



2026-2027 EMPLOYEE BENEFITS GUIDE

South San Antonio ISD

Benefits designed for those who make a difference.



Benefits Support

5622 Ray Ellison Blvd • San Antonio, TX 78242 • 210-977-7000

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South San Antonio ISD

2026-2027 Employee Benefits Guide

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Welcome!

South San Antonio ISD's goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits package.

These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family. Please read this guide carefully so that you may make informed enrollment decisions.

This guide is designed to highlight your benefit options. It is not a complete Summary Plan Description. For more details including covered expenses, exclusions, and limitations, please refer to individual Summary Plan Descriptions or request information directly from the insurance carrier. If any discrepancy exists between this guide and the official documents, the Summary Plan Description will prevail.



Open Enrollment

For the 2026-2027 Plan Year



South San Antonio ISD Employee Benefits Portal

Login



Important!

Open Enrollment Dates
July 27th- August 13th

Educational Sessions

- **July 29:**
Carrillo Elementary
Benavides Elementary
Madla Elementary
- **August 4th:**
Transportation
- **August 5th:**
South San HS
Five Palms Elementary
- **August 6th:**
Armstrong Elementary
Price Elementary
Shepard Middle School
- **August 7th:**
Zamora Middle School
Palo Alto Elementary
Hutchins Elementary
- **August 11th:**
Central Office
Dwight Middle School



[THEbenefitsHUB](#)

[Check FSA](#)

[Contact Us](#)

Step 1 - LOGIN PORTAL

Visit www.mybenefitshub.com/SouthSanAntonioISD, then select the login button in the top-right corner.

Sign in with your last name, date of birth, and the last four digits of your Social Security number.

Step 2 - REVIEW PERSONAL INFORMATION

Confirm and update your personal and dependent details.

Step 3 - REVIEW PLAN OPTIONS AND MAKE ELECTIONS

Compare the available plans and choose the elections that fit your needs.

Step 4 - SIGN AND APPROVE ELECTIONS

Sign and approve your benefit elections.

Review every election in the Confirmation Statement to confirm accuracy.

Eligibility



Dependents

You can enroll your eligible dependents for medical, dental, vision, voluntary life insurance, critical illness, and accident coverage. Eligible dependents are defined as:

Your spouse (unless legally separated) or **domestic partner**.

Your children, including:

- Your naturally born children;
- Your legally adopted child. An adopted child is considered a dependent from the moment the child is placed in the custody of the adoptive parents.
- A stepchild, foster child, or any child of whom you have legal custody, who resides in your household in a regular parent-child relationship and is principally dependent on you for his/her support and maintenance and is named as an exemption on your most recent federal income tax return (proof may be required).
- Any child whom you are required to provide health care coverage for under a Qualified Medical Child Support Order.

Initial Eligibility Period

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date.

Qualifying Events

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- **Marriage, divorce or legal separation**
- **Birth or adoption of a child**
- **Change in child's dependent status**
- **Death of a spouse, child or other qualified dependent**
- **Change in service area**
- **Change in employment status or a change in coverage under another employer-sponsored plan**

Requests for a qualifying event must be received within 30 days of the event date. The change will be added to your coverage as of the date of the event.



MEDICAL

Quality healthcare coverage for you and your family.



TRS-ActiveCare

REGION 20

TRS is committed to accessibility. If you have trouble accessing this content, contact TRS at WebAccessibility@trs.texas.gov to request an alternative format.

LEARN THE TERMS

- **PREMIUM:** The monthly amount you pay for health care coverage.
- **DEDUCTIBLE:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **COPAY:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **COINSURANCE:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **TIERING:** Grouping doctors and facilities into tiers based on quality, cost and best practice clinical guidelines. This helps you compare choices. Tier 1 providers and facilities offer top performance and best value. You pay less when you choose Tier 1 and may pay more when you choose Tier 2.
- **OUT-OF-POCKET MAXIMUM:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2026-27 TRS-ActiveCare Plan Highlights

Sept. 1, 2026 – Aug. 31, 2027



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

How to Calculate Your Monthly Premium

- Total Monthly Premium
- ➖ Your Employer Contribution
- ===== Your Premium

Ask your Benefits Administrator for your district's specific premiums.

Being Healthy is Easy

- \$0 preventive services
- One-on-one health coaches
- Weight loss programs and nutrition
- TRS Virtual Health
- Member Rewards is even better. Now you'll get a check when you use Member Rewards and choose low-cost, high-quality doctors and facilities – up to \$599* per tax year.
- Airrosti Remote Recovery gives you in-home virtual physical therapy to relieve common aches and pains at no cost.*

** Eligibility rules may apply.*

See the [Annual Enrollment Guide](#) for more details.

Mental Health

You have in-office and virtual benefits:

- TRS-ActiveCare Primary Plan: \$30 copay for office visits or \$0 with Teladoc
- TRS-ActiveCare Primary+ Plan: \$15 copay for office visits or \$0 with Teladoc
- TRS-ActiveCare HD Plan: 30% coinsurance after deductible or \$42 with Teladoc
- TRS-ActiveCare 2 Plan: \$20 copay for office visits or \$12 with Teladoc

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	• Lowest premium of the three available plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Highest premium of the three available plans • Copays for many services and drugs • Lower deductible than the HD and Primary plans • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Higher premium of the three available plans • Must meet your deductible before plan pays for non-preventive care • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Compatible with a Health Savings Account

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$499	\$376	\$123	\$586	\$376	\$210	\$515	\$376	\$139
Employee and Spouse	\$1,348	\$376	\$972	\$1,524	\$376	\$1,148	\$1,391	\$376	\$1,015
Employee and Children	\$849	\$376	\$473	\$997	\$376	\$621	\$876	\$376	\$500
Employee and Family	\$1,697	\$376	\$1,321	\$1,934	\$376	\$1,558	\$1,751	\$376	\$1,375

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,400/\$6,800	\$6,800/\$13,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$8,300/\$16,600	\$20,500/\$41,000
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible

Immediate Care				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max) Call 1-844-367-6108 to see if your specialty medication is covered by SaveOnSP.	You pay 30% after deductible; \$0 if SaveOnSP eligible	You pay 20% after deductible (\$500 max); \$0 if SaveOnSP eligible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	You pay 25% after deductible

This plan is closed to new enrollees. Current TRS-ActiveCare 2 participants can stay enrolled.

TRS-ActiveCare 2
• Closed to new enrollees • Current enrollees can choose to stay in the plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
\$1,013	\$376	\$637
\$2,402	\$376	\$2,026
\$1,507	\$376	\$1,131
\$2,841	\$376	\$2,465

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
No	

Tier 1: \$20 copay Tier 2: \$40 copay	You pay 40% after deductible
Tier 1: \$55 copay Tier 2: \$85 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
You pay 30% after deductible (\$200 min/\$900 max); \$0 if SaveOnSP eligible
\$25 copay for 31-day supply; \$75 for 61- to 90-day supply

Medical Plan Options: Summary



1-866-355-5999



Plan	Monthly Cost	Plan Highlights
TRS-ActiveCare Primary	Employee Only: \$123.00 Employee + Spouse: \$972.00 Employee + Children: \$473.00 Employee + Family: \$1,321.00	• Lowest premium of the available plans. • \$2,500 individual deductible/ \$5,000 family deductible. • Fixed copays for primary care visits, even before you meet your deductible. • Statewide network only. • PCP and specialist referrals required. • No out-of-network coverage. • Not HSA compatible.
TRS-ActiveCare Primary+	Employee Only: \$210.00 Employee + Spouse: \$1,148.00 Employee + Children: \$621.00 Employee + Family: \$1,558.00	• Lowest deductible of the three plans (\$1,200 individual/ \$2,400 family). • Fixed copays for many medical services and prescriptions, even before you meet your deductible. • Statewide network only. • PCP and specialist referrals required. • No out-of-network coverage. • Not HSA compatible.
TRS-ActiveCare HD	Employee Only: \$139.00 Employee + Spouse: \$1,015.00 Employee + Children: \$500.00 Employee + Family: \$1,375.00	• HSA compatible. • Nationwide network with out-of-network coverage. • No PCP or referral requirements. • Higher deductible (\$3,400 individual, \$6,800 family). • Preventive care covered before deductible. • Must meet deductible before most non⁹preventive services are covered.

Medical Plan Options: Comparison

Every TRS-ActiveCare plan includes **comprehensive wellness benefits**, such as \$0 preventive care, one-on-one health coaching, weight loss and nutrition programs, TRS Virtual Health, Member Rewards, and Airrosti Remote Recovery. See the Annual Enrollment Guide for complete program details and eligibility requirements.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
General Plan Information			
Network	Statewide (In-Network Only)	Statewide (In-Network Only)	Nationwide (In & Out-of-Network)
PCP Required	Yes	Yes	No
Specialist Referral	Required	Required	Not Required
Cost Sharing			
Individual / Family Deductible	\$2,500 / \$5,000	\$1,200 / \$2,400	\$3,400 / \$6,800 (IN) \$6,800 / \$13,600 (OON)
Coinsurance	30% after deductible	20% after deductible	30% IN / 50% OON
Out-of-Pocket Maximum	\$8,050 / \$16,100	\$6,900 / \$13,800	\$8,300 / \$16,600 (IN) \$20,500 / \$41,000 (OON)
Office & Medical Services			
Primary Care	\$30 Copay	\$15 Copay	30% after deductible
Specialist	\$70 Copay	\$70 Copay	30% after deductible
Immediate Care	\$50 Copay	\$50 Copay	30% after deductible
Urgent Care	30% after deductible	20% after deductible	30% after deductible
Emergency Room	30% after deductible	20% after deductible	\$250 copay + 20% after deductible
Virtual Care	RediMD \$0/ Teladoc \$12	RediMD \$0/ Teladoc \$12	RediMD \$30/ Teladoc \$42
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Prescription Coverage			
Drug Deductible	Integrated with Medical	\$200 Deductible	Integrated with Medical
Generic Drugs	\$15 / \$45 Copay	\$15 / \$45 Copay	20% after deductible
Preferred Brand	30% after deductible	25% after deductible	25% after deductible
Non-Preferred Brand	50% after deductible	50% after deductible	50% after deductible
Specialty Drugs	30% after deductible	20% after deductible (max \$500)	20% after deductible
Insulin	\$25 (31-day	\$25 (31-day)	25% after deductible

Pharmacy Benefits



1-844-367-6108

Your TRS-ActiveCare medical plan includes prescription drug coverage, which is administered separately through Express Scripts®. While your medical and pharmacy benefits are part of the same health plan, Express Scripts manages the prescription portion of your coverage.

Prescription coverage and costs vary based on your selected TRS-ActiveCare medical plan, the type of medication, and whether your deductible applies. The information below will help you understand your pharmacy coverage, common prescription terms, and factors that may impact your out-of-pocket costs.

Benefit	Primary	Primary +	HD
Important Plan Details	- Combined medical + pharmacy deductible - Select preventive generics at \$0 - Generic copays - SaveOnSP available	- Lowest out-of-pocket costs - Separate \$200 brand drug deductible - Lowest generic copays - SaveOnSP available	- Combined medical + pharmacy deductible - Highest out-of-pocket costs - Select preventive generics at \$0 - SaveOnSP not available
Drug Deductible	\$2,500 Individual \$5,000 Family	\$200 brand-drug deductible	\$3,400 Individual \$6,800 Family (In Network)
Generic	\$15/ \$45 copay	\$15/ \$45 copay	20% after deductible
Preferred Brand	20% after deductible	25% after deductible	25% after deductible
Nonpreferred Brand	50% after deductible	50% after deductible (max \$100/\$265)	50% after deductible
Specialty Medication	30% after deductible	20% after deductible (max \$500)	20% after deductible

Understanding Prescription Costs

Below are key terms to help you understand your prescription coverage and cost-sharing.

Key Terms	Medication Types & Cost Considerations
Drug Deductible Your plan may require you to meet a prescription deductible before certain medication costs are covered. Refer to your plan details to understand when your deductible applies.	Generic Medications Often lower-cost alternatives that provide the same quality, safety, and effectiveness as brand-name medications.
Formulary A formulary is the list of medications covered by your plan. Medications are grouped into categories that may impact your out-of-pocket costs.	Preferred Brand Medications Brand-name medications included on the plan's formulary and typically covered at a lower cost.
Copay: A fixed amount you pay for a covered prescription.	Nonpreferred Brand Medications Medications not included on the preferred formulary list and may have higher out-of-pocket costs.
Coinsurance: A percentage of the prescription cost you pay after meeting your deductible, if applicable.	Specialty Medications Medications used to treat complex or chronic conditions that may require additional support, monitoring, or specialty pharmacy services.¹¹

Pharmacy Benefits by Plan and Resources



1-844-367-6108

Once you understand your prescription coverage, knowing where to fill medications and what resources are available can help you get the most from your pharmacy benefits. Explore pharmacy options, specialty medication support, savings programs, and digital tools available through Express Scripts®.



Express Scripts Website & Mobile App

You can manage your prescriptions anytime through Express Scripts online or the mobile app.

- View prescription coverage and pricing
- Find participating pharmacies
- Manage refills and prescription orders
- Track Home Delivery shipments
- Set medication reminders
- Access your digital Rx ID card
- Connect with pharmacist support

Access your account:

express-scripts.com/trsactivecare

Need Assistance?

For prescription questions, pharmacy network support, Home Delivery, or specialty medication assistance: **1-844-367-6108**



Specialty Medication Support

Some medications used to treat complex or chronic conditions require additional support and monitoring.

Accredo® Specialty Pharmacy

Accredo provides specialty-trained support, medication education, coordination with your healthcare provider, and assistance navigating coverage or financial support options.

Accredo: 1-800-596-7701

SaveOnSP® Copay Assistance

Eligible specialty medications may qualify for copay assistance to help reduce out-of-pocket costs.

Contact SaveOnSP before your first eligible specialty fill to confirm eligibility and enroll.

SaveOnSP: 1-800-683-1074



Choosing Where to Fill Your Prescription

Retail Pharmacy

Best for medications you need quickly, including antibiotics, cold/flu medications, and short-term treatments.

- ✓ Use any participating in-network pharmacy
- ✓ Most prescriptions are available for up to a 31-day supply

Express Scripts Home Delivery

Convenient for eligible maintenance medications you take regularly.

- Up to a 90-day supply
- Free standard shipping
- Refill reminders
- Pharmacist support

Questions?

Call a Personal Health Guide at **1-866-355-5999** for help with medical services.
Call Express Scripts® by Evernorth Pharmacy Benefit Services at **1-844-367-6108**
for help with your pharmacy benefits.

Compare Prices for Common Medical Services

Closed to new enrollees.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Imaging (like CT Scan, Mammogram and MRI)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient (like colonoscopy, cataract surgery and steroid injections)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient (like childbirth, complex joint replacement and cardiac surgery)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year)	Specialist: You pay \$70 copay	Specialist: You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	PCP: \$30 copay Specialist: \$70 copay	PCP: \$15 copay Specialist: \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 PCP: \$20 copay Tier 2 PCP: \$40 copay Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible



DENTAL

Preventive and restorative care to help protect your smile.

Dental Insurance



COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Root canals

► PROTECTS YOUR SMILE.

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

► PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

► LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

Your employer is offering you a choice of two dental plans. Please review the information for both the basic and enhanced plans. Then, choose the one plan that best fits your needs.

HOW CAN DENTAL CARE HELP?

Gum disease may cause tooth loss and may be linked to other health problems such as heart disease and diabetes.¹

Brushing, flossing and seeing your dentist regularly can help reduce the impacts of gum disease.¹

SOUTH SAN ANTONIO INDEPENDENT
SCHOOL DISTRICT

All Eligible Employees

POLICY # 828508

Sun Life Assurance Company of Canada

2921381 DEN8 CL1 07/09/2026 12:12:44

What's covered (basic plan)

Good news! Your plan covers routine services like cleanings and exams at **100%**.

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$1,500 per person	\$1,500 per person

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations – 2 in any calendar year
- Routine dental cleanings – 2 in any calendar year (frequency combined with periodontal maintenance)
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 19*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 16*
- Space maintainers – *only for children under age 19*
- Bitewing x-rays – 2 in any calendar year
- Intraoral complete series x-rays – 1 in any 36 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings
- Simple extractions, incision and drainage
- General anesthesia/IV sedation – medically required
- Periodontal maintenance – 2 in any calendar year (frequency combined with routine dental cleanings)
- Localized delivery of antimicrobial agents

Type III Major Dental Services, including:

- Dentures and bridges – subject to 5 year replacement limit
- Stainless steel crowns– *only for children under age 19*
- Inlay, onlay, and crown restorations – 1 per tooth in

any 5 year period

- Dental implants – subject to 5 year replacement limit
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- Complex oral surgery
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Major gum disease (surgical periodontics)

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic, or major services

What's covered (enhanced plan)

Good news! Your plan covers routine services like cleanings and exams at **100%**.

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$2,500 per person	\$2,500 per person
Type IV Ortho Service	\$1,000 lifetime per child	\$1,000 lifetime per child

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Type IV Ortho Services	N/A	N/A

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	90%	90%
Type III Major Services	60%	60%
Type IV Ortho Services	50%	50%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations – 2 in any calendar year
- Routine dental cleanings – 2 in any calendar year (frequency combined with periodontal maintenance)
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 19*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 16*
- Space maintainers – *only for children under age 19*
- Bitewing x-rays – 2 in any calendar year
- Intraoral complete series x-rays – 1 in any 36 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings
- Simple extractions, incision and drainage
- General anesthesia/IV sedation – medically required
- Periodontal maintenance – 2 in any calendar year (frequency combined with routine dental cleanings)
- Localized delivery of antimicrobial agents

Type III Major Dental Services, including:

- Dentures and bridges – subject to 5 year replacement limit
- Stainless steel crowns– *only for children under age 19*
- Inlay, onlay, and crown restorations – 1 per tooth in

any 5 year period

- Dental implants – subject to 5 year replacement limit
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- Complex oral surgery
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Major gum disease (surgical periodontics)

Type IV Ortho Services, including:

- Orthodontic treatment is limited to your dependent children up to age 26

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic, or major services
- No waiting period for orthodontic services

Frequently asked questions (basic plan)

How does a PPO work?

PPO stands for Participating Provider Organization². With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims. Treatment is available from out-of-network dentists, but their fees are subject to an allowable charge and could be higher.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network[®] with 145,000+ unique dentists³.

Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse⁴ and dependent children. An eligible child is defined as a child to age 26.⁵

What if my spouse and I work for the same employer?

Under the policy, if you are married to another employee, you should check with your benefits administrator to confirm whether you are eligible to enroll your spouse as a dependent and to confirm any additional considerations for enrolling dependent children (if dependent child coverage is available).

What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to Sun Life, PO Box 311, Milwaukee, WI 53201-0311.

How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online through your Sun Life account.

To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app – Sun Life Dental (U.S.), which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742 any time, day or night, to access our automated system.

What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles[®] program, with benefits many people prefer, such as brush biopsies for the early detection of oral cancer.

When should I consider a pre-determination of benefits?

We recommend them for any dental treatment expected to exceed \$500. Pre-determinations allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover.

1. Provided for informational purposes only. For further details you should talk to your dental provider.

2. The term PPO does not apply in Texas.

3. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.[®] (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.

4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

5. Please see your employer for more specific information.

Read the **Important information** section for more details including limitations and exclusions

Frequently asked questions (enhanced plan)

How does a PPO work?

PPO stands for Participating Provider Organization². With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims. Treatment is available from out-of-network dentists, but their fees are subject to an allowable charge and could be higher.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network[®] with 145,000+ unique dentists³.

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How can I get more information about my coverage or find my dental ID card?

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To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app – Sun Life Dental (U.S.), which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742 any time, day or night, to access our automated system.

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1. Provided for informational purposes only. For further details you should talk to your dental provider.

2. The term PPO does not apply in Texas.

3. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.[®] (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.

4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

5. Please see your employer for more specific information.

Read the **Important information** section for more details including limitations and exclusions

Important information

Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

Late entrant

If you or a dependent apply for dental insurance more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first 12 months for late entrants will be limited as follows:

TIME INSURED CONTINUOUSLY UNDER THE POLICY	BENEFITS PROVIDED FOR ONLY THESE SERVICES
Less than 6 months	Preventive Services
At least 6 months but less than 12 months	Preventive Services and fillings under Basic Services
At least 12 months	Preventive, Basic, Major and Ortho Services

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

Exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

This plan does not provide coverage for pediatric oral health services that satisfies the requirements for “minimum essential coverage” as defined by The Patient Protection and Affordable Care Act (PPACA).

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01.

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GVBH-EE-8384

SLPC 29579

Rates

Coverage and **monthly** cost for Dental.

Rates are effective as of September 1, 2026.

Dental coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Basic plan

Coverage	Cost per month
Employee	\$19.36
Employee + 1 dependent	\$38.34
Employee + 2 or more dependents	\$60.48

Enhanced plan

Coverage	Cost per month
Employee	\$30.49
Employee + 1 dependent	\$66.83
Employee + 2 or more dependents	\$96.32

*Contact your employer to confirm your part of the cost.



VISION

Routine eye care and eyewear benefits to help you see clearly.

VISION Low Plan Summary

VSP Choice Network



With your Vision Preferred Provider Organization Plan, you can:

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

In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.¹

In-network benefits

There are no claims for you to file when you go to a participating vision provider. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

Eye exam

Frequency: Once every **12 months**

- Eye health exam, dilation, prescription and refraction for glasses: at no additional cost after a **\$10** copay.
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

Frame

Frequency: Once every **24 months**

- Allowance: **\$130** after **\$10** eyewear copay / \$150 on featured frames
 - Costco®, Walmart® and Sam's Club®: **\$70** allowance
- You will receive an additional **20%** savings on the amount that you pay over your allowance. Offer available from all participating locations except Costco®, Walmart® and Sam's Club®.

Standard corrective lenses

Frequency: Once every **12 months**

- Single vision, lined bifocal, lined trifocal, lenticular: At no additional cost after **\$10** eyewear copay.

Contact lenses (instead of eyeglasses)

Frequency: Once every **12 months**

- Contact fitting and evaluation: Copay not to exceed **\$60**
- Elective lenses: **\$130** allowance
- Necessary lenses: At no additional cost after **\$10** eyewear copay.

We're here to help

Find a Vision provider at
www.metlife.com/vision

To download a claims form
www.metlife.com/mybenefits

For general questions go to
www.metlife.com/mybenefits
or call 1-855-MET-EYE1

Out-of-network reimbursement*

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

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

*If you choose an out-of-network provider, you may have increased out-of-pocket expenses, must pay in full at time of service, and must file a claim for reimbursement.

Vision - Low Plan Monthly Rates

Employee Only	\$5.65
Employee + One	\$10.54
Employee + Family	\$16.29

VISION High Plan Summary

VSP Choice Network



With your Vision Preferred Provider Organization Plan, you can:

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

In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.¹

In-network benefits

There are no claims for you to file when you go to a participating vision provider. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

Eye exam

Once every **12 months**

- Eye health exam, dilation, prescription and refraction for glasses: at no additional cost
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

Frame

Once every **12 months**

- Allowance: **\$130**
\$150 on featured frames
- Costco®, Walmart® and Sam's Club®: **\$70** allowance
You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco®, Walmart® and Sam's Club®.

Standard corrective lenses

Once every **12 months**

- Single vision, lined bifocal, lined trifocal, lenticular: At no additional cost

Contact lenses (instead of eyeglasses)

Once every **12 months**

- Contact fitting and evaluation: Copay not to exceed **\$60**
- Elective lenses: **\$130** allowance
- Necessary lenses: At no additional cost after eyewear copay.

We're here to help

Find a Vision provider at
www.metlife.com/vision

To download a claims form
www.metlife.com/mybenefits

For general questions go to
www.metlife.com/mybenefits
or call 1-855-MET-EYE1

Out-of-network reimbursement*

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

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

*If you choose an out-of-network provider, you may have increased out-of-pocket expenses, must pay in full at time of service, and must file a claim for reimbursement.

Vision - High Plan Monthly Rates

Employee Only	\$12.34
Employee + One	\$23.67
Employee + Family	\$36.23



BASIC LIFE

District-provided protection for the people who matter most.

9/1/2027

Explore the coverage that makes it easy to give yourself and your loved ones more security today...and in the future.

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Your employer provides you with Basic Term Life and AD&D insurance coverage in the amount of \$20,000.

Supplemental Term Life Insurance Coverage Options

For You	For Your Spouse	For Your Dependent Children*
\$10,000 increments to a maximum of the lesser of 5.00 times pay or \$500,000	\$5,000 increments to a maximum of \$100,000, not to exceed 50% of employee's Supplemental Life Benefit	Child under 15 days to 6 months \$1,000 Child more than 6 months \$2,500 increments to a maximum of \$10,000

*Child(ren)'s Eligibility: Dependent children ages from birth to 26 years old, or 26 years old if a child is a full-time student, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

What's Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Colorado, Minnesota, Missouri or North Dakota) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Minnesota, Missouri and North Dakota. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

Please note that a reduction schedule may apply. Please see your employer or certificate for specific details.

Accidental Death & Dismemberment (AD&D) coverage is a coverage separate and apart from your Basic and Supplemental Life insurance coverage and helps protect you 24 hours a day, 365 days a year.

Accidental Death & Dismemberment Coverage Options This coverage provides benefits beyond your disability or life insurance for losses due to covered accidents — including while commuting, traveling by public or private transportation and during business trips. MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

Supplemental AD&D Coverage Amounts for You

- Your Supplemental AD&D amount is equal to your Supplemental Term Life amount.

Supplemental AD&D Coverage Amounts for Spouse and Child(ren)

- You can choose to cover your dependent Spouse and child(ren) with AD&D coverage. Your dependents will be eligible for coverage amounts equal to their amounts of Dependent Term Life coverage.

*Child(ren)'s Eligibility: Dependent children ages from birth to 26 years old, or 26 years old if a child is a full-time student, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The full amount of AD&D coverage you select is called the "Full Amount" and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and will be listed in your coverage in a table of Covered Losses. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.

Standard Additional Benefits Include

Some of the standard additional benefits included in your coverage that may increase the amounts payable to you and/or defray



VOLUNTARY LIFE

Optional life insurance coverage for added peace of mind.

additional expenses that result from accidental injury or loss of life are:

- Air Bag
- Common Carrier
- Seat Belt

What Is Not Covered by AD&D?

AD&D insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained or from food poisoning; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or active participation in a riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self-preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs. Specific information pertaining to your insurance can be obtained by contacting your benefits administrator or MetLife.

Additional Coverage Information

How to Apply*

- Complete your enrollment form and return it to your Human Resources Manager today! Be sure to indicate your Beneficiary. **Act Now During the Enrollment Period.**

Note: If you do not wish to make a change to your coverage, you do not need to do anything

* All applications for coverage are subject to review and approval by MetLife. If you choose to apply for increased coverage, the increase may be subject to underwriting. MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.

For Employee Coverage

Enrollment in this Supplemental Term Life insurance plan is available without providing medical information as long as:

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had in the last year

For New Hires

The enrollment takes place within 31 days from the date you become eligible for benefits, and

- You are enrolling for coverage equal to/less than \$150,000.

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.¹³

For Dependent Coverage

You must be covered in order to obtain coverage for your Spouse and child(ren).

Your Spouse and dependent children do not need to provide medical information as long as:

For Annual Enrollment

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

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- The enrollment takes place prior to

- You are enrolling for Spouse coverage equal to/less than \$10,000.

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect in order for your Spouse's and eligible children's coverage to take effect. In addition, your Spouse and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective on the date you become eligible for all requests that do not require additional medical information. A request for your amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase. The coverage for your Spouse and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer for your Basic and Supplemental coverages, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary. You are the beneficiary for your Dependent coverage.

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

Grief Counseling (all states except NY)¹ To help you, your dependents, and your beneficiaries cope with loss

You, your dependents, and your beneficiaries have access to grief counseling¹ sessions and funeral related concierge services to help cope with a loss — at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.¹ In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-888-319-7819 or log on to one.telushealth.com (Username: metlifeassist; Password: support).

Download this helpful Funeral Planning Guide at <https://www.metlife.com/funeralplanning/funeral-guide/>.

Funeral Discounts and Planning Services²

Ensuring your final wishes are honored

As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life — at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services — either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper — to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you.

Beneficiary Claim Assistance³ For support when beneficiaries need it most

This program is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for specially trained third party financial professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and help with financial questions.

Employee Assistance Program⁴

For those times you may need help with life's challenges.

You and the members of your household will have access to the Employee Assistance Program (EAP) to help with the everyday challenges of life that may affect your health, family life and desire to excel at work. You are entitled to 5 consultations with a licensed clinician per incident per individual per calendar year. And depending on your plan, you can choose between telephonic consultations, for maximum convenience and anonymity, or web-video consultations, for convenience with the warmth of a face-to-face conversation.

Additionally, you can access a web service to offer you a private, online solution to work, life and health challenges.

You can access these services by calling 1-888-319-7819 or log on to one.telushealth.com (Username: metlifeeap; Password: eap).

Total Control Account⁵

For immediate access to death proceeds

The Total Control Account[®] (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accidental death and dismemberment claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

Travel Assistance⁶

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

Travel assistance services, offered on your AD&D coverage, offers you and your family access to emergency services while you travel, plus the advantage of concierge assistance for personal and work-related travel and entertainment requests. This service provides you and your dependents with medical, legal, transportation and financial assistance 24 hours a day, 365 days a year when you are more than 100 miles away from home. Our travel assistance program offers worldwide telemedicine consultations¹² when non-urgent medical care is needed. It also offers a dedicated travel portal – making it easy to connect when it matters most. You also have access to political and natural disaster evacuation services. Please visit the AXA website for more information.

www.metlife.com/travelassist

Estate Planning Services^{8,11}

To help ensure your decisions are carried out

When you enroll for Supplemental term life coverage, you will automatically receive access to Estate Planning Services at no extra cost to you. Estate Planning Services offers unlimited access to Digital Estate Planning services to complete wills and other important estate planning documents quickly and easily online with access to online notary services, and Will Preparation Services to work one-on-one with a MetLife Legal Plans' attorney, in-person or on the phone, to prepare or update a will, living will, or power of attorney. When you use a participating plan attorney, there will be no charge for the services.*

- A will lets you define your most important decisions, such as who will care for your children or inherit your property.
- A living will ensures your wishes are carried out and protects your loved ones from having to make very difficult and personal medical decisions by themselves. Also called an "advanced directive," it is a document authorized by statutes in all states that allows you to provide written instructions regarding use of extraordinary life-support measures and to appoint someone as your proxy or representative to make decisions on maintaining extraordinary life-support if you should become incapacitated and unable to communicate your wishes.
- Powers of attorney allow you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated

Visit legalplans.com/estateplanning to get started.

* You also have the flexibility of using an attorney who is not participating in the MetLife Legal Plans, Inc. network and being reimbursed for covered services according to a set fee schedule. In that case you will be responsible for any attorney's fees that exceed the reimbursed amount.

Estate Resolution Services^{SM7} (ERS)

Personal service and compassion assistance to help probate your and your spouse's estates.

MetLife Estate Resolution ServicesSM provides probate services in person or over the phone to the representative (executor or administrator) of the deceased employee's estate and the estate of the employee's Spouse. Estate Resolution Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. ERS covers participating plan attorneys' fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

Retirement Planning³

A four-part workshop series that offers you comprehensive retirement education. You also have the option to meet with a local financial professional to discuss your specific circumstances and individual goals.

Portability

So you can keep your coverage even if you leave your current employer

Should you leave South San Antonio Independent School District for any reason, and your Basic and Supplemental and Dependent Term Life and Personal and Supplemental and Dependent Accidental Death and Dismemberment insurance under this plan terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least \$10,000 up to a maximum of \$2,000,000. Portability is also available on coverage you've selected for your Spouse and dependent child(ren). The maximum amount of coverage for Spouses is \$250,000; the maximum amount of dependent child coverage is \$25,000. Increases, decreases and maximums are subject to state availability.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your employer for specific details.

Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-888-252-3607 or contact your employer for more information.

Transition Solutions³

Assistance identifying solutions for your financial situations

Transition Solutions provides assistance for important, time-sensitive benefit and financial decisions due to change in benefits including:

- Group Life Insurance Continuation Options
- Lump-sum distributions
- Reduction in benefits for active or retired employees
- Benefits coordination due to layoffs, merger, acquisition or bankruptcy
- Define Contribution Plan termination
- Retiree Group Life elimination

Additional Features

This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family

Accelerate Benefits Option¹⁰

For access to funds during a difficult time

If you become terminally ill and are diagnosed with 24 months or less to live, you have the option to receive up to 80% of your life insurance proceeds. This can go a long way towards helping your family meet medical and other expenses at a difficult time. Amounts not accelerated will continue under your employer's plan for as long as you remain eligible per the certificate requirements and the group policy remains in effect.

The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g)).¹⁰

Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

The Accelerated Benefits Option is also available to spouses insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

Conversion¹⁴

For protection after your coverage terminates

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in employee class. Conversion is available on all group life insurance coverages. Please note that conversion is **not** available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process. Please contact your employer for more information.

Waiver of Premiums for Total Disability (Continued Protection)

Offering continued coverage when you need it most

If you become Totally Disabled, you may qualify to continue certain insurance. You may also be eligible for waiver of your Supplemental term life and Supplemental AD&D insurance premium until you reach age 60, die, or recover from your disability, whichever is sooner.

Total Disability or Totally Disabled means you are unable to do your job and any other job for which you are fit by education, training or experience due to injury or sickness. The Total Disability must begin before age 60, and your waiver will begin after you have satisfied a 9-month waiting period of disability. The waiver of premium will end when you turn age 60, die, or recover. Please note that this benefit is only available after you have participated in the Supplemental term life plan for 12 months and it is not available on dependent coverage.

If you return to work after completing part or all of the 9-month waiting period and later cease active work due to the same or a related Total Disability while your coverage is being continued, you will be given credit for the prior partial or total completion of the waiting period and it will be considered a continuation of the original Total Disability. This means that if you completed the waiting period of continuous disability in the original period of disability, you will not need to complete another one.

- You must notify MetLife of the later period of cessation of active work within 12 months of when that period began.
- The amount of insurance being continued will be the same as during the original period of disability, subject to any reductions in coverage amount due to age.

Extended Death Benefit

Provides death benefit coverage

With this feature, you'll have death benefit protection without premium payment for a period of up to 12 months following termination of employment if you are Totally Disabled on the date your employment terminates. If you were covered under the plan for less than 12 months, coverage will be extended for the length of time you were covered.

1- (Not available in NY) Grief Counseling and Funeral Assistance services are available to insured, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss and provided through an agreement with TELUS Health. TELUS Health is not an affiliate of MetLife, and the services TELUS Health provides are separate and apart from the insurance provided by MetLife. Information disclosed directly to TELUS Health is not disclosed to MetLife and, therefore, is not subject to MetLife's privacy policy. Only available for MetFlex groups NOT Principally Located / situated in NY.

Beneficiary Grief Counseling services are available only to beneficiaries of MetLife group Life insurance programs and provided through an agreement with TELUS Health. TELUS Health is not an affiliate of MetLife and the services TELUS Health provides are separate and apart from the insurance provided by MetLife. Information disclosed directly to TELUS Health is not disclosed to MetLife and, therefore, is not subject to MetLife's privacy policy. Only available for Groups Principally Located / situated in NY.

2-Funeral Discounts Services and discounts are separate and apart from the insurance provided by MetLife and are provided through a member of the Dignity Memorial® Network, a brand names used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, 'SCI'), 1929 Allen Parkway, Houston, Texas. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. The online planning site is provided by SCI Shared Resources, LLC. SCI, and is not affiliated with MetLife. Not approved for Non-Employer group policies situated in WA and Employer and non-Employer group policies in AK, FL, KY, MT, ND and, NY. If the group policy is issued in an approved state, the discount is available for services offered in any state except KY and NY or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for 'At Need' services

3-Beneficiary Claim Assistance, Transition Solutions and Retirement Planning MetLife administers the PlanSmart program, and has arranged to have specially trained third party financial professionals to offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract.

Any [content in this workshop or any other] information provided as part of the PlanSmart program is for educational purposes only. It is not intended to provide legal, tax, investment, or financial advice or make any recommendation as to whether any investment or savings option is appropriate for you. Each individual's legal, tax, and financial situation is unique; therefore,

you should consult with your own attorney, accountant, financial professional or investment advisor regarding your specific circumstances. MetLife does not provide legal, tax, or investment recommendations or advice.

Third-party financial professionals provide securities and investment advisory services offered through qualified registered representatives of MML Investors Services, LLC. Member SIPC. www.SIPC.org. 6 Corporate Drive, Shelton, CT 06484, Tel: 203-513-6000. MMLIS is not affiliated with MetLife Consumer Services or any of its affiliates.

4-EAP services provided through an agreement with TELUS Health. TELUS Health is not a subsidiary or affiliate of MetLife. Information disclosed directly to TELUS Health is not disclosed to MetLife, and therefore is not subject to MetLife's privacy policy.

5- Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of \$5,000 or more. The assets backing the Total Control Account (TCA) are maintained in the general account of MetLife or the Issuing Insurance Company. These general accounts are subject to the creditors of MetLife or the respective Issuing Insurance Company. MetLife or the Issuing Insurance Company bears the investment experience of such assets and expects to earn income sufficient to pay interest to TCA Accountholders and to make a profit on the operation of the TCAs. Regardless of the investment experience of such assets, the effective annual rate on the Account will not be less than the rate guaranteed on the welcome guide. The TCA and other available settlement options are not bank products and are not insured by the FDIC or any other governmental agency. In addition, while the funds in your account are not insured by the FDIC, they are guaranteed by each state's insurance guarantee association. The coverage limits vary by state. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 703-481-5206) to learn more. FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

6-Travel Assistance services are offered and administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

The AXA Travel Assistance Program is available for participants in traveling status. When a trip exceeds 180 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US \$1,000,000. The maximum benefit for political and natural disaster evacuation is \$100,000 per person. The maximum benefit for dispatch of physician and pet repatriation is \$2,500. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

7- [Included with Supplemental Life Insurance.] Estate Resolution Services are offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

8. [Included with Supplemental Life.] Will Preparation is offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. For New York situated or principally located cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service.

10- The Accelerated Death Benefit due to Terminal Illness Rider pays between 50%-100% (depending on plan design) of an insured's Life Insurance proceeds (with the balance payable upon final claim) in most states if the insured becomes terminally ill. Conditions and restrictions may apply. Any outstanding loans will reduce the cash value and death benefit.

The ABO benefits are intended to qualify for favorable federal tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g)), in which case the benefits will not be subject to federal taxation. This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances. Receipt of ABO benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of ABO benefits will have on public assistance eligibility for you, your spouse or your family. This is a life insurance benefit that also gives you the option to accelerate some or all of the death benefit in the event you meet the criteria for a qualifying event described in the policy. This policy or certificate does not provide long-term care insurance subject to California long-term care insurance (LTC) law. This policy or certificate is not a California Partnership for Long-Term Care program policy. LTC insurance provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that need constant supervision. This policy or certificate is not a Medicare supplement (policy or certificate).

11-Digital Estate Planning is not available for customers situated in FL or located in GU, PR and VI. It is not included with dependent life coverages or certain GUL/GVUL policies. Domestic Partnerships are not currently supported however members in a domestic partnership may use a MetLife Legal Plans attorney for their planning needs. Online Notary is not available in all states. If you are unable to access the Legal Plans website, you can find a network attorney by calling MetLife Legal Plans at 1-800-821-6400, Monday through Friday, 8am-8pm EST. You will need to provide your company name, customer number and the last 4 digits of the policyholder's social security number. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI.

12. Available globally to members in a traveling status. Teleconsultation is not an emergency medical response program. In the event of a medical emergency, you should contact your local emergency medical service. You can receive Teleconsultation services for limited, non-urgent, non-life threatening medical conditions; this service is not appropriate for all conditions. Services, including assistance with prescriptions, will be provided if permitted under applicable law. Teleconsultation services are arranged through AXA Assistance USA and Teladoc International.

13. All applications for coverage are subject to review and approval by MetLife. If you choose to apply for increased coverage, the increase may be subject to underwriting. MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage. Coverage will be effective in accordance with the applicable policy and certificate after approval by MetLife. Only applicants who reside in a US state, the District of Columbia, or Guam, Northern Mariana Islands, Puerto Rico or US Virgin Islands are allowed to complete their SOH form online (where available). Otherwise, applicants will be provided with a paper SOH form. Individuals residing outside of the US or in certain US territories must be on US payroll and be approved by MetLife before being provided with an SOH form.

14. Conversion isn't available on AD&D coverage. Conversion rates are based on your age at the time you convert.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Customer Name and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Nothing in these materials is intended to be advice for a particular situation or individual. Please consult with your own advisors for such advice. Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact your benefits administrator or MetLife for costs and complete details.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP15-2T) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates, when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent or when a dependent spouse reaches age 70. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.



EMPLOYEE ASSISTANCE PROGRAM

Confidential support and resources when life gets complicated.

Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search “TELUS Health” on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

Expert advice for work, life, and your well-being

The program's experienced counselors provided through TELUS Health — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

Convenient and confidential help when you want it, how you want it

Your program includes up to 5 in person, phone or video consultations with licensed counselors for you and your eligible household members per year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select “Employee Assistance Program” when prompted. You'll be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to one.telushealth.com, user name: **metlifeeap** and password: **eap**

Answers to important questions

Are Employee Assistance Program services confidential?

Yes. Any personal information provided to TELUS Health stays completely confidential.*

How do I get help?

Getting professional help is just a phone call away. Simply call 1-888-319-7819 to speak with a counselor or to schedule an in person, phone, or video conference appointment. These services are available 24 hours a day, 7 days a week.

When is the right time to call?

That's up to you. Counselors are here whenever you need them —whether you simply need to talk or want guidance on something you are going through.

Is my Employee Assistance Program included with my MetLife coverage?

Yes. There is no cost to you because your employer pays for the services provided within our program. While we offer a broad range of services, there may be some assistance that's not included. You can still work with counselors for these services by arranging to pay for them directly.

Does the program have any limitations?

While we offer a broad range of services, we may not cover all services you may need. Your Employee Assistance Program does not provide:

- Inpatient or outpatient treatment for any medically treated illness
- Prescription drugs
- Treatment or services for intellectual disability or autism
- Counseling services beyond the number of sessions covered or requiring longer term intervention
- Services by counselors who are not TELUS Health providers
- Counseling required by law or a court, or paid for by Workers' Compensation

Does the program offer Cognitive Behavioral Therapy (CBT)?

Many TELUS Health EAP providers are trained in this type of counseling and the foundation of TELUS Health' CareNow digital programs, available through the programs website and mobile app, are built upon Cognitive Behavioral Therapy (CBT) techniques. CareNow provides instant access to a range of self-service programs developed by world leading experts, focused on behavior change in the areas of anxiety, stress, depression, and more.

**When you need some support,
we're here to help.**



Phone

1-888-319-7819



Web

one.telushealth.com

**user name: [metlfeeap](#)
and password: [eap](#)**



Mobile App

**user name: [metlfeeap](#)
and password: [eap](#)**

*MetLife and TELUS Health abide by federal and state regulations regarding duty to warn of harm to self or others. In these instances, the consultant may have a duty to intervene and report a situation to the appropriate authority.

Some restrictions may apply to all of the above-mentioned services. Please contact your employer or MetLife for details. EAP services provided through an agreement with TELUS Health. TELUS Health is not a subsidiary or affiliate of MetLife. Information disclosed directly to TELUS Health is not disclosed to MetLife, and therefore is not subject to MetLife's privacy policy.

Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Ask your MetLife group representative for costs and complete details



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

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Protecting you wherever you go.

Emergency medical and personal assistance services while traveling—anytime, anywhere.



You're protected, 24/7

To compliment your MetLife insurance coverage, you have access to Travel Assistance¹ services, a unique program where you and covered family members* can contact AXA representatives to administer emergency medical, travel and personal assistance services on your behalf wherever you are in the world.

Professional help, just a phone call away

Everyone wants a stress-free trip, but unforeseen events can happen. The good news is that AXA representatives are there by your side. If there's an emergency while traveling internationally or domestically,² with one simple phone call you can access:

- Over 1 million pre-qualified providers worldwide
- Air and ground ambulance service
- Trained multilingual professionals who can advise and help you quickly in a travel emergency

Emergency benefits

Emergency medical evacuation and transportation services

If medical facilities aren't available locally, the program will provide the transportation, equipment and people needed to get you and your covered family members to the nearest medical facility for treatment or back home, if medically necessary.



Return of remains

If you or a covered family member passes away while traveling, AXA will provide the transportation of the remains back home. In addition, in the event of a member's death when traveling alone, AXA will provide an economy class round-trip ticket for one family member to accompany their remains from the location of their death to the receiving funeral home. Service includes meals and accommodations.

Political and natural disaster evacuation

AXA can provide transportation services when the country where eligible participants are located needs to be evacuated based on a determination of the US government. In addition, in the event of a natural disaster situation, AXA can coordinate and arrange for the evacuation of eligible participants from a safe departure point to a safe haven.

Transportation to join a patient

If you or a covered family member are hospitalized while traveling internationally, the program will pay for a designated family member or personal friend to be taken to the hospital so they can be by your side.

Transportation for minor children

The priority is making sure they're safe and secure. AXA will pay for supervised transportation of eligible children back home, if necessary.

Dispatch of Physician

If the local attending legally qualified physician and AXA cannot adequately assess the member's need for medical evacuation and transportation, AXA will coordinate, provide and dispatch a physician to assist in the assessment.

Pet Repatriation

If a pet traveling with you is left unattended due to your hospitalization, AXA will coordinate and provide boarding for the pet. If the injury or illness results in an evacuation or repatriation service, AXA will coordinate and provide transportation for the pet to be returned to either home, or to a boarding facility near home.

*You and Covered Family Members means an enrolled employee and their eligible dependents as defined under the group insurance contract issued by MetLife.



Medical assistance services

Medical referrals, appointments and hospital admissions

If you need medical assistance while you're traveling, one call to an AXA representative and you'll be referred to English-speaking doctors and/or hospitals, dentists and specialists. And if a hospital doesn't recognize your medical insurance, the program can help in validating you and your covered family members' health coverage and/or advancing the funds needed urgently.

Replacement of prescription medication

Forget or lose your prescription medication while traveling? AXA representatives will arrange for replacement medication for you and your covered family members whenever possible and legally permissible.

Replacement of medical devices

When medical devices or equipment are not available locally, we'll make every effort to procure and arrange for delivery.

Worldwide medical teleconsultations³

If you're traveling and need medical advice for common and minor illnesses, you and covered family members can have virtual consultations with licensed medical professionals, 24/7— via mobile device or phone.

The **DOCTOR PLEASE!** App is available at iTunes or Google Play. Create your account and enter the activation code **US0620** to schedule a virtual appointment. OR Call AXA at (800) 454-3679 to receive the code needed for user registration.

In a confidential setting, medical staff can:

- Handle non-life-threatening medical conditions, such as minor injuries and illnesses
- Provide medical advice and treatment options
- Refer you to a provider for follow up care as needed

Personal assistance services

Advice before you travel

AXA Travel Portal offers useful intelligence for the life cycle of your trip. You will have access to global monitoring of events and country & city risk analysis as well as an international medical network. Visit www.metlife.com/travelassist for access.

Your own concierge

Save time and hassle with our concierge service. Seasoned concierges will take care of all your travel and entertainment arrangements including flights, hotel and dining reservations, general destination and transportation information, city guides and much more. A source of local knowledge on call, whenever you need them, wherever you are.

Pet concierge services

Get help with locating pet-friendly hotel accommodations, local boarding facilities and assistance with travel arrangements back home for your pets in case of an emergency.

Identity theft assistance

If you or a covered family member's identity is compromised, the most important thing you can do is respond quickly. AXA will assist with the process through personal guidance and connect you to bank and credit companies' fraud departments, federal government and local law enforcement agencies, and assist in filing reports and complaints.

Other Assistance Services Include:

- Local professional referrals
- Help with lost documents or luggage
- Emergency cash/bail assistance
- Identity theft assistance

About Travel Assistance

MetLife selected AXA Assistance USA, Inc. (AXA) to provide the Travel Assistance program because they are an industry leader, best known for intervening in medical emergencies in foreign countries. AXA administers emergency medical assistance services when you or a family member* becomes ill or injured while traveling 100 miles or more away from home. AXA is an independently owned company and is not associated with or an affiliate of MetLife.

All services must be arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

How to access Travel Assistance

Next time you're traveling be sure to carry the Travel Assistance ID card with you. One simple phone call puts you in touch with AXA's highly trained representatives who will help ensure your call is handled promptly.

For information or to access services:



Call:

Within the U.S.
(800) 454-3679

Outside the U.S.
(312) 935-3783 (collect)



Visit:

www.metlife.com/travelassist



Name _____

Company _____

This is not a medical insurance card. Valid until termination of policy.

Travel Assistance

Call Travel Assistance if:

- Medical assistance while traveling
- Medical evacuation
- Evacuation due to natural disaster or political unrest
- Assistance while traveling with your pet
- Help with lost documents, credit cards or luggage while traveling
- Replacement prescription medication while traveling
- You are the victim of identity theft and need assistance

When you call the **Travel Assistance dedicated telephone numbers** listed on the reverse, please have the following information available:

1. Your name, telephone number and your relationship to the plan participant
2. Plan participant's name, age, sex and company name
3. A description of the plan participant's condition or service needed
4. Name, location and telephone number of hospital, if applicable
5. Name and telephone number of treating doctor, if applicable

This is not a medical insurance card.
The participant is entitled to medical and travel services administered by AXA Assistance USA, Inc.
Within the United States: (800) 454-3679
Outside the United States Call Collect: (312) 935-3783
Or log on to: www.metlife.com/travelassistance
All services must be administered by AXA Assistance USA, Inc.
No claims for reimbursement will be accepted.

To create a Travel Assistance reference card

1. Cut along dashed line at left.
2. Fold sheet in half along dotted line under blue bar with Travel Assistance header.
3. Fold down at fold above text: When you call the Travel Assistance dedicated telephone numbers listed on the reverse.
4. Enter your name and company on front of folded card.

1. Travel Assistance services are offered and administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.
2. Traveling more than 100 miles from home.
3. Available globally to members in a traveling status. Teleconsultation is not an emergency medical response program. In the event of a medical emergency, you should contact your local emergency medical service. You can receive Teleconsultation services for limited, non-urgent, non-life threatening medical conditions; this service is not appropriate for all conditions. Services, including assistance with prescriptions, will be provided if permitted under applicable law. Teleconsultation services are arranged through AXA Assistance USA and Teladoc International.

Note: Your health insurance still pays the medical expenses, but all of the extra costs involved in the medical transportation and other travel assistance services administered by AXA Assistance are covered.

A small monthly fee is included in the cost of your insurance coverage and is paid to make these assistance services available to you. Please remember that AXA needs to be contacted to activate the services, and all services must be arranged by AXA Assistance. No claims for reimbursement will be accepted.

Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. When a trip exceeds 180 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US \$1,000,000. The maximum benefit for political and natural disaster evacuation is \$100,000 per person. The maximum benefit for dispatch of physician and pet repatriation is \$2,500. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

metlife.com

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I4691872[exp0827][All States and][All Territories]



Help ensure your family is provided for in the future with our will preparation services¹



Experts at hand

Having a will prevents unnecessary stress and ensures your final wishes are clear. We offer valuable legal resources through MetLife Legal Plans to assist you with creating or updating a will at no additional cost, with your Supplemental Life coverage. Get legal guidance and unlimited consultations with Network Attorneys so you can feel confident you're making the right decisions.

Tailored guidance when it matters most

Choose to meet with any of our more than 18,500 network attorneys in-person or by phone for a one-on-one consultation in a private and supportive environment. There are no claim forms to file for covered services when using a network attorney – fees are taken care of through your plan. To help you find the right fit for you, you can use an out-of-network attorney, the fees reimbursed for these services are based on a set fee schedule.*

Expert guidance is just a click away

Simply visit legalplans.com/estateplanning to get started!

You've got it covered

Take advantage of covered services including:

- **Unlimited access:** Talk to an attorney as many times as needed to prepare, update or revise a will.
- **Protection for the unexpected:** Prepare living wills and powers of attorney to help ease the stress if individuals become unable to make decisions for themselves.

These services are automatically available to you when your life insurance coverage starts.

**You asked.
We answered.**

What to know about Estate Resolution Services.

What are Estate Resolution Services?

- A.** This service, offered through MetLife Legal Plans, fully covers attorney fees by a Network Attorney to settle an estate.

Am I eligible for this service?

- A.** You are eligible for this service if you are enrolled in MetLife's Supplemental Term Life, Group Universal Life or Group Variable Universal Life coverages. These services can help you settle your spouse/domestic partner's estate. As a life policyholder, your spouse/domestic partner and the beneficiaries of your estate have access to these services to settle your estate.

Do my beneficiaries or my spouse/ domestic partner need to be insured under the group plan to access these services to settle my estate?

- A.** No. As a life policyholder, your beneficiaries or spouse/domestic partner do not have to be insured under the group plan to access these services.¹

What is the probate process?

- A.** Probate is the legal process of administering the estate of a deceased person by resolving all claims and distributing the deceased's property. If there is a will, it is "probated" to prove it is valid and authentic. If there is no will, an alternative process is used for administering and settling the estate.

Are there additional fees charged to my plan?

- A.** No. Covered services are already included with your premium. There will be no claim forms or co-payments to file for covered services – fees are included in your plan and the attorney handles all the paperwork. If you ask the attorney to provide additional work that is not fully covered under this service, the attorney will provide a written fee statement detailing any associated costs in advance of providing the service.

Examples of non-covered items include:

- Court costs, filing fees, recording fees, witness fees, transcripts, guardian ad litem fees and appraiser fees.

Are covered services only available to the executor/administrator of the estate?

- A.** No. If a beneficiary is not the executor/administrator of the estate, the beneficiary may receive consultations with the participating plan attorney to discuss general questions regarding the probate process. In situations involving multiple beneficiaries, all beneficiaries will be able to consult with the participating plan attorney. However, the executor/administrator will receive the full benefit of the Estate Resolution Services.

What are the covered services?

A. Covered services:

- Unlimited in-person or telephone consultations with an attorney to discuss matters or general questions relating to probating an estate.
- Preparation of estate documents and professional court representation at court proceedings available to help properly distribute probated assets from the estate.
- Preparation of correspondence needed to transfer non-probate assets, as well as any associated tax filings.

Advantages include:

- Convenient access to a local attorney.
- Extensive network of more than 18,000 participating plan attorneys.
- Professional Client Service Center to assist you in locating an attorney.

Are there exclusions?

- A.** Yes. The following are not covered by this service:
- Matters in which there is a conflict of interest between the executor, administrator, any beneficiary or heir and the estate;
 - Any disputes with the policyholder, employer, plan attorneys, MetLife and/or any of its affiliates;
 - Any disputes involving statutory benefits;
 - Will contests or litigation outside probate court;
 - Appeals;
 - Court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and
 - Frivolous or unethical matters.

How can I access this service?

- A.** Simply contact a Client Services representative to get started.
- Call MetLife Legal Plans' toll-free number at 1-800-821-6400
 - Provide the company name, customer number (if available) and the last four digits of the policyholder's Social Security number.
 - The Client Services representative will assign you an eligibility ID and help you locate a participating plan attorney near you.

What is a non-probate property or asset?

- A.** A non-probate property or asset is any asset whose ownership is automatically transferred without being subject to the probate process, such as one held in "joint tenancy with right of survivorship" or "payable on death" ownership. Life insurance proceeds are generally not subject to the probate process because the beneficiary is designated to receive the benefits. There may be tax issues related to these assets even if they are not part of the probate estate.

Are all individuals subject to probate?

- A.** Any individual who owns property that does not automatically pass to another person by operation of law or contract is considered to have an estate subject to probate. However, some states may have a simplified procedure for some estates.

Are Estate Resolution Services necessary?

- A. Yes. Probate can be a difficult and expensive process. Having an experienced professional assist with the process will help ensure that all required filings/paperwork are completed, as local jurisdictions require.

If there is no will, does the estate pass to the spouse/domestic partner without going through the probate process?

- A. No. If there is no will, each state dictates how assets are distributed.

How long can the probate process take?

- A. The probate process can take as much as a few months or longer, depending on the complexity of the estate.

Is the service different if a person dies with or without a will?

- A. No. The services provided are the same, though the specific filings or requirements may differ.

Can an estate be settled without an in-person meeting?

- A. No. Settling an estate may require signatures of the estate's beneficiaries and/or executors/administrators.

What if there are co-executors/co-administrators?

- A. The attorney for the estate would act as the central channel for all co-executors/co-administrators involved in settling the estate.

Can an attorney outside MetLife Legal Plans' network be used to settle an estate?

- A. Yes. You can choose to use an out-of-network attorney if needed. When using an out-of-network attorney, you will receive reimbursement for covered services based on a set fee schedule.² However, you will be responsible for attorney fees exceeding the reimbursed amount.

Will beneficiaries and/or executors/administrators be sold any additional services when they meet with a participating plan attorney?

- A. No. Typically beneficiaries and/or executors/administrators who utilize Estate Resolution Services do not incur additional costs. Unlimited consultations give beneficiaries and/or executors/administrators the opportunity to ask questions and fully explore the best course of action to meet their needs. During the initial consultation, the participating plan attorney will recommend and review a plan of action with you or your beneficiaries to determine if any additional services are required beyond the covered services.

Does this feature provide translation services for participants for whom English is not their primary language?

- A. Yes, Network Attorneys have access to translation services and some attorneys have alternate language abilities.

What are the options if a beneficiary and/or executor/administrator is not satisfied with the service provided by a participating plan attorney?

- A. MetLife Legal Plans carefully screens and manages its Attorney Network on a regular basis. If you are dissatisfied with the service provided by a Network Attorney, you can notify MetLife Legal Plans, which will work to resolve any issues to your satisfaction.

What are the requirements for an attorney to be part of MetLife Legal Plans network?

- A. The managing attorneys at a firm are required to have a minimum of eight years of experience to be in the network and must adhere to a "code of excellence."

1. Our Estate Resolution Service is only available for spouse/domestic partners when employee (policyholder) coverage is elected for Supplemental Term Life, Group Universal Life or Group Variable Universal Life.

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

Included with Supplemental Life Insurance. Estate Resolution Services are offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

Legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company.



While you can't predict life's outcomes, you can help prepare for them

Imagine a co-worker, James, recently lost his father.¹



Imagine...

- Although he lived a full life, the loss was hard on the family.

MetLife at your side

- Dignity Memorial® gave James and his family the help they needed to navigate this difficult time.
- James was comforted knowing he had access to funeral planning services and discounts.

Making life a little easier

- With expert guidance, James was able to plan the funeral he hoped his father would have wanted.
- A few months later, James created his own final wishes plan to make things easier on his family.

Because MetLife's group life insurance policies include these valuable services, James and his family have the support they need.

Don't wait. Prepare your family for life's unexpected outcomes with Dignity Memorial. Visit www.finalwishesplanning.com or call 1-866-853-0954.

Losing a loved one can be one of life's most difficult moments. What if you could do more to help your family get through a loss a little easier?

New funeral discounts and planning services are available through MetLife Advantages — at no additional cost to you. Through Dignity Memorial, you and your family will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North America.

- **Discounts** of up to 10% off of funeral, cremation and cemetery services.
- **Expert assistance** — available 24 hours, 7 days a week, 365 days a year — to help guide you and your family in making confident decisions.
- **Planning Services** — online, over the phone, or by paper — to help make final wishes easier to manage.
- **Bereavement Travel Services** to assist with time-sensitive travel arrangements to be with loved ones.

Dignity Memorial — Providing funeral planning and assistance to more than 300,000 families each year.

82% of people say it's important to put their end-of-life wishes in writing.²

Contact Dignity Memorial today at **1-866-853-0954**.

To learn more about Dignity Memorial visit www.finalwishesplanning.com or call 1-866-853-0954 today.

1. This is a hypothetical example used for illustrative purposes only.

2. Allied Services Integrated Health System Passion for Palliation & End of Life Care <https://www.allied-services.org/news/2018/january/passion-for-palliation-end-of-life-care/> April 2023.

Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. [Not approved for group policies situated in AK, FL, KY, MT, ND, NY and WA.] If the group policy is issued in an approved state, the discount is available for services offered in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. [For coverage issued under a multiple-employer trust, services are not available for WA residents.]

Nothing in these materials is intended to be advice for a particular situation or individual. Please consult with your own advisors for such advice. Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact your benefits administrator or MetLife for costs and complete details.



Estate planning made easy

Create a will and other important documents in as little as 15 minutes.



Protect your family and assets quickly and easily from the comfort of your home with our online estate planning solution.

With Digital Estate Planning,¹ we make it easier than ever to create key estate planning documents online by answering a few simple questions.

Documents included with Digital Estate Planning:

Last Will and Testament — Leave property to loved ones and choose guardians for minor children.

Advance Healthcare Directive (Living Will) — Plan for a medical emergency, select medical care preferences, and choose a healthcare proxy.

Durable Financial Power of Attorney — Choose someone to manage finances in case of an emergency.

Did you know?

- While **76% of Americans** surveyed acknowledge having a will is important, **only 30%** have one in place.²
- The top reason for not creating a will was, “**haven’t gotten to it yet.**”²

82% of people says it’s important to put their end-of-life wishes in writing.³

Frequently Asked Questions:

Q. Who may use the Digital Estate Planning solution?

A. Digital Estate Planning is available for everyone.

Q. How do I access the online estate planning solution?

A. All you need to do is visit www.willscenter.com and follow the online instructions. You will need to create an account using the email and password of your choice.

Q. How do I sign my documents?

A. You simply need to print and sign your documents following the instructions on the coverage page of each document.

Q. Where can I get access to a notary?

A. Notaries are widely available at most banks, UPS and FedEx locations.

Visit www.willscenter.com
or contact your HR representative to [learn more](#).

Get started today by visiting
www.willscenter.com

1. Digital Estate Planning without online notary is available to all individuals regardless of any MetLife relationship or product. It is not available for customers situated in or individuals residing in GU, PR and VI. Domestic partnerships are not currently supported. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI.

2. MetLife's 2020 Premature Death Study.

3. Allied Services Integrated Health System Passion for Palliation & End of Life Care <https://www.allied-services.org/news/2018/january/passion-for-palliation-end-of-life-care/>. April 2023.

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UNIVERSAL LIFE

Flexible life insurance protection designed for long-term needs.

FINANCIAL PROTECTION FOR TODAY AND TOMORROW, STARTS AT WORK.

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



EMPLOYEES CAN EASILY QUALIFY

TrueFlex is guaranteed issue up to \$50,000 in coverage and for more coverage only answer 3 questions (at right) covering the last six months: **NO MEDICAL EXAM!**

TRUEFLEX HAS LONG PREMIUM GUARANTEES

TrueFlex has long guaranteed premiums with an average premium guarantee of 30 years across all age groups.

THIS EMPLOYER GROUP HAS CHOSE TO INCLUDE AN ACCIDENTAL DEATH BENEFIT RIDER

Each Employee, Spouse TrueFlex UL policy for ages 17-59 has an accidental death benefit rider that doubles the selected face amount if the insured is proven to have died as the results of an accident. (See form TRLIC-ADB for a full explanation of benefits.)

TRUEFLEX IS EASY TO PORT

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

TRUEFLEX IS EASY TO KEEP AND MAINTAIN

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

GUARANTEED ISSUE UP TO \$50,000 QUALIFICATION QUESTIONS FROM \$50,001 - \$150,000

During the last six months, has the proposed insured:

1. Been actively at work on a full-time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than five consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse?

MONTHLY PREMIUM RATE LIFE WITH ADB • NON-TOBACCO

Age	Face Amount		
	\$25,000	\$50,000	\$75,000
25	\$10.75	\$19.25	\$27.75
35	\$13.79	\$25.33	\$36.88
45	\$25.17	\$48.08	\$71.00

TrueFlex**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
	25,000	30,000	40,000	50,000	75,000	100,000	125,000	150,000	
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	20.29	23.90	31.12	38.33	56.38	74.42	92.46	110.50	64
36	21.00	24.75	32.25	39.75	58.50	77.25	96.00	114.75	64
37	22.15	26.12	34.08	42.04	61.94	81.83	101.73	121.62	64
38	22.85	26.98	35.22	43.46	64.06	84.67	105.27	125.88	65
39	24.25	28.65	37.45	46.25	68.25	90.25	112.25	134.25	66
40	26.33	31.15	40.78	50.42	74.50	98.58	122.67	146.75	67
41	27.96	33.10	43.38	53.67	79.37	105.08	130.79	156.50	68
42	30.06	35.63	46.75	57.88	85.69	113.50	141.31	169.13	70
43	33.31	39.53	51.95	64.38	95.44	126.50	157.56	188.63	72
44	35.17	41.75	54.92	68.08	101.00	133.92	166.83	199.75	73
45	37.73	44.83	59.02	73.21	108.69	144.17	179.65	215.13	74
46	40.06	47.63	62.75	77.88	115.69	153.50	191.31	229.13	75
47	42.38	50.40	66.45	82.50	122.63	162.75	202.88	243.00	76
48	44.71	53.20	70.18	87.17	129.62	172.08	214.54	257.00	77
49	48.42	57.65	76.12	94.58	140.75	186.92	233.08	279.25	78
50	50.98	60.73	80.22	99.71	148.44	197.17	245.90	294.63	79
51	54.94	65.48	86.55	107.63	160.31	213.00	265.69	318.38	80
52	59.81	71.33	94.35	117.38	174.94	232.50	290.06	347.63	82
53	63.77	76.07	100.68	125.29	186.81	248.33	309.85	371.37	83
54	68.65	81.92	108.48	135.04	201.44	267.83	334.23	400.62	85
55	72.15	86.12	114.08	142.04	211.94	281.83	351.73	421.62	86
56	75.17	89.75	118.92	148.08	221.00	293.92	366.83	439.75	85
57	77.48	92.53	122.62	152.71	227.94	303.17	378.40	453.63	84
58	81.67	97.55	129.32	161.08	240.50	319.92	399.33	478.75	84
59	85.17	101.75	134.92	168.08	251.00	333.92	416.83	499.75	84
60	87.35	104.38	138.42	172.46	257.56	342.67	427.77	512.88	84
61	93.40	111.62	148.08	184.54	275.69	366.83	457.98	549.12	85
62	101.06	120.83	160.35	199.88	298.69	397.50	496.31	595.13	87
63	108.96	130.30	172.98	215.67	322.37	429.08	535.79	642.50	89
64	117.56	140.63	186.75	232.88	348.19	463.50	578.81	694.13	93
65	123.38	147.60	196.05	244.50	365.63	486.75	607.88	729.00	94

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

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

TrueFlex							
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
	25,000	50,000	75,000	100,000	125,000	150,000	
17-20	10.29	18.33	26.38	34.42	42.46	50.50	66
21	10.52	18.79	27.06	35.33	43.60	51.87	66
22	10.52	18.79	27.06	35.33	43.60	51.87	65
23	10.75	19.25	27.75	36.25	44.75	53.25	63
24	10.75	19.25	27.75	36.25	44.75	53.25	63
25	10.75	19.25	27.75	36.25	44.75	53.25	63
26	11.00	19.75	28.50	37.25	46.00	54.75	63
27	11.23	20.21	29.19	38.17	47.15	56.13	63
28	11.23	20.21	29.19	38.17	47.15	56.13	62
29	11.46	20.67	29.87	39.08	48.29	57.50	62
30	11.69	21.13	30.56	40.00	49.44	58.88	60
31	11.69	21.13	30.56	40.00	49.44	58.88	60
32	12.15	22.04	31.94	41.83	51.73	61.62	61
33	12.63	23.00	33.38	43.75	54.13	64.50	62
34	13.08	23.92	34.75	45.58	56.42	67.25	62
35	13.79	25.33	36.88	48.42	59.96	71.50	64
36	14.25	26.25	38.25	50.25	62.25	74.25	64
37	14.71	27.17	39.62	52.08	64.54	77.00	64
38	15.42	28.58	41.75	54.92	68.08	81.25	65
39	16.33	30.42	44.50	58.58	72.67	86.75	66
40	17.27	32.29	47.31	62.33	77.35	92.37	67
41	18.44	34.63	50.81	67.00	83.19	99.38	68
42	20.06	37.88	55.69	73.50	91.31	109.13	70
43	21.69	41.13	60.56	80.00	99.44	118.88	72
44	23.31	44.38	65.44	86.50	107.56	128.63	73
45	25.17	48.08	71.00	93.92	116.83	139.75	74
46	27.04	51.83	76.63	101.42	126.21	151.00	75
47	28.67	55.08	81.50	107.92	134.33	160.75	76
48	30.52	58.79	87.06	115.33	143.60	171.87	77
49	32.63	63.00	93.38	123.75	154.13	184.50	78
50	35.17	68.08	101.00	133.92	166.83	199.75	79
51	38.19	74.13	110.06	146.00	181.94	217.88	80
52	41.92	81.58	121.25	160.92	200.58	240.25	82
53	45.63	89.00	132.38	175.75	219.13	262.50	83
54	49.35	96.46	143.56	190.67	237.77	284.88	85
55	52.60	102.96	153.31	203.67	254.02	304.38	86
56	54.94	107.63	160.31	213.00	265.69	318.38	85
57	56.56	110.88	165.19	219.50	273.81	328.13	84
58	58.42	114.58	170.75	226.92	283.08	339.25	84
59	60.75	119.25	177.75	236.25	294.75	353.25	84
60	62.23	122.21	182.19	242.17	302.15	362.13	84
61	67.58	132.92	198.25	263.58	328.92	394.25	85
62	74.08	145.92	217.75	289.58	361.42	433.25	87
63	78.50	154.75	231.00	307.25	383.50	459.75	89
64	83.00	163.75	244.50	325.25	406.00	486.75	93
65	87.75	173.25	258.75	344.25	429.75	515.25	94
Children's Policy: \$9.00 per Pay Period [15 days through 25 years]							
Grandchildren's Policy: \$9.00 Pay Period [15 days through 25 years]							



LONG TERM DISABILITY

Income protection for extended illnesses or injuries.

Disability Plan A

Plan Highlights

South San Antonio Independent School District

Who is eligible?

All active full-time employees

When do my benefits begin?

You may select from the following elimination period options:

- Option 1:** 0 days for injury, 3 days for illness *
- Option 2:** 14 days for injury, 14 days for illness*
- Option 3:** 30 days for injury, 30 days for illness *
- Option 4:** 60 days for injury, 60 days for illness
- Option 5:** 90 days for injury, 90 days for illness
- Option 6:** 180 days for injury, 180 days for illness

**If you are hospital confined as an inpatient for disability and have selected an elimination period of 30 days or less, benefits begin immediately. Inpatient means an individual who is physically confined for an overnight stay, as a registered bed patient in a hospital or institution, as defined in the policy or plan.*

What is the benefit amount?

You may elect a monthly benefit in increments of \$100 from a minimum of \$200, up to a maximum benefit of \$8,000, not to exceed 67% of your covered salary. If at any time the monthly benefit you have chosen exceeds 60% of your covered salary, your benefit amount will be reduced to the highest increment for which you are eligible.

Will my benefits ever be reduced?

After 12 months of benefit payments, the amount of benefit you receive or are eligible to receive from various sources will reduce your benefit amount. However, in no event will the benefit payable be less than 10% of the disability benefit you elect.

How long will I receive benefits?

Benefits due to Sickness or Injury will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of

Age when Disability Begins	Maximum Duration of Benefits
Less than Age 60	To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

What features are included in my plan?

- Mental/Nervous Illness Limitation: 24 months
- Own Occupation: 24 months
- Pre-Existing Condition Limitation: 3/12
- Substance Abuse Limitation: 24 months
- Survivor Benefit: 3 times gross monthly benefit
- Work Incentive
- Worksite Modification

Are there any additional services available under this plan?

- Employee Assistance Program

These Plan Highlights are a brief description of the key features of the OneAmerica insurance plan. The availability of the benefits and features described may vary by state. It is neither a certificate of insurance nor evidence of coverage. This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend AUL's liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage and exclusions under the group Policy. If there are discrepancies between this information and the group Policy, the Policy will prevail.

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Group Educator Disability Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration

Accident: SSFRA / Sickness: SSFRA

Pre-Existing Condition Period

3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period					
		Opt 1 0/3	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	Opt 5 90/90	Opt 6 180/180
\$3,600	\$200	\$7.72	\$5.65	\$4.68	\$3.30	\$2.81	\$2.06
\$5,400	\$300	\$11.58	\$8.47	\$7.01	\$4.95	\$4.22	\$3.08
\$7,200	\$400	\$15.44	\$11.29	\$9.35	\$6.60	\$5.63	\$4.11
\$9,000	\$500	\$19.31	\$14.12	\$11.69	\$8.25	\$7.04	\$5.14
\$10,799	\$600	\$23.17	\$16.94	\$14.03	\$9.89	\$8.44	\$6.17
\$12,599	\$700	\$27.03	\$19.76	\$16.37	\$11.54	\$9.85	\$7.20
\$14,399	\$800	\$30.89	\$22.58	\$18.70	\$13.19	\$11.26	\$8.22
\$16,199	\$900	\$34.75	\$25.41	\$21.04	\$14.84	\$12.66	\$9.25
\$17,999	\$1,000	\$38.61	\$28.23	\$23.38	\$16.49	\$14.07	\$10.28
\$19,799	\$1,100	\$42.47	\$31.05	\$25.72	\$18.14	\$15.48	\$11.31
\$21,599	\$1,200	\$46.33	\$33.88	\$28.06	\$19.79	\$16.88	\$12.34
\$23,399	\$1,300	\$50.19	\$36.70	\$30.39	\$21.44	\$18.29	\$13.36
\$25,199	\$1,400	\$54.05	\$39.52	\$32.73	\$23.09	\$19.70	\$14.39
\$26,999	\$1,500	\$57.92	\$42.35	\$35.07	\$24.74	\$21.11	\$15.42
\$28,799	\$1,600	\$61.78	\$45.17	\$37.41	\$26.38	\$22.51	\$16.45
\$30,598	\$1,700	\$65.64	\$47.99	\$39.75	\$28.03	\$23.92	\$17.48
\$32,398	\$1,800	\$69.50	\$50.81	\$42.08	\$29.68	\$25.33	\$18.50
\$34,198	\$1,900	\$73.36	\$53.64	\$44.42	\$31.33	\$26.73	\$19.53
\$35,998	\$2,000	\$77.22	\$56.46	\$46.76	\$32.98	\$28.14	\$20.56
\$37,798	\$2,100	\$81.08	\$59.28	\$49.10	\$34.63	\$29.55	\$21.59
\$39,598	\$2,200	\$84.94	\$62.11	\$51.44	\$36.28	\$30.95	\$22.62
\$41,398	\$2,300	\$88.80	\$64.93	\$53.77	\$37.93	\$32.36	\$23.64
\$43,198	\$2,400	\$92.66	\$67.75	\$56.11	\$39.58	\$33.77	\$24.67
\$44,998	\$2,500	\$96.53	\$70.58	\$58.45	\$41.23	\$35.18	\$25.70
\$46,798	\$2,600	\$100.39	\$73.40	\$60.79	\$42.87	\$36.58	\$26.73
\$48,598	\$2,700	\$104.25	\$76.22	\$63.13	\$44.52	\$37.99	\$27.76
\$50,397	\$2,800	\$108.11	\$79.04	\$65.46	\$46.17	\$39.40	\$28.78
\$52,197	\$2,900	\$111.97	\$81.87	\$67.80	\$47.82	\$40.80	\$29.81
\$53,997	\$3,000	\$115.83	\$84.69	\$70.14	\$49.47	\$42.21	\$30.84
\$55,797	\$3,100	\$119.69	\$87.51	\$72.48	\$51.12	\$43.62	\$31.87
\$57,597	\$3,200	\$123.55	\$90.34	\$74.82	\$52.77	\$45.02	\$32.90

Group Educator Disability Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration

Accident: SSFRA / Sickness: SSFRA

Pre-Existing Condition Period

3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period					
		Opt 1 0/3	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	Opt 5 90/90	Opt 6 180/180
\$59,397	\$3,300	\$127.41	\$93.16	\$77.15	\$54.42	\$46.43	\$33.92
\$61,197	\$3,400	\$131.27	\$95.98	\$79.49	\$56.07	\$47.84	\$34.95
\$62,997	\$3,500	\$135.14	\$98.81	\$81.83	\$57.72	\$49.25	\$35.98
\$64,797	\$3,600	\$139.00	\$101.63	\$84.17	\$59.36	\$50.65	\$37.01
\$66,597	\$3,700	\$142.86	\$104.45	\$86.51	\$61.01	\$52.06	\$38.04
\$68,397	\$3,800	\$146.72	\$107.27	\$88.84	\$62.66	\$53.47	\$39.06
\$70,196	\$3,900	\$150.58	\$110.10	\$91.18	\$64.31	\$54.87	\$40.09
\$71,996	\$4,000	\$154.44	\$112.92	\$93.52	\$65.96	\$56.28	\$41.12
\$73,796	\$4,100	\$158.30	\$115.74	\$95.86	\$67.61	\$57.69	\$42.15
\$75,596	\$4,200	\$162.16	\$118.57	\$98.20	\$69.26	\$59.09	\$43.18
\$77,396	\$4,300	\$166.02	\$121.39	\$100.53	\$70.91	\$60.50	\$44.20
\$79,196	\$4,400	\$169.88	\$124.21	\$102.87	\$72.56	\$61.91	\$45.23
\$80,996	\$4,500	\$173.75	\$127.04	\$105.21	\$74.21	\$63.32	\$46.26
\$82,796	\$4,600	\$177.61	\$129.86	\$107.55	\$75.85	\$64.72	\$47.29
\$84,596	\$4,700	\$181.47	\$132.68	\$109.89	\$77.50	\$66.13	\$48.32
\$86,396	\$4,800	\$185.33	\$135.50	\$112.22	\$79.15	\$67.54	\$49.34
\$88,196	\$4,900	\$189.19	\$138.33	\$114.56	\$80.80	\$68.94	\$50.37
\$89,996	\$5,000	\$193.05	\$141.15	\$116.90	\$82.45	\$70.35	\$51.40
\$91,795	\$5,100	\$196.91	\$143.97	\$119.24	\$84.10	\$71.76	\$52.43
\$93,595	\$5,200	\$200.77	\$146.80	\$121.58	\$85.75	\$73.16	\$53.46
\$95,395	\$5,300	\$204.63	\$149.62	\$123.91	\$87.40	\$74.57	\$54.48
\$97,195	\$5,400	\$208.49	\$152.44	\$126.25	\$89.05	\$75.98	\$55.51
\$98,995	\$5,500	\$212.36	\$155.27	\$128.59	\$90.70	\$77.39	\$56.54
\$100,795	\$5,600	\$216.22	\$158.09	\$130.93	\$92.34	\$78.79	\$57.57
\$102,595	\$5,700	\$220.08	\$160.91	\$133.27	\$93.99	\$80.20	\$58.60
\$104,395	\$5,800	\$223.94	\$163.73	\$135.60	\$95.64	\$81.61	\$59.62
\$106,195	\$5,900	\$227.80	\$166.56	\$137.94	\$97.29	\$83.01	\$60.65
\$107,995	\$6,000	\$231.66	\$169.38	\$140.28	\$98.94	\$84.42	\$61.68
\$109,795	\$6,100	\$235.52	\$172.20	\$142.62	\$100.59	\$85.83	\$62.71
\$111,594	\$6,200	\$239.38	\$175.03	\$144.96	\$102.24	\$87.23	\$63.74
\$113,394	\$6,300	\$243.24	\$177.85	\$147.29	\$103.89	\$88.64	\$64.76

Group Educator Disability Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration

Accident: SSFRA / Sickness: SSFRA

Pre-Existing Condition Period

3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period					
		Opt 1 0/3	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	Opt 5 90/90	Opt 6 180/180
\$115,194	\$6,400	\$247.10	\$180.67	\$149.63	\$105.54	\$90.05	\$65.79
\$116,994	\$6,500	\$250.97	\$183.50	\$151.97	\$107.19	\$91.46	\$66.82
\$118,794	\$6,600	\$254.83	\$186.32	\$154.31	\$108.83	\$92.86	\$67.85
\$120,594	\$6,700	\$258.69	\$189.14	\$156.65	\$110.48	\$94.27	\$68.88
\$122,394	\$6,800	\$262.55	\$191.96	\$158.98	\$112.13	\$95.68	\$69.90
\$124,194	\$6,900	\$266.41	\$194.79	\$161.32	\$113.78	\$97.08	\$70.93
\$125,994	\$7,000	\$270.27	\$197.61	\$163.66	\$115.43	\$98.49	\$71.96
\$127,794	\$7,100	\$274.13	\$200.43	\$166.00	\$117.08	\$99.90	\$72.99
\$129,594	\$7,200	\$277.99	\$203.26	\$168.34	\$118.73	\$101.30	\$74.02
\$131,393	\$7,300	\$281.85	\$206.08	\$170.67	\$120.38	\$102.71	\$75.04
\$133,193	\$7,400	\$285.71	\$208.90	\$173.01	\$122.03	\$104.12	\$76.07
\$134,993	\$7,500	\$289.58	\$211.73	\$175.35	\$123.68	\$105.53	\$77.10
\$136,793	\$7,600	\$293.44	\$214.55	\$177.69	\$125.32	\$106.93	\$78.13
\$138,593	\$7,700	\$297.30	\$217.37	\$180.03	\$126.97	\$108.34	\$79.16
\$140,393	\$7,800	\$301.16	\$220.19	\$182.36	\$128.62	\$109.75	\$80.18
\$142,193	\$7,900	\$305.02	\$223.02	\$184.70	\$130.27	\$111.15	\$81.21
\$143,993	\$8,000	\$308.88	\$225.84	\$187.04	\$131.92	\$112.56	\$82.24

Disability Plan B

Plan Highlights

South San Antonio Independent School District

Who is eligible?

All active full-time employees

When do my benefits begin?

You may select from the following elimination period options:

- Option 1:** 0 days for injury, 3 days for illness *
- Option 2:** 14 days for injury, 14 days for illness*
- Option 3:** 30 days for injury, 30 days for illness *
- Option 4:** 60 days for injury, 60 days for illness
- Option 5:** 90 days for injury, 90 days for illness
- Option 6:** 180 days for injury, 180 days for illness

**If you are hospital confined as an inpatient for disability and have selected an elimination period of 30 days or less, benefits begin immediately. Inpatient means an individual who is physically confined for an overnight stay, as a registered bed patient in a hospital or institution, as defined in the policy or plan.*

What is the benefit amount?

You may elect a monthly benefit in increments of \$100 from a minimum of \$200, up to a maximum benefit of \$8,000, not to exceed 67% of your covered salary. If at any time the monthly benefit you have chosen exceeds 60% of your covered salary, your benefit amount will be reduced to the highest increment for which you are eligible.

Will my benefits ever be reduced?

After 12 months of benefit payments, the amount of benefit you receive or are eligible to receive from various sources will reduce your benefit amount. However, in no event will the benefit payable be less than 10% of the disability benefit you elect.

How long will I receive benefits?

Benefits due to Sickness will not extend beyond the lesser of 5 years or Social Security Normal Retirement Age and SSNRA for Injury

Age when Disability Begins	Maximum Duration of Benefits
Less than Age 60	To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

What features are included in my plan?

- Mental/Nervous Illness Limitation: 24 months
- Own Occupation: 24 months
- Pre-Existing Condition Limitation: 3/12
- Substance Abuse Limitation: 24 months
- Survivor Benefit: 3 times gross monthly benefit
- Work Incentive
- Worksite Modification

Are there any additional services available under this plan?

- Employee Assistance Program

These Plan Highlights are a brief description of the key features of the OneAmerica insurance plan. The availability of the benefits and features described may vary by state. It is neither a certificate of insurance nor evidence of coverage. This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend AUL's liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage and exclusions under the group Policy. If there are discrepancies between this information and the group Policy, the Policy will prevail.

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Group Educator Disability Plan B

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration

Accident: 5 years/SSFRA / Sickness: SSFRA

Pre-Existing Condition Period

3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period					
		Opt 1 0/3	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	Opt 5 90/90	Opt 6 180/180
\$3,600	\$200	\$7.22	\$5.26	\$4.50	\$3.16	\$2.70	\$2.02
\$5,400	\$300	\$10.82	\$7.89	\$6.75	\$4.74	\$4.04	\$3.03
\$7,200	\$400	\$14.43	\$10.52	\$9.00	\$6.32	\$5.39	\$4.04
\$9,000	\$500	\$18.04	\$13.15	\$11.25	\$7.91	\$6.74	\$5.05
\$10,799	\$600	\$21.65	\$15.77	\$13.50	\$9.49	\$8.09	\$6.05
\$12,599	\$700	\$25.26	\$18.40	\$15.75	\$11.07	\$9.44	\$7.06
\$14,399	\$800	\$28.86	\$21.03	\$18.00	\$12.65	\$10.78	\$8.07
\$16,199	\$900	\$32.47	\$23.66	\$20.25	\$14.23	\$12.13	\$9.08
\$17,999	\$1,000	\$36.08	\$26.29	\$22.50	\$15.81	\$13.48	\$10.09
\$19,799	\$1,100	\$39.69	\$28.92	\$24.75	\$17.39	\$14.83	\$11.10
\$21,599	\$1,200	\$43.30	\$31.55	\$27.00	\$18.97	\$16.18	\$12.11
\$23,399	\$1,300	\$46.90	\$34.18	\$29.25	\$20.55	\$17.52	\$13.12
\$25,199	\$1,400	\$50.51	\$36.81	\$31.50	\$22.13	\$18.87	\$14.13
\$26,999	\$1,500	\$54.12	\$39.44	\$33.75	\$23.72	\$20.22	\$15.14
\$28,799	\$1,600	\$57.73	\$42.06	\$36.00	\$25.30	\$21.57	\$16.14
\$30,598	\$1,700	\$61.34	\$44.69	\$38.25	\$26.88	\$22.92	\$17.15
\$32,398	\$1,800	\$64.94	\$47.32	\$40.50	\$28.46	\$24.26	\$18.16
\$34,198	\$1,900	\$68.55	\$49.95	\$42.75	\$30.04	\$25.61	\$19.17
\$35,998	\$2,000	\$72.16	\$52.58	\$45.00	\$31.62	\$26.96	\$20.18
\$37,798	\$2,100	\$75.77	\$55.21	\$47.25	\$33.20	\$28.31	\$21.19
\$39,598	\$2,200	\$79.38	\$57.84	\$49.50	\$34.78	\$29.66	\$22.20
\$41,398	\$2,300	\$82.98	\$60.47	\$51.75	\$36.36	\$31.00	\$23.21
\$43,198	\$2,400	\$86.59	\$63.10	\$54.00	\$37.94	\$32.35	\$24.22
\$44,998	\$2,500	\$90.20	\$65.73	\$56.25	\$39.53	\$33.70	\$25.23
\$46,798	\$2,600	\$93.81	\$68.35	\$58.50	\$41.11	\$35.05	\$26.23
\$48,598	\$2,700	\$97.42	\$70.98	\$60.75	\$42.69	\$36.40	\$27.24
\$50,397	\$2,800	\$101.02	\$73.61	\$63.00	\$44.27	\$37.74	\$28.25
\$52,197	\$2,900	\$104.63	\$76.24	\$65.25	\$45.85	\$39.09	\$29.26
\$53,997	\$3,000	\$108.24	\$78.87	\$67.50	\$47.43	\$40.44	\$30.27
\$55,797	\$3,100	\$111.85	\$81.50	\$69.75	\$49.01	\$41.79	\$31.28
\$57,597	\$3,200	\$115.46	\$84.13	\$72.00	\$50.59	\$43.14	\$32.29

Group Educator Disability Plan B

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration

Accident: 5 years/SSFRA / Sickness: SSFRA

Pre-Existing Condition Period

3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period					
		Opt 1 0/3	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	Opt 5 90/90	Opt 6 180/180
\$59,397	\$3,300	\$119.06	\$86.76	\$74.25	\$52.17	\$44.48	\$33.30
\$61,197	\$3,400	\$122.67	\$89.39	\$76.50	\$53.75	\$45.83	\$34.31
\$62,997	\$3,500	\$126.28	\$92.02	\$78.75	\$55.34	\$47.18	\$35.32
\$64,797	\$3,600	\$129.89	\$94.64	\$81.00	\$56.92	\$48.53	\$36.32
\$66,597	\$3,700	\$133.50	\$97.27	\$83.25	\$58.50	\$49.88	\$37.33
\$68,397	\$3,800	\$137.10	\$99.90	\$85.50	\$60.08	\$51.22	\$38.34
\$70,196	\$3,900	\$140.71	\$102.53	\$87.75	\$61.66	\$52.57	\$39.35
\$71,996	\$4,000	\$144.32	\$105.16	\$90.00	\$63.24	\$53.92	\$40.36
\$73,796	\$4,100	\$147.93	\$107.79	\$92.25	\$64.82	\$55.27	\$41.37
\$75,596	\$4,200	\$151.54	\$110.42	\$94.50	\$66.40	\$56.62	\$42.38
\$77,396	\$4,300	\$155.14	\$113.05	\$96.75	\$67.98	\$57.96	\$43.39
\$79,196	\$4,400	\$158.75	\$115.68	\$99.00	\$69.56	\$59.31	\$44.40
\$80,996	\$4,500	\$162.36	\$118.31	\$101.25	\$71.15	\$60.66	\$45.41
\$82,796	\$4,600	\$165.97	\$120.93	\$103.50	\$72.73	\$62.01	\$46.41
\$84,596	\$4,700	\$169.58	\$123.56	\$105.75	\$74.31	\$63.36	\$47.42
\$86,396	\$4,800	\$173.18	\$126.19	\$108.00	\$75.89	\$64.70	\$48.43
\$88,196	\$4,900	\$176.79	\$128.82	\$110.25	\$77.47	\$66.05	\$49.44
\$89,996	\$5,000	\$180.40	\$131.45	\$112.50	\$79.05	\$67.40	\$50.45
\$91,795	\$5,100	\$184.01	\$134.08	\$114.75	\$80.63	\$68.75	\$51.46
\$93,595	\$5,200	\$187.62	\$136.71	\$117.00	\$82.21	\$70.10	\$52.47
\$95,395	\$5,300	\$191.22	\$139.34	\$119.25	\$83.79	\$71.44	\$53.48
\$97,195	\$5,400	\$194.83	\$141.97	\$121.50	\$85.37	\$72.79	\$54.49
\$98,995	\$5,500	\$198.44	\$144.60	\$123.75	\$86.96	\$74.14	\$55.50
\$100,795	\$5,600	\$202.05	\$147.22	\$126.00	\$88.54	\$75.49	\$56.50
\$102,595	\$5,700	\$205.66	\$149.85	\$128.25	\$90.12	\$76.84	\$57.51
\$104,395	\$5,800	\$209.26	\$152.48	\$130.50	\$91.70	\$78.18	\$58.52
\$106,195	\$5,900	\$212.87	\$155.11	\$132.75	\$93.28	\$79.53	\$59.53
\$107,995	\$6,000	\$216.48	\$157.74	\$135.00	\$94.86	\$80.88	\$60.54
\$109,795	\$6,100	\$220.09	\$160.37	\$137.25	\$96.44	\$82.23	\$61.55
\$111,594	\$6,200	\$223.70	\$163.00	\$139.50	\$98.02	\$83.58	\$62.56
\$113,394	\$6,300	\$227.30	\$165.63	\$141.75	\$99.60	\$84.92	\$63.57

Group Educator Disability Plan B

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration

Accident: 5 years/SSFRA / Sickness: SSFRA

Pre-Existing Condition Period

3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period					
		Opt 1 0/3	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	Opt 5 90/90	Opt 6 180/180
\$115,194	\$6,400	\$230.91	\$168.26	\$144.00	\$101.18	\$86.27	\$64.58
\$116,994	\$6,500	\$234.52	\$170.89	\$146.25	\$102.77	\$87.62	\$65.59
\$118,794	\$6,600	\$238.13	\$173.51	\$148.50	\$104.35	\$88.97	\$66.59
\$120,594	\$6,700	\$241.74	\$176.14	\$150.75	\$105.93	\$90.32	\$67.60
\$122,394	\$6,800	\$245.34	\$178.77	\$153.00	\$107.51	\$91.66	\$68.61
\$124,194	\$6,900	\$248.95	\$181.40	\$155.25	\$109.09	\$93.01	\$69.62
\$125,994	\$7,000	\$252.56	\$184.03	\$157.50	\$110.67	\$94.36	\$70.63
\$127,794	\$7,100	\$256.17	\$186.66	\$159.75	\$112.25	\$95.71	\$71.64
\$129,594	\$7,200	\$259.78	\$189.29	\$162.00	\$113.83	\$97.06	\$72.65
\$131,393	\$7,300	\$263.38	\$191.92	\$164.25	\$115.41	\$98.40	\$73.66
\$133,193	\$7,400	\$266.99	\$194.55	\$166.50	\$116.99	\$99.75	\$74.67
\$134,993	\$7,500	\$270.60	\$197.18	\$168.75	\$118.58	\$101.10	\$75.68
\$136,793	\$7,600	\$274.21	\$199.80	\$171.00	\$120.16	\$102.45	\$76.68
\$138,593	\$7,700	\$277.82	\$202.43	\$173.25	\$121.74	\$103.80	\$77.69
\$140,393	\$7,800	\$281.42	\$205.06	\$175.50	\$123.32	\$105.14	\$78.70
\$142,193	\$7,900	\$285.03	\$207.69	\$177.75	\$124.90	\$106.49	\$79.71
\$143,993	\$8,000	\$288.64	\$210.32	\$180.00	\$126.48	\$107.84	\$80.72

What you need to know:

- **Are you eligible?** Benefits are available to employees who are actively at work on the effective date of coverage and working the minimum number of hours per week stated in the contract.
- **Your premiums and benefits may vary.** Actual premiums and benefit amounts will be calculated by OneAmerica Financial[®] and may change upon reaching certain ages, according to contract terms, and are subject to change. Volumes and benefit amounts shown may be subject to reductions due to age.
- **Enroll timely for guaranteed issue coverage.** You may be eligible for coverage without having to answer any health questions if you enroll during the initial enrollment period when benefits are first offered by OneAmerica[®], or if you enroll as a newly hired employee within 31 days after any applicable waiting period.
- **Enrolling later requires approval.** If you decline coverage now, you will lose your only chance to apply for group insurance coverage without having to first undergo medical underwriting. If you decide to enroll later, you will need to submit a Statement of Insurability form for review. OneAmerica will then decide to approve or deny your coverage based on your health history. You may not be approved for any type of coverage at a later date if you have any current or future medical conditions.

What you need to do:

- **Carefully review the contents of this packet.** Enclosed is personal information about the benefits offered to you by OneAmerica Financial on behalf of your employer. This is your opportunity to learn more about group insurance from OneAmerica, but it is not a complete explanation of benefits. For more information, consult the contract about exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued.
- **Review the Notices and Limitations.** Visit www.employeebenefits.aul.com to find the Notices and Limitations, G-14320 (05 NonPrudent) 12/28/12. Go to Forms, Policy/Employee Admin, and Notices and Limitations.

Note: Products issued and underwritten by American United Life Insurance Company[®] (AUL), a OneAmerica Financial company. Not available in all states or may vary by state.

Peace of Mind When Traveling

Travel assistance - Additional Benefit provided by One America. This plan is tied to the Basic Life, Voluntary Life and LTD Services.

Emergencies happen, but help is now only a phone call or email away. On Call International® offers a suite of services to help you in your time of need — from small inconveniences like losing your luggage to life-threatening situations — all delivered with a caring, human touch.

Find comfort in knowing you and your loved ones are protected by the Travel Assistance benefit when traveling more than 100 miles from home for business or leisure. The Travel Assistance benefit protects you when covered under a OneAmerica® company group life insurance policy. It also extends coverage to your spouse, domestic partner and children (under 21 or 25 and living at home as a full-time student) even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.

Medical assistance and transportation services

Pre-trip plan to provide up-to-date information regarding required vaccinations, health risks, travel restrictions and weather conditions.

Medical monitoring and review of documentation utilizing professional case managers and medical professionals to ensure appropriate care is received.

24-hour nurse help line to provide clinical assessment, education and general health information.

Replacement of prescriptions and eyeglasses that have been lost or stolen by consulting with the prescribing provider to transfer prescription to or arranging an appointment with a local provider.

Medical, behavioral or mental health, dental and pharmacy referrals to assist in finding care providers and medical facilities.

Coordination of benefits by requesting health information from the participant and attempting to coordinate benefits during an active travel assistance case.

Emergency medical evacuation to arrange and coordinate air and/or ground transportation and medical care during transportation to the nearest hospital where appropriate care is available.

Medical repatriation to arrange the transport of the participant with a qualified medical attendant, if medically necessary, to their residence or home hospital.

Return of remains to arrange the transportation of a participant's remains to their home in the event of their death while traveling.



24-hour travel assistance

Travel Assistance is made available through

OneAmerica® by an agreement with On Call International®

1-866-816-2103 (US/Canada)

1-603-328-1754 (call collect from other locations)

Email: mail@oncallinternational.com

Travel assistance services

- Pre-trip information
- 24/7 emergency travel arrangements
- Translator and interpreter referral
- Emergency travel funds assistance
- Legal consultation and referral
- Lost or stolen travel documents assistance
- Emergency messaging
- Lost luggage assistance

Note: Group life products are issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN., a OneAmerica company. Not available in all states or may vary by state. Travel assistance provided by On Call International®, On Call International is not an affiliate of AUL, and is not a OneAmerica company. On Call International provides noted services for covered individuals and approved dependents. Services may be unavailable in countries currently under U.S. economic or trade sanctions. Please refer to your policy for covered limits and eligibility details.

This is a brief summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to OneAmerica®. The policy is underwritten by International Insurance Co. of Hannover Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with OneAmerica. If there is a difference between this program description and the certificate wording, the certificate controls.



**When contacting On Call International,
be prepared to provide:**

- First and last name
- The name of your employer
- A phone number where you can be reached



HOSPITAL INDEMNITY



Benefits that can help offset hospital-related costs.



Hospital Indemnity Insurance



▶ HELPS PROTECT YOUR FINANCES.

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

You can purchase this coverage for you and your family. Child coverage is available to age 26.

BENEFITS

Benefits are payable for hospital stays due to:

- Sickness
- Accidents*
- Routine pregnancy
- Complications of pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance abuse

Additional reasons to sign up:

- No medical questions to answer - guaranteed issue coverage
- Benefits add up - many of your benefits can all be payable on the same day

Your employer is offering you a choice of two plans. Please review the information for both plans. Then, choose the one plan that best fits your needs.

*Confinements due to an accident must be within 365 days of the accident.

**SOUTH SAN ANTONIO INDEPENDENT
SCHOOL DISTRICT**

All Eligible Employees

POLICY # 828508

Sun Life Assurance Company of Canada

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800-247-6875 • sunlife.com/us

Hospital Indemnity Insurance

What's covered – LOW

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

BENEFIT SCHEDULE – LOW

FIRST DAY BENEFITS Payable per benefit year	LOW
First day hospital confinement – This benefit pays the first day you stay in a regular hospital bed.	\$500 per day 4 days
First day ICU confinement – This benefit pays the first day you stay in an ICU bed.	\$500 per day 1 day
CONFINEMENT BENEFITS Payable per benefit year	LOW
Hospital confinement – This benefit pays for a hospital stay in a standard room. Payable with: • <i>First day hospital confinement benefit</i>	\$100 per day Up to 365 days
Intensive Care Unit (ICU) confinement – This benefit pays for a hospital ICU stay. Payable with: • <i>First day hospital confinement benefit</i> • <i>Hospital confinement benefit</i>	\$100 per day Up to 31 days
ADDITIONAL AND ENHANCED BENEFITS Payable per benefit year	LOW
Wellness screening benefit – This benefit pays for a covered wellness test or exam even without a hospital stay.	\$75 per day 1 day per insured per benefit year

What's covered – HIGH

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

BENEFIT SCHEDULE – HIGH

FIRST DAY BENEFITS Payable per benefit year	HIGH
First day hospital confinement – This benefit pays the first day you stay in a regular hospital bed.	\$1,000 per day 4 days
First day ICU confinement – This benefit pays the first day you stay in an ICU bed.	\$1,000 per day 1 day
CONFINEMENT BENEFITS Payable per benefit year	HIGH
Hospital confinement – This benefit pays for a hospital stay in a standard room. Payable with: • <i>First day hospital confinement benefit</i>	\$200 per day Up to 365 days
Intensive Care Unit (ICU) confinement – This benefit pays for a hospital ICU stay. Payable with: • <i>First day hospital confinement benefit</i> • <i>Hospital confinement benefit</i>	\$200 per day Up to 31 days
ADDITIONAL AND ENHANCED BENEFITS Payable per benefit year	HIGH
Wellness screening benefit – This benefit pays for a covered wellness test or exam even without a hospital stay.	\$75 per day 1 day per insured per benefit year

Frequently asked questions

What benefits will I receive for my newborn child?

If your newborn has to stay in the Neonatal Intensive Care unit (NICU), benefits are payable. Hospital stays for routine newborn care are not covered.

What if I am released from the hospital and then readmitted?

If the plan you select includes multiple days for the *First day hospital confinement* benefit, **you can receive another *First day hospital confinement* benefit** if your readmission is for:

- a different covered accident or sickness, or
- the same covered accident or sickness if 30 days or more separate the admissions.

How do I file a Hospital Indemnity claim?

If you are confined to the hospital after the effective date of coverage, you can file a claim with us by downloading forms from our website. You will need to provide information about your hospital stay.

Do I need to file my claim within a certain timeframe?

You should file your claim within 30 days of a covered confinement or as soon as reasonably possible.

How do I get the Wellness Screening Benefit?

You can receive payment if you or a family member have a covered screening test or exam. This benefit is payable each year for specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). The claim form can be downloaded from our website.

Is my benefit taxable?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue coverage when your employment terminates. Your employer can advise you about your option.

Please read the *Important information* section of this document.

Helpful definitions

Benefit year means a calendar year beginning on January 1 of any year and ending on December 31 of that year.

Confinement means resident inpatient stay in a hospital for at least 20 continuous hours. There must be a charge for room and board unless it is a Veteran's Administration Hospital or other federal government operated hospital.

An observation unit stay of 20 hours or more will be paid under the *First day hospital confinement* benefit. Hours spent in an observation unit are not eligible for the *First day ICU confinement* benefit. An observation unit stay of 20 hours or more will be covered under the *Daily hospital confinement* benefit.

Confinement does not include the period of time in a hospital emergency room, observation room, a freestanding surgical facility or an outpatient facility.

Covered Accident means an accident that the policy or applicable riders or endorsements attached to it does not exclude.

Covered Sickness means a sickness that the policy or applicable riders or endorsements attached to it does not exclude.

Hospital means a licensed facility that provides inpatient medical care and treatment to sick and injured persons with 24-hour nursing service under the supervision of a physician. Hospital does not include a rest home; a skilled nursing facility; an extended care facility; a place of convalescence; a Rehabilitation unit; a hospice facility; a place providing custodial care; a mental and nervous disorder facility or a substance abuse facility.

Intensive Care Unit (ICU) means a specifically designated part of a hospital that provides the highest level of medical care. It is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care, including a neonatal intensive care unit specializing in the care of ill or premature newborn infants. The ICU must be under continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis and have an assigned physician on a full-time basis. An ICU is not a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit or an observation unit.

Inpatient or Inpatient Treatment means receiving treatment as a resident patient using, and being charged for, the room and board facilities of a hospital. The requirement that you be charged does not apply to confinement in a Veteran's Administration Hospital or other federal government operated hospital.

Observation Unit means a specified area within a hospital, apart from the Emergency Room, where a patient can be monitored by a physician and which is under the direct supervision of a physician or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An observation unit stay lasting 20 hours or more is treated as a Hospital confinement.

Rehabilitation Unit means a distinct unit within a hospital that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of multidisciplinary physical restorative services to achieve the highest possible functional ability for disability due to sickness or injury. Services are provided by or under the supervision of a trained and experienced rehabilitation physician. A rehabilitation unit is not a freestanding rehabilitative facility; a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a hospice facility; a facility for the treatment of alcoholism or drug addiction or an assisted living facility.

Important information

This is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. It is not a Medicare Supplement policy. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate and any rider, if applicable, may not be available in all states and may vary based on state laws and regulations. This product is inappropriate for individuals who are eligible for Medicaid coverage.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Exclusions

The exclusions listed below may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Hospital Indemnity

No benefits will be payable relating to or resulting from services or treatment rendered or confinement outside the United States or Canada. No benefits will be payable for any loss that is caused or contributed to by: war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism); active military duty; riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated; committing of or attempting to commit an assault, felony or other criminal act; active participation in a riot, rebellion or insurrection; committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally; incarceration in a penal institution of any kind; elective abortion or complications thereof; elective or cosmetic surgery or procedures, except for reconstructive surgery unless due to congenital anomaly or disease of a dependent child which has resulted in a defect; artificial insemination, in vitro fertilization, test tube fertilization; or sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a physician.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life"). Group Hospital Indemnity Insurance is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01 in certain states.

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Rates

Coverage and **monthly** cost for Hospital Indemnity.

Rates are effective as of September 1, 2026.

Hospital Indemnity coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Low plan

Coverage	Cost per month
Employee	\$6.27
Employee + Spouse	\$12.04
Employee + Child(ren)	\$11.77
Employee + Family	\$18.88

High plan

Coverage	Cost per month
Employee	\$18.97
Employee + Spouse	\$35.52
Employee + Child(ren)	\$32.00
Employee + Family	\$51.67

*Contact your employer to confirm your part of the cost.



CRITICAL ILLNESS

Cash benefits to help with unexpected medical expenses.

Critical Illness Insurance



- **HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.** When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit.
- **PAYMENT COMES DIRECTLY TO YOU.** While your medical plan may cover most direct costs associated with an illness, Critical Illness insurance can be used to pay for any expenses, medical or not. It pays in addition to other coverage you may already have.
- **INCLUDES THE WELLNESS BENEFIT.** Also referred to as Preventive Health Benefit. It pays you directly when you take certain preventive screening tests, like mammograms, certain types of blood tests, vision exams and more – up to 75 types of tests provide a benefit.

Included:

Health Navigator Help Line
for expert guidance with
health needs and medical
billing questions.

**SOUTH SAN ANTONIO INDEPENDENT
SCHOOL DISTRICT**

All Eligible Employees

POLICY #: 828508

BENEFITS *This coverage is available with no medical questions asked.*

For you	You can choose between \$10,000 and \$40,000 of coverage, in increments of \$10,000.
For your Spouse	If you elect coverage for your spouse, your spouse will receive 100% of your elected benefit.
For your child(ren)	If you elect coverage for your child, your child will receive 100% of your elected benefit. An eligible child is defined as your child from birth to age 26.

What's covered

The amount payable is based on your elected amount of coverage and whether the covered condition pays a full (i.e. 100% of the elected amount) or partial (i.e., 25% of elected amount) benefit. For a benefit to be payable, your condition must be diagnosed after your coverage effective date.

For more detailed information on covered conditions and qualifications for payment, visit sunlife.com/ciconditions.

COVERED CONDITIONS	
Cardiac Conditions	
Heart attack - Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	25%
Heart attack - ST-Segment Elevation Myocardial Infarction (STEMI)	100%
Coronary Artery Obstruction	25%
Sudden Cardiac Arrest	100%
Vascular Conditions	
Transient Ischemic Attack (TIA)	10%
Stroke	100%
Organ Failure Conditions	
End Stage Kidney Failure	100%
Major Organ Failure	100%
Other Conditions	
Benign Brain or Spinal Cord Tumor	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Blindness	100%
Loss of Speech	100%
Loss of Hearing	100%
Occupational Infectious Disease	100%
Progressive Neurological Conditions	
ALS/Lou Gehrig's disease	100%
Early Stage Dementia	10%
Advanced Dementia	100%
Early Stage Huntington's Disease	10%
Advanced Huntington's Disease	100%
Early Stage Multiple Sclerosis	10%
Advanced Multiple Sclerosis	100%
Early Stage Parkinson's Disease	10%
Advanced Parkinson's Disease	100%
Childhood Conditions	
Cerebral Palsy	100%
Type 1 Diabetes Mellitus	100%
Congenital Structural Anomaly	100%
Congenital Heart Defects	100%
Congenital Metabolic Disorder	100%
Other Genetic Disorders	100%

What's covered

COVERED CONDITIONS	
Cancer conditions	
Unlimited occurrences	
Non-Invasive Cancer	25%
Invasive Cancer	100%
Metastasis of Non-Invasive Cancer	75%
Skin Cancer	5%
Infectious Disease Conditions	
Severe Infectious Disease (includes COVID)	15%
Additional benefits	
Wellness Benefit (also referred to as "Preventive Health Benefit") per Benefit Year	Employee: \$75 Spouse: \$75 Child: \$75

Frequently asked questions

Why is the Recurrence Benefit important?

If you receive a benefit for a condition or type of condition covered under this plan and are later diagnosed with the same condition, a Recurrence Benefit may be payable. If this happens to you we'll pay you an additional benefit if you meet the Recurrence Benefit requirements for that condition. Not all covered conditions are eligible for recurrence. See your Certificate for more information on recurrence benefits. Benefit requirements may vary by condition.

Can I receive benefits for more than one critical illness?

Yes. To receive benefits for more than one condition, there must be at least 6 months between each diagnosis date. You can only claim benefits once for each covered condition unless a Recurrence Benefit is payable.

How do I file a Critical Illness claim?

If you have a diagnosis after the effective date of coverage, you can file a claim with us online at sunlife.com/account. We'll ask that you and your doctor provide information about your medical condition.

How do I get the Wellness Benefit?

You may be paid the benefit when you or a covered family member have a wellness screening, like specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more. You can file a claim with us online by visiting sunlife.com/onlineclaims. The claim form can also be downloaded from our website at sunlife.com/account.

What is the Health Navigator Help Line?

You can use the Health Navigator Help Line (accessible by phone or web) to connect with a Care Advisor for guidance on your medical benefits, upcoming medical appointments, physician referrals or assessment, and recommendations of clinical and community resources.

Additionally, the expert advisory team can help review and answer questions on medical bills and claims, education on the appeals process, fee and payment plan negotiation information, and direct you to financial resources.

How is my benefit taxed?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue coverage when your employment terminates. Your employer can advise you about your options.

Read the *Important information* section for more details including limitations and exclusions.

"Critical Illness insurance" is a limited benefit policy. The certificate has exclusions, limitations and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. Read the Important information section for more details including limitations and exclusions.

Important information

This coverage does not constitute comprehensive health insurance (often referred to as “major medical coverage”). It does NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Exclusions

The below exclusions may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate for details.

Critical Illness

We will not pay any benefit that is caused by, contributed to in any way, or resulting from any Covered Condition Diagnosed outside the United States or Canada without confirmation of the Diagnosis by a Physician who practices in the United States or Canada.

We will not pay a benefit that is due to or results from services, treatment or complications not included in the Benefit Highlights; provided by an immediate family member; or unrelated to a Critical Illness/Specified Disease. These include:

- Substance abuse, including abuse of alcohol, alcoholism, abuse of a legally obtained prescription medication, and illegal use of a non-prescribed drug or narcotic; or
- Voluntarily taking or using any drug, medication, narcotic, or controlled substance, unless it is:
 - Administered and taken as prescribed by a Physician for the covered person; or
 - Taken according to the “over the counter” package directions

Covered conditions have specific definitions and diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For more information, please refer to your Certificate, contact your Benefit Administrator or visit sunlife.com/ciconditions.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

Value-added services are not insurance, are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed.

Health Navigator Help Line is provided by PinnacleCare. PinnacleCare is a member of the Sun Life Financial Inc. (“Sun Life”) family of companies. PinnacleCare and its employees do not diagnose medical conditions, recommend treatment options or provide medical care, and any information or services provided should not be considered medical advice. Any medical decisions should be made only after consultation with and at the direction of the medical provider. Any person or entity who provides health care services following a referral or other service provided does so independently and not as an agent or representative of PinnacleCare.

Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value-added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. Value-added services are not available in New York and may not be available in all other states.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”). Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01, 23-SD-C-01, 23-SDPort-C-01, 23-SD-R-01, 23-SD-R-02, 23-SD-R-03, 23-SD-R-04, 23-SD-R-05, 23-SD-R-06, 20-SD-R-01.

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SHCIBH-1574

Rates are effective as of September 1, 2026.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Employee Critical Illness – Uni-Tobacco rates | Age and cost – pay period (monthly) premium

Coverage amounts	<30	30-39	40-49	50-59	60-69	70+
\$10,000	3.30	5.90	14.00	31.00	60.60	122.50
\$20,000	6.60	11.80	28.00	62.00	121.20	245.00
\$30,000	9.90	17.70	42.00	93.00	181.80	367.50
\$40,000	13.20	23.60	56.00	124.00	242.40	490.00

Employee premium includes child coverage

Rates are effective as of September 1, 2026.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rates are based on the employee's age.

Spouse Critical Illness – Uni-Tobacco rates | Age and cost – pay period (monthly) premium

Coverage amounts	<30	30-39	40-49	50-59	60-69	70+
\$10,000	3.30	5.90	14.00	31.00	60.60	122.50
\$20,000	6.60	11.80	28.00	62.00	121.20	245.00
\$30,000	9.90	17.70	42.00	93.00	181.80	367.50
\$40,000	13.20	23.60	56.00	124.00	242.40	490.00

Child(ren) Critical Illness

Coverage amounts
\$10,000
\$20,000
\$30,000
\$40,000

Child coverage is included in the Employee premium



ACCIDENT

Extra support to help with costs after a covered accident.

Accident Insurance



You can purchase this coverage for you and your family. Child coverage is available to age 26.

▶ HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

ACCIDENT FAST FACTS

Falls

are the leading cause of injuries treated in emergency rooms every year, for people of all ages.¹

This coverage pays benefits for accidents that occur off the job.

**SOUTH SAN ANTONIO INDEPENDENT
SCHOOL DISTRICT**

All Eligible Employees

POLICY # 828508

Sun Life Assurance Company of Canada

2921381 ACC22 CL1 07/09/2026 12:12:47

What's covered

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here. Choose the plan that best meets your needs and your budget.

	STANDARD PLAN		ENHANCED PLAN	
DISLOCATIONS	OPEN (SURGERY)	CLOSED (NO SURGERY)	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	\$4,000	\$4,000	\$8,000	\$6,000
Knee	\$2,000	\$1,000	\$3,000	\$1,500
Ankle or bones of the foot	\$2,000	\$2,000	\$3,000	\$3,000
Elbow, wrist or Lower jaw	\$800	\$400	\$2,000	\$1,000
Shoulder	\$1,000	\$500	\$2,000	\$1,000
Collarbone or bones of the hand	\$1,600	\$800	\$2,000	\$1,000
Finger(s) or toe(s)	\$200	\$200	\$400	\$300
FRACTURES	OPEN (SURGERY)	CLOSED (NO SURGERY)	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip or thigh	\$4,000	\$2,000	\$6,000	\$3,000
Skull-depressed	\$6,000	\$3,000	\$7,500	\$3,750
Skull-simple	\$3,000	\$1,500	\$4,000	\$2,000
Vertebral processes, Bones of the face, Nose, Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	\$700	\$350	\$1,500	\$750
Leg	\$2,000	\$1,000	\$3,000	\$1,500
Vertebrae, Sternum or Pelvis	\$1,600	\$800	\$2,400	\$1,200
Upper jaw or upper arm	\$800	\$400	\$1,500	\$750
Rib, Finger, Toe or Coccyx	\$400	\$200	\$600	\$300
Multiple ribs	\$1,000	\$500	\$1,500	\$750
ADDITIONAL INJURIES				
Eye Injury - surgical repair	\$200		\$300	
Eye Injury - object remove	\$200		\$300	
Brain injury	\$500		\$500	
Paralysis—paraplegia	\$5,000		\$12,500	
Paralysis—quadriplegia	\$10,000		\$20,000	
Coma	\$5,000		\$10,000	
Concussion	\$100		\$200	
BURNS	2ND DEGREE	3RD DEGREE	2ND DEGREE	3RD DEGREE
21-40 square centimeters	\$500	\$1,250	\$600	\$1,500
41-65 square centimeters	\$1,000	\$1,500	\$1,200	\$3,000
66-160 square centimeters	\$600	\$3,000	\$800	\$4,500
161-225 square centimeters	\$800	\$7,000	\$1,200	\$10,000
More than 225 square centimeters	\$1,000	\$10,000	\$1,500	\$15,000
Skin graft	50% of the applicable Burn Benefit		50% of the applicable Burn Benefit	
LACERATIONS				
No sutures and treated by doctor	\$20		\$35	
Single laceration under 5 cm with sutures	\$35		\$65	
5-15 cm with sutures (total of all lacerations)	\$125		\$250	
Greater than 15 cm with sutures (total of all lacerations)	\$500		\$700	

MEDICAL SERVICES		
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$100	\$200
Diagnostic Exam - X-ray (1 time per covered accident)	\$50	\$100
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$100	\$200
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$50	\$100
Physical Therapy (per visit up to 10 visits per covered accident)	\$25	\$50
Medical Devices	\$200	\$400
Epidural Pain Management (up to 2 times per covered accident)	\$50	\$100
Prescription drug	\$15	\$35
Prosthesis (one)	\$500	\$750
Prosthesis (two)	\$1,000	\$1,500
Blood, Plasma, or Platelet Transfusion	\$100	\$200
HOSPITAL		
Hospital Admission (once per benefit year)	\$1,000	\$1,500
Hospital Confinement (per day up to 365 days per covered accident)	\$200	\$300
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$1,500	\$2,000
Intensive Care Unit Confinement (per day up to 15 days, payable in addition to any Hospital Confinement benefit)	\$200	\$300
Ambulance (Ground)	\$300	\$500
Ambulance (Air)	\$1,000	\$1,500
Emergency Room Admission	\$100	\$200
Family Lodging (per day up to 30 days per benefit year)	\$50	\$100
Transportation (100 or more miles up to 3 times per covered accident)	\$250	\$500
Rehabilitation Unit (per day up to 30 days per covered accident)	\$50	\$100
SURGERY		
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$300	\$750
Open Surgery	\$1,000	\$1,500
Exploratory Surgery or Debridement	\$250	\$500
Tendon/Ligament/Rotator Cuff Tear	\$500	\$750
Torn Knee Cartilage	\$500	\$750
Ruptured/Herniated Disc	\$500	\$750
EMERGENCY DENTAL		
Emergency Dental extraction	\$100	\$150
Emergency Dental crown	\$400	\$500
WELLNESS		
Wellness Screening Benefit (once per benefit year)	\$50	\$50

LIFE AND DISMEMBERMENT LOSSES*		
Accidental Death	\$25,000	\$75,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$50,000	\$150,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$15,000	\$25,000
Loss of one hand, foot, leg, or arm	\$7,500	\$15,000
Loss of sight of one eye or loss of one eye	\$7,500	\$15,000
Two or more fingers or toes	\$1,500	\$3,000
One finger or one toe	\$750	\$1,500
Loss of hearing of one ear or loss of one ear	\$2,500	\$5,000

Frequently asked questions

How do I file an accident claim?

If you have an accident after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about the accident and the treatment provided.

What happens once my claim is approved?

The benefit amount you receive will depend on your injury and/or the treatment provided. Remember, benefits are payable only once for each covered accident, unless noted otherwise in the benefit schedule.

Is there a time period that I need to follow?

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your Certificate for details.

How do I get the Wellness Screening Benefit?

You may be paid the benefit when you or a covered family member submit proof of a covered screening each year, like specific blood tests and cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). Our wellness screening benefit claim form can also be downloaded from our website.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Is my benefit taxable?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Accident insurance is a limited benefit policy. The Certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of your Certificate.

1. "Health, United States, 2016," US Department of Health and Human Services, Table 75.

Read the **Important information** section for more details including limitations and exclusions.

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Accident

We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger;

work-related illness or injuries unless you are enrolled in 24-hour coverage.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01, 12-AC-C-01, 15-GP-01 and 16-AC-C-01.

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GVBH-EE-8384

SLPC 29579

Rates

Coverage and **monthly** cost for Accident.

Rates are effective as of September 1, 2026.

Accident coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

STANDARD PLAN

Coverage	Cost per month
Employee	\$3.29
Employee + Spouse	\$6.57
Employee + Child(ren)	\$7.36
Employee + Family	\$10.64

ENHANCED PLAN

Coverage	Cost per month
Employee	\$9.40
Employee + Spouse	\$16.82
Employee + Child(ren)	\$17.46
Employee + Family	\$24.88

*Contact your employer to confirm your part of the cost.



CANCER

Additional financial support following a covered cancer diagnosis.

Cancer Insurance

Eligible Individual	Initial Benefit	Requirements
Employee	\$15,000 or \$30,000	Coverage is guaranteed provided you are actively at work. ¹
Spouse/Domestic Partner ²	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹
Dependent Child(ren) ³	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹

BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum benefit if you or a covered family member has a verified diagnosis of a covered cancer⁴ or a recurrence of cancer,⁵ providing those covered meet the policy and certificate requirements. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences. Initial Benefits and Recurrence Benefits will be paid until the Total Benefit Amount has been reached.

This Cancer Insurance coverage provides a lump sum benefit for:

- ✓ Full Benefit Cancer—All forms of advanced cancers are covered and may qualify for full benefits (as defined by the group policy or certificate).
- ✓ Partial Benefit Cancer—Most forms of early stage cancers are covered and may qualify for partial benefits (as defined by the group policy or certificate).
- ✓ Additional Benefits—A health screening benefit is also available as a part of the MetLife Cancer plan.⁶

The maximum amount that you can receive through your Cancer Insurance plan is called the Total Benefit and is 2 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 200% or \$30,000 or \$60,000.

Cancer Insurance

Covered Cancers	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer	25% of Initial Benefit	12.5% of Initial Benefit

Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$30,000 and has a Total Benefit of 2 times the Initial Benefit Amount or \$60,000.

Illnesses - Covered Condition	Payment	Total Benefit Remaining
Full Benefit Cancer (leukemia) – first verified diagnosis	Initial Benefit payment of \$30,000 or 100%.	\$30,000
Full Benefit Cancer (leukemia) – second verified diagnosis, three years later	Recurrence Benefit payment of \$15,000 or 50%	\$15,000

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

In most states there is a pre-existing condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the three months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first six months of coverage.

SUPPLEMENTAL HEALTH SCREENING BENEFIT

MetLife's Cancer Insurance also provides a supplemental health screening benefit. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Cancers.

Health Screening Benefit⁶

MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

METLIFE CANCER - Q & A

QUESTIONS & ANSWERS

Q. How do I enroll?

A. Enroll for coverage at

Q. Who is eligible to enroll?

A. Regular active full-time employees who are actively at work along with their spouse/domestic partner and dependent children can enroll for MetLife Critical Illness Insurance coverage.¹

Q. How do I pay for coverage?

A. Coverage is paid through payroll deduction.

Q. Will my rates increase?

A. Your premium is based on your Issue Age, meaning your initial rate is based on your age at the time your coverage becomes effective and your rates will not increase due to age.⁷

Q. What is the plan effective date?

A. The coverage effective date is 11/01/2017.

Q. If I Leave the Company, Can I Keep My Coverage?⁸

A. Under certain circumstances, you can take your coverage with you if you leave. You must make a request in writing within a specified period after you leave your employer. You must also continue to pay premiums to keep the coverage in force.

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

CANCER INSURANCE RATES

Monthly Premium/\$1,000 of Coverage: Non-Smoker

Issue Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$0.21	\$0.35	\$0.36	\$0.50
25–29	\$0.21	\$0.35	\$0.36	\$0.51
30–34	\$0.27	\$0.44	\$0.43	\$0.60
35–39	\$0.36	\$0.58	\$0.51	\$0.73
40–44	\$0.52	\$0.83	\$0.67	\$0.98
45–49	\$0.69	\$1.11	\$0.84	\$1.27
50–54	\$0.90	\$1.46	\$1.05	\$1.61
55–59	\$1.10	\$1.80	\$1.25	\$1.96
60–64	\$1.28	\$2.09	\$1.43	\$2.24
65–69	\$1.30	\$2.14	\$1.46	\$2.30
70+	\$1.30	\$2.17	\$1.45	\$2.33

Rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. Rates are subject to change. Please refer to the Disclosure Statement or Outline of Coverage/Disclosure Document for more information including the exclusions and limitations which apply to coverage.

Cancer Insurance

Monthly Premium/\$1,000 of Coverage: Smoker

Issue Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$0.34	\$0.53	\$0.49	\$0.68
25–29	\$0.34	\$0.54	\$0.49	\$0.69
30–34	\$0.46	\$0.72	\$0.62	\$0.87
35–39	\$0.62	\$0.98	\$0.78	\$1.13
40–44	\$0.93	\$1.46	\$1.09	\$1.61
45–49	\$1.27	\$2.02	\$1.43	\$2.17
50–54	\$1.67	\$2.69	\$1.83	\$2.84
55–59	\$2.07	\$3.36	\$2.23	\$3.52
60–64	\$2.43	\$3.95	\$2.59	\$4.10
65–69	\$2.50	\$4.09	\$2.65	\$4.24
70+	\$2.50	\$4.16	\$2.65	\$4.32

¹ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas. MetLife will not pay a benefit for a covered cancer that is diagnosed prior to the coverage effective date.

² Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

³ Dependent Child coverage varies by state. Please contact MetLife for more information.

⁴ Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-sitused groups and NH residents, there is an initial benefit of \$100 for All Other Cancer.

⁵ There is a Benefit Suspension Period between Recurrences. We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for a Full Benefit Cancer, a Partial Benefit Cancer or an All Other Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer, Partial Benefit Cancer or All Other Cancer (applicable to NH-sitused groups and NH residents) for which we paid an Initial Benefit during the Treatment Free Period.

⁶ The Health Screening Benefit is not available in certain states. In some states, there is a separate mammogram benefit. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

⁷ The plan is guaranteed renewable, coverage may not be canceled due to an increase in your age or a change in your health. Premium rates can only be raised as the result of a rate change made on a class-wide basis. The plan may include a Benefit Reduction Due to Age provision. Coverage is guaranteed renewable provided: (1) premiums are paid as required under the Certificate; and (2) in a situation where the Group Policy ends, it is not replaced by a substantially similar critical illness policy as described in the Certificate.

⁸ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

The MetLife Cancer Insurance plan is based on the MetLife Critical Illness Insurance (CII) policy. MetLife Cancer Insurance includes only the Covered Conditions of Full Benefit Cancer and Partial Benefit Cancer.

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

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



EMERGENCY MEDICAL TRANSPORTATION

Transportation protection when every second counts.

Stay prepared with MASA® Emergent Plus

Coverage for medical transportation
and care in the event of an emergency

Plan includes:



Emergency Ground Ambulance Coverage

MASA provides coverage for emergency ground transportation in the U.S. or Canada to a medical facility.



Emergency Air Ambulance Coverage

MASA provides coverage up to \$20,000 for emergency air transportation in the U.S. or Canada to a medical facility.



Hospital to Hospital Ambulance Coverage

If specialized care is required but not available at the initial emergency facility in the U.S. or Canada, MASA provides coverage for ground medical transfer or up to \$20,000 for air ambulance transfer to the nearest appropriate medical facility.



Repatriation Near Home Coverage

If you're traveling in the U.S. or Canada and experience an emergency that requires extensive inpatient care and your care provider has approved continued care at a hospital nearer to your home, MASA coordinates your transfer and provides coverage for medical transportation to the approved medical facility.



Did you know?

54.1M

medical emergencies
occur each year in the U.S.

Source: NEMSIS, 2024 (National EMS
Information Systems)

About MASA

MASA is coverage and care you can count on to protect you from the unexpected — no network needed. Simply send us your emergency transport bill when it arrives, and we'll work to resolve the claim and provide your coverage. Plus, we offer expert coordination services to manage many of the complex needs that can arise after an emergency.

\$14 / month family

Stay prepared with MASA® Platinum

Coverage for medical transportation and care in the event of an emergency

Plan includes:



Emergency Ground Ambulance Coverage

MASA provides coverage in the U.S. or Canada for emergency ground transportation to a medical facility.



Emergency Air Ambulance Coverage

MASA provides coverage in the U.S. or Canada for emergency air transportation to a medical facility.



Hospital to Hospital Ambulance Coverage

If specialized care is required but not available at the initial emergency facility in the U.S. or Canada, MASA covers your claim for ground transfer or air ambulance transfer to the nearest appropriate medical facility.



Repatriation Near Home Coverage

If you're traveling worldwide² and experience an emergency that requires extensive inpatient care and your care provider has approved continued care at a hospital nearer to your home, MASA coordinates your transfer and provides coverage for medical transportation to the approved medical facility.



Minor Return Transportation Coverage

If your minor child traveling with you in an extended coverage area¹ is left unattended due to your emergency transport, MASA coordinates and provides coverage for their safe return home.



Pet Return Transportation Coverage

If your pet traveling with you in an extended coverage area¹ is left unattended due to your emergency transport, MASA coordinates and provides coverage for their safe return home.



Patient Return Transportation Coverage⁴

Once you're discharged from medical care and able to travel home from worldwide² locations at least 100 miles away without medical transport, MASA coordinates and provides coverage for your commercial airline transport home.



Did you know?

\$2,000

is the average cost of a
ground ambulance, while
an air ambulance typically
costs around \$69,000

Source: MASA claims data, January 2024

About MASA

MASA is coverage and care you can count on to protect you from the unexpected — no network needed. Simply send us your emergency transport bill when it arrives, and we'll work to resolve the claim and provide your coverage. Plus, we offer expert coordination services to manage many of the complex needs that can arise after an emergency.

\$39 / month family



Companion Emergency Transportation Coverage

Should a companion be allowed to travel with you during emergency transport, MASA provides coverage for the additional costs incurred within a core coverage area.



Hospital Visitor Transportation Coverage

If you are hospitalized in an extended coverage area¹ more than 100 miles from home, MASA coordinates and provides coverage for a supportive companion to join you.



Mortal Remains Transportation Coverage

If you pass away in worldwide² locations more than 100 miles from home, MASA coordinates and covers the cost of transporting your remains home.



Vehicle & RV Return Coverage

If a medical emergency occurs in an extended coverage area¹ requiring you to leave your vehicle or RV by ambulance, MASA coordinates and provides coverage for the return of the vehicle or RV to your home.



Organ Retrieval Transportation Coverage

If you need an organ transplant in the U.S., MASA provides coverage for the cost of transporting the organ to your transplant location.



Organ Recipient Transportation Coverage

If you need an organ transplant in the U.S., MASA coordinates and provides coverage for transporting you to the transplant location.

Coverage territories

1: Extended coverage areas include the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda.

2: Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or U.S. travel advisories.

Disclaimers

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

How to use your MASA benefits

Transportation coordination services

Access transport services for the following benefits:

- Repatriation Near Home Coverage
- Child, Pet, and Vehicle Return Coverages
- Companion Transportation Coverage
- Hospital Visitor Transportation Coverage
- Patient Return Transportation Coverage
- Sick While Away from Home Expense Protection
- Organ Retrieval & Organ Recipient Transport Coverage
- Mortal Remains Transportation Coverage



When to access:

During or immediately following your emergency care treatment.



How to access:

Call 800-643-9023.

The MASA Transport Team is available 24/7/365 to assist you and will begin making the necessary arrangements, including working with your medical team.

Note: If you are traveling out of the U.S., please submit your dates of travel through the member portal or to travel@masaglobal.com.



View your benefits online at: masaaccess.com/member or through the MASA app.

Claims

Benefits that you submit claims for include:

- Emergency Ground Ambulance Coverage
- Emergency Air Ambulance Coverage
- Hospital to Hospital Ambulance Coverage
- Post-Admission Continued Care Transportation Coverage



When to file your claim:

When you receive the ambulance bill.

Note: Be sure to file within 180 days of the transport.



How to file your claim:

Online: masaaccess.com/member

Email: ambulanceclaims@masaglobal.com

Fax: (877) 681-2399

Mail: MASA Global / ATTN: Claims

1250 S. Pine Island Road, Suite 500

Plantation, FL 33324

Include your member number

Note: To process your claim, in addition to the invoice we may require your health insurance claim form (HICFA) and explanation of benefits (EOB), the ambulance run notes, and the ambulance provider's W9. MASA claim specialists will advise you on how to obtain these.



Check the status of your claim at: masaaccess.com/member, through the MASA app, or call (800) 643-9023.

MASA connections



Member services: (800) 643-9023



Member site: masaaccess.com/member



MASA app





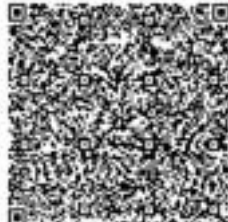
Download the MASA mobile app today!

Registration is easy with your member ID.

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

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

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





PET INSURANCE

Coverage options to help care for your furry family members.



&



RAINWALK
PET INSURANCE



We've partnered with Rainwalk and now offer discounted pet insurance as an employee benefit!

Perks pet parents love



Vet bill reimbursements within days



Free virtual vet visits for any health or wellness questions



Broad coverage, including \$100 toward routine vaccinations

What we cover

- ✓ Surgery
- ✓ Hospitalization
- ✓ MRI & X-Rays
- ✓ Allergy treatment
- ✓ Tooth extractions
- ✓ And much more!



Scan for your rates:



Or, go to:

<https://rainwalkbenefits.com/SouthSanAntonioISD>

Share the Love with Rainwalk's Friends and Family plan!

Now friends and families of eligible employees can join in the savings by using the same link. (Available on Employee Direct Pay accounts)

Contact us

- ✉ Help@rainwalk.io
- ☎ 844-520-0041

★ Trustpilot

★★★★★ 4.7



Pet insurance should be hassle-free.

Rainwalk has helped over 400,000 Pet Parents worry less about protecting their pets

 **RAINWALK**
PET INSURANCE



File a claim in minutes through our app.



Get reimbursed within days, not months.



Consult with a free virtual vet anytime.



Save \$100 on routine vaccinations.



Enjoy coverage that lasts as long as your pet needs it.



Secure lifelong protection with lifetime coverage.

**"The claim process was swift, fast, and easy.
Within 10 days of submitting the claim, it was paid!"
-Janice Viera**

 **Trustpilot**

 **4.6**



+1 844-520-0041



info@rainwalk.io



rainwalkpetinsurance.com

99



FAQs



01

What's covered with a Rainwalk policy?

Rainwalk covers both common and unexpected health issues your pet may face, including cancer, tooth extractions, CCL surgery, and more. We also help with end-of-life expenses. [See the [full coverage list here](#).]

Every new or renewed policy includes routine vaccination coverage. With the Vaccine Power-Up, you can **get up to \$100 back on vaccines** like rabies, leptospirosis, bordetella, FeLV, FVRCP, and others.



What isn't covered?

We don't cover:

- **Preexisting conditions**
- **Routine wellness care like annual exams, grooming, or flea & tick medication**

But every Rainwalk policy has a **Curable Conditions Clause**. If your pet was diagnosed with a condition before coverage, completed treatment, and got a clean bill of health, that condition may become eligible for reimbursement. Your pet just needs to stay symptom-free for 180 days.

02



03

It says, "Free virtual vet visit." Does it mean I can talk to a vet anytime, anywhere?

Yep! Our Pet Advice Line connects you with licensed vets 24/7.

Wondering if that weird cough is serious? Need diet advice? Just ask. You can even book a Healthy Pet Check-Up for peace of mind. No claims, no hassle—just expert advice from the comfort of your home.

How long does it take to process my claim?

Simple claims are usually processed within 7 business days. More complex claims—like those with multiple bills—may take a bit longer.

We'll keep you updated via email, so add help@rainwalk.io to your contacts and check your inbox for updates!

04





FAQs



Does my cat or dog need to be in good health for coverage?

05

Nope! Your pet **doesn't need to be in perfect health** to get covered.

However, when you file your first claim, you'll need to provide **your pet's medical records**. Keep in mind that preexisting conditions aren't covered—unless a vet confirms your pet has been symptom-free for 180 days.

Also, to qualify for a new policy, dogs must be under 8 years old, and cats must be under 10 years old.



Are breed-specific, genetic, and congenital conditions covered?

Yes! Conditions your pet may be prone to due to breed or genetics are eligible for reimbursement.

Just keep in mind that preexisting condition rules still apply.

06



07

Is my pet covered for life?

Yes. As long as your policy stays active, your pet is covered. To qualify for a new policy, dogs must be under 8 years old and cats must be under 10 years old.

How do I get reimbursed, and how long does it take?

We reimburse pet parents via **ACH direct deposit or Venmo**. Just set up your preferred method in the customer portal.

Once you receive your claim decision email and we have your details, you can expect reimbursement within 12 business days.

08





LEGAL PROTECTION

Access to legal resources for everyday personal matters.

Empowering employees through easy access to legal help

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

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

Flexibility to handle matters how employees want

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

Wide range of coverage for a diverse workforce

LGBTQ+	• Adoption • Creating estate planning documents to recognize same-sex partners • Name and gender marker change
Caregivers	• Nursing home agreements • Reviewing Medicare/Medicaid documents • Reviewing parents' estate planning documents
Veterans/ Military	• Assistance with real estate or rental issues • Guardianship • Updating or creating estate planning documents
International employees	• Access to attorneys out of the country² • Assistance with immigration issues • Translation services for Call Center and Attorneys
Those just starting out	• Assistance with rental issues and landlords • Reviewing leases • Student loan debt assistance

The MetLife Legal Plans Difference



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



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



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



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

Flexible plans for varied needs

Our high-low plans enable your employees to choose the right plan to suit their needs and their budget.

	High Plan		Low Plan
Money Matters	• Debt Collection Defense • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Tax Collection Defense	• Financial Wellness Programs³ • Identity Restoration⁴ • Personal Bankruptcy • Tax Audit Representation	• Debt Collection Defense • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Tax Collection Defense
Home & Real Estate	• Deeds • Eviction Defense • Foreclosure • Mortgages • Security Deposit Assistance • Tenant Negotiations	• Boundary & Title Disputes • Property Tax Assessments • Refinancing & Home Equity Loan • Sale or Purchase of Home • Zoning Applications	• Deeds • Eviction Defense • Foreclosure • Mortgages • Security Deposit Assistance • Tenant Negotiations
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies • Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Simple Wills	• Revocable & Irrevocable Trusts	• Codicils • Complex Wills • Healthcare Proxies • Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Simple Wills
Family & Personal	• Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship • Name Change • Personal Properties Issues • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings	• Adoption • Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Parental Responsibility Matters • Prenuptial Agreement	• Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship • Name Change • Personal Properties Issues • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Disputes Over Consumer Goods & Services • Incompetency Defense • Small Claims Assistance	• Civil Litigation Defense • Pet Liabilities	• Administrative Hearings • Disputes Over Consumer Goods & Services • Incompetency Defense • Small Claims Assistance
Elder-care Issues	Consultation & Document Review for Issues Related to Your Parents: • Deeds • Leases • Medicaid • Medicare	• Notes • Nursing Home Agreements • Powers of Attorney • Prescription Plans • Wills	• Same as High Plan
Traffic & Other Matters	• Defense of Traffic Tickets⁵ • Driving Privileges Restoration • Habeas Corpus	• Repossession	• Same as High Plan

Rate⁶	\$17.25 per employee per month <i>covers employees who want more robust coverage</i>	\$9.00 per employee per month <i>covers employees looking for a low-cost alternative</i>
Additional Features:	Telephone advice, office consultations, demand letters and document review on an unlimited number of personal legal matters.	
	For non-covered matters that are not otherwise excluded, available through the High Plan , employees get four additional hours of network attorney time and services per plan year. ⁷	
	Reduced fees for personal injury, probate and estate administration matters, provided by network attorneys.	
	Access to a digital estate planning solution for wills, living wills, power of attorney and living trusts.	
	Over 1,700 self-help documents⁸ are available to members and potential members on our website.	



IDENTITY THEFT

Protection and recovery support for identity-related concerns.

Plan Design - Identity Theft + AURA

Our tiered plans and coverage options give your employees flexibility and choice.

You may offer Identity & Fraud Protection as an Employer Paid program or as a Voluntary benefit.

PLAN FEATURES AT A GLANCE

Financial Fraud Protection	Protection Plan Individual or Family	Protection Plus Plan Individual or Family
Credit Monitoring and Alerts	1 Bureau	3 Bureau
Credit Reports	1 Bureau	3 Bureau
Credit Score Tracker*	●	●
In-Platform Credit Dispute	●	●
Credit, Bank, and Account Freeze Assistance	●	●
Home Title Monitoring	●	●
Vehicle Title Monitoring	●	●
Financial Account Opening and Takeover Monitoring	●	●
AI-Powered Financial Transaction Monitoring	●	●
Tax Fraud Prevention Assistance	●	●
High-Risk Transaction Alerts	●	●
Utility Account Monitoring	●	●
Payday/Specialty Loans Block		●
Credit Lock		●
Credit Score Simulator		●

Identity Theft Protection

Privacy Assistant (Automated Data Broker Removal)	●	●
Dark Web Monitoring	●	●
Digital Vault	●	●
SSN and Identity Authentication Alerts	●	●
Criminal, Court, and Public Record Monitoring	●	●
USPS Address Monitoring	●	●
Social Media Monitoring	●	●
Social Media Privacy Checkup		●
Gamertag Monitoring		●

Plan Design - Identity Theft + AURA

Our tiered plans and coverage options provide flexibility and choice.

You may offer Identity & Fraud Protection as an Employer Paid program or as a Voluntary benefit.

Privacy & Device Protection	Protection Plan Individual or Family	Protection Plus Plan Individual or Family
Password Manager	•	•
Automated Password Change	•	•
Email Alias	•	•
Safe Web Browsing	•	•
IP Address Monitoring	•	•
WiFi Security (VPN)	2 devices	Unlimited devices
Antivirus	2 devices	Unlimited devices
AI-Powered Call Assistant		•
AI-Powered Text Assistant		•
Mobile Phone Takeover Protection**		•

Family Safety (included with Family Plans)

Parental Controls	•	•
Child Cyberbullying Protection	•	•
3-Bureau Child Credit Freeze Wizard	•	•
Child SSN Monitoring and Alerts	•	•
Sex Offender Geo Alerts	•	•
Family Sharing	•	•
Safe Gaming**	•	•

Services and Support

\$5M Insurance Policy^ per enrolled adult	•	•
Lost Wallet Protection with \$500 Emergency Cash	•	•
100% US-Based 24/7 Customer Support	•	•
White-Glove Fraud Resolution Services	•	•
Restoration Services for Pre-Existing Fraud Events	•	•
Unemployment and Tax Fraud Resolution	•	•
All-in-one Mobile App (iOS and Android)	•	•
Online Resolution Tracker	•	•
Aura Account Security	•	•



Individual plans include coverage for the employee only.



Family plans cover the employee + unlimited dependent minors + up to 10 adult loved ones¹⁰⁷

VOLUNTARY

Give your employees access to the critical protection they need – at discounted group rates.



VOLUNTARY PROGRAM PRICING

Offer employees access to an award-winning digital security solution at affordable group rates and the added convenience of payroll deduct.

Employee paid rates for each plan tier are as follows:

Protection Individual	Protection Family	Protection Plus Individual	Protection Plus Family
\$6.45	\$10.95	\$8.45	\$13.95

Prices shown are Per Employee Per Month (PEPM).
Rates are guaranteed for 3 years
Protection Plus Rates include \$50k Cyber Insurance Policy.



HSA

A tax-advantaged way to save and pay for eligible healthcare expenses.

Flexible Spending Account

 **TASC** 1-800-442-4661



FSA - Medical

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars to pay for eligible medical, dental, and vision expenses for yourself and your eligible dependents. By reducing your taxable income, an FSA can help you save money on everyday healthcare costs.

Employees may contribute up to **\$3,400 for 2026** through payroll deductions.

Qualified Expenses

- FSA funds can be used for many qualified medical, dental, and vision expenses.
- A grace period is available after the end of the plan year, giving you additional time to use any remaining funds on eligible expenses.
- The IRS may require documentation to verify eligible purchases, so be sure to save your itemized receipts.

FSA – Dependent Care

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount a household may contribute each year is \$7,500 Dependent Care Eligible for Reimbursement:

- Care at a licensed nursery school, day camp, or day care center
- Services from individuals who provide dependent care in or outside your home, unless the provider is your spouse, your own children under the age of 19, or any other dependent
- After-school care for children under age 13
- Household services related to the care of an elderly or disabled adult who lives with you
- Any other services that qualify as dependent care expenses under IRS regulations.



FSA / DEPENDENT CARE

Set aside pre-tax dollars for eligible healthcare and dependent care costs.

Health Savings Account



Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged savings account available to employees enrolled in a qualified High-Deductible Health Plan (HDHP). It allows you to set aside pre-tax money to pay for eligible healthcare expenses, such as doctor visits, prescriptions, dental care, vision expenses, and more.

One of the key advantages of an HSA is that the funds belong to you and roll over from year to year. Unlike some healthcare spending accounts, unused funds are not forfeited at the end of the plan year, allowing you to build savings for future healthcare needs.

To participate in an HSA, you must be enrolled in the HDHP medical plan.

Qualified Medical Expenses

HSA funds can be used tax-free for a wide range of qualified medical, dental, and vision expenses for you and your eligible dependents. Examples include deductibles, copays, prescription medications, dental treatments, eye exams, and glasses. For a complete list of eligible expenses, refer to IRS Publication 502.

Why Consider an HSA?

- Contributions are made on a pre-tax basis.
- Funds can be used tax-free for qualified healthcare expenses.
- Unused funds roll over year after year.
- The account belongs to you and remains with you even if you change employers or retire.
- HSA funds can help you prepare for future healthcare expenses.

The information below outlines the 2026 contribution limits and other important HSA details.

Type of Coverage	Maximum Annual Contribution Limit
Single	\$4,400
Family	\$8,750
Catch-Up Contribution (Age 55+)	Additional \$1,000



403(B)

Retirement savings resources to help plan for the future.

403(b) and/or 457(b) Retirement Plan



1-855-399-3035

Whether retirement is years away or just around the corner, it's never too early—or too late—to start saving. South San ISD offers voluntary 403(b) and 457(b) retirement plans to help you supplement your Teacher Retirement System (TRS) pension through convenient payroll deductions.

These plans allow you to save for retirement while taking advantage of valuable tax benefits. Understanding how each plan works can help you choose the option that best supports your retirement goals.

403(b) vs. 457(b): At a Glance

Feature	403(b)	457(b)
Feature	403(b)	457(b)
Available to	Eligible public-school employees	Eligible governmental employees
Payroll deductions	✓ Yes	✓ Yes
Tax treatment	Contributions are generally made on a pre-tax basis (unless Roth is available and elected).	Contributions are generally made on a pre-tax basis (unless Roth is available and elected).
Investment growth	Tax-deferred until withdrawn.	Tax-deferred until withdrawn.
Annual IRS contribution limit	Same annual IRS contribution limit*	Same annual IRS contribution limit*
Catch-up contributions	May be available if IRS eligibility requirements are met.	May be available if IRS eligibility requirements are met.
Withdrawal considerations	Different IRS distribution rules apply. Early withdrawals may be subject to a 10% additional tax unless an exception applies.	Different IRS distribution rules apply. After separation from service, distributions generally are not subject to the 10% additional tax, though ordinary income taxes may still apply.

Sample of Future Retirement Savings Value Assuming a 6% Yield on Investment

Monthly Contributions	5 Years	15 Years	20 Years
\$50	\$3,489	\$14,541	\$23,102
\$200	\$13,954	\$58,164	\$92,408
\$500	\$34,885	\$145,409	\$231,020

Maximum Contribution Amounts per Calendar Year

The annual elective deferral limit for 403(b) plan employee contributions is increased to \$24,500 for 2026

Employees age 50 or older may contribute up to an additional \$7,500 for a total of \$32,500.

403(b) and/or 457(b) Retirement Plan



1-800-274-0503

Ready to begin saving? Enrollment is simple and handled through National Benefit Services (NBS). To start or modify your retirement contributions, please follow the instructions provided below.



Start Here

1. Explore your provider options

Visit the NBS retirement portal by going to nbsbenefits.com/non-erisa-403b-forms or scan the QR code located at the bottom of this page to access information on available providers and plan details.

2. Set up your retirement account

Reach out to your chosen provider to open your 403(b) or 457(b) account and complete the necessary enrollment procedures.

3. Submit your Salary Reduction Agreement (SRA)

Fill out and submit your SRA through NBS to authorize payroll deductions. Once processed, your contribution amount will appear in upcoming paychecks.

4. Track your account

Regularly check your paycheck and retirement account to ensure contributions are being correctly applied.

For plan-related questions, contact the NBS Customer Service Center.

Phone 800-274-0503

Option 5, then Option 2

Email 403bsupport@nbsbenefits.com



Frequently Asked Questions

Can I participate if I already contribute to TRS?

Yes. Both 403(b) and 457(b) plans are intended to complement your TRS pension by offering additional retirement savings options.

Can I contribute to both plans?

If you qualify, you may contribute to both a 403(b) and a 457(b), as long as you stay within the IRS annual contribution limits.

Can I change my contribution later?

Yes. You can usually adjust your contribution amounts by submitting a new Salary Reduction Agreement through NBS, following your plan's guidelines.

What happens if I leave South San ISD?

Your account remains yours. Depending on IRS regulations, you can keep it with your current provider, roll it over into another eligible account, or take a distribution.

I'm not sure what to elect?

Deciding how to save for retirement is a personal choice. If you're uncertain whether a 403(b), 457(b), or both suit your needs, consider consulting an Approved Retirement Provider, South San Antonio ISD Human Resources, or a qualified financial advisor.

Retirement 403(b)

THE OPPORTUNITY

You have the opportunity to save for retirement by participating in your Employer's 403(b) retirement plan. A 403(b) plan is a retirement plan for certain employees of public schools, tax-exempt organizations and ministries. An Employee can only obtain a 403(b) annuity or custodial account under an employer's 403(b). These annuities and custodial accounts are funded by employee elective deferrals made under salary reduction agreements, employer contributions or a combination of both.

WHY SAVE WITH 403(b)?

1. You do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after your retirement.
2. Pre-tax investment gains in the plan are not taxed until distribution and eligible ROTH investment gains are tax free.
3. Generally, retirement assets can be carried from one employer to another.

HOW MUCH CAN I CONTRIBUTE ANNUALLY?

In **2026**, you may contribute up to **\$24,500** you are 49 years of age or below and up to **\$32,500** if you are 50 years of age and over. You may also be entitled to additional catch-up provisions like the 15 Year Service - Catch-up.

2026 Maximum Allowable Contribution Limits		
Elective Contribution Limits		
Age 49 and under on 12/31/2026	Age 50 to 59 or 64 or older by 12/31/2026	Age 60 to 63 as of 12/31/2026
\$24,500	\$32,500	\$35,750
15 Year Service Catch-Up amount, if eligible, is \$3,000 Maximum Employer Contribution is: \$72,000		
Combined Limits for Elective and Non-Elective Contributions		
Age 49 and under on 12/31/2026	Age 50 to 59 or 64 or older by 12/31/2026	Age 60 to 63 as of 12/31/2026
\$72,000	\$80,000	\$83,250



TELEMEDICINE

Convenient access to care when and where you need it.

FAQs

Q: What is my “Member ID” and where can I find it?

A: Your Member ID is specific to you and is sent by Recuro Health to your email address. New members received this welcome email with a unique Member ID on the 1st day of service. You can also retrieve your Member ID at any time by phone by calling us at: [855-6RECURO](tel:855-6RECURO).

Your Member ID is not required to use our service. You can call in at any time and talk to a doctor without any pre-registration. However, you will need your Member ID if you choose to setup your Recuro account online or download the app and register your account.

Q: Is my family covered?

A: Yes, Recuro provides access to this service to the primary account holder and their eligible dependents, including a spouse, and dependents under the age of 26. Dependents over the age of 18 will have to setup their own account (see below on how to do this).

Q: How do I add my dependents to my Recuro account?

A: See below for step-by-step instructions:

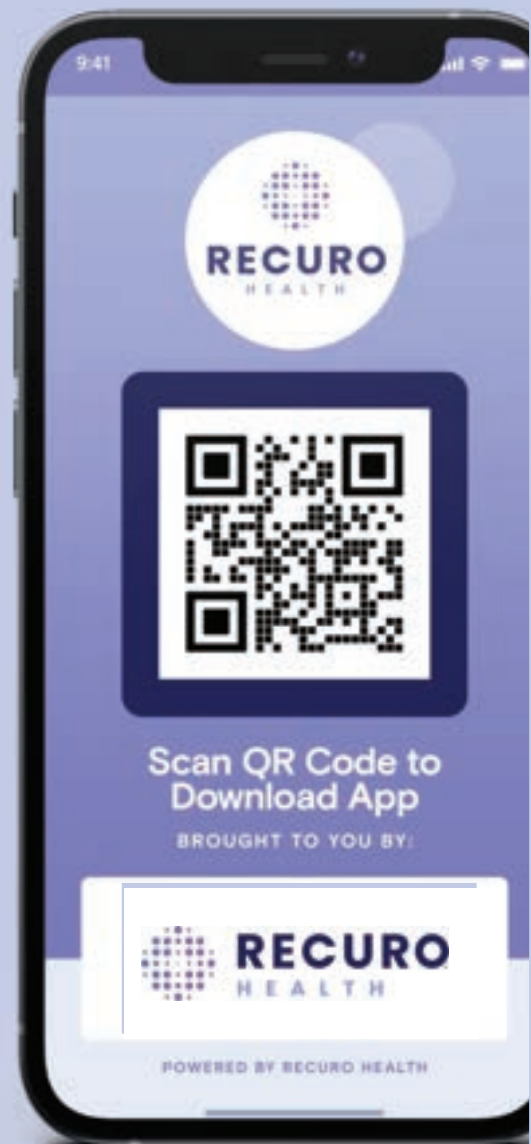
Step 1: Set up your account by [downloading the app](#), visiting our [member website](#) or by calling [855-6RECURO](tel:855-6RECURO).

Step 2: In the app go to your “Dashboard” and click on the “Dependent’s Account Actions” button.

Step 3: Click the “+” sign in your screen’s upper right-hand corner and add your dependent’s information.

Q: How do I register my account?

A: Scan the QR code on this flyer to get started or download the Recuro Care app by [clicking here](#). You can also access the website version of our app by visiting: member.recurohealth.com.



**Get Started Online
or in the App**

Scan QR Code



**Request a
Doctors Visit**

www.recurohealth.com



**Speak with
Customer Service**

1.855.6RECURO

Need Immediate Help?

Recuro doctors are available 24/7/365 by phone, mobile app, or online.



Virtual Behavioral Health

Counseling & Therapy

Patients receive comprehensive therapy and counseling from Recuro's Clinical Social Workers and Marriage & Family Therapists. Recuro's Behavioral Health solution gives patients virtual access to connect with a licensed counselor through private video sessions, whenever and wherever care is needed most. Best of all, this benefit is available across all 50 states, providing a quick solution when in-person counseling appointments are limited. Most consults can be made within 48-72hours.



Scan QR Code

For more info on our product webpage

Example Conditions Treated

-  Depression & Anxiety
-  Stress Management
-  Eating Disorders
-  Anger Management
-  Grief or Loss
-  Marriage Counseling

What's Included

✓ Therapy & Counseling

✓ Health Risk Assessment

✓ Risk Stratification

✓ Primary Care Coordination

Service Highlights



Comprehensive Goals

Licensed therapists develop personalized plans and track patient progress over time.



Therapy & Counseling

Therapy and counseling services from social workers and mental health psychologists.



Health Risk Assessment

A health risk assessments enables tailored care to better treat underlying conditions.

Why our virtual solution stands out...

Virtual Behavioral Health

Service Features

- Therapy & Counseling
- Health Risk Assessment
- Risk Stratification
- Primary Care Coordination
- And More!

82%
EFFECTIVE

82% of telehealth users reported virtual sessions were just as effective, or better, than in-person visits. Bridging the gap to accessible care options.

53M
AMERICANS

Virtual behavioral health can expand access to care for over 53 million Americans by removing barriers like geography and accessibility.

Identifying Challenges

- **Workplace Impact:** Mental health challenges cause lost productivity, absenteeism, and turnover, affecting company performance.
- **Prevalence:** Approximately 1 in 5 adults in the U.S. experiences mental health issues, which can affect their ability to perform at work.
- **Healthcare Costs:** Employees with untreated mental health conditions use more healthcare services, driving up healthcare costs for employers.
- **Accessibility Issues:** Traditional in-person mental health services often have long wait times, with limited accessibility, leaving employees without timely support.
- **Treatment Barriers:** Common conditions like stress, anxiety, and depression often go untreated due to stigma and access issues.

Recuro's Solution

- **Easy Nationwide Access to Therapy:** Offers easy, virtual access to licensed therapists for all employees across all 50 states!
- **Quick and Timely Mental Health Support:** Reduces wait times significantly, with most consultations available within 48-72 hours, ensuring employees get timely care.
- **Cost-Effective Solutions:** Lowers healthcare costs by addressing mental health issues early, reducing the need for expensive acute care.
- **Improved Outcomes Through Personalization:** Personalized therapy plans and health assessments enhance employee performance and well-being.
- **Encouraging Discreet Help-Seeking:** Virtual access allows discreet help-seeking, encouraging higher engagement with mental health services.

Virtual Urgent Care

Our Virtual Urgent Care solution connects patients with tools and services for a smoother, more cost-effective healthcare experience quickly. Patients connect to board-certified doctors for treatment of urgent medical concerns with ongoing communication with their doctor for follow-up.

Our urgent care solution provides unlimited 24/7 access for patients and their families. When you or a family member is sick, how can you get expert help and guidance? Recuro's urgent care is available virtually and quickly at the touch of a button.



Scan QR Code

For more info on our product webpage

Example Conditions Treated

-  Acne, Rashes, Allergies
-  Fever, Headache, Nausea
-  Cold, Flu, Cough
-  Gastrointestinal Issues
-  Respiratory Issues
-  UTIs, Vaginitis & More!

What's Included

✓ 24/7 Access

✓ Phone, Video, Messaging

✓ HITRUST Certified

✓ Primary Care Coordination

Service Highlights



HITRUST Certified

HITRUST plays a crucial role in ensuring the highest level of IT protection for patient data through an in-depth systems analysis of Recuro's infrastructure, platform, and services.



24/7/365 Access

Recuro physicians are available whenever our patients need them, day or night. Live video, phone, and messaging options available.



Pricing

Bundled Pricing

\$0 Consult Included Model	
PRODUCTS	PEPM
Virtual Urgent Care	\$1.75
Virtual Behavioral Health	\$2.50
TOTAL MONTHLY PREMIUM	\$4.25

Plan Design	
▪ 24/7 Access, Coverage ▪ \$0 Consult Fee, Full Family Coverage, Unlimited Visits ▪ 20% Utilization Cap Urgent Care, 15% utilization cap Behavioral	

How to Use Your New Services

Not sure how to use all your services? Read our FAQ's!

It can be a challenge to get started with new health benefits, but with Recuro's app all your new benefits are in one place! You now have access to top primary care physicians, mental health professionals, urgent care doctors, and more, all within Recuro's Digital Medical Home™.

Read on to see our most popular member questions and answers as you navigate the app and your new services!



Download Our Recuro App

Scan the QR code to get started & download the Recuro Care app

Or visit:

["member.recurohealth.com"](https://member.recurohealth.com)



Read our Frequently Asked Questions

Need Help Getting Started?



Call 1.855.6RECURO



Visit www.recurohealth.com





CONTACTS

Helpful contacts and support resources for your benefits questions.

Contacts

Coverage	Carrier	Phone	Website
Medical	TRS	1-866-355-5999	https://www.bcbstx.com/trsactivecare
Basic Life Voluntary Life Pet Insurance Legal Coverage Identity Theft	MetLife	1-800-942-0854	www.metlife.com
Dental Accident Hospital Indemnity Critical Illness	Sunlife	1-800-247-6875	https://www.sunlife.com/
Long Term Disability	One America	1-800-553-5318	http://www.oneamerica.com/
Telehealth	Recuro	1-855-673-2876	https://recurohealth.com/
Health Savings Account (HSA) Flexible Spending Account (FSA)	TASC	1-800-442-4661	www.tasconline.com
Retirement Accounts - 403(b)/ 457	NBS	1-800-274-0503	https://www.nbsbenefits.com/
Permanent Life	Texas Republic Life	512-330-0099	https://texasrepublic.com/
Emergency Medical Transportation	MASA	954-334-8621	https://masaaccess.com/
Pet Insurance	RainWalk Pet Insurance	1-844-520-0041	https://rainwalkpetinsurance.com/
Third Party Administrator	DayBright/ USEBSG	830-606-5100	https://www.daybright.com/

South San Antonio ISD

Benefits Guide 2026-2027

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately summarize your benefits, discrepancies or errors are always possible.

In case of a discrepancy between this guide and the official plan documents, the official plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

