55 - 59	$2.10	$4.20	$6.30	$8.40	$10.50	$12.60	$14.70	$16.80	$18.90	$21.00
60 - 64	$2.45	$4.90	$7.35	$9.80	$12.25	$14.70	$17.15	$19.60	$22.05	$24.50
65 - 69	$4.20	$8.40	$12.60	$16.80	$21.00	$25.20	$29.40	$33.60	$37.80	$42.00

ALL CHILDREN PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)*

$2,000	$4,000	$6,000	$8,000	$10,000
$0.44	$0.88	$1.32	$1.76	$2.20

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

› Voluntary Disability Insurance

Your Ability to Earn an Income May Be Your Most Important Asset

Most people don't think twice about insuring their home, automobile or health. However, many people don't recognize just how important it is to insure their income.

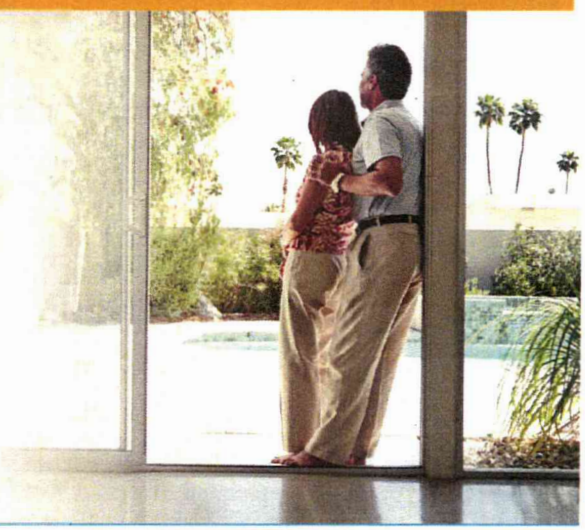
We've Got You Covered

As an active employee of San Benito CISD, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A lengthy disability can be devastating, and is more common than you might think. It may lead to a loss of income, independence and financial security.

A disability income insurance policy can help provide security when you need it most. It pays you cash benefits when you're sick or hurt and can't work.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.
BENEFITS	
Elimination Period	Your benefits begin on the later of one of following elimination periods: 0/7; 14/14; 30/30; 90/90 calendar days
Monthly Benefit	Your benefit is equivalent up to 66 2/3% of your before-tax earnings, not to exceed the plan's maximum benefit amount less other income sources. Refer to plan documents for more details. The premium for your disability coverage is waived while you are receiving benefits.
Maximum Monthly Benefit	$8,000
Minimum Monthly Benefit	$50
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits.

45104

DEFINITIONS	
Own Occupation	2 Years
Own Occupation Earnings Test	99%
Definition of Monthly Earnings	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
Survivor Benefit	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

Guardian

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL

Group Number: 00577793

Accident Benefit Summary

Accident insurance through Guardian provides you:

- A cash benefit for covered injuries, treatments and services, in addition to whatever your medical plan may cover
- Payments go directly to you, not the doctor
- Easy enrollment with no medical questions

About Your Benefits:

	ACCIDENT	
COVERAGE - DETAILS	**Option 1: Silver**	**Option 2: Gold**
Your Monthly premium	$12.33	$15.77
You and Spouse	$18.34	$23.88
You and Child(ren)	$18.25	$23.71
You, Spouse and Child(ren)	$24.26	$31.82
Accident Coverage Type	On and Off Job	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included	Included
ACCIDENTAL DEATH AND DISMEMBERMENT		
Benefit Amount(s)	Employee $25,000 Spouse $25,000 Child $5,000	Employee $40,000 Spouse $40,000 Child $10,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: $10,000 & Airbags: $15,000	Seatbelts: $10,000 & Airbags: $15,000
Reasonable Accommodation to Home or Vehicle	$2,500	$2,500
WELLNESS BENEFIT - Per Year Limit	$50	$50
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
RAINY DAY FUND	Benefit Amount: $300 Rollover Maximum: $150 Fund Maximum: $600	Benefit Amount: $400 Rollover Maximum: $200 Fund Maximum: $800
FEATURES		
Air Ambulance	$1,250	$2,000
Ambulance	$150	$200
Blood/Plasma/Platelets	$300	$300

FEATURES (Cont.)	Option 1: Silver	Option 2: Gold
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: $0/$2,000 18 sq inches To 35 sq inches: $1,000/$4,000 Over 35 sq inches: $3,000/$12,000	9 sq inches To 18 sq inches: $0/$2,000 18 sq inches To 35 sq inches: $1,000/$4,000 Over 35 sq inches: $3,000/$12,000
Burns - Skin Graft	50% of burn benefit	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits	25% increase to child benefits
Chiropractic Visits	$25/visit, up to 6 visits	$50/visit, up to 6 visits
Coma	$10,000	$12,500
Concussion Baseline Study	$25	$25
Concussions	$100	$150
Diagnostic Exam (Major)	$150	$200
Dislocations	Schedule up to $4,000	Schedule up to $5,000
Doctor Follow-Up Visits	$50, up to 6 treatments	$50, up to 6 treatments
Emergency Dental Work	$200/Crown, $50/Extraction	$300/Crown, $75/Extraction
Emergency Room Treatment	$100	$125
Epidural Anesthesia Pain Management	$100, 2 times per accident	$100, 2 times per accident
Eye Injury	$200	$300
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	$20/day, up to 30 days	$20/day, up to 30 days
Fractures	Schedule up to $5,000	Schedule up to $6,000
Gun Shot Wound	$500	$750
Hospital Admission	$1,000	$1,000
Hospital Confinement	$225/day - up to 1 year	$250/day - up to 1 year
Hospital ICU Admission	$2,000	$2,000
Hospital ICU Confinement	$450/day - up to 15 days	$500/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	$75	$100
Joint Replacement (Hip/Knee/Shoulder)	$1,500/$750/$750	$1,500/$750/$750
Knee Cartilage	$500	$750
Laceration	Schedule up to $500	Schedule up to $600
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	$100/day, up to 30 days for companion hotel stay	$125/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to $300	Schedule up to $600
Outpatient Therapies	$25/day, up to 10 days	$35/day, up to 10 days
Post-Traumatic Stress Disorder	$200	$200
Prosthetic Device/Artificial Limb	1: $500 2 or more: $1,000	1: $750 2 or more: $1,500
Rehabilitation Unit Confinement	$100/day, up to 15 days	$150/day, up to 15 days
Ruptured Disc With Surgical Repair	$500	$750
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to $1,000 Hernia: $200	Schedule up to $1,500 Hernia: $300
Surgery (Exploratory or Arthroscopic)	$200	$300
Tendon/Ligament/Rotator Cuff	1: $500 2 or more: $1,000	1: $750 2 or more: $1,500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	$0.50 per mile, limited to $400/round trip, up to 3 times per accident	$0.50 per mile, limited to $600/round trip, up to 3 times per accident

FEATURES (Cont.)	Option 1: Silver	Option 2: Gold
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	$2,000	$3,000
X - Ray	$30	$30

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passanger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accomodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00577793

Guardian®

Wellness benefit with Guardian Accident Insurance

Get money back for taking care of yourself

Guardian® Accident Insurance helps offset the costs associated with both minor and major accidents. For every covered accident, Guardian can pay a benefit based on the injury you sustain and the various treatments or services received, regardless of what is covered by medical insurance. In addition, covered benefits are increased by 25% for a child who has an accident while playing organized sports.[1]

And with Guardian Accident Insurance, you have a unique Wellness Benefit that gives you money back for taking care of yourself — and even for when you register a child for an organized sport.

You'll receive a lump sum benefit payment once a year when you complete any of the below[2]:

- Abdominal aortic aneurysm ultrasonography
- Blood test for triglycerides
- Bone marrow testing
- Bone density screening
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Cancer genetic mutation test
- Carotid ultrasound
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy /Virtual Colonoscopy
- Completion of a smoking cessation program
- Completion of a weight reduction program
- Double contrast barium enema
- EKG
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Immunizations
- Lymphocyte Genome Sensitivity test (LGS)
- Mammography
- Pap smear /ThinPrep pap test
- PSA (blood test for prostate cancer)
- Registration for a covered child in an organized sport
- Routine/Annual physicals
- Serum cholesterol test to determine level of HDL/LDL
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography

Submitting your wellness benefit claim is easy

- Log on to guardianlife.com and select "My Account/ Login" to register or access your account
- Under My Claims, click "Claims submission" and select Wellness icon and review brief coverage description
- Complete or verify member information
- Enter date of service, doctor's information and select screenings
- Review summary of the information entered and confirm accuracy
- Submit Claim

The Guardian Life Insurance Company of America
New York, NY

guardianlife.com

2020-93723 (02/22)

[1]The child must be insured by the plan on date the accident occurred. The child must be 18 years of age or younger. [2]One Wellness Benefit per calendar year per covered person if a covered person has a wellness test or procedure performed while coverage is in force. See your plan details for benefit amounts. Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. IMPORTANT NOTICE — THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. Policy Form GP-1-ACC-18 et al.
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Guardian

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL

Critical Illness Benefit Summary

Group Number: 00577793

A Critical Illness insurance plan through Guardian provides:

- A cash benefit for a range of covered serious illnesses such as Cancer, Stroke and Heart Attack, in addition to whatever your medical insurance may cover
- Payments are made directly to you and can be used for any purpose

About Your Benefits:

	CRITICAL ILLNESS	
Benefit Amount(s)	Employee may choose a lump sum benefit of $10,000 to $30,000 in $10,000 increments.	
CONDITIONS		
Cancer	**1st OCCURRENCE**	**2nd OCCURRENCE**
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
ADDITIONAL CONDITIONS	**1st OCCURRENCE ONLY**	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Childhood Conditions	**1st OCCURRENCE ONLY**	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	
Muscular Dystrophy	100%	

ALL ELIGIBLE EMPLOYEES Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

CRITICAL ILLNESS	
Spina Bifida	100%
Type 1 Diabetes	100%
Spouse Benefit	May choose a lump sum benefit of $10,000 to $30,000 in $10,000 increments up to 100% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: $30,000 For a spouse: $30,000 For a child: All Amounts **Health questions are required if the elected amount exceeds the Guarantee Issue.**
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable
Occupational HIV/Hepatitis Benefit	100% of employee benefit for the first occurrence.
RECOVERY SUPPLEMENT BENEFIT	
Cardiac, Physical Therapy, Occupational Theraphy	$25 per day; up to 10 days
Chemotheraphy/Radiation	$150 per month; up to 6 months
Child Care While Confined	$25 per day; up to 30 days
Dialysis	$100 per day; up to 30 days
Doctor Visits	$25 per day; up to 10 days
Home Nursing	$25 per day; up to 5 days
Reasonable Accommodations	$1,000
WELLNESS BENEFIT	
Employee Per Year Limit	$50
Spouse Per Year Limit	$50
Child Per Year Limit	$50

Condition Definitions

- Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

		Monthly Premiums Displayed *Election Cost Per Age Bracket*					
Benefit Amount							
	Issue Age	*< 30*	*30-39*	*40-49*	*50-59*	*60-69*	*70+†*
Employee							
$10,000	**Non-tobacco**	**$6.00**	**$8.30**	**$15.00**	**$26.90**	**$42.50**	**$84.80**
	Tobacco	$8.50	$12.90	$27.20	$55.90	$95.50	$178.50
$20,000	**Non-tobacco**	**$12.00**	**$16.60**	**$30.00**	**$53.80**	**$85.00**	**$169.60**
	Tobacco	$17.00	$25.80	$54.40	$111.80	$191.00	$357.00
$30,000	**Non-tobacco**	**$18.00**	**$24.90**	**$45.00**	**$80.70**	**$127.50**	**$254.40**
	Tobacco	$25.50	$38.70	$81.60	$167.70	$286.50	$535.50
Benefit Amount Up To 100% of Employee Amount to a Maximum of $30,000							
Spouse							
$10,000	**Non-tobacco**	**$6.00**	**$8.30**	**$15.00**	**$26.90**	**$42.50**	**$84.80**
	Tobacco	$8.50	$12.90	$27.20	$55.90	$95.50	$178.50
$20,000	**Non-tobacco**	**$12.00**	**$16.60**	**$30.00**	**$53.80**	**$85.00**	**$169.60**
	Tobacco	$17.00	$25.80	$54.40	$111.80	$191.00	$357.00
$30,000	**Non-tobacco**	**$18.00**	**$24.90**	**$45.00**	**$80.70**	**$127.50**	**$254.40**
	Tobacco	$25.50	$38.70	$81.60	$167.70	$286.50	$535.50

†Benefit reductions may apply. See plan details.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00577793.

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or " medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..

If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..

Contract # GP-1-CI-14

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Guardian

Wellness benefit with Guardian Critical Illness Insurance

Get money back for taking care of yourself

When you or a family member suffers a serious illness such as a stroke or heart attack, Critical Illness Insurance can help with expenses that other insurance may not cover. Covered benefits go directly to you in a lump sum payment, and can be used for any purpose. And with Guardian® Critical Illness, you have a unique Wellness Benefit that gives you money back.

If you or a covered individual complete any of the following routine wellness screenings and procedures designed to promote health, you'll receive a benefit payment once a year as part of your insurance plan[1]:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Completion of a smoking cessation program
- Completion of a weight reduction program
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Thermography

Did You Know?

The Centers for Disease Control and Prevention states that regular health exams and tests can help find problems before they start, and can help find problems early, when your chances for treatment and cure are better.[2]

Submitting your wellness benefit claim is easy

- Log on to guardianlife.com and select "My Account/Login" to register or access your account
- Under My Claims, click "Claims submission" and select Wellness icon and review brief coverage description
- Complete or verify member information
- Enter date of service, doctor's information and select screenings
- Review summary of the information entered and confirm accuracy
- Submit Claim

The Guardian Life Insurance Company of America

guardianlife.com

[1] One Wellness Benefit per calendar year per covered person if a covered person has a wellness test or procedure performed while coverage is in force. See your plan details for benefit amounts. [2] http://www.cdc.gov/family/checkup/ 2017. Guardian's Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form #GC-C1-11.In New York Critical Illness is known as Specified Disease.

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2020-93722 (02/22)

Guardian

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Effective:

Group Number: 00577793

Hospital Indemnity Benefit Summary

A Hospital Indemnity insurance plan through Guardian provides:

- A cash benefit when you are admitted to a hospital, whether or not these charges are covered by your medical plan
- Benefit payments sent directly to you and can be used for any purpose – from covering medical copays and deductibles to paying for everyday expenses such as the mortgage, groceries and utilities
- Simple enrollment with no health or medical questions to answer
- Ability to take the coverage with you if you change jobs or retire

About Your Benefits:

	Hospital Indemnity
	Option 1
Benefits	
Hospital/ICU Admission	$1,000 per admission, limited to 1 admission(s) per insured.
Hospital/ICU Confinement	$100/$100 per day, limited to 30 day(s) per insured per benefit year.
Ambulance Ground/Air	$100/$1,000 per day, limited to 2 day(s) per insured per benefit year.
Diagnostic Tests	$250 per day, limited to 1 day(s) per insured per benefit year.
Doctor's Office Visit	$25 per day, limited to 3 day(s) per insured and 5 day(s) per covered family per benefit year.
Emergency Room/Urgent Care Facility	$100/$50 per day, limited to 2 day(s) per insured per benefit year.
Outpatient Surgery Category 1 Category 2	 Category 1 $500 Category 2 $1,000 limited to 1 days of surgery per insured per benefit year
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior/6 months treatment free/12 months after
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included
Child(ren) Age Limits	Children age birth to 26 years
Coverage Details	
Your Monthly premium Your premium will not increase as you age.	
You	<50 $27.60 50-59 $37.45 60-64 $48.80 65-69 $69.55
You and Spouse	<50 $52.00 50-59 $73.75 60-64 $98.75 65-69 $140.95
You and Child(ren)	<50 $47.05 50-59 $56.90 60-64 $68.25 65-69 $89.00

Coverage Details (Cont.)		
You, Spouse and Child(ren)	<50	$71.45
	50-59	$93.20
	60-64	$118.20
	65-69	$160.40
Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.		
Spouse rate is based on employee's age bracket.		

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

Category 2 outpatient surgeries are paid at a higher benefit than category 1 outpatient surgeries based on the severity of the surgical procedure. For procedures not specifically listed in your certificate booklet, we will use the Current Procedural Terminology (CPT) Code provided by the Covered Person's Doctor and a current relative value scale to determine the category in which the procedure belongs.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date. www.guardiananytime.com.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00577793

Guardian

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Effective:
Group Number: 00577793

Hospital Indemnity Benefit Summary

	Category 1 – Outpatient Surgical Procedures
Breast	• Axillary node dissection • Breast capsulotomy • Breast reconstruction • Lumpectomy
Digestive	• Colonoscopy with polyp removal • Fistulotomy • Hemorrhoidectomy (external) • Lysis of adhesions
Ear/Nose/Throat/ Mouth	• Adenoidectomy • Myringotomy • Oral lesion removal • Tonsillectomy • Tracheostomy
Gynecological	• Dilation and Curettage (D&C) • Endometrial ablation • Lysis of adhesions
Liver	• Paracentesis
Musculoskeletal System	• Carpal/cubital repair or release • Dislocation (closed reduction treatment) other than a finger or toe • Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair) • Fracture (closed reduction treatment) other than a rib, finger or toe • Orthopedic hardware removal • Tendon lesion removal
Skin	• Laparoscopic hernia repair • Skin grafting
Urinary	• Cystotomy

	Category 2 – Outpatient Surgical Procedures
Breast	• Breast reduction • Mastectomy
Cardiac	• Angioplasty • Cardiac catheterization • Pacemaker Insertion
Digestive	• Exploratory laparoscopy • Laparoscopic appendectomy • Laparoscopic cholecystectomy
Ear/Nose/Throat/ Mouth	• Ethmoidectomy • Mastoidectomy • Septoplasty • Stapedectomy • Tympanoplasty • Tympanotomy
Eye	• Cataract surgery • Corneal surgery (penetrating keratoplasty) • Glaucoma surgery (trabeculectomy) • Vitrectomy
Gynecological	• Myomectomy • Hysterectomy
Musculoskeletal System	• Arthroscopic knee surgery with meniscectomy (knee cartilage repair) • Arthroscopic shoulder surgery • Cartilage removal or implantation • Clavicle resection • Dislocations (ORIF – open reduction with internal fixation) • Fracture (ORIF – open reduction with internal fixation) • Tendon/ligament repair • Laminectomy
Thyroid	• Excision

LIMITATIONS AND EXCLUSIONS:

In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for:

• Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection.

.• Suicide or any intentionally self-inflicted injury

Elective surgery;

Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;

Dental care, dental xrays, or dental treatment;

Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit ;

Rest cures or custodial care, or treatment of sleep disorders;

Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:

(a) on an injured part of the body following infection or disease of the involved part;

(b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or

(c) on a nondiseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;

Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;

Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;

Care or treatment for mental or nervous disorders;

Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union.

Surgery and treatment, procedures, products or services that are experimental or investigative.

Hospital Confinement and/or Hospital Admission and Inpatient Surgery due to any Covered Person's giving birth within the first 9 months after the Covered Person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness

Treatment of a Covered Dependent Child's Children;

Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.

GP-1-HI-15

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

TEXAS REPUBLIC LIFE INSURANCE COMPANY

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

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

TrueFlex Universal Life

San Benito CISD

Issue ages: Employees 17-70 years of age on effective date **Pay Frequency: Monthly**

Face amount Express Issue:

Age 17 - 34	Minimum $25,000.00	Maximum $150,000.00
Age 35 - 49	Minimum $10,000.00	Maximum $150,000.00
Age 50 - 64	Minimum $10,000.00	Maximum $ 100,000.00
Age 65 - 70	Minimum $10,000.00	Maximum $ 10,000.00

Riders Available

Employer Elected

Life with Accidental Death 1X Face amount (ages 17 - 59 employee and spouse only)

Employee Elected

Child Term Rider 15 Days - 17 years can be attached to employee or spouse policy

$10,000 Coverage for each child for one monthly premium of $5.00

Dependent Policies

Spouse

Age 17 - 34	Minimum $25,000.00	Maximum $50,000.00
Age 35 - 49	Minimum $10,000.00	Maximum $50,000.00
Age 50 - 60	Minimum $10,000.00	Maximum $25,000.00
Age 61 - 70	Minimum N/A	Maximum N/A

Children

Age 15 days - 26 $25,000.00 only

Grandchildren

Age 15 days - 18 $25,000.00 only

Texas Republic Life Participation: 15%

Class: Non-Tobacco

TEXAS REPUBLIC LIFE INSURANCE COMPANY

Issue Age (ALB)	Monthly Premium with ADB (12 Pay Periods Per Year)											Age to Which Coverage is Guaranteed at Table Premium
	10,000	15,000	20,000	25,000	30,000	40,000	50,000	75,000	100,000	125,000	150,000	
15D-10				10.06								75
11-16				10.29								70
17-20				10.29	11.90	15.12	18.33	26.38	34.42	42.46	50.50	66
21				10.52	12.17	15.48	18.79	27.06	35.33	43.60	51.87	66
22				10.52	12.17	15.48	18.79	27.06	35.33	43.60	51.87	65
23				10.75	12.45	15.85	19.25	27.75	36.25	44.75	53.25	63
24				10.75	12.45	15.85	19.25	27.75	36.25	44.75	53.25	63
25				10.75	12.45	15.85	19.25	27.75	36.25	44.75	53.25	63
26				11.00	12.75	16.25	19.75	28.50	37.25	46.00	54.75	63
27				11.23	13.03	16.62	20.21	29.19	38.17	47.15	56.13	63
28				11.23	13.03	16.62	20.21	29.19	38.17	47.15	56.13	62
29				11.46	13.30	16.98	20.67	29.87	39.08	48.29	57.50	62
30				11.69	13.58	17.35	21.13	30.56	40.00	49.44	58.88	60
31				11.69	13.58	17.35	21.13	30.56	40.00	49.44	58.88	60
32				12.15	14.12	18.08	22.04	31.94	41.83	51.73	61.62	61
33				12.63	14.70	18.85	23.00	33.38	43.75	54.13	64.50	62
34				13.08	15.25	19.58	23.92	34.75	45.58	56.42	67.25	62
35		9.18	11.48	13.79	16.10	20.72	25.33	36.88	48.42	59.96	71.50	64
36		9.45	11.85	14.25	16.65	21.45	26.25	38.25	50.25	62.25	74.25	64
37		9.72	12.22	14.71	17.20	22.18	27.17	39.62	52.08	64.54	77.00	64
38		10.15	12.78	15.42	18.05	23.32	28.58	41.75	54.92	68.08	81.25	65
39		10.70	13.52	16.33	19.15	24.78	30.42	44.50	58.58	72.67	86.75	66
40	8.26	11.26	14.27	17.27	20.27	26.28	32.29	47.31	62.33	77.35	92.37	67
41	8.73	11.96	15.20	18.44	21.68	28.15	34.63	50.81	67.00	83.19	99.38	68
42	9.38	12.94	16.50	20.06	23.63	30.75	37.88	55.69	73.50	91.31	109.13	70
43	10.03	13.91	17.80	21.69	25.58	33.35	41.13	60.56	80.00	99.44	118.88	72
44	10.68	14.89	19.10	23.31	27.53	35.95	44.38	65.44	86.50	107.56	128.63	73
45	11.42	16.00	20.58	25.17	29.75	38.92	48.08	71.00	93.92	116.83	139.75	74
46	12.17	17.13	22.08	27.04	32.00	41.92	51.83	76.63	101.42	126.21	151.00	75
47	12.82	18.10	23.38	28.67	33.95	44.52	55.08	81.50	107.92	134.33	160.75	76
48	13.56	19.21	24.87	30.52	36.17	47.48	58.79	87.06	115.33	143.60	171.87	77
49	14.40	20.48	26.55	32.63	38.70	50.85	63.00	93.38	123.75	154.13	184.50	78
50	15.42	22.00	28.58	35.17	41.75	54.92	68.08	101.00	133.92			79
51	16.63	23.81	31.00	38.19	45.38	59.75	74.13	110.06	146.00			80
52	18.12	26.05	33.98	41.92	49.85	65.72	81.58	121.25	160.92			82
53	19.60	28.28	36.95	45.63	54.30	71.65	89.00	132.38	175.75			83
54	21.09	30.51	39.93	49.35	58.78	77.62	96.46	143.56	190.67			85
55	22.39	32.46	42.53	52.60	62.68	82.82	102.96	153.31	203.67			86
56	23.33	33.86	44.40	54.94	65.48	86.55	107.63	160.31	213.00			85
57	23.98	34.84	45.70	56.56	67.43	89.15	110.88	165.19	219.50			84
58	24.72	35.95	47.18	58.42	69.65	92.12	114.58	170.75	226.92			84
59	25.65	37.35	49.05	60.75	72.45	95.85	119.25	177.75	236.25			84
60	27.04	39.44	51.83	64.23	76.63	101.42	126.21	188.19	250.17			84
61	29.18	42.65	56.12	69.58	83.05	109.98	136.92	204.25	271.58			85
62	31.78	46.55	61.32	76.08	90.85	120.38	149.92	223.75	297.58			87
63	33.55	49.20	64.85	80.50	96.15	127.45	158.75	237.00	315.25			89
64	35.35	51.90	68.45	85.00	101.55	134.65	167.75	250.50	333.25			93
65	37.25											94
66	39.35											95
67	41.65											96
68	44.15											96
69	46.75											96
70	49.35											95

Child Term Rider Monthly Rate: **$5.00**

Not Offered

Class: Tobacco

TEXAS REPUBLIC LIFE INSURANCE COMPANY

Issue Age (ALB)	Monthly Premium with ADB (12 Pay Periods Per Year)											Age to Which Coverage is Guaranteed at Table Premium
	10,000	15,000	20,000	25,000	30,000	40,000	50,000	75,000	100,000	125,000	150,000	
15D-10												75
11-16												70
17-20				14.25	16.65	21.45	26.25	38.25	50.25	62.25	74.25	66
21				14.71	17.20	22.18	27.17	39.62	52.08	64.54	77.00	66
22				14.71	17.20	22.18	27.17	39.62	52.08	64.54	77.00	65
23				15.42	18.05	23.32	28.58	41.75	54.92	68.08	81.25	63
24				15.42	18.05	23.32	28.58	41.75	54.92	68.08	81.25	63
25				15.42	18.05	23.32	28.58	41.75	54.92	68.08	81.25	63
26				15.65	18.32	23.68	29.04	42.44	55.83	69.23	82.62	63
27				15.88	18.60	24.05	29.50	43.13	56.75	70.38	84.00	63
28				16.10	18.88	24.42	29.96	43.81	57.67	71.52	85.38	62
29				16.33	19.15	24.78	30.42	44.50	58.58	72.67	86.75	62
30				18.21	21.40	27.78	34.17	50.12	66.08	82.04	98.00	60
31				18.21	21.40	27.78	34.17	50.12	66.08	82.04	98.00	60
32				18.67	21.95	28.52	35.08	51.50	67.92	84.33	100.75	61
33				18.90	22.22	28.88	35.54	52.19	68.83	85.48	102.12	62
34				19.13	22.50	29.25	36.00	52.88	69.75	86.63	103.50	62
35		13.08	16.68	20.29	23.90	31.12	38.33	56.38	74.42	92.46	110.50	64
36		13.50	17.25	21.00	24.75	32.25	39.75	58.50	77.25	96.00	114.75	64
37		14.19	18.17	22.15	26.12	34.08	42.04	61.94	81.83	101.73	121.62	64
38		14.61	18.73	22.85	26.98	35.22	43.46	64.06	84.67	105.27	125.88	65
39		15.45	19.85	24.25	28.65	37.45	46.25	68.25	90.25	112.25	134.25	66
40	11.88	16.70	21.52	26.33	31.15	40.78	50.42	74.50	98.58	122.67	146.75	67
41	12.53	17.67	22.82	27.96	33.10	43.38	53.67	79.37	105.08	130.79	156.50	68
42	13.38	18.94	24.50	30.06	35.63	46.75	57.88	85.69	113.50	141.31	169.13	70
43	14.68	20.89	27.10	33.31	39.53	51.95	64.38	95.44	126.50	157.56	188.63	72
44	15.42	22.00	28.58	35.17	41.75	54.92	68.08	101.00	133.92	166.83	199.75	73
45	16.44	23.54	30.63	37.73	44.83	59.02	73.21	108.69	144.17	179.65	215.13	74
46	17.38	24.94	32.50	40.06	47.63	62.75	77.88	115.69	153.50	191.31	229.13	75
47	18.30	26.33	34.35	42.38	50.40	66.45	82.50	122.63	162.75	202.88	243.00	76
48	19.23	27.72	36.22	44.71	53.20	70.18	87.17	129.62	172.08	214.54	257.00	77
49	20.72	29.95	39.18	48.42	57.65	76.12	94.58	140.75	186.92	233.08	279.25	78
50	21.74	31.49	41.23	50.98	60.73	80.22	99.71	148.44	197.17			79
51	23.33	33.86	44.40	54.94	65.48	86.55	107.63	160.31	213.00			80
52	25.28	36.79	48.30	59.81	71.33	94.35	117.38	174.94	232.50			82
53	26.86	39.16	51.47	63.77	76.07	100.68	125.29	186.81	248.33			83
54	28.81	42.09	55.37	68.65	81.92	108.48	135.04	201.44	267.83			85
55	30.21	44.19	58.17	72.15	86.12	114.08	142.04	211.94	281.83			86
56	31.42	46.00	60.58	75.17	89.75	118.92	148.08	221.00	293.92			85
57	32.34	47.39	62.43	77.48	92.53	122.62	152.71	227.94	303.17			84
58	34.02	49.90	65.78	81.67	97.55	129.32	161.08	240.50	319.92			84
59	35.42	52.00	68.58	85.17	101.75	134.92	168.08	251.00	333.92			84
60	37.09	54.51	71.93	89.35	106.78	141.62	176.46	263.56	350.67			84
61	39.51	58.14	76.77	95.40	114.02	151.28	188.54	281.69	374.83			85
62	42.58	62.74	82.90	103.06	123.23	163.55	203.88	304.69	405.50			87
63	45.73	67.47	89.22	110.96	132.70	176.18	219.67	328.37	437.08			89
64	49.18	72.64	96.10	119.56	143.03	189.95	236.88	354.19	471.50			93
65	51.50											94
66	54.11											95
67	56.71											96
68	59.59											96
69	62.57											96
70	65.83											95

Child Term Rider Monthly Rate: **$5.00**

Class: Non-Tobacco		
TEXAS REPUBLIC LIFE INSURANCE COMPANY		
Issue Age (ALB)	**Child Policy Life Only Monthly Premium** (12 Pay Periods Per Year) 25,000	Age to Which Coverage is Guaranteed at Table Premium
15D-10	8.06	75
11-16	8.29	70
17-20	8.29	66
21	8.52	66
22	8.52	65
23	8.75	63
24	8.75	63
25	8.75	63
26	9.00	63

Class: Tobacco		
TEXAS REPUBLIC LIFE INSURANCE COMPANY		
Issue Age (ALB)	**Child Policy Life Only Monthly Premium** (12 Pay Periods Per Year) 25,000	Age to Which Coverage is Guaranteed at Table Premium
15D-10		
11-16		
17-20	12.25	66
21	12.71	66
22	12.71	65
23	13.42	63
24	13.42	63
25	13.42	63
26	13.65	63

EMERGENCY TRANSPORTATION COSTS

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

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

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

HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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

MASA Medical Transport Solutions™

Any Ground. Any Air. Anywhere.™

OUR BENEFITS

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

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

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



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

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

For more information, please contact Jaran Floyd or Brice Calahan

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

EVERY FAMILY DESERVES A MASA MEMBERSHIP



Don't lose the chance to put up to $800 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 $2,700. 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 $800 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.



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

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- Submit and view claims
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- View important alerts and communications
- Sign up for direct deposit
- Sign up for text message alerts

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

Download Wealth Care Mobile DKYoung Mobile

Helpful hints

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

Directory of Carriers and Contact Information

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

United Health Care-Vision
Website: www.myuhc.com
Vision Customer Service: 800-638-3120

Mutual of Omaha-Group Disability and Group Life
Website: www.mutualofomaha.com
Customer Service: 800-369-3809

Guardian Life-Accident, Critical Illness w/ Cancer, Hospital Indemnity
Website: www.guardianlife.com
Customer Service: 888-600-1600
Wellness Claim Hotline: 800-541-7846

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

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

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

Jeff Everitt & Associates, Inc. (Agency)
Website: www.jeainsurance.com
Office No.: 956-968-5954
Fax No.: 956-351-5409



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