



Seguin exceptional students to exceptional citizens
INDEPENDENT SCHOOL DISTRICT

2018-2019 Benefits Guide



245 Landa Street
New Braunfels, Texas 78130
(830) 606-5100

Contact Information

FLEXIBLE SPENDING ACCOUNT - TASC 6-7

PHONE: 800.422.4661

WEBSITE: WWW.TASCONLINE.COM

HEALTH SAVINGS ACCOUNT – HSA BANK 8-9

PHONE: 800.357.6246

WEBSITE: WWW.HSABANK.COM

DENTAL - METLIFE 10-15

PHONE: 800.438.6388

WEBSITE: WWW.METLIFE.COM

VISION – SUPERIOR VISION 16

PHONE: 800.507.3800

WEBSITE: WWW.SUPERIORVISION.COM

LONG TERM DISABILITY – THE STANDARD 17-22

PHONE: 800.368.1135

WEBSITE: WWW.STANDARD.COM

HOSPITAL/ACCIDENT – METLIFE 23-27

PHONE: 800.438.6388

WEBSITE: WWW.METLIFE.COM

PERMANENT LIFE INSURANCE – TEXAS LIFE

28-32

PHONE: 800.283.9233

WEBSITE: WWW.TEXASLIFE.COM

GROUP LIFE INSURANCE – THE STANDARD

33-43

PHONE: 800.368.1135

WEBSITE: WWW.STANDARD.COM

CANCER PLAN – ALLSTATE

44-49

PHONE: 800.521.3535

WEBSITE: WWW.ALLSTATEBENEFITS.COM/MYBENEFITS

DISTRICT CONTACT – TERI SALINAS

PHONE: 830.401.8694

EMAIL: TSALINAS@SEGUIN.K12.TX.US

USEBSG CONTACT – BRENT MCCONICO

PHONE: 830.606.5100

EMAIL: BMMCCONICO@USEBSG.COM

*THIS BENEFIT BOOK HIGHLIGHTS CERTAIN FEATURES FROM THE DIFFERENT POLICIES AND RIDERS BUT IS NOT THE INSURANCE CONTRACT. PLEASE REFER TO THE GROUP MASTER APPLICATION OR YOUR POLICY FOR A FULL DISCLOSURE OF BENEFITS.



2018-2019 OPEN ENROLLMENT INFORMATION

The 2018-2019 Section 125 Cafeteria Plan year **begins 09/01/2018 and ends 08/31/2019**. All benefits elected during the annual open enrollment will be effective **09/01/2018**.

Know Your Benefits! Below is a summary of benefits offered through SISD.

- **Health Insurance** – TRS Active Care insurance through the state. Summer open enrollment.
- **HSA Bank** - A health saving account designed to use with current or future expenses that are not paid by the health plan. There is no "use it or lose it" the funds will be saved for the next year. Only available with a high deductible plan.
- **The Standard Disability (New Provider)** - Plan includes both short and long term disability coverage. Plan is designed to protect up to 66 2/3% of your gross SISD income.
- **Texas Life Permanent Life** - Portable, permanent life insurance available for employees, their spouses and dependents. Employees can keep the coverage upon termination or retirement from SISD.
- **The Standard Group Life (New Provider)** - The district provides a \$10,000 life policy at no cost to the employee.
- **The Standard Voluntary Life (New Provider)** – Life insurance for employee, spouse, and children while employed by SISD. During this initial open enrollment - Guaranteed issue up to \$200,000 for employee, \$75,000 for spouse, and \$10,000 for all children.
- **Allstate Cancer (New Provider)** - Pays benefits for internal cancer diagnosis. Includes an annual cancer screening benefit. During this initial open enrollment – Guaranteed issue for all employees.
- **MetLife Indemnity/Accident (New Provider)** – New product replacing current Gap plan. Pays a benefit for hospitalization and includes a full accident policy providing coverage for any accident. Includes a \$100 annual wellness benefit per covered person on the plan.
- **MetLife Dental (New Provider)** – Coverage for preventive, basic, major, and ortho services. Low and High option available.
- **Superior Vision** – Plan includes coverage for eye exams, materials (such as frames and lenses), and discounts for laser vision correction. The plan has a defined network of providers. Out of network benefits are available on a reimbursement basis only.
- **TASCFlexible Spending (New Provider)** – Make sure to spend/claim the money in your current reimbursement account by August 31, 2018. Visit www.tasconline.com to check account balances or request information

More Important Information

Covering Dependents?

If you cover dependents on any of your coverages through SISD you must provide the dependents name, date of birth, and social security number. You must have all of this information before dependents can be added to the system.

Making Changes During Year

Choose your benefits carefully. Several of the employee benefits plan contributions are made on a pre-tax basis and per IRS regulations, contribution amounts cannot be changed unless you experience a qualified life event. Qualifying life events include:

- Marriage, divorce, legal separation;
- Death of spouse or dependent;
- Birth or adoption of a child;
- Changes in employment for spouse or dependents;
- Significant cost or coverage changes;

You must submit your benefit change requests and include required documentation within 30 days of the event. Also note that per the IRS, only changes consistent with the life event are allowed.

New Employees

New employees must enroll within 30 days of their hire date. If employees fail to enroll within the 30 days, all benefits will be waived. Except for health insurance, plans will be effective on the first of the month following the date of hire. Health Insurance can be effective the date of hire **or** the first of the month following date of hire. **Please be aware that if you choose date of hire as effective date for health insurance, you will be charged for the entire month.**

Very Important

Please carefully review your paycheck(s) to ensure all deductions are correct. If you find a discrepancy in your paycheck, please contact Teri Salinas, Employee Benefit Specialist at 830-401-8694. Discrepancies must be identified within the first 30 days from the effective date of the policy to be considered.

Benefit Related Documents

For contact information, claim forms, benefits guides and more please visit www.seguin.k12.tx.us.

Advantages of a Flexible Spending Account (FSA)

A valuable pre-tax benefit with innovative services!

FlexSystem FSA increases your take-home pay by reducing your taxable income. A Flexible Spending Account (FSA) allows you to save up to 30% on your eligible healthcare and/or dependent care expenses every year by using pre-tax dollars.

Consider how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year:

- prescription drugs/medications
- medical/dental office visit co-pays
- eye exams and prescription glasses/lenses
- vaccinations
- daycare tuition

Why not reduce these expenses by using pre-tax dollars instead of after-tax dollars? With rising healthcare costs, **every penny counts!** By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA taxes, and thereby you **increase your take home pay!**

Employee salary reductions to a medical Flexible Spending Account (FSA) are limited to the IRS maximum per Plan Year, indexed for inflation. Check with your employer for your Plan's maximum annual election amount. View IRS limits at:

www.tasconline.com/biz-resource-center/benefits-limits/

FlexSystem Healthcare FSA *FlexSystem Dependent Care FSA*

Pre-Tax Savings Example

	<u>Without FSA</u>	<u>With FSA</u>
Gross Monthly Pay:	\$3,500	\$3,500
<u>Pre-Tax Contributions</u>		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
Monthly Take-home Pay:	\$1,932	\$2,098

Net Increase in Take-Home Pay = \$166/mo!

For illustration only. Actual dollar amounts may vary.

How FlexSystem Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem FSA Healthcare and/or Dependent Care, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year. **The more you contribute to these accounts, the more you save by paying less in taxes!**

Your total Healthcare FSA annual contribution amount is available immediately at the start of the Plan Year; Dependent Care FSA funds are available up to the current account balance only.

Reimbursements and the TASC Card

As you incur eligible expenses, simply swipe your TASC Card. The card automatically pays for and substantiates most eligible expenses at the point of purchase. If you do not use the TASC Card to pay for an eligible expense, simply submit a request for reimbursement via the MyTASC Mobile App, online Request for Reimbursement form in MyTASC, text message, fax, or mail.

Your reimbursement is deposited in your MyCash account. You can access your MyCash funds in three ways: (1) swipe your TASC Card at any merchant that accepts major credit cards, (2) withdraw at an ATM using your TASC Card (with PIN), or (3) transfer to a personal bank account from MyTASC.

FSA Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical care services
- Prescriptions
- Dental care services
- Certain over-the-counter medications
- Vision care expenses
- Daycare tuition

More detailed lists can be found at www.irs.gov in IRS Publications 502 & 503.

Please note insurance premiums are NOT eligible for reimbursement.

*Experts say
savings range from
25% to 40%
with those in
higher tax brackets
saving more.*

Chicago Tribune, September 2012

Multiple Methods for Account Management

You may use any of the following self-service options to access your FlexSystem accounts and TASC Card transactions:

- **MyTASC Online:** www.tasconline.com.
- **MyTASC Mobile App:** Free download at www.tasconline.com/mobile.
- **MyTASC Text Messaging:** Elect through your MyTASC account online.

***Online enrollment and
account management.***

***Online tax-savings
calculator to help
determine how much
to contribute.***

***Convenient pre-tax
payroll deductions.***

***Benefits debit card for
eligible purchases.***

***Mobile app for account
access on the go.***

Multiple self-service tools.

Fast reimbursements.

Important Considerations

FSA Funds do not Rollover:

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you. You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds remaining in your account at year-end.

Changing Elections During the Plan Year:

You may change your FSA elections during the Plan Year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the Change of Election Form (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.

Sign up for FlexSystem and keep more money in your pocket!





Health Savings Accounts

Start saving more on healthcare.



A Health Savings Account (HSA) is an individually-owned, tax-advantaged account that you can use to pay for current or future IRS-qualified medical expenses. With an HSA, you'll have the potential to build more savings for healthcare expenses or additional retirement savings through self-directed investment options¹.

How an HSA works:

- You can contribute to your HSA via payroll deduction, online banking transfer, or by sending a personal check to HSA Bank. Your employer or third parties, such as a spouse or parent, may contribute to your account as well.
- You can pay for qualified medical expenses with your Health Benefits Debit Card directly to your medical provider or pay out-of-pocket. You can either choose to reimburse yourself or keep the funds in your HSA to grow your savings.
- Unused funds will roll over year to year. After age 65, funds can be withdrawn for any purpose without penalty (subject to ordinary income taxes).
- Check balances and account information via HSA Bank's Member Website or mobile device 24/7.

Are you eligible for an HSA?

If you have a qualified High Deductible Health Plan (HDHP) - either through your employer, through your spouse, or one you've purchased on your own - chances are you can open an HSA. Additionally:

- You cannot be covered by any other non-HSA-compatible health plan, including Medicare Parts A and B.
- You cannot be covered by TriCare.
- You cannot be claimed as a dependent on another person's tax return (unless it's your spouse).
- You must be covered by the qualified HDHP on the first day of the month.

When you open an account, HSA Bank will request certain information to verify your identity and to process your application.

What are the annual IRS contribution limits?

Contributions made by all parties to an HSA cannot exceed the annual HSA limit set by the Internal Revenue Service (IRS). Anyone can contribute to your HSA, but only the accountholder and employer can receive tax deductions on those contributions. Combined annual contributions for the accountholder, employer, and third parties (i.e., parent, spouse, or anyone else) must not exceed these limits.²

2018 Annual HSA Contribution Limits

Individual = \$3,450
Family = \$6,850

According to IRS guidelines, each year you have until the tax filing deadline to contribute to your HSA (typically April 15 of the following year). Online contributions must be submitted by 2:00 p.m., Central Time, the business day before the tax filing deadline. Wire contributions must be received by noon, Central Time, on the tax filing deadline, and contribution forms with checks must be received by the tax filing deadline.

Catch-up Contributions

Accountholders who meet these qualifications are eligible to make an HSA catch-up contribution of \$1,000: Health Savings accountholder; age 55 or older (regardless of when in the year an accountholder turns 55); not enrolled in Medicare (if an accountholder enrolls in Medicare mid-year, catch-up contributions should be prorated). Authorized signers who are 55 or older must have their own HSA in order to make the catch-up contribution.

How can you benefit from tax savings?

An HSA provides triple tax savings.³ Here's how:

- Contributions to your HSA can be made with pre-tax dollars and any after-tax contributions that you make to your HSA are tax deductible.
- HSA funds earn interest and investment earnings are tax free.
- When used for IRS-qualified medical expenses, distributions are free from tax.

IRS-Qualified Medical Expenses

You can use your HSA to pay for a wide range of IRS-qualified medical expenses for yourself, your spouse, or tax dependents. An IRS-qualified medical expense is defined as an expense that pays for healthcare services, equipment, or medications. Funds used to pay for IRS-qualified medical expenses are always tax-free.

HSA funds can be used to reimburse yourself for past medical expenses if the expense was incurred after your HSA was established. While you do not need to submit any receipts to HSA Bank, you must save your bills and receipts for tax purposes.

Examples of IRS-Qualified Medical Expenses⁴:

Acupuncture	Gynecologist	Psychologist
Alcoholism treatment	Hearing aids and batteries	Smoking cessation programs
Ambulance services	Hospital bills	Special education tutoring
Annual physical examination	Insurance premiums⁵	Surgery
Artificial limb or prosthesis	Laboratory fees	Telephone or TV equipment to assist the hearing or vision impaired
Birth control pills (by prescription)	Lactation expenses	Therapy or counseling
Chiropractor	Lodging (away from home for outpatient care)	Medical transportation expenses
Childbirth/delivery	Nursing home	Transplants
Convalescent home (for medical treatment only)	Nursing services	Vaccines
Crutches	Obstetrician	Vasectomy
Doctor's fees	Osteopath	Vision care (including eyeglasses, contact lenses, lasik surgery)
Dental treatments (including x-rays, braces, dentures, fillings, oral surgery)	Oxygen	Weight loss programs (for a specific disease diagnosed by a physician – such as obesity, hypertension, or heart disease)
Dermatologist	Pregnancy test kit	Wheelchairs
Diagnostic services	Podiatrist	X-rays
Disabled dependent care	Prescription drugs and medicines (over-the-counter drugs are not IRS-qualified medical expenses unless prescribed by a doctor)	
Drug addiction therapy	Prenatal care & postnatal treatments	
Fertility enhancement (including in-vitro fertilization)	Psychiatrist	
Guide dog (or other service animal)		

¹ Investment accounts are not FDIC insured, may lose value and are not a deposit or other obligation of, or guarantee by the bank. Investment losses which are replaced are subject to the annual contribution limits of the HSA.

² HSA funds contributed in excess of these limits are subject to penalty and tax unless the excess and earnings are withdrawn prior to the due date, including any extensions for filing Federal Tax returns. Accountholders should consult with a qualified tax advisor in connection with excess contribution removal. The Internal Revenue Service requires HSA Bank to report withdrawals that are considered refunds of excess contributions. In order for the withdrawal to be accurately reported, accountholders may not withdraw the excess directly. Instead, an excess contribution refund must be requested from HSA Bank and an Excess Contribution Removal Form completed.

³ Federal Tax savings are available no matter where you live and HSAs are taxable in AL, CA, and NJ. HSA Bank does not provide tax advice. Consult your tax professional for tax-related questions.

⁴ This list is not comprehensive. It is provided to you with the understanding that HSA Bank is not engaged in rendering tax advice. The information provided is not intended to be used to avoid Federal tax penalties. For more detailed information, please refer to IRS Publication 502 titled, "Medical and Dental Expenses". Publications can be ordered directly from the IRS by calling 1-800-TAXFORM. If tax advice is required, you should seek the services of a professional.

⁵ Insurance premiums only qualify as an IRS-qualified medical expense: while continuing coverage under COBRA; for qualified long-term care coverage; coverage while receiving unemployment compensation; for any healthcare coverage for those over age 65 including Medicare (except Medicare supplemental coverage).



Please call the number on the back of your HSA Bank debit card or visit us at www.hsabank.com



Dental

Metropolitan Life Insurance Company

Network: PDP Plus

Coverage Type	PLAN OPTION A Voluntary Dental /High Plan		PLAN OPTION B Voluntary Dental /Low Plan	
	In-Network % of Negotiated Fee [†]	Out-of-Network % of R&C Fee ^{**}	In-Network % of Negotiated Fee	Out-of-Network % of R&C Fee ^{**}
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%	50%	50%
Type D: Orthodontia	50%	50%	Not Covered	Not Covered
Deductible^{††}				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Annual Maximum Benefit[†]				
Per Person	\$1000	\$1000	\$1000	\$1000
Orthodontia Lifetime Maximum				
Per Person	\$1000	\$1000	Not Covered	Not Covered

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

Late enrollment waiting period: There is a one year waiting period for all services following date of request.

Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

^{**} R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

[†] Applies to Type A, B and C Services ; ^{††} Applies only to Type B & C Services.

Monthly Cost: Option A High Plan

Your premium will be paid through convenient payroll deduction. Monthly cost covers all eligible children.

Employee Only	\$32.05	Employee + Child(ren)	\$83.93
Employee + Spouse	\$64.89	Employee + Family	\$113.63

Monthly Cost: Option B Low Plan

Your premium will be paid through convenient payroll deduction. Monthly cost covers all eligible children.

Employee Only	\$24.99	Employee + Spouse + Child(ren)	\$68.05
Employee + Spouse	\$51.60	Employee + Family	\$93.41

List of Primary Covered Services & Limitations

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

Plan Option A: High Plan

Plan Option B: Low Plan

Type A Preventive	How Many/How Often	Type A Preventive	How Many/How Often
Prophylaxis (cleanings)	▪ Two per 12 months	Prophylaxis (cleanings)	▪ Two per 12 months
Oral Examinations	▪ Two exams per 12 months	Oral Examinations	▪ Two exams per 12 months
Topical Fluoride Applications	▪ One fluoride treatment per 12 months for dependent children under age 16	Topical Fluoride Applications	▪ One fluoride treatment per 12 months for dependent children under age 16
X-rays	▪ Full mouth X-rays; one per 5 Years ▪ Bitewings X-rays; For a child under 19: 1 time in 12 months ▪ Adult: 1 time in 12 months	X-rays	▪ Full mouth X-rays; one per 5 Years ▪ Bitewings X-rays; For a child under 19: 1 time in 12 months ▪ Adult: 1 time in 12 months
Sealants	▪ 1 per molar in 60 months for a child under age 16	Sealants	▪ 1 per molar in 60 months for a child under age 16
Type B – Basic Restorative	How Many/How Often	Type B – Basic Restorative	How Many/How Often
Space Maintainers	▪ 1 per lifetime for a child under age 14	Space Maintainers	▪ 1 per lifetime for a child under age 14
Simple Extractions	No Limit	Simple Extractions	No Limit
Oral Surgery	No Limit	Oral Surgery	No limit
General Anesthesia	▪ When dentally necessary in connection with oral surgery, extractions or other covered dental services	General Anesthesia	▪ When dentally necessary in connection with oral surgery, extractions or other covered dental services
	▪ Periodontal scaling and root		

Periodontics	<ul style="list-style-type: none"> planning once per quadrant, every 24 month period Periodontal surgery once per quadrant, every 36 month period Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year 	Periodontics:	Plan Option B: “Low Plan” Covered Under C - Major
Type C – Major Restorative	How Many/How Often	Type C – Major Restorative	How Many/How Often
Periodontics:	Plan Option A: High Plan Covered Under B - Basic	Periodontics:	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 24 months Periodontal surgery once per quadrant, every 36 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year
Crown, Denture and Bridge Repair/ Recementations	<ul style="list-style-type: none"> 1 per tooth in 10 calendar years 	Crown, Denture and Bridge Repair/ Recementations	<ul style="list-style-type: none"> 1 per tooth in 10 calendar years
Implants	<ul style="list-style-type: none"> 1 per tooth position in 10 calendar years 	Implants	<ul style="list-style-type: none"> 1 per tooth position in 10 calendar years
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one every 10 years Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed 	Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one every 10 years Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	<ul style="list-style-type: none"> 1 replacement per tooth in 10 calendar years 	Crowns, Inlays and Onlays	<ul style="list-style-type: none"> 1 replacement per tooth in 10 calendar years
Endodontics	<ul style="list-style-type: none"> Root canal treatment limited to: 1 per tooth per lifetime 	Endodontics	<ul style="list-style-type: none"> Root canal treatment limited to: 1 per tooth per lifetime
Type D – Orthodontia	How Many/How Often	Type D – Orthodontia	How Many/How Often
	<ul style="list-style-type: none"> Your children, up to age 19, are covered while Dental insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia 		<ul style="list-style-type: none"> Not Covered under Low Plan

	<ul style="list-style-type: none"> ▪ Payments are on a repetitive basis ▪ 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary ▪ Orthodontic benefits end at cancellation of coverage 		
--	--	--	--

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

Frequently Asked Questions

Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30%-45% below the average fees charged in a dentist's community for the same or substantially similar services.[†]

How do I find a participating dentist?

There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-438-6388 to have a list faxed or mailed to you.

What services are covered under this plan?

The certificate of insurance sets forth the covered services under the plan. Use "certificate of insurance" for insured plans and "summary plan description" for self-funded plans. Please review the enclosed plan benefits to learn more.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.

Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.^{††} The website and phone number are for use by dental professionals only.

How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854.

Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through international dental travel assistance services^{*} you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.^{††} Please remember to hold on to all receipts to submit a dental claim.

How does MetLife coordinate benefits with other insurance plans?

Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

Do I need an ID card?

No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

[†]Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

^{††}Due to contractual requirements, MetLife is prevented from soliciting certain providers.

* AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.

Exclusions

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

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - Scaling and polishing of teeth; or
 - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any employer liability law;
 - For which the employer of the person receiving such services is not required to pay; or
 - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;

- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
 - Claim form completion;
 - Infection control such as gloves, masks, and sterilization of supplies; or
 - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Repair of implants;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders.
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

Limitations

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

This dental benefits plan is made available through a self-funded arrangement. MetLife administers this dental benefits plan, but has not provided insurance to fund benefits.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. For complete details of coverage and availability, please refer to the certificate of insurance or contact MetLife.



Vision Plan Benefits for Seguin ISD

Co-Pays		Monthly Premiums		Services/Frequency	
Exam	\$10	Emp. only	\$6.80	Exam	12 months
Materials	\$15	Emp. + spouse	\$11.58	Frame	24 months
		Emp. + child(ren)	\$12.22	Lenses	12 months
		Emp. + family	\$18.38	Contact Lenses	12 months

(Based on date of service)

Benefits through [Superior National Network](#)

	<u>In-Network</u>	<u>Out-of-Network</u>
Exam	Covered in full	Up to \$35 retail
Frames	\$100 retail allowance	Up to \$55 retail
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ¹	Up to \$45 retail
Lenticular	Covered in full	Up to \$80 retail
Contact Lenses ²	\$125 retail allowance	Up to \$65 retail
Medically Necessary Contact Lenses	Covered in full	Up to \$150 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

² Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

Discount Features

Non-Covered Eyewear Discount: Members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

SuperiorVision.com
Customer Service
800.507.3800

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions



Voluntary Long Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through the Seguin Independent School District. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please check with your human resources representative.

Employer Plan Effective Date

A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary LTD coverage can become effective. This level of participation has been agreed upon by the Seguin Independent School District and The Standard.

Eligibility

To become insured, you must be:

- A regular employee of Seguin Independent School District, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- Actively at work at least 15 hours each week
- A citizen or resident of the United States or Canada

Employee Coverage Effective Date

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

- Eligibility requirements
- An eligibility waiting period (check with your human resources representative)
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Benefit Amount

You may select a monthly benefit amount in \$100 increments from \$200 to \$7,500; based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly earnings.

Plan Maximum Monthly Benefit: 66 2/3 percent of predisability earnings

Plan Minimum Monthly Benefit: 10 percent of your LTD benefit before reduction by deductible income

Benefit Waiting Period and Maximum Benefit Period

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

<u>Option</u>	<u>Accidental Injury</u>	<u>Other Disability</u>	<u>Maximum Benefit Period</u>
1	0 days	7 days	5 Years for Sickness / To SSNRA for Accidents
2	14 days	14 days	5 Years for Sickness / To SSNRA for Accidents
3	30 days	30 days	5 Years for Sickness / To SSNRA for Accidents
4	60 days	60 days	5 Years for Sickness / To SSNRA for Accidents
5	90 days	90 days	5 Years for Sickness / To SSNRA for Accidents
6	180 days	180 days	5 Years for Sickness / To SSNRA for Accidents

Options 1-6: Maximum Benefit Period of 5 years for Sickness

If you become disabled before age 62, LTD benefits may continue during disability for 5 years. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

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

Options 1-6: Maximum Benefit Period of To SSNRA for Accident

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

First Day Hospital Benefit

With this benefit, if an insured employee is hospital confined for at least four hours, is admitted as an inpatient and is charged room and board during the benefit waiting period, the benefit waiting period will be satisfied. Benefits become payable on the date of hospitalization; the maximum benefit period also begins on that date. This feature is included only on LTD plans with benefit waiting periods of 30 days or less.

Preexisting Condition Exclusion

A detailed description of the preexisting condition exclusion is included in the Group Policy. If you have questions, please check with your human resources representative.

Preexisting Condition Period: The 180-day period just before your insurance becomes effective

Exclusion Period: 12 months

Preexisting Condition Waiver

The Standard may pay benefits for up to 90 days even if you have a preexisting condition. After 90 days, The Standard will continue benefits only if the preexisting condition exclusion does not apply.

Own Occupation Period

For the plan's definition of disability, as described in your brochure, the own occupation period is the first 24 months for which LTD benefits are paid.

Any Occupation Period

The any occupation period begins at the end of the own occupation period and continues until the end of the maximum benefit period.

Other LTD Features

- **Employee Assistance Program (EAP)** – This program offers support, guidance and resources that can help an employee resolve personal issues and meet life's challenges.
- **Family Care Expense Adjustment** – Disabled employees faced with the added expense of family care when returning to work may receive combined income from LTD benefits and work earnings in excess of 100 percent of indexed predisability earnings during the first 12 months immediately after a disabled employee's return to work.
- **Special Dismemberment Provision** – If an employee suffers a lost as a result of an accident, the employee will be considered disabled for the applicable Minimum Benefit Period and can extend beyond the end of the Maximum Benefit Period
- **Reasonable Accommodation Expense Benefit** – Subject to The Standard's prior approval, this benefit allows us to pay up to \$25,000 of an employer's expenses toward work-site modifications that result in a disabled employee's return to work.
- **Survivor Benefit** – A Survivor Benefit may also be payable. This benefit can help to address a family's financial need in the event of the employee's death.
- **Return to Work (RTW) Incentive** – The Standard's RTW Incentive is one of the most comprehensive in the employee benefits history. For the first 12 months after returning to work, the employee's LTD benefit will not be reduced by work earnings until work earnings plus the LTD benefit exceed 100 percent of predisability earnings. After that period, only 50 percent of work earnings are deducted.
- **Rehabilitation Plan Provision** – Subject to The Standard's prior approval, rehabilitation incentives may include training and education expense, family (child and elder) care expenses, and job-related and job search expenses.

When Benefits End

LTD benefits end automatically on the earliest of:

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

Rates

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

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

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

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
3,600	300	200	6.28	5.10	4.00	2.70	2.32	2.02
5,400	450	300	9.42	7.65	6.00	4.05	3.48	3.03
7,200	600	400	12.56	10.20	8.00	5.40	4.64	4.04
9,000	750	500	15.70	12.75	10.00	6.75	5.80	5.05
10,800	900	600	18.84	15.30	12.00	8.10	6.96	6.06
12,600	1,050	700	21.98	17.85	14.00	9.45	8.12	7.07
14,400	1,200	800	25.12	20.40	16.00	10.80	9.28	8.08
16,200	1,350	900	28.26	22.95	18.00	12.15	10.44	9.09
18,000	1,500	1,000	31.40	25.50	20.00	13.50	11.60	10.10
19,800	1,650	1,100	34.54	28.05	22.00	14.85	12.76	11.11
21,600	1,800	1,200	37.68	30.60	24.00	16.20	13.92	12.12
23,400	1,950	1,300	40.82	33.15	26.00	17.55	15.08	13.13
25,200	2,100	1,400	43.96	35.70	28.00	18.90	16.24	14.14
27,000	2,250	1,500	47.10	38.25	30.00	20.25	17.40	15.15
28,800	2,400	1,600	50.24	40.80	32.00	21.60	18.56	16.16
30,600	2,550	1,700	53.38	43.35	34.00	22.95	19.72	17.17
32,400	2,700	1,800	56.52	45.90	36.00	24.30	20.88	18.18
34,200	2,850	1,900	59.66	48.45	38.00	25.65	22.04	19.19
36,000	3,000	2,000	62.80	51.00	40.00	27.00	23.20	20.20
37,800	3,150	2,100	65.94	53.55	42.00	28.35	24.36	21.21
39,600	3,300	2,200	69.08	56.10	44.00	29.70	25.52	22.22
41,400	3,450	2,300	72.22	58.65	46.00	31.05	26.68	23.23
43,200	3,600	2,400	75.36	61.20	48.00	32.40	27.84	24.24
45,000	3,750	2,500	78.50	63.75	50.00	33.75	29.00	25.25
46,800	3,900	2,600	81.64	66.30	52.00	35.10	30.16	26.26
48,600	4,050	2,700	84.78	68.85	54.00	36.45	31.32	27.27
50,400	4,200	2,800	87.92	71.40	56.00	37.80	32.48	28.28
52,200	4,350	2,900	91.06	73.95	58.00	39.15	33.64	29.29
54,000	4,500	3,000	94.20	76.50	60.00	40.50	34.80	30.30
55,800	4,650	3,100	97.34	79.05	62.00	41.85	35.96	31.31
57,600	4,800	3,200	100.48	81.60	64.00	43.20	37.12	32.32
59,400	4,950	3,300	103.62	84.15	66.00	44.55	38.28	33.33
61,200	5,100	3,400	106.76	86.70	68.00	45.90	39.44	34.34
63,000	5,250	3,500	109.90	89.25	70.00	47.25	40.60	35.35
64,800	5,400	3,600	113.04	91.80	72.00	48.60	41.76	36.36
66,600	5,550	3,700	116.18	94.35	74.00	49.95	42.92	37.37
68,400	5,700	3,800	119.32	96.90	76.00	51.30	44.08	38.38
70,200	5,850	3,900	122.46	99.45	78.00	52.65	45.24	39.39

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
72,000	6,000	4,000	125.60	102.00	80.00	54.00	46.40	40.40
73,800	6,150	4,100	128.74	104.55	82.00	55.35	47.56	41.41
75,600	6,300	4,200	131.88	107.10	84.00	56.70	48.72	42.42
77,400	6,450	4,300	135.02	109.65	86.00	58.05	49.88	43.43
79,200	6,600	4,400	138.16	112.20	88.00	59.40	51.04	44.44
81,000	6,750	4,500	141.30	114.75	90.00	60.75	52.20	45.45
82,800	6,900	4,600	144.44	117.30	92.00	62.10	53.36	46.46
84,600	7,050	4,700	147.58	119.85	94.00	63.45	54.52	47.47
86,400	7,200	4,800	150.72	122.40	96.00	64.80	55.68	48.48
88,200	7,350	4,900	153.86	124.95	98.00	66.15	56.84	49.49
90,000	7,500	5,000	157.00	127.50	100.00	67.50	58.00	50.50
91,800	7,650	5,100	160.14	130.05	102.00	68.85	59.16	51.51
93,600	7,800	5,200	163.28	132.60	104.00	70.20	60.32	52.52
95,400	7,950	5,300	166.42	135.15	106.00	71.55	61.48	53.53
97,200	8,100	5,400	169.56	137.70	108.00	72.90	62.64	54.54
99,000	8,250	5,500	172.70	140.25	110.00	74.25	63.80	55.55
100,800	8,400	5,600	175.84	142.80	112.00	75.60	64.96	56.56
102,600	8,550	5,700	178.98	145.35	114.00	76.95	66.12	57.57
104,400	8,700	5,800	182.12	147.90	116.00	78.30	67.28	58.58
106,200	8,850	5,900	185.26	150.45	118.00	79.65	68.44	59.59
108,000	9,000	6,000	188.40	153.00	120.00	81.00	69.60	60.60
109,800	9,150	6,100	191.54	155.55	122.00	82.35	70.76	61.61
111,600	9,300	6,200	194.68	158.10	124.00	83.70	71.92	62.62
113,400	9,450	6,300	197.82	160.65	126.00	85.05	73.08	63.63
115,200	9,600	6,400	200.96	163.20	128.00	86.40	74.24	64.64
117,000	9,750	6,500	204.10	165.75	130.00	87.75	75.40	65.65
118,800	9,900	6,600	207.24	168.30	132.00	89.10	76.56	66.66
120,600	10,050	6,700	210.38	170.85	134.00	90.45	77.72	67.67
122,400	10,200	6,800	213.52	173.40	136.00	91.80	78.88	68.68
124,200	10,350	6,900	216.66	175.95	138.00	93.15	80.04	69.69
126,000	10,500	7,000	219.80	178.50	140.00	94.50	81.20	70.70
127,800	10,650	7,100	222.94	181.05	142.00	95.85	82.36	71.71
129,600	10,800	7,200	226.08	183.60	144.00	97.20	83.52	72.72
131,400	10,950	7,300	229.22	186.15	146.00	98.55	84.68	73.73
133,200	11,100	7,400	232.36	188.70	148.00	99.90	85.84	74.74
135,000	11,250	7,500	235.50	191.25	150.00	101.25	87.00	75.75

Hospital Indemnity Insurance Plan Summary

HOSPITAL INDEMNITY INSURANCE BENEFITS

With MetLife, you can enroll in a plan which provides payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.¹

Subcategory ²	Benefit Limits (Applies to Subcategory)	Benefit	High Plan
Hospital Benefits			
Admission Benefit	1 time per calendar year	Admission	\$1,000
	1 time per calendar year	ICU Supplemental Admission (Paid in addition to Non-ICU)	\$1,000
Confinement Benefit ³	3 days per year	Confinement	\$200
	3 days per year	ICU Supplemental Confinement (Paid in addition to Non-ICU)	\$200
Other Benefits			
Health Screening Benefit ⁴	1 time per calendar year per covered person	Health Screening	\$100

SUPPLEMENTAL BENEFITS

MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the benefit payments for the previously mentioned Benefit Categories.

Health Screening Benefit⁴

MetLife will provide an annual benefit of \$100 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. Eligible screening/prevention measures include:

• routine health check-up exam	• fasting blood glucose test
• biopsies for cancer	• fasting plasma glucose test
• blood chemistry panel	• flexible sigmoidoscopy
• blood test to determine total cholesterol	• hearing test
• blood test to determine triglycerides	• hemoccult stool specimen
• bone marrow testing	• hemoglobin A1C
• breast MRI	• human papillomavirus (HPV) vaccination
• breast ultrasound	• immunization
• breast sonogram	• lipid panel
• cancer antigen 15-3 blood test for breast cancer (CA 15-3)	• mammogram
• cancer antigen 125 blood test for ovarian cancer (CA 125)	• oral cancer screening
• carcinoembryonic antigen blood test for colon cancer (CEA)	• pap smears or thin prep pap test
• carotid doppler	• prostate-specific antigen (PSA) test

• chest x-rays	• serum cholesterol test to determine LDL and HDL levels
• clinical testicular exam	• serum protein electrophoresis
• colonoscopy	• skin cancer biopsy
• complete blood count (CBC)	• skin cancer screening
• dental exam	• skin exam
• digital rectal exam (DRE)	• stress test on bicycle or treadmill
• Doppler screening for cancer	• successful completion of smoking cessation program
• Doppler screening for peripheral vascular disease	• tests for sexually transmitted infections (STIs)
• echocardiogram	• thermography
• electrocardiogram (EKG)	• two hour post-load plasma glucose test
• electroencephalogram (EEG)	• ultrasounds for cancer detection
• endoscopy	• ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
• eye exam	• virtual colonoscopy

INSURANCE RATES

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

*** Bundled Rates include Hospital Indemnity & Group Accident coverage.	
Coverage Options	Monthly Cost to You
Employee	Hospital Indemnity & Group Accident Insurance*** \$28.19
Employee & Spouse	\$52.86
Employee & Child(ren)	\$48.85
Employee & Spouse/Child(ren)	\$71.64

BENEFIT PAYMENT EXAMPLE

Susan wakes up in the middle of the night experiencing chest pain. After contacting her doctor she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After 1 day in the Intensive Care Unit, Susan moves to a standard room and spends 2 additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or in any other way Susan sees fit.

Covered Benefit ²	Benefit Amount ⁵
Admission - Intensive Care Unit Coverage	\$1,000
Confinement for 1 day- Intensive Care Unit Coverage	\$200
ICU Supplemental Confinement	\$200
Benefits paid by MetLife Group Hospital Indemnity Insurance	\$1,400

QUESTIONS & ANSWERS

How do I enroll?

Enroll for coverage by reaching out to your Plan Administrator.

Who is eligible to enroll for this Hospital Indemnity coverage?

You are eligible to enroll yourself and your eligible family members.⁶ You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

How do I pay for my Hospital Indemnity coverage?

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

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

Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy or offers you similar coverage with a different insurance carrier.⁷

What is the coverage effective date?

The coverage effective date is 09/01/2018.

Who do I call for assistance?

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. Individuals with a TTY may call 1-800-855-2880.

¹ Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

² Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

³ When plan includes an admission benefit, confinement begins on day 2.

⁴ The Health Screening Benefit is not available in all states.

⁵ Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

⁶ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth 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.

⁷ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

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

Accident Insurance Plan Summary

ACCIDENT INSURANCE BENEFITS

With MetLife, you can enroll in a comprehensive plan which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services.

Benefit Type ¹	MetLife Accident Insurance Pays YOU
Injuries	
Fractures ²	\$50 – \$3,000
Dislocations ²	\$50 – \$3,000
Second and Third Degree Burns	\$50 – \$5,000
Concussions	\$200
Cuts/Lacerations	\$25 – \$200
Eye Injuries	\$200
Medical Services & Treatment	
Ambulance	\$200 – \$750
Emergency Care	\$25 – \$50
Non-Emergency Care	\$25
Physician Follow-Up	\$50
Therapy Services (including physical therapy)	\$15
Medical Testing Benefit	\$100
Medical Appliances	\$50 – \$500
Inpatient Surgery	\$100 – \$1,000
Hospital³ Coverage (Accident)	
Admission	\$500 (non-ICU) – \$1,000 (ICU) per accident
Confinement	\$100 a day (non-ICU) – up to 31 days \$200 a day (ICU) – up to 31 days
Inpatient Rehab (paid per accident)	\$100 a day, up to 15 days
Benefit Type¹	MetLife Accident Insurance Pays YOU
Accidental Death	
Employee receives 100% of amount shown, spouse receives 100% and children receive 100% of amount shown.	\$25,000 \$75,000 for common carrier ⁵
Dismemberment, Loss & Paralysis	
Dismemberment, Loss & Paralysis	\$250 – \$10,000 per injury
Other Benefits	
Lodging ⁶ - Pays for lodging for companion up to 30 nights per calendar year	\$100 per night, up to 30 nights; up to \$3,000 in total lodging benefits available per calendar year

BENEFIT PAYMENT EXAMPLE

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

Covered Event ¹	Benefit Amount ⁸
Ambulance (ground)	\$300
Emergency Care	\$50
Physician Follow-Up (\$50 x 2)	\$100
Medical Testing	\$100
Concussion	\$200
Broken Tooth (repaired by crown)	\$100
Benefits paid by MetLife Group Accident Insurance	\$850

QUESTIONS & ANSWERS

Who is eligible to enroll for this accident coverage?

You are eligible to enroll yourself and your eligible family members!⁹ You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

How do I pay for my accident coverage?

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

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

Yes, you can take your coverage with you.¹⁰ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Who do I call for assistance?

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. Individuals with a TTY may call 1-800-855-2880.

¹ Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

² Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

³ Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

⁴ The Hospital Sickness benefit may not be available in the following states: NH, VT and WA. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

⁵ Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.

⁶ The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from insured's primary residence.

⁷ The Health Screening Benefit is not available in all states. For Texas situated policies and Texas residents covered under policies situated in other states, when the Health Screening Benefit is included in an Accident-only plan, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).

⁸ Benefit amount is based on a sample MetLife plan design. Actual plan design and plan benefits may vary.

⁹ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

¹⁰ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There is a preexisting condition limitation for hospital sickness benefits, if applicable. MetLife's Accident Insurance may be subject to benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.



PURELIFE-PLUS

*Flexible Premium Life Insurance
to Age 121*

Portable, Permanent Individual Life Insurance for the Employee and Family

Policy Form: PRFNG-NI-10

Product Highlights

Permanent Life Insurance
to Age 121

Minimal Cash Value
Premiums Dedicated Primarily
to Purchase Life Insurance

Level Premium Guarantees
Coverage for a Significant
Period of Time

Unique Limited Right to Partial
Refund of Premium if Future
Premium Required to
Continue Coverage Increases

No Surrender Charges Apply

Accelerated Death Benefit Due
to Terminal Illness Included

Convenient Premium Payments
Through Payroll Deduction

Portable When You Leave
Employment

For the eligible employees of
SEGUIN ISD

Application for Life Insurance

Express Issue | Monthly Pay

FOR USE ONLY IN
Alaska, Colorado, Hawaii, Iowa, Kentucky,
Nebraska, Texas and Utah

Portable, Permanent, Individual Life Insurance for Employees and Their Families

As an employee, you can apply for valuable life insurance protection on you and your family under eligibility guidelines established for your employer. Your employer has conveniently agreed to permit you to pay premiums through payroll deduction. This is a summary only. Policy provisions prevail. This brochure is not a contract or an offer to contract.

Minimal Cash Values Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

Permanent Life Insurance Coverage Unlike group term life insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

Guaranteed Period Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period shown. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium (described below).

Guaranteed Limited Right to Partial Refund of Premium If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to:

- a. Pay the higher premium(s) required to continue coverage; or,
- b. Surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (ten years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders.

Portable Once issued, continued employment is not a condition to continue coverage. Coverage is guaranteed as long as required premiums are paid, even after you retire or terminate employment. When employment ends, you can pay equivalent monthly premiums directly or by bank draft (for monthly direct payments we add a monthly fee not to exceed \$2.00). Other modes are available.

Accelerated Death Benefit Due to Terminal Illness Rider This policy includes, at no additional premium, an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICCo7-ULABR-07). See details on next page.

Individual and Family Coverage is Easy to Apply For Subject to age and amount restrictions, you may apply for an individual policy on your life or your spouse's life (see chart next page for spouse's minimum/maximum amounts). An individual policy for \$ 25,000 is also available on each of your children ages 15 days — 26, and even on each of your grandchildren ages 15 days — 18. (You may cover children ages 18 and younger under the Child Term Life Insurance Rider in lieu of individual policies.) Proof of insurability is required.

Most policies are issued based upon the answers to three work and health related application questions.

Child Term Life Insurance Rider In lieu of an individual policy on each child, if the primary insured is age 59 or less you may apply for a Child Term Life Insurance Rider for \$10,000 (add \$5.00 for \$10,000 of coverage). It insures the primary insured's children and step-children who are ages 15 days through age 18 at the time of the application. Children thereafter born to or adopted by the primary insured are covered 15 days after birth. Coverage continues to age 25. Coverage terminates at the primary insured's age 65. Coverage on a step-child ceases upon the primary insured's divorce from the step-child's natural or adoptive parent. If the primary insured dies, coverage is paid-up to the earlier of the insured child's age 25 or the Contract Anniversary Date on which the primary insured's Attained Age would have been 65. (Form ICCo7-ULCL-CIR-07).

TEXAS LIFE is the oldest legal reserve life insurance company domiciled in Texas, established in 1901.

Interim Insurance: Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction; (2) the Salary Deduction Authorization is signed; and, (3) the proposed insured is insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 180th day after the application date.

Policy Mechanics and Other Important Details Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value is currently credited the guaranteed interest rate of 4.00% per annum. We may, at any time, credit higher than the guaranteed interest rate. Likewise, We may charge cost of insurance rates which are less than the policy's maximum rates, but only when actual cash value equals or exceeds Benchmark Cash Value. No surrender charges apply. Loads include 4.00% of premium, \$ 1.50 per month and monthly administrative loads. Two year suicide and contestable clauses apply (one year suicide clause in Colorado). The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months.

IMPORTANT NOTICES | PLEASE READ THE FOLLOWING NOTICES REGARDING ACCELERATED DEATH BENEFITS

Important Notices Tax laws related to the acceleration of life insurance benefits are complex. The information presented below is a general description. You should consult a qualified tax or legal advisor to determine the effect of receiving this benefit. Texas Life Insurance Company and its agents do not provide tax or legal advice.

Receipt of any accelerated death benefit under your policy may affect your, your spouse's and your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplemental Social Security Income (SSI), and drug assistance programs. You should consult a qualified tax or legal advisor and the relevant social service agencies to determine how receiving the benefit may affect your, your spouse's and your family's eligibility for public assistance.

An accelerated death benefit is not a long term care insurance. The following is a general description of any accelerated death benefit under your policy. Your policy and riders contain certain exclusions, limitations, and exceptions. Please refer to your policy and riders for details. The right to accelerate benefits under any accelerated death benefit does not extend to any Child Term Life Insurance Rider. However, if the accelerated death benefit under any rider is paid, any Child Term Life Insurance Rider on the policy becomes paid-up term insurance as if the insured had died. Payment under any accelerated death benefit rider terminates the policy and all other optional benefits/riders and reduces all insurance proceeds, cash values and loan values to zero.

Accelerated Death Benefit Due to Terminal Illness The policy includes an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICC07-ULABR-07). If the insured has a terminal illness, you may elect to claim an accelerated benefit while the insured is still alive in lieu of the insurance proceeds otherwise payable at death. The single sum benefit is 92% of the insurance proceeds less an administrative fee of \$150. Terminal Illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in death within 12 months.

The Accelerated Death Benefit Due to Terminal Illness Rider is intended to qualify for favorable income tax treatment. The benefit will not be subject to federal income tax.

OPTIONAL BENEFITS MONTHLY COST:

Children's Term Life Insurance Rider Add \$ 5.00 for \$10,000

EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE

Spouse's Issue Age	Minimum Face Amount	Maximum Face Amount
17-34	\$25,000	\$50,000
35-39	15,000	50,000
40-49	10,000	50,000
50-60	10,000	25,000
61 & Older	N/A	N/A

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-10			7.75							75
11-16			8.00							70
17-20			8.00	11.90	14.50	21.00	27.50	34.00	40.50	66
21			8.25	12.30	15.00	21.75	28.50	35.25	42.00	66
22			8.25	12.30	15.00	21.75	28.50	35.25	42.00	65
23-25			8.50	12.70	15.50	22.50	29.50	36.50	43.50	63
26			8.75	13.10	16.00	23.25	30.50	37.75	45.00	63
27			9.00	13.50	16.50	24.00	31.50	39.00	46.50	63
28			9.00	13.50	16.50	24.00	31.50	39.00	46.50	62
29			9.25	13.90	17.00	24.75	32.50	40.25	48.00	62
30-31			9.50	14.30	17.50	25.50	33.50	41.50	49.50	60
32			10.00	15.10	18.50	27.00	35.50	44.00	52.50	61
33			10.50	15.90	19.50	28.50	37.50	46.50	55.50	62
34			11.00	16.70	20.50	30.00	39.50	49.00	58.50	62
35		7.65	11.75	17.90	22.00	32.25	42.50	52.75	63.00	64
36		7.95	12.25	18.70	23.00	33.75	44.50	55.25	66.00	64
37		8.25	12.75	19.50	24.00	35.25	46.50	57.75	69.00	64
38		8.70	13.50	20.70	25.50	37.50	49.50	61.50	73.50	65
39		9.30	14.50	22.30	27.50	40.50	53.50	66.50	79.50	66
40	7.10	9.90	15.50	23.90	29.50	43.50	57.50	71.50	85.50	67
41	7.60	10.65	16.75	25.90	32.00	47.25	62.50	77.75	93.00	68
42	8.30	11.70	18.50	28.70	35.50	52.50	69.50	86.50	103.50	70
43	9.00	12.75	20.25	31.50	39.00	57.75	76.50	95.25	114.00	72
44	9.70	13.80	22.00	34.30	42.50	63.00	83.50	104.00	124.50	73
45	10.50	15.00	24.00	37.50	46.50	69.00	91.50	114.00	136.50	74
46	11.30	16.20	26.00	40.70	50.50	75.00	99.50	124.00	148.50	75
47	12.00	17.25	27.75	43.50	54.00	80.25	106.50	132.75	159.00	76
48	12.80	18.45	29.75	46.70	58.00	86.25	114.50	142.75	171.00	77
49	13.70	19.80	32.00	50.30	62.50	93.00	123.50	154.00	184.50	78
50	14.80	21.45	34.75	54.70	68.00	101.25				79
51	16.10	23.40	38.00	59.90	74.50	111.00				80
52	17.70	25.80	42.00	66.30	82.50	123.00				82
53	19.30	28.20	46.00	72.70	90.50	135.00				83
54	20.90	30.60	50.00	79.10	98.50	147.00				85
55	22.30	32.70	53.50	84.70	105.50	157.50				86
56	23.30	34.20	56.00	88.70	110.50	165.00				85
57	24.00	35.25	57.75	91.50	114.00	170.25				84
58	24.80	36.45	59.75	94.70	118.00	176.25				84
59	25.80	37.95	62.25	98.70	123.00	183.75				84
60	27.30	40.20	66.00	104.70	130.50	195.00				84
61	29.60	43.65	71.75	113.90	142.00	212.25				85
62	32.40	47.85	78.75	125.10	156.00	233.25				87
63	35.50	52.50	86.50	137.50	171.50	256.50				89
64	39.60	58.65	96.75	153.90	192.00	287.25				93
65	42.50	63.00	104.00	165.50	206.50	309.00				94
66	45.30									95
67	47.80									96
68	50.40									96
69	53.20									96
70	56.20									95

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-10										75
11-16										70
17-20			12.25	18.70	23.00	33.75	44.50	55.25	66.00	66
21			12.75	19.50	24.00	35.25	46.50	57.75	69.00	66
22			12.75	19.50	24.00	35.25	46.50	57.75	69.00	65
23-25			13.50	20.70	25.50	37.50	49.50	61.50	73.50	63
26			13.75	21.10	26.00	38.25	50.50	62.75	75.00	63
27			14.00	21.50	26.50	39.00	51.50	64.00	76.50	63
28			14.25	21.90	27.00	39.75	52.50	65.25	78.00	62
29			14.50	22.30	27.50	40.50	53.50	66.50	79.50	62
30-31			16.50	25.50	31.50	46.50	61.50	76.50	91.50	60
32			17.00	26.30	32.50	48.00	63.50	79.00	94.50	61
33			17.25	26.70	33.00	48.75	64.50	80.25	96.00	62
34			17.50	27.10	33.50	49.50	65.50	81.50	97.50	62
35		11.85	18.75	29.10	36.00	53.25	70.50	87.75	105.00	64
36		12.30	19.50	30.30	37.50	55.50	73.50	91.50	109.50	64
37		13.05	20.75	32.30	40.00	59.25	78.50	97.75	117.00	64
38		13.50	21.50	33.50	41.50	61.50	81.50	101.50	121.50	65
39		14.40	23.00	35.90	44.50	66.00	87.50	109.00	130.50	66
40	11.00	15.75	25.25	39.50	49.00	72.75	96.50	120.25	144.00	67
41	11.70	16.80	27.00	42.30	52.50	78.00	103.50	129.00	154.50	68
42	12.60	18.15	29.25	45.90	57.00	84.75	112.50	140.25	168.00	70
43	14.00	20.25	32.75	51.50	64.00	95.25	126.50	157.75	189.00	72
44	14.80	21.45	34.75	54.70	68.00	101.25	134.50	167.75	201.00	73
45	15.90	23.10	37.50	59.10	73.50	109.50	145.50	181.50	217.50	74
46	16.90	24.60	40.00	63.10	78.50	117.00	155.50	194.00	232.50	75
47	17.90	26.10	42.50	67.10	83.50	124.50	165.50	206.50	247.50	76
48	18.90	27.60	45.00	71.10	88.50	132.00	175.50	219.00	262.50	77
49	20.50	30.00	49.00	77.50	96.50	144.00	191.50	239.00	286.50	78
50	21.60	31.65	51.75	81.90	102.00	152.25				79
51	23.30	34.20	56.00	88.70	110.50	165.00				80
52	25.40	37.35	61.25	97.10	121.00	180.75				82
53	27.10	39.90	65.50	103.90	129.50	193.50				83
54	29.20	43.05	70.75	112.30	140.00	209.25				85
55	30.70	45.30	74.50	118.30	147.50	220.50				86
56	32.00	47.25	77.75	123.50	154.00	230.25				85
57	33.00	48.75	80.25	127.50	159.00	237.75				84
58	34.80	51.45	84.75	134.70	168.00	251.25				84
59	36.30	53.70	88.50	140.70	175.50	262.50				84
60	38.10	56.40	93.00	147.90	184.50	276.00				84
61	40.70	60.30	99.50	158.30	197.50	295.50				85
62	44.00	65.25	107.75	171.50	214.00	320.25				87
63	47.40	70.35	116.25	185.10	231.00	345.75				89
64	51.10	75.90	125.50	199.90	249.50	373.50				93
65	53.60	79.65	131.75	209.90	262.00	392.25				94
66	56.40									95
67	59.20									96
68	62.30									96
69	65.50									96
70	69.00									95

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Seguin ISD.

Eligibility

Definition of a Member	You are a member if you are an active employee of Seguin ISD and regularly working at least 15 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$10,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 65 and to 50 percent at age 70.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Seguin ISD. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Seguin ISD may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13279-D-TX-Seguin ISD (4/18)
5594570-185816



Group Additional Life Insurance

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.



This plan offers:

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

② About This Coverage

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

How Much Can I Apply For? Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 6 times your annual earnings. The coverage amount for your spouse cannot exceed 50 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.	For You:	\$10,000 – \$500,000 in increments of \$10,000
	For Your Spouse:	\$5,000 – \$250,000 in increments of \$5,000
	For Your Child(ren):	\$2,000 – \$10,000 in increments of \$2,000
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to \$200,000
	For Your Spouse:	Up to \$75,000

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

☰ Additional Feature

Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,00.
----------------------------	--

How Much Life Insurance Do You Need?

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

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

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

💰How Much Your Coverage Costs

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

Employee Life Monthly Premiums

Coverage Amount	Employee's Age as of September 1											
	< 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64*	65-69*	70-74*	75-79*
\$10,000	0.37	0.45	0.60	0.68	0.76	1.13	1.73	3.25	4.98	9.59	10.11	7.00
\$20,000	0.74	0.90	1.20	1.36	1.52	2.26	3.46	6.50	9.96	19.18	20.22	14.00
\$30,000	1.11	1.35	1.80	2.04	2.28	3.39	5.19	9.75	14.94	28.77	30.32	20.99
\$40,000	1.48	1.80	2.40	2.72	3.04	4.52	6.92	13.00	19.92	38.36	40.43	27.99
\$50,000	1.85	2.25	3.00	3.40	3.80	5.65	8.65	16.25	24.90	47.95	50.54	34.99
\$60,000	2.22	2.70	3.60	4.08	4.56	6.78	10.38	19.50	29.88	57.54	60.65	41.99
\$70,000	2.59	3.15	4.20	4.76	5.32	7.91	12.11	22.75	34.86	67.13	70.75	48.98
\$80,000	2.96	3.60	4.80	5.44	6.08	9.04	13.84	26.00	39.84	76.72	80.86	55.98
\$90,000	3.33	4.05	5.40	6.12	6.84	10.17	15.57	29.25	44.82	86.31	90.97	62.98
\$100,000	3.70	4.50	6.00	6.80	7.60	11.30	17.30	32.50	49.80	95.90	101.08	69.98
\$110,000	4.07	4.95	6.60	7.48	8.36	12.43	19.03	35.75	54.78	105.49	111.18	76.97
\$120,000	4.44	5.40	7.20	8.16	9.12	13.56	20.76	39.00	59.76	115.08	121.29	83.97
\$130,000	4.81	5.85	7.80	8.84	9.88	14.69	22.49	42.25	64.74	124.67	131.40	90.97
\$140,000	5.18	6.30	8.40	9.52	10.64	15.82	24.22	45.50	69.72	134.26	141.51	97.97
\$150,000	5.55	6.75	9.00	10.20	11.40	16.95	25.95	48.75	74.70	143.85	151.61	104.96
\$160,000	5.92	7.20	9.60	10.88	12.16	18.08	27.68	52.00	79.68	153.44	161.72	111.96
\$170,000	6.29	7.65	10.20	11.56	12.92	19.21	29.41	55.25	84.66	163.03	171.83	118.96
\$180,000	6.66	8.10	10.80	12.24	13.68	20.34	31.14	58.50	89.64	172.62	181.94	125.96
\$190,000	7.03	8.55	11.40	12.92	14.44	21.47	32.87	61.75	94.62	182.21	192.04	132.95
\$200,000	7.40	9.00	12.00	13.60	15.20	22.60	34.60	65.00	99.60	191.80	202.15	139.95
\$210,000	7.77	9.45	12.60	14.28	15.96	23.73	36.33	68.25	104.58	201.39	212.26	146.95
\$220,000	8.14	9.90	13.20	14.96	16.72	24.86	38.06	71.50	109.56	210.98	222.37	153.95
\$230,000	8.51	10.35	13.80	15.64	17.48	25.99	39.79	74.75	114.54	220.57	232.47	160.94
\$240,000	8.88	10.80	14.40	16.32	18.24	27.12	41.52	78.00	119.52	230.16	242.58	167.94
\$250,000	9.25	11.25	15.00	17.00	19.00	28.25	43.25	81.25	124.50	239.75	252.69	174.94
\$260,000	9.62	11.70	15.60	17.68	19.76	29.38	44.98	84.50	129.48	249.34	262.80	181.94
\$270,000	9.99	12.15	16.20	18.36	20.52	30.51	46.71	87.75	134.46	258.93	272.90	188.93
\$280,000	10.36	12.60	16.80	19.04	21.28	31.64	48.44	91.00	139.44	268.52	283.01	195.93
\$290,000	10.73	13.05	17.40	19.72	22.04	32.77	50.17	94.25	144.42	278.11	293.12	202.93
\$300,000	11.10	13.50	18.00	20.40	22.80	33.90	51.90	97.50	149.40	287.70	303.23	209.93
\$310,000	11.47	13.95	18.60	21.08	23.56	35.03	53.63	100.75	154.38	297.29	313.33	216.92
\$320,000	11.84	14.40	19.20	21.76	24.32	36.16	55.36	104.00	159.36	306.88	323.44	223.92
\$330,000	12.21	14.85	19.80	22.44	25.08	37.29	57.09	107.25	164.34	316.47	333.55	230.92
\$340,000	12.58	15.30	20.40	23.12	25.84	38.42	58.82	110.50	169.32	326.06	343.66	237.92
\$350,000	12.95	15.75	21.00	23.80	26.60	39.55	60.55	113.75	174.30	335.65	353.76	244.91
\$360,000	13.32	16.20	21.60	24.48	27.36	40.68	62.28	117.00	179.28	345.24	363.87	251.91
\$370,000	13.69	16.65	22.20	25.16	28.12	41.81	64.01	120.25	184.26	354.83	373.98	258.91
\$380,000	14.06	17.10	22.80	25.84	28.88	42.94	65.74	123.50	189.24	364.42	384.09	265.91
\$390,000	14.43	17.55	23.40	26.52	29.64	44.07	67.47	126.75	194.22	374.01	394.19	272.90
\$400,000	14.80	18.00	24.00	27.20	30.40	45.20	69.20	130.00	199.20	383.60	404.30	279.90
\$410,000	15.17	18.45	24.60	27.88	31.16	46.33	70.93	133.25	204.18	393.19	414.41	286.90
\$420,000	15.54	18.90	25.20	28.56	31.92	47.46	72.66	136.50	209.16	402.78	424.52	293.90
\$430,000	15.91	19.35	25.80	29.24	32.68	48.59	74.39	139.75	214.14	412.37	434.62	300.89
\$440,000	16.28	19.80	26.40	29.92	33.44	49.72	76.12	143.00	219.12	421.96	444.73	307.89
\$450,000	16.65	20.25	27.00	30.60	34.20	50.85	77.85	146.25	224.10	431.55	454.84	314.89
\$460,000	17.02	20.70	27.60	31.28	34.96	51.98	79.58	149.50	229.08	441.14	464.95	321.89
\$470,000	17.39	21.15	28.20	31.96	35.72	53.11	81.31	152.75	234.06	450.73	475.05	328.88
\$480,000	17.76	21.60	28.80	32.64	36.48	54.24	83.04	156.00	239.04	460.32	485.16	335.88
\$490,000	18.13	22.05	29.40	33.32	37.24	55.37	84.77	159.25	244.02	469.91	495.27	342.88
\$500,000	18.50	22.50	30.00	34.00	38.00	56.50	86.50	162.50	249.00	479.50	505.38	349.88

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Employee Life Monthly Premiums (Continued)

Coverage Amount	Employee's Age as of September 1		
	80-84	85-89	90
\$10,000	4.67	3.11	2.33
\$20,000	9.33	6.22	4.67
\$30,000	14.00	9.33	7.00
\$40,000	18.66	12.44	9.33
\$50,000	23.33	15.55	11.66
\$60,000	27.99	18.66	14.00
\$70,000	32.66	21.77	16.33
\$80,000	37.32	24.88	18.66
\$90,000	41.99	27.99	20.99
\$100,000	46.65	31.10	23.33
\$110,000	51.32	34.21	25.66
\$120,000	55.98	37.32	27.99
\$130,000	60.65	40.43	30.32
\$140,000	65.31	43.54	32.66
\$150,000	69.98	46.65	34.99
\$160,000	74.64	49.76	37.32
\$170,000	79.31	52.87	39.65
\$180,000	83.97	55.98	41.99
\$190,000	88.64	59.09	44.32
\$200,000	93.30	62.20	46.65
\$210,000	97.97	65.31	48.98
\$220,000	102.63	68.42	51.32
\$230,000	107.30	71.53	53.65
\$240,000	111.96	74.64	55.98
\$250,000	116.63	77.75	58.31
\$260,000	121.29	80.86	60.65
\$270,000	125.96	83.97	62.98
\$280,000	130.62	87.08	65.31
\$290,000	135.29	90.19	67.64
\$300,000	139.95	93.30	69.98
\$310,000	144.62	96.41	72.31
\$320,000	149.28	99.52	74.64
\$330,000	153.95	102.63	76.97
\$340,000	158.61	105.74	79.31
\$350,000	163.28	108.85	81.64
\$360,000	167.94	111.96	83.97
\$370,000	172.61	115.07	86.30
\$380,000	177.27	118.18	88.64
\$390,000	181.94	121.29	90.97
\$400,000	186.60	124.40	93.30
\$410,000	191.27	127.51	95.63
\$420,000	195.93	130.62	97.97
\$430,000	200.60	133.73	100.30
\$440,000	205.26	136.84	102.63
\$450,000	209.93	139.95	104.96
\$460,000	214.59	143.06	107.30
\$470,000	219.26	146.17	109.63
\$480,000	223.92	149.28	111.96
\$490,000	228.59	152.39	114.29
\$500,000	233.25	155.50	116.63

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life Monthly Premiums

Coverage Amount	Employee's Age as of September 1											
	< 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64*	65-69*	70-74*	75-79*
\$5,000	0.17	0.22	0.26	0.30	0.43	0.73	1.19	1.87	2.94	5.23	4.59	3.17
\$10,000	0.34	0.43	0.51	0.60	0.85	1.45	2.38	3.74	5.87	10.46	9.17	6.35
\$15,000	0.51	0.65	0.77	0.90	1.28	2.18	3.57	5.61	8.81	15.69	13.76	9.52
\$20,000	0.68	0.86	1.02	1.20	1.70	2.90	4.76	7.48	11.74	20.92	18.34	12.70
\$25,000	0.85	1.08	1.28	1.50	2.13	3.63	5.95	9.35	14.68	26.15	22.93	15.87
\$30,000	1.02	1.29	1.53	1.80	2.55	4.35	7.14	11.22	17.61	31.38	27.51	19.05
\$35,000	1.19	1.51	1.79	2.10	2.98	5.08	8.33	13.09	20.55	36.61	32.10	22.22
\$40,000	1.36	1.72	2.04	2.40	3.40	5.80	9.52	14.96	23.48	41.84	36.69	25.40
\$45,000	1.53	1.94	2.30	2.70	3.83	6.53	10.71	16.83	26.42	47.07	41.27	28.57
\$50,000	1.70	2.15	2.55	3.00	4.25	7.25	11.90	18.70	29.35	52.30	45.86	31.75
\$55,000	1.87	2.37	2.81	3.30	4.68	7.98	13.09	20.57	32.29	57.53	50.44	34.92
\$60,000	2.04	2.58	3.06	3.60	5.10	8.70	14.28	22.44	35.22	62.76	55.03	38.10
\$65,000	2.21	2.80	3.32	3.90	5.53	9.43	15.47	24.31	38.16	67.99	59.61	41.27
\$70,000	2.38	3.01	3.57	4.20	5.95	10.15	16.66	26.18	41.09	73.22	64.20	44.45
\$75,000	2.55	3.23	3.83	4.50	6.38	10.88	17.85	28.05	44.03	78.45	68.79	47.62
\$80,000	2.72	3.44	4.08	4.80	6.80	11.60	19.04	29.92	46.96	83.68	73.37	50.80
\$85,000	2.89	3.66	4.34	5.10	7.23	12.33	20.23	31.79	49.90	88.91	77.96	53.97
\$90,000	3.06	3.87	4.59	5.40	7.65	13.05	21.42	33.66	52.83	94.14	82.54	57.15
\$95,000	3.23	4.09	4.85	5.70	8.08	13.78	22.61	35.53	55.77	99.37	87.13	60.32
\$100,000	3.40	4.30	5.10	6.00	8.50	14.50	23.80	37.40	58.70	104.60	91.72	63.50
\$105,000	3.57	4.52	5.36	6.30	8.93	15.23	24.99	39.27	61.64	109.83	96.30	66.67
\$110,000	3.74	4.73	5.61	6.60	9.35	15.95	26.18	41.14	64.57	115.06	100.89	69.84
\$115,000	3.91	4.95	5.87	6.90	9.78	16.68	27.37	43.01	67.51	120.29	105.47	73.02
\$120,000	4.08	5.16	6.12	7.20	10.20	17.40	28.56	44.88	70.44	125.52	110.06	76.19
\$125,000	4.25	5.38	6.38	7.50	10.63	18.13	29.75	46.75	73.38	130.75	114.64	79.37
\$130,000	4.42	5.59	6.63	7.80	11.05	18.85	30.94	48.62	76.31	135.98	119.23	82.54
\$135,000	4.59	5.81	6.89	8.10	11.48	19.58	32.13	50.49	79.25	141.21	123.82	85.72
\$140,000	4.76	6.02	7.14	8.40	11.90	20.30	33.32	52.36	82.18	146.44	128.40	88.89
\$145,000	4.93	6.24	7.40	8.70	12.33	21.03	34.51	54.23	85.12	151.67	132.99	92.07
\$150,000	5.10	6.45	7.65	9.00	12.75	21.75	35.70	56.10	88.05	156.90	137.57	95.24
\$155,000	5.27	6.67	7.91	9.30	13.18	22.48	36.89	57.97	90.99	162.13	142.16	98.42
\$160,000	5.44	6.88	8.16	9.60	13.60	23.20	38.08	59.84	93.92	167.36	146.74	101.59
\$165,000	5.61	7.10	8.42	9.90	14.03	23.93	39.27	61.71	96.86	172.59	151.33	104.77
\$170,000	5.78	7.31	8.67	10.20	14.45	24.65	40.46	63.58	99.79	177.82	155.92	107.94
\$175,000	5.95	7.53	8.93	10.50	14.88	25.38	41.65	65.45	102.73	183.05	160.50	111.12
\$180,000	6.12	7.74	9.18	10.80	15.30	26.10	42.84	67.32	105.66	188.28	165.09	114.29
\$185,000	6.29	7.96	9.44	11.10	15.73	26.83	44.03	69.19	108.60	193.51	169.67	117.47
\$190,000	6.46	8.17	9.69	11.40	16.15	27.55	45.22	71.06	111.53	198.74	174.26	120.64
\$195,000	6.63	8.39	9.95	11.70	16.58	28.28	46.41	72.93	114.47	203.97	178.84	123.82
\$200,000	6.80	8.60	10.20	12.00	17.00	29.00	47.60	74.80	117.40	209.20	183.43	126.99
\$205,000	6.97	8.82	10.46	12.30	17.43	29.73	48.79	76.67	120.34	214.43	188.02	130.16
\$210,000	7.14	9.03	10.71	12.60	17.85	30.45	49.98	78.54	123.27	219.66	192.60	133.34
\$215,000	7.31	9.25	10.97	12.90	18.28	31.18	51.17	80.41	126.21	224.89	197.19	136.51
\$220,000	7.48	9.46	11.22	13.20	18.70	31.90	52.36	82.28	129.14	230.12	201.77	139.69
\$225,000	7.65	9.68	11.48	13.50	19.13	32.63	53.55	84.15	132.08	235.35	206.36	142.86
\$230,000	7.82	9.89	11.73	13.80	19.55	33.35	54.74	86.02	135.01	240.58	210.94	146.04
\$235,000	7.99	10.11	11.99	14.10	19.98	34.08	55.93	87.89	137.95	245.81	215.53	149.21
\$240,000	8.16	10.32	12.24	14.40	20.40	34.80	57.12	89.76	140.88	251.04	220.12	152.39
\$245,000	8.33	10.54	12.50	14.70	20.83	35.53	58.31	91.63	143.82	256.27	224.70	155.56
\$250,000	8.50	10.75	12.75	15.00	21.25	36.25	59.50	93.50	146.75	261.50	229.29	158.74

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life Monthly Premiums (Continued)

Coverage Amount	Employee's Age as of September 1		
	80-84	85-89	90
\$5,000	2.12	1.41	1.06
\$10,000	4.23	2.82	2.12
\$15,000	6.35	4.23	3.17
\$20,000	8.47	5.64	4.23
\$25,000	10.58	7.06	5.29
\$30,000	12.70	8.47	6.35
\$35,000	14.82	9.88	7.41
\$40,000	16.93	11.29	8.47
\$45,000	19.05	12.70	9.52
\$50,000	21.17	14.11	10.58
\$55,000	23.28	15.52	11.64
\$60,000	25.40	16.93	12.70
\$65,000	27.51	18.34	13.76
\$70,000	29.63	19.75	14.82
\$75,000	31.75	21.17	15.87
\$80,000	33.86	22.58	16.93
\$85,000	35.98	23.99	17.99
\$90,000	38.10	25.40	19.05
\$95,000	40.21	26.81	20.11
\$100,000	42.33	28.22	21.17
\$105,000	44.45	29.63	22.22
\$110,000	46.56	31.04	23.28
\$115,000	48.68	32.45	24.34
\$120,000	50.80	33.86	25.40
\$125,000	52.91	35.28	26.46
\$130,000	55.03	36.69	27.51
\$135,000	57.15	38.10	28.57
\$140,000	59.26	39.51	29.63
\$145,000	61.38	40.92	30.69
\$150,000	63.50	42.33	31.75
\$155,000	65.61	43.74	32.81
\$160,000	67.73	45.15	33.86
\$165,000	69.84	46.56	34.92
\$170,000	71.96	47.97	35.98
\$175,000	74.08	49.39	37.04
\$180,000	76.19	50.80	38.10
\$185,000	78.31	52.21	39.16
\$190,000	80.43	53.62	40.21
\$195,000	82.54	55.03	41.27
\$200,000	84.66	56.44	42.33
\$205,000	86.78	57.85	43.39
\$210,000	88.89	59.26	44.45
\$215,000	91.01	60.67	45.50
\$220,000	93.13	62.08	46.56
\$225,000	95.24	63.50	47.62
\$230,000	97.36	64.91	48.68
\$235,000	99.48	66.32	49.74
\$240,000	101.59	67.73	50.80
\$245,000	103.71	69.14	51.85
\$250,000	105.83	70.55	52.91

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Group Additional Life Insurance

Child Life with AD&D Monthly Premiums

Coverage Amount	Premium
\$2,000	0.20
\$4,000	0.40
\$6,000	0.60
\$8,000	0.80
\$10,000	1.00

Important Details

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

Eligibility Requirements

To be eligible for coverage, you must be:

- An active employee of Seguin ISD
- Regularly working at least 15 hours per week
- Insured for Basic Life insurance through The Standard to qualify for Additional Life insurance

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

If you buy Additional Life insurance for yourself, you may also buy additional coverage for your eligible children and/or spouse. This is called Dependents Life insurance. You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law. Child means your child from live birth through age 25. Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval

Required for:

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

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

Coverage Effective Date

To become insured, you must

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

If you are not actively at work on the day before the

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

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

Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 70, to 45 percent at age 75, to 30 percent at age 80, to 20 percent at age 85 and to 15% at age 90. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 70, to 45 percent at age 75, to 30 percent at age 80, to 20 percent at age 85 and to 15% at age 90. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Waiver of Premium

Your premiums may be waived if you:

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

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

Portability

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

Conversion

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

Exclusions

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

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

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

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

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

Group Insurance Certificate

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

About Standard Insurance Company

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

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

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

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 12506-D-AL-TX-Seguin ISD (5/18)

5599489-187350



Allstate
BENEFITS

Protection for the
treatment of cancer and
29 specified diseases

Cancer Insurance

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

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

Here's How It Works

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

Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer at initial enrollment
- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits may be added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Are you in Good Hands? You can be.**

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

¹Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017.

²Cancer Treatment & Survivorship Facts & Figures, 2014-2015

DID YOU KNOW ?



Early detection, improved treatments and access to care are factors that influence cancer survival¹

19 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 19 million by 2024²

Offered to the employees of:

Seguin ISD

Meet TJ

TJ is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Here's how TJ's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.



CHOOSE

TJ chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease



USE

TJ undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

Here's TJ's treatment path:

- TJ travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- TJ undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- TJ is released under doctor required treatment and care during a 2-month recovery period

TJ continues to fight his cancer and follow his doctor recommended treatments.



CLAIM

TJ's Cancer claim paid him cash benefits for the following:

Wellness

Cancer Initial Diagnosis

Continuous Hospital Confinement

Non-Local Transportation

Surgery

Anesthesia

Medical Imaging

Inpatient Drugs and Medicine

Physician's Attendance

Anti-Nausea

For a listing of benefits and benefit amounts, see your company's rate insert.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Wellness Benefit

Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

Benefits (subject to maximums as listed on the attached rate insert)

HOSPITAL CONFINEMENT AND RELATED BENEFITS

Continuous Hospital Confinement - inpatient admission and confinement

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - within 14 days of a hospital stay; payable up to the number of days of the hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care Center or Team - terminal illness care in a facility or at home; one visit per day

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration, processing, procurement, cross matching

Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

SURGERY AND RELATED BENEFITS

Surgery* - based on Certificate Schedule of Surgical Procedures

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Opinion - second opinion for surgery or treatment by a doctor not in practice with your doctor

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

Physician's Attendance - one inpatient visit by one physician

Ambulance - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Hair Prosthesis - wig or hairpiece every two years due to hair loss

Nonsurgical External Breast Prosthesis - initial prosthesis after a covered mastectomy

Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis

Waiver of Premium** - must be disabled 90 days in a row due to cancer, as long as disability lasts

OPTIONAL/ADDITIONAL BENEFITS

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Intensive Care (ICU)

- ICU Confinement - illness or accident confinements up to 45 days/stay
- Step-Down ICU Confinement - confinements up to 45 days/stay
- Ambulance - licensed air or surface ambulance service to ICU

Wellness Benefit - once per year for one of 23 exams. See left for list of wellness tests

SPECIFIED DISEASES

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

*Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits **Premiums waived for primary insured only

DEFINITIONS

Actual Charges vs. Actual Cost

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

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

POLICY SPECIFICATIONS

Eligibility

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

Termination of Coverage

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

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

Portability Privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation

We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or condition for which symptoms existed within the 12-month period prior to the effective date, or medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions and Limitations

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

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

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

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

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

Intensive Care Exclusions and Limitations

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

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

This material is valid as long as information remains current, but in no event later than May 1, 2021.

Cancer and Specified Disease benefits are provided by policy form GVCP3, or state variations thereof.

Coverage is provided by Limited Benefit Supplemental Cancer and Specified Disease Insurance. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. This information highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued.

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



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2018 Allstate Insurance Company.
www.allstate.com or
allstatebenefits.com



Group Voluntary Cancer (GVCP3)
from Allstate Benefits
 See attached **Important Information About Coverage.**

Offered to the employees of: Seguin ISD

BENEFIT AMOUNTS

HOSPITAL AND RELATED BENEFITS		PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)		\$100	\$200
Government or Charity Hospital (daily)		\$100	\$200
Private Duty Nursing Services (daily)		\$100	\$200
Extended Care Facility (daily)		\$100	\$200
At Home Nursing (daily)		\$100	\$200
Hospice Care Center (daily) or		\$100	\$200
Hospice Care Team (per visit)		\$100	\$200
RADIATION/CHEMOTHERAPY AND RELATED BENEFITS		PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer* (every 12 months)		\$5,000	\$7,500
Blood, Plasma, and Platelets* (every 12 months)		\$5,000	\$7,500
Medical Imaging*		\$250	\$375
Hematological Drugs*		\$100	\$150
SURGERY AND RELATED BENEFITS		PLAN 1	PLAN 2
Surgery**		\$1,500	\$3,000
Anesthesia (% of surgery)		25%	25%
Ambulatory Surgical Center (daily)		\$250	\$500
Second Opinion		\$200	\$400
Bone Marrow or Stem Cell Transplant			
1. Autologous		\$500	\$1,000
2. Non-autologous (cancer or specified disease treatment)		\$1,250	\$2,500
3. Non-autologous (Leukemia)		\$2,500	\$5,000
MISCELLANEOUS BENEFITS		PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)		\$25	\$25
Physician's Attendance (daily)		\$50	\$50
Ambulance (per confinement)		\$100	\$100
Non-Local Transportation* (per trip or mile)		Coach Fare or \$0.40/Mile	Coach Fare or \$0.40/Mile
Outpatient Lodging		\$50	\$50
Family Member Lodging (daily)		\$50	\$50
and Transportation* (per trip or mile)		Coach Fare or \$0.40/Mile	Coach Fare or \$0.40/Mile
Physical or Speech Therapy (daily)		\$50	\$50
New or Experimental Treatment*** (every 12 months)		\$5,000	\$5,000
Prosthesis***		\$2,000	\$2,000
Hair Prosthesis (every 2 years)		\$25	\$25
Nonsurgical External Breast Prosthesis*		\$50	\$50
Anti-Nausea Benefit*		\$200	\$200
Waiver of Premium (Employee only)		Yes	Yes
ADDITIONAL BENEFITS		PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)		\$3,000	\$5,000
Wellness Benefit		\$50	\$100
Intensive Care			
1. Intensive Care Confinement (daily)		\$300	\$600
2. Step-Down Confinement (daily)		\$150	\$300
3. Air/Surface Ambulance		Actual Charges	Actual Charges

For Internal Home Office use only

1Hosp; 2Rad; 1Surg; 1Misc; 3Init; 3ICU; 2Well; 0Prog

2Hosp; 3Rad; 2Surg; 1Misc; 5Init; 6ICU; 4Well; 0Prog

Date Generated: 3/26/2018

*Pays actual cost up to amount listed. **Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery.

***Pays actual charges up to amount listed.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$15.61	\$24.87	\$22.22	\$31.46

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$26.55	\$42.55	\$37.63	\$53.61

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

This rate insert can only be used for cases with an Account Original Effective Date on or before 1/1/2018.



For use in enrollments situated in: TX. This rate insert is part of the approved flyer for Seguin ISD and form ABJ30590-1; it is not to be used on its own.

This material is valid as long as information remains current, but in no event later than March, 26, 2021. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2018 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.