

City Of Seguin 2026 BENEFITS GUIDE



It's real.



SCAN ME



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ffbenefits.ffga.com/cityofseguin/2026-plan-year

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This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.

Employee Benefits Center

A guide to your benefits!

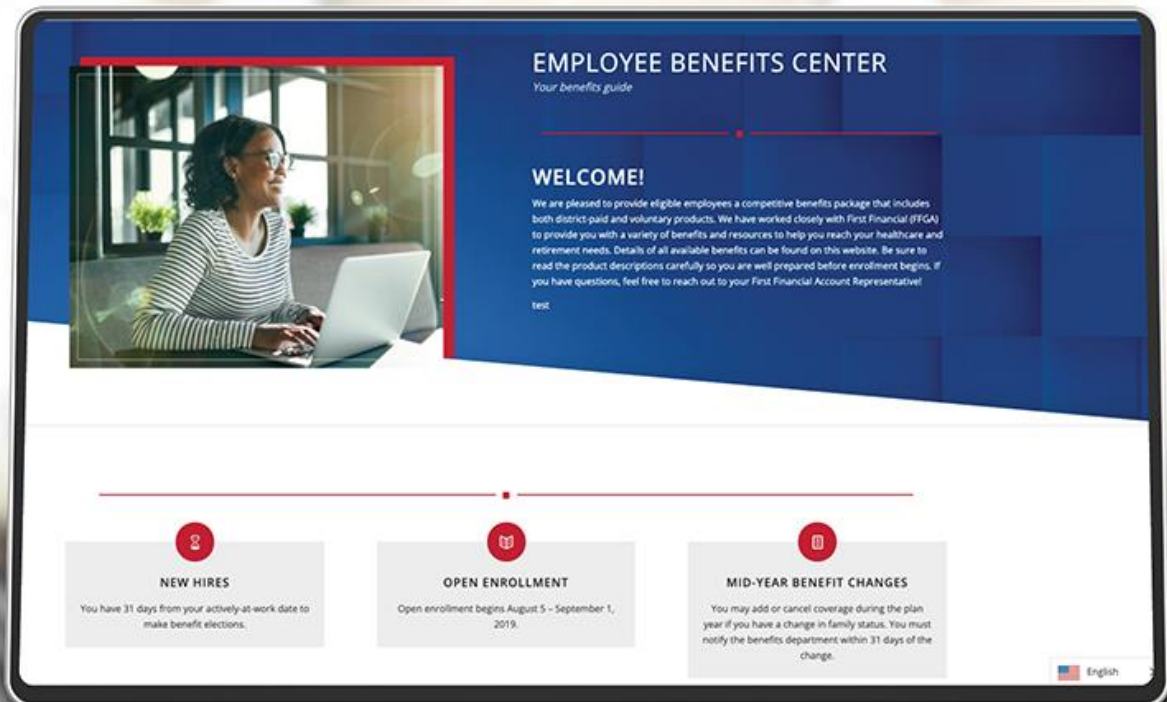
City of Seguin and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.



Scan the QR code to learn more about the plans that are available this year!

ffbenefits.ffga.com/cityofseguin



How to Enroll

Benefits Enrollment

On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your EBC for more information.

Online Enrollment

To begin online enrollment, visit <https://ffga.benselect.com/Enroll/login.aspx>.

Enroll Now

Login & PIN

Employee ID

- The Employee ID is either your social security number or your Employee ID.

PIN

- Instructions to access your initial Personal Identification Number (PIN) will be provided to you prior to open enrollment.
- Upon initial login, the PIN will be required to be changed.
- Remember your PIN as you will use this to sign your enrollment confirmation form and to login in the future.

View Current Benefits

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

View/Add Dependents

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their legal name, social security numbers and birth dates.

Begin Elections

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

Enrollment Assistance Center Instructions

Call 855-765-4473 and follow the prompts to be connected to your local FFGA branch office. Hours of operation are 8 a.m. to 5 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

Existing Employees

When it's time to enroll in your benefits, your FFGA Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

Mid-year Benefit Changes

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

Qualifying Life Events Include:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual and student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

Declining Coverage

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

Section 125 Plans

Section 125 Plan Information & Rules

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

Here’s How It Works

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you’re already eligible – all you must do is enroll.

Is It Right For Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer’s Section 125 Plan – that’s a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

- IRS specified changes in family status include:
- Change in legal married status
 - Change in number of dependents
 - Termination or commencement of employment
 - Dependent satisfies or ceases to satisfy dependent eligibility requirements
 - Change in residence or worksite that affects eligibility for coverage

Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Tax Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

You could save \$70 per month in taxes by paying for your benefits on a pre-tax basis!

**The figures in the sample paycheck above are for illustrative purposes only.*

BCBS Medical Premiums Per Paycheck

	BCBS PPO	BCBS HDHP
Employee Only	\$40.00	\$0
Employee + Spouse	\$338.59	\$250.97
Employee + Children	\$247.50	\$177.69
Employee + Family	\$471.34	\$357.88



2026 MEDICAL PLANS: New Hires



It's real.



BlueCross BlueShield
of Texas

Plan Name	BCBS PPO	BCBS HDHP
Network	Blue Choice	Blue Choice
(PCP Required)	No	No
Deductible		
In-Network (Individual/Family)	\$1,500 Individual \$3,000 Family	\$3,400 Individual \$6,800 Family
Out-of-Network (Individual/Family)	\$3,000 Individual \$6,000 Family	\$7,000 Individual \$14,000 Family
Out-of-Pocket Maximum		
In-Network (Individual/Family)	\$4,000 Individual \$8,000 Family	\$6,000 Individual \$12,000 Family
Out-of-Network (Individual/Family)	\$8,000 Individual \$16,000 Family	\$14,000 Individual \$28,000 Family
Coinsurance		
In-Network	Plan Covers 80%; Employee 20%	Plan Covers 80%; Employee 20%
Out-of-Network	Plan Covers 60%; Employee 40%	Plan Covers 50%; Employee 50%
Office Visit (PCP/Spec)	\$25 Copay / \$50 Copay per Visit	20% After Deductible
Preventive Services	No Charge in Network	No Charge in Network
Inpatient Services		
In-Network	20% After Deductible	20% After Ded * Prior Authorization Required
Out-of-Network	40% After Deductible	50% After Deductible
Outpatient Services		
In-Network	20% After Deductible	20% After Deductible
Out-of-Network	40% After Deductible	50% After Deductible
Emergency Room Services	\$500 Copay, then 20%	20% After Deductible
Urgent Care Facility	\$75 Copay per Visit	20% After Deductible
Pharmacy		
Tier 1 - Generic	\$10 Copay	20% After Deductible
Tier 2 - Preferred Brand	\$35 Copay	20% After Deductible
Tier 3 - Non-Preferred Brand	\$70 Copay	20% After Deductible
PER PAYCHECK DEDUCTIONS		
Employee Only	\$40.00	\$0.00
Employee + Spouse	\$338.59	\$250.97
Employee + Child(ren)	\$247.50	\$177.69
Employee + Family	\$471.34	\$357.88

Note:

For employees who elect the HDHP Plan, The City of Seguin will contribute \$80.00 per pay period to the employee's Health Savings Account (HSA).

For employees who elect the HDHP Plan with dependent coverage, The City of Seguin will contribute \$115.38 per pay period to the employee's HSA.

WHAT DOES IT ALL MEAN? HERE ARE A COUPLE OF EXAMPLES:



Example 1:

Let's say you, the employee, are enrolled in the HDHP medical plan and you need treatment for a serious condition. The following amounts apply to your plan:

Medical Bills: \$10,000

Deductible: \$3,400

Coinsurance: 20%

Out-of-Pocket Maximum: \$6,000

You will pay the first \$3,400 (your deductible).

You will pay 20% of the remaining \$6,600 or \$1,320 (your coinsurance amount).

Your total out-of-pocket costs will be \$4,720.

If your total out-of-pocket costs reach \$6,000, you would only pay that amount, including your deductible and coinsurance. The insurance company would then pay 100% of all covered services for the rest of the plan year.

Note: In this example you would need \$16,400 in medical bills to reach your out-of-pocket maximum.

Example 2:

Let's say you, the employee, are enrolled in the PPO medical plan and you need treatment for a serious condition. The following amounts apply to your plan:

Medical Bills: \$10,000

Deductible: \$1,500

Coinsurance: 20%

Out-of-Pocket Maximum: \$4,000

You will pay the first \$1,500 (your deductible, copays do not count toward this amount).

You will pay 20% of the remaining \$8,500 or \$1,700 (your coinsurance amount).

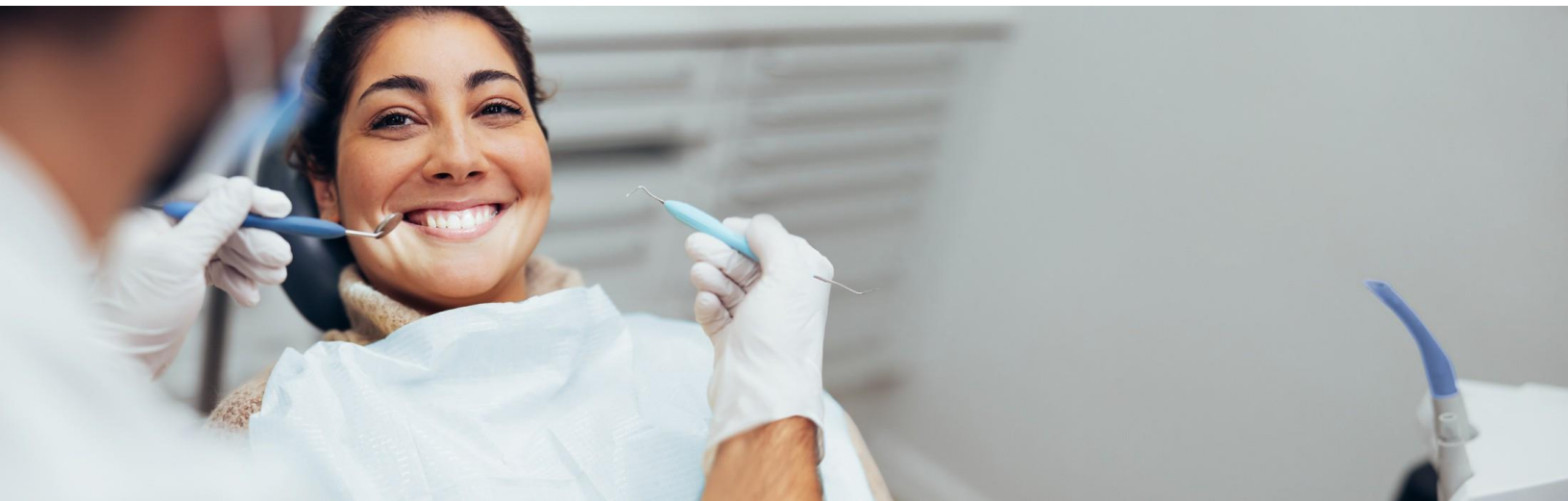
Your total out-of-pocket costs will be \$3,200.

If your total out-of-pocket costs reach \$4,000, you would only pay that amount, including your deductible and coinsurance. The insurance company would then pay 100% of all covered services for the rest of the plan year.

Note: In this example you would need \$14,000 in medical bills to reach your out-of-pocket maximum.

Dental Insurance

Plan Choices



BCBS | www.bcbstx.com | 800-521-2227

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family’s dental needs. A range of procedures may be covered, such as:

- Comprehensive Exams
- Cleanings
- X-Rays
- Fillings
- Tooth Extractions
- General Anesthesia
- Crown
- Root Canals

Dental Premiums Are Per Pay Period	
Employee Only	\$0.00
Employee + Spouse	\$14.89
Employee + Children	\$16.61
Employee + Family	\$29.69

City of Seguin

The following is a listing of common services available through your BlueCare Dental PPO network.

The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information. *Passive PPO's provide identical benefits for 'contracting' and 'non-contracting' providers.*

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* U&C 90th
Benefit Period Maximum: Calendar Year	\$1500	\$1500
Deductible: Calendar Year	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Three Month Deductible Carryover Applies	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Prior Carrier Deductible Credit Applies	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Services		
Diagnostic Services (Deductible does not apply) Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100 %	100 %
Preventive Services (Deductible does not apply) Prophylaxis (cleanings) Topical fluoride applications	100 %	100 %
Diagnostic Radiographs (Deductible does not apply) Full-mouth and panoramic films Bitewing films Periapical films	100 %	100 %
Miscellaneous Preventive Services (Deductible does not apply) Sealants Space maintainers	100 %	100 %
Basic Restorative Dental Services Amalgams Resin-based composite restorations	80 %	80 %
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80 %	80 %
Non-Surgical Periodontic Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80 %	80 %
Adjunctive Services		

Vision Insurance

Ameritas | www.vsp.com | 800-877-7195

Proper vision care is essential to your overall well-being. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family’s needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

- Eye Exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction

Vision Premiums Are Per Pay Period	
Ameitas-VSP Choice Network	
Employee Only	\$4.94
Employee + Spouse	\$10.66
Employee + Children	\$8.62
Employee + Family	\$14.34



Focus® Plan Summary

POLICY #34765

	VSP Choice Network + Affiliates	Out of Network
Deductibles	\$10 Exam \$25 Eye Glass Lenses or Frames* Covered in full	\$10 Exam \$25 Eye Glass Lenses or Frames Up to \$45
Annual Eye Exam		
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$130**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco and Walmart allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

Monthly Rates

Employee Only (EE)	\$9.88
EE + Spouse	\$21.32
EE + Children	\$17.24
EE + Spouse & Children	\$28.68

Flexible Spending Accounts

First Financial Administrators, Inc. | www.ffga.com
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2026 is \$3,400.

Medical FSA Highlights

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include the date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient's name.

Dependent Care FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like childcare, babysitters, and adult day care.

You may allocate up to \$7,500 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is \$3,750.

Dependent Care FSA Highlights

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

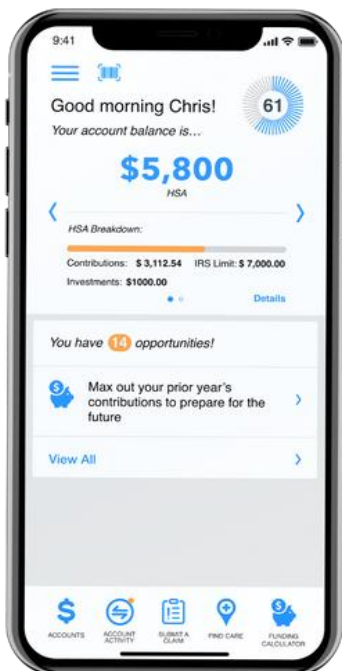
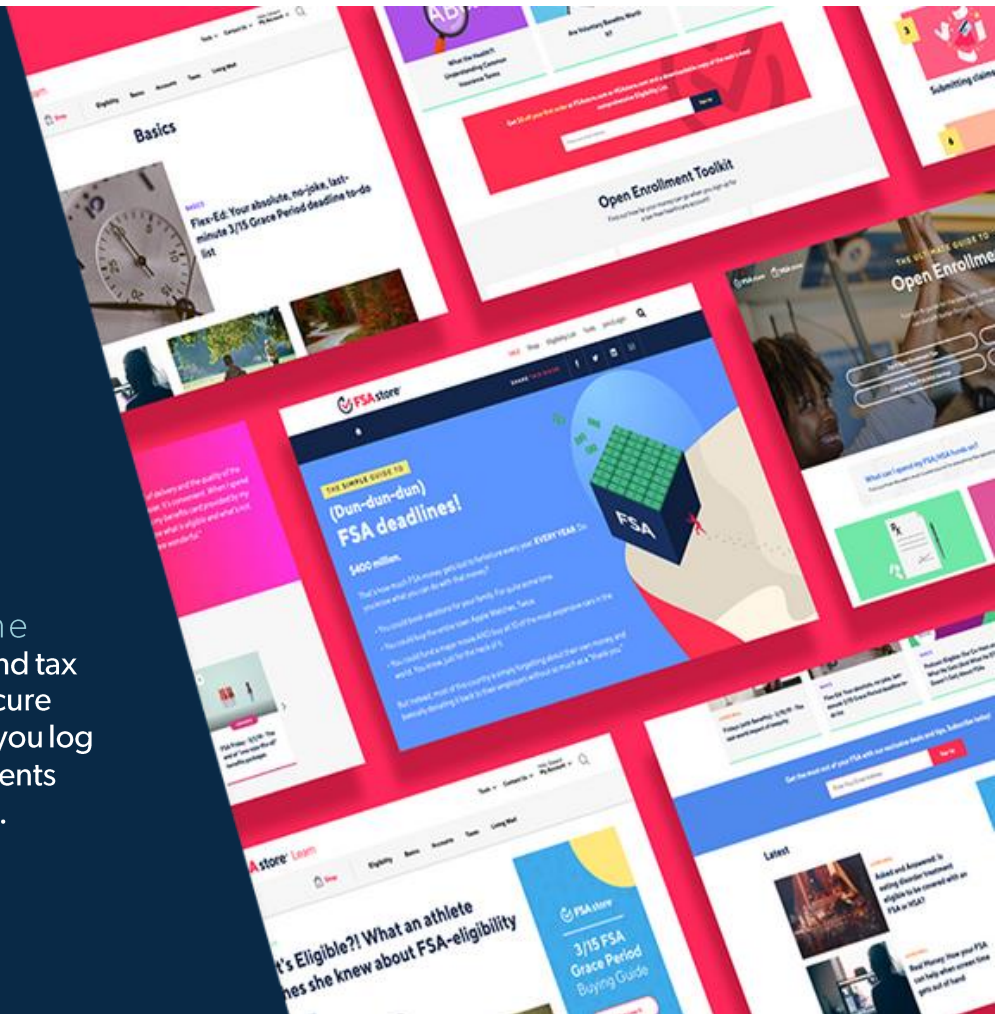
FSA & HSA Resources

Benefits Card

The FFGA Benefits Card is available to all employees that participate in a Flexible Spending Account or Health Savings Account. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.

View Your Account Details Online

Sign up to view your account balance, find tax forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account.



FF Mobile Account App

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App Store or Google Play Store.

FSA/HSA Store

FFGA has partnered with the FSA Store and HSA Store to bring you easy-to-use online stores to better understand and manage your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the stores at <http://www.ffga.com/individuals/#stores> for more details and special deals.



Health Savings Account

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

Health Savings Account Highlights

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

Who Can Participate in an HSA?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse’s traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general purpose FSA or HRA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person’s tax return.

	2025	2026
HSA Contribution Limits	<ul style="list-style-type: none">• Self Only: \$4,300• Family: \$8,550	<ul style="list-style-type: none">• Self Only: \$4,400• Family: \$8,750
Health Insurance Deductible Limits	<ul style="list-style-type: none">• Self Only: \$1,650• Family: \$3,300	<ul style="list-style-type: none">• Self Only: \$1,700• Family: \$3,400

\$1,000 catch-up contributions (age 55 or older)

Term Life & AD&D

Employer-Paid & Voluntary

BCBS | www.bcbstx.com | 800-521-2227

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$25,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.



Voluntary Life and AD&D

PREMIUM RATE GRID



BlueCross BlueShield
of Texas

CITY OF SEGUIN

Eligibility

All Active Full Time Employees who regularly work 30 hours per week are eligible for insurance on the first of the month following their date of hire.

Voluntary Life and AD&D

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$150,000 in \$5,000 increments.**
(not to exceed 50% of the employee benefit)

Note: Spouse may not have coverage unless the employee has coverage.

Guarantee Issue*	*NEW HIRES ONLY
Employee	\$150,000
Spouse	\$50,000

Child Coverage

Birth to 14 days:	\$0
15 days to 6 months:	\$100
6 months to age 26:	\$10,000

Life and AD&D benefits reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70. Benefits terminate at Retirement.

Employee Voluntary Life & AD&D

Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	ATTAINED AGE											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$1.07	\$1.21	\$1.51	\$1.66	\$1.80	\$2.54	\$3.72	\$6.66	\$10.05	\$19.03	\$30.67	\$30.67
\$20,000	\$2.14	\$2.42	\$3.02	\$3.32	\$3.60	\$5.08	\$7.44	\$13.32	\$20.10	\$38.06	\$61.34	\$61.34
\$30,000	\$3.21	\$3.63	\$4.53	\$4.98	\$5.40	\$7.62	\$11.16	\$19.98	\$30.15	\$57.09	\$92.01	\$92.01
\$40,000	\$4.28	\$4.84	\$6.04	\$6.64	\$7.20	\$10.16	\$14.88	\$26.64	\$40.20	\$76.12	\$122.68	\$122.68
\$50,000	\$5.35	\$6.05	\$7.55	\$8.30	\$9.00	\$12.70	\$18.60	\$33.30	\$50.25	\$95.15	\$153.35	\$153.35
\$60,000	\$6.42	\$7.26	\$9.06	\$9.96	\$10.80	\$15.24	\$22.32	\$39.96	\$60.30	\$114.18	\$184.02	\$184.02
\$70,000	\$7.49	\$8.47	\$10.57	\$11.62	\$12.60	\$17.78	\$26.04	\$46.62	\$70.35	\$133.21	\$214.69	\$214.69
\$80,000	\$8.56	\$9.68	\$12.08	\$13.28	\$14.40	\$20.32	\$29.76	\$53.28	\$80.40	\$152.24	\$245.36	\$245.36
\$90,000	\$9.63	\$10.89	\$13.59	\$14.94	\$16.20	\$22.86	\$33.48	\$59.94	\$90.45	\$171.27	\$276.03	\$276.03
\$100,000	\$10.70	\$12.10	\$15.10	\$16.60	\$18.00	\$25.40	\$37.20	\$66.60	\$100.50	\$190.30	\$306.70	\$306.70
\$110,000	\$11.77	\$13.31	\$16.61	\$18.26	\$19.80	\$27.94	\$40.92	\$73.26	\$110.55	\$209.33	\$337.37	\$337.37
\$120,000	\$12.84	\$14.52	\$18.12	\$19.92	\$21.60	\$30.48	\$44.64	\$79.92	\$120.60	\$228.36	\$368.04	\$368.04
\$130,000	\$13.91	\$15.73	\$19.63	\$21.58	\$23.40	\$33.02	\$48.36	\$86.58	\$130.65	\$247.39	\$398.71	\$398.71
\$140,000	\$14.98	\$16.94	\$21.14	\$23.24	\$25.20	\$35.56	\$52.08	\$93.24	\$140.70	\$266.42	\$429.38	\$429.38
\$150,000	\$16.05	\$18.15	\$22.65	\$24.90	\$27.00	\$38.10	\$55.80	\$99.90	\$150.75	\$285.45	\$460.05	\$460.05

Employee

Voluntary Life/AD&D

Monthly rates per \$1,000

Age	Rates
Under 25	\$0.107
25-29	\$0.121
30-34	\$0.151
35-39	\$0.166
40-44	\$0.180
45-49	\$0.254
50-54	\$0.372
55-59	\$0.666
60-64	\$1.005
65-69	\$1.903
70-74	\$3.067
75+	\$3.067

Dependent Life (Children)

Monthly Premium per Family

Life/AD&D	Premium
\$10,000	\$2.74

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

Voluntary Life and AD&D

PREMIUM RATE GRID



BlueCross BlueShield
of Texas

CITY OF SEGUIN

Eligibility

All Active Full Time Employees who regularly work 30 hours per week are eligible for insurance on the first of the month following their date of hire.

Voluntary Life and AD&D

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$150,000 in \$5,000 increments.
(not to exceed 50% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

Guarantee Issue*

Employee **\$150,000**
Spouse **\$50,000**

*NEW HIRES ONLY

Child Coverage

Birth to 14 days: **\$0**
15 days to 6 months: **\$100**
6 months to age 26: **\$10,000**

Life and AD&D benefits reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70. Benefits terminate at Retirement.

Spouse Voluntary Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	EMPLOYEE ATTAINED AGE											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.49	\$0.56	\$0.71	\$0.79	\$0.86	\$1.23	\$1.82	\$3.29	\$4.98	\$9.47	\$15.29	\$15.29
\$10,000	\$0.98	\$1.12	\$1.42	\$1.57	\$1.71	\$2.45	\$3.63	\$6.57	\$9.96	\$18.94	\$30.58	\$30.58
\$15,000	\$1.47	\$1.68	\$2.13	\$2.36	\$2.57	\$3.68	\$5.45	\$9.86	\$14.94	\$28.41	\$45.87	\$45.87
\$20,000	\$1.96	\$2.24	\$2.84	\$3.14	\$3.42	\$4.90	\$7.26	\$13.14	\$19.92	\$37.88	\$61.16	\$61.16
\$25,000	\$2.45	\$2.80	\$3.55	\$3.93	\$4.28	\$6.13	\$9.08	\$16.43	\$24.90	\$47.35	\$76.45	\$76.45
\$30,000	\$2.94	\$3.36	\$4.26	\$4.71	\$5.13	\$7.35	\$10.89	\$19.71	\$29.88	\$56.82	\$91.74	\$91.74
\$35,000	\$3.43	\$3.92	\$4.97	\$5.50	\$5.99	\$8.58	\$12.71	\$23.00	\$34.86	\$66.29	\$107.03	\$107.03
\$40,000	\$3.92	\$4.48	\$5.68	\$6.28	\$6.84	\$9.80	\$14.52	\$26.28	\$39.84	\$75.76	\$122.32	\$122.32
\$45,000	\$4.41	\$5.04	\$6.39	\$7.07	\$7.70	\$11.03	\$16.34	\$29.57	\$44.82	\$85.23	\$137.61	\$137.61
\$50,000	\$4.90	\$5.60	\$7.10	\$7.85	\$8.55	\$12.25	\$18.15	\$32.85	\$49.80	\$94.70	\$152.90	\$152.90

Spouse

Voluntary Life/AD&D

Monthly rates per \$1,000

Age	Rates
Under 25	\$0.098
25-29	\$0.112
30-34	\$0.142
35-39	\$0.157
40-44	\$0.171
45-49	\$0.245
50-54	\$0.363
55-59	\$0.657
60-64	\$0.996
65-69	\$1.894
70-74	\$3.058
75+	\$3.058

Dependent Life (Children)

Monthly Premium per Family

Life AD&D

\$10,000 \$2.74

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Texas Life

Permanent Life



Texas Life | www.texaslife.com | 800-283-9233

Texas Life Insurance - Permanent, Portable Life Insurance

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

Texas Life - Permanent Life Highlights

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		6.53	11.93	17.33	22.73	33.53	44.33	55.13	65.93	75
21-22		6.67	12.20	17.74	23.28	34.35	45.43	56.50	67.58	74
23		6.80	12.48	18.15	23.83	35.18	46.53	57.88	69.23	75
24-25		6.94	12.75	18.57	24.38	36.00	47.63	59.25	70.88	74
26		7.22	13.30	19.39	25.48	37.65	49.83	62.00	74.18	75
27-28		7.35	13.58	19.80	26.03	38.48	50.93	63.38	75.83	74
29		7.49	13.85	20.22	26.58	39.30	52.03	64.75	77.48	74
30-31		7.63	14.13	20.63	27.13	40.13	53.13	66.13	79.13	73
32		8.04	14.95	21.87	28.78	42.60	56.43	70.25	84.08	74
33		8.32	15.50	22.69	29.88	44.25	58.63	73.00	87.38	74
34		8.73	16.33	23.93	31.53	46.73	61.93	77.13	92.33	75
35		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	76
36		9.55	17.98	26.40	34.83	51.68	68.53	85.38	102.23	76
37		9.97	18.80	27.64	36.48	54.15	71.83	89.50	107.18	77
38		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	77
39		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	78
40	5.38	11.75	22.38	33.00	43.63	64.88	86.13	107.38	128.63	79
41	5.76	12.72	24.30	35.89	47.48	70.65	93.83	117.00	140.18	80
42	6.20	13.82	26.50	39.19	51.88	77.25	102.63	128.00	153.38	81
43	6.59	14.78	28.43	42.08	55.73	83.03	110.33	137.63	164.93	82
44	6.97	15.74	30.35	44.97	59.58	88.80	118.03	147.25	176.48	83
45	7.36	16.70	32.28	47.85	63.43	94.58	125.73	156.88	188.03	83
46	7.80	17.80	34.48	51.15	67.83	101.18	134.53	167.88	201.23	84
47	8.18	18.77	36.40	54.04	71.68	106.95	142.23	177.50	212.78	84
48	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	85
49	9.06	20.97	40.80	60.64	80.48	120.15	159.83	199.50	239.18	85
50	9.61	22.34	43.55	64.77	85.98					86
51	10.27	23.99	46.85	69.72	92.58					87
52	10.99	25.78	50.43	75.08	99.73					88
53	11.54	27.15	53.18	79.20	105.23					88
54	12.09	28.53	55.93	83.33	110.73					88
55	12.69	30.04	58.95	87.87	116.78					89
56	13.24	31.42	61.70	91.99	122.28					89
57	13.90	33.07	65.00	96.94	128.88					89
58	14.51	34.58	68.03	101.48	134.93					89
59	15.17	36.23	71.33	106.43	141.53					89
60	15.59	37.29	73.45	109.62	145.78					90
61	16.31	39.08	77.03	114.98	152.93					90
62	17.19	41.28	81.43	121.58	161.73					90
63	18.07	43.48	85.83	128.18	170.53					90
64	19.00	45.82	90.50	135.19	179.88					90
65	20.05	48.43	95.73	143.03	190.33					90
66	21.20									90
67	22.47									91
68	23.84									91
69	25.22									91
70	26.65									91

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

Indicates Spouse Coverage Available

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	4.63	8.13	81
2-4	4.75	8.38	80
5-8	4.88	8.63	79
9-10	5.00	8.88	79
11-16	5.13	9.13	77
17-20	6.13	11.13	75
21-22	6.25	11.38	74
23	6.38	11.63	75
24-25	6.50	11.88	74
26	6.75	12.38	75

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	71
21-22		9.69	18.25	26.82	35.38	52.50	69.63	86.75	103.88	71
23		10.10	19.08	28.05	37.03	54.98	72.93	90.88	108.83	72
24-25		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	71
26		10.65	20.18	29.70	39.23	58.28	77.33	96.38	115.43	72
27-28		10.93	20.73	30.53	40.33	59.93	79.53	99.13	118.73	71
29		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	71
30-31		12.44	23.75	35.07	46.38	69.00	91.63	114.25	136.88	72
32		12.85	24.58	36.30	48.03	71.48	94.93	118.38	141.83	72
33		12.99	24.85	36.72	48.58	72.30	96.03	119.75	143.48	72
34		13.13	25.13	37.13	49.13	73.13	97.13	121.13	145.13	71
35		14.09	27.05	40.02	52.98	78.90	104.83	130.75	156.68	72
36		14.50	27.88	41.25	54.63	81.38	108.13	134.88	161.63	72
37		15.47	29.80	44.14	58.48	87.15	115.83	144.50	173.18	73
38		15.88	30.63	45.38	60.13	89.63	119.13	148.63	178.13	73
39		16.98	32.83	48.68	64.53	96.23	127.93	159.63	191.33	74
40	8.07	18.49	35.85	53.22	70.58	105.30	140.03	174.75	209.48	76
41	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	77
42	9.17	21.24	41.35	61.47	81.58	121.80	162.03	202.25	242.48	78
43	9.94	23.17	45.20	67.24	89.28	133.35	177.43	221.50	265.58	80
44	10.33	24.13	47.13	70.13	93.13	139.13	185.13	231.13	277.13	80
45	10.88	25.50	49.88	74.25	98.63	147.38	196.13	244.88	293.63	81
46	11.32	26.60	52.08	77.55	103.03	153.98	204.93	255.88	306.83	81
47	11.87	27.98	54.83	81.68	108.53	162.23	215.93	269.63	323.33	82
48	12.36	29.22	57.30	85.39	113.48	169.65	225.83	282.00	338.18	82
49	13.08	31.00	60.88	90.75	120.63	180.38	240.13	299.88	359.63	83
50	13.68	32.52	63.90	95.29	126.68					83
51	14.29	34.03	66.93	99.83	132.73					83
52	15.17	36.23	71.33	106.43	141.53					84
53	15.94	38.15	75.18	112.20	149.23					85
54	16.65	39.94	78.75	117.57	156.38					85
55	17.42	41.87	82.60	123.34	164.08					85
56	18.30	44.07	87.00	129.94	172.88					85
57	19.18	46.27	91.40	136.54	181.68					86
58	20.12	48.60	96.08	143.55	191.03					86
59	21.05	50.94	100.75	150.57	200.38					86
60	21.64	52.42	103.70	154.99	206.28					86
61	22.91	55.58	110.03	164.48	218.93					86
62	24.12	58.60	116.08	173.55	231.03					87
63	25.33	61.63	122.13	182.63	243.13					87
64	26.54	64.65	128.18	191.70	255.23					87
65	27.86	67.95	134.78	201.60	268.43					87
66	29.29									88
67	30.83									88
68	32.42									88
69	34.13									88
70	35.94									89

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider
Grandchild coverage available through age 18.

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".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	8.63	16.13	71
21-22	9.00	16.88	71
23	9.38	17.63	72
24-25	9.63	18.13	71
26	9.88	18.63	72

Indicates Spouse Coverage Available

Disability Insurance

American Fidelity | www.americanfidelity.com | 800-654-8489

Why Do I Need Disability Insurance?

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. You can choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?





AF™ Long-Term Disability Income Insurance

Help Protect Your Paycheck.

How would you cover your everyday expenses if you experienced an injury or illness and couldn't work for a period of time? AF™ Long-Term Disability Income Insurance provides a steady benefit to cover expenses while you are unable to work due to a covered disability.

Plan Highlights

Guaranteed Issue*

You have an initial opportunity to apply for coverage without answering medical questions.

Custom Coverage Options

Select benefit amounts and elimination periods that meets your financial needs.

Social Security Filing Assistance

If you are a candidate for social security disability benefits, we can assist you with the application and appeal process.

Choose the Right Plan for You

BENEFITS BEGIN on the day of Disability due to a covered injury or sickness.

Plan I	On the 8th day	Plan IV	On the 61st day
Plan II	On the 15th day	Plan V	On the 91st day
Plan III	On the 31st day	Plan VI	On the 181st day

Injury means physical harm or damage to the body you sustained which results directly from an accidental bodily injury; is independent of disease or bodily infirmity; and takes place while your coverage is in force.

Sickness means a disease or illness (including pregnancy). Disability must begin while your coverage is in force.

Hospital - the term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Benefits Are Payable Directly To You

Benefits are payable up to age 65 for a covered Injury. After age 65, the benefit period will be extended to the greater of 12 months or your Social Security Normal Retirement Age. Benefits are payable up to 5 years for a covered Sickness. Your Disability Benefit will be the amount you applied for and are issued, not to exceed 60% of your Monthly Compensation.

*Pre-existing conditions may apply.

AMERICAN FIDELITY 
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Plan Benefit Highlights

When Coverage Begins Certificates will become effective on the requested effective date following the date we approve the application, provided you are on active employment and premium has been paid.

Physician Expense Benefit

Injury-\$150.00 per Injury | Sickness-\$50.00

If you need personal treatment by a Physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the Policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Injury benefit. This benefit will be limited to 8 payments per calendar year.

Accidental Death Benefit A lump sum of \$25,000 will be paid to your designated beneficiary if you die as the direct result of an injury within 90 days after the injury.

Waiver of Premium No premium payments are required while you are receiving payments under the plan after disability payments have been received for 180 consecutive days. We will require proof annually that you remain disabled during that time.

Donor Benefit If you are disabled as a result of being an organ or tissue donor, we will pay your benefit as any other sickness under the terms of the plan.

Offsets With Other Sources of Income Deductible Sources of Income include: Other group disability income; Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits; United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability; State Disability; Unemployment compensation; Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 180 calendar days from the date of disability. We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your Certificate.

Minimum Disability Benefit The Minimum Disability Benefit is 10% of the Monthly Disability Benefit or \$100.00, whichever is greater.

If You Are Disabled Due to a Covered Disability and Not Working

Your disability payment will be the disability benefit less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Disability or disabled for the first 24 months of disability, means that you are unable to perform the material and substantial duties of your regular occupation. After that, disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

Return To Work Incentives: Disabled and Working If you are disabled and working, you may be eligible to continue to receive a percentage of your disability payment in addition to your disability earnings. If your disability earnings exceed 80% of your monthly compensation, payments will stop and your claim will end.

Family Care Benefit If you are disabled and working and have one or more eligible family members, you may be eligible for a family care benefit. This benefit is for expenses incurred up to 25% of your monthly disability benefit. Your disability earnings, gross disability benefit, and family care benefit cannot exceed 100% of your monthly compensation. Payment of this benefit ends when you cease to be eligible for benefits under the Disabled and Working provision of the policy.

Worksite Accommodation As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Policy Benefit Limitations and Exclusions

Mental Illness Limited Benefit If you are disabled due to a mental illness, benefits will be provided for up to 2 years, not to exceed the maximum disability period.

Alcoholism and Drug Addiction Limited Benefit If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for injury or sickness, it will be covered the same as any other sickness.

Special Conditions Limited Benefit If you are disabled due to special conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 1 year. Special conditions mean: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

Pre-Existing Condition Limitation If Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 12 months, no Disability Benefit will be payable.

Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by us. No consideration will be given to prior group disability income coverage in determining the effect of Pre-Existing Conditions on benefits payable.

Pre-existing condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 3 month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition, or mental illness.

Exclusions The Policy does not cover any loss, fatal or non-fatal, resulting from: Intentionally self-inflicted injury while sane or insane; An act of war, declared or undeclared; Injury sustained or Sickness contracted while in the service of the armed forces of any country; Committing a felony; Penal incarceration; We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation.

The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which you are entitled to Workers' Compensation benefits.

Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.

Hospital Indemnity Limited Benefit Rider

This rider is designed to pay a daily benefit amount for a Hospital Confinement, up to a maximum of 90 days, if you are confined to a Hospital.

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a pre-existing condition as defined in the base policy. Patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Daily Benefit	Monthly Premium
\$150.00	\$9.00

Survivor Benefit Rider

This rider is designed to provide a benefit to your beneficiary or estate, if you die while receiving Disability Benefits.

Benefits are payable if you have been disabled and not working for at least 90 days, and die while receiving Disability Benefits. Pays a monthly benefit up to one year or until the maximum disability period is exhausted, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
\$2,000.00	\$6.80

Spousal Accident Only Disability Benefit Rider

This rider is designed to provide a monthly benefit if your spouse suffers a Disability due to a non-occupational accident.

Pays a monthly benefit amount to you for your spouse who is disabled as a result of a non-occupational accident. Benefits begin on the 31st consecutive day after the Injury and will continue for up to two years.

Monthly Benefit	Monthly Premium
\$1,500.00	\$12.00

Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit based on diagnosis of a certain critical illness.

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions Heart Attack, Stroke, Kidney Failure, Paralysis, or Major Organ Failure. In the case of Heart Attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Benefit Amount	Monthly Premium
\$10,000.00	\$14.12
\$15,000.00	\$19.00
\$20,000.00	\$23.88
\$25,000.00	\$28.76

COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

In order to receive benefits under this Rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
\$300.00	\$4.50
\$400.00	\$6.00
\$500.00	\$7.50
\$600.00	\$9.00

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the Policy. In addition to the Exclusions listed in the Policy, no benefits will be payable under this Rider for any Hospital Confinement that is caused by or resulting from Mental Illness or Drug or Alcohol Abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a Hospital. The term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or as an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Critical Illness Benefit Rider The Critical Illness Rider will not be payable for any loss caused by or resulting from: (a) a Critical Illness when the Date of Diagnosis occurs during the Waiting Period; (b) a Critical Illness diagnosed outside of the United States; or (c) a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Date of Diagnosis occurs before you have been continuously covered under this Rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply. Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advise from a Physician, during the 12-month period immediately before the Effective Date of this Rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the Date of Diagnosis occurs during the Critical Illness Waiting Period. The waiting period is 30 days from the Effective Date of this Rider.

COBRA Funding Benefit Rider Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this Rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider This Rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or contracted while in the service of the armed

forces of any country; (d) Committing a felony; (e) Penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; (f) Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which your Spouse is entitled to Workers' Compensation benefits; (g) Participation in any sport for wage or profit; (h) Participation in any contest of speed in a power driven vehicle for wage or profit. Spouse means the person you are lawfully married to who is less than age 70. No benefits are payable for your Spouse under this Rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a Physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from spousal abuse.

Survivor Benefit Rider The Policy does not cover any loss, fatal or non-fatal, which results from: intentionally self-inflicted injury while sane or insane; an act of war, declared or undeclared; Injury sustained or Sickness contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation. No Disability Payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates. Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Refer to your policy for complete details. These Riders will terminate on the same date as the Policy or Certificate to which it is attached.

Marketed by:



This product may contain limitations, exclusions, and waiting periods. This brochure highlights important features of the policy. Please refer to your certificate for complete details.



Underwritten and Administered by:
American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • americanfidelity.com

24-PAY PREMIUMS							
Monthly Salary	Monthly Disability Benefit	Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (181st)
\$750.00 - \$916.99	\$500.00	\$8.10	\$7.30	\$5.75	\$4.70	\$3.95	\$2.50
\$917.00 - \$1,083.99	\$600.00	\$9.72	\$8.76	\$6.90	\$5.64	\$4.74	\$3.00
\$1,084.00 - \$1,249.99	\$700.00	\$11.34	\$10.22	\$8.05	\$6.58	\$5.53	\$3.50
\$1,250.00 - \$1,416.99	\$800.00	\$12.96	\$11.68	\$9.20	\$7.52	\$6.32	\$4.00
\$1,417.00 - \$1,583.99	\$900.00	\$14.58	\$13.14	\$10.35	\$8.46	\$7.11	\$4.50
\$1,584.00 - \$1,749.99	\$1,000.00	\$16.20	\$14.60	\$11.50	\$9.40	\$7.90	\$5.00
\$1,750.00 - \$1,916.99	\$1,100.00	\$17.82	\$16.06	\$12.65	\$10.34	\$8.69	\$5.50
\$1,917.00 - \$2,083.99	\$1,200.00	\$19.44	\$17.52	\$13.80	\$11.28	\$9.48	\$6.00
\$2,084.00 - \$2,249.99	\$1,300.00	\$21.06	\$18.98	\$14.95	\$12.22	\$10.27	\$6.50
\$2,250.00 - \$2,416.99	\$1,400.00	\$22.68	\$20.44	\$16.10	\$13.16	\$11.06	\$7.00
\$2,417.00 - \$2,583.99	\$1,500.00	\$24.30	\$21.90	\$17.25	\$14.10	\$11.85	\$7.50
\$2,584.00 - \$2,749.99	\$1,600.00	\$25.92	\$23.36	\$18.40	\$15.04	\$12.64	\$8.00
\$2,750.00 - \$2,916.99	\$1,700.00	\$27.54	\$24.82	\$19.55	\$15.98	\$13.43	\$8.50
\$2,917.00 - \$3,083.99	\$1,800.00	\$29.16	\$26.28	\$20.70	\$16.92	\$14.22	\$9.00
\$3,084.00 - \$3,249.99	\$1,900.00	\$30.78	\$27.74	\$21.85	\$17.86	\$15.01	\$9.50
\$3,250.00 - \$3,416.99	\$2,000.00	\$32.40	\$29.20	\$23.00	\$18.80	\$15.80	\$10.00
\$3,417.00 - \$3,583.99	\$2,100.00	\$34.02	\$30.66	\$24.15	\$19.74	\$16.59	\$10.50
\$3,584.00 - \$3,749.99	\$2,200.00	\$35.64	\$32.12	\$25.30	\$20.68	\$17.38	\$11.00
\$3,750.00 - \$3,916.99	\$2,300.00	\$37.26	\$33.58	\$26.45	\$21.62	\$18.17	\$11.50
\$3,917.00 - \$4,083.99	\$2,400.00	\$38.88	\$35.04	\$27.60	\$22.56	\$18.96	\$12.00
\$4,084.00 - \$4,249.99	\$2,500.00	\$40.50	\$36.50	\$28.75	\$23.50	\$19.75	\$12.50
\$4,250.00 - \$4,416.99	\$2,600.00	\$42.12	\$37.96	\$29.90	\$24.44	\$20.54	\$13.00
\$4,417.00 - \$4,583.99	\$2,700.00	\$43.74	\$39.42	\$31.05	\$25.38	\$21.33	\$13.50
\$4,584.00 - \$4,749.99	\$2,800.00	\$45.36	\$40.88	\$32.20	\$26.32	\$22.12	\$14.00
\$4,750.00 - \$4,916.99	\$2,900.00	\$46.98	\$42.34	\$33.35	\$27.26	\$22.91	\$14.50
\$4,917.00 - \$5,083.99	\$3,000.00	\$48.60	\$43.80	\$34.50	\$28.20	\$23.70	\$15.00
\$5,084.00 - \$5,249.99	\$3,100.00	\$50.22	\$45.26	\$35.65	\$29.14	\$24.49	\$15.50
\$5,250.00 - \$5,416.99	\$3,200.00	\$51.84	\$46.72	\$36.80	\$30.08	\$25.28	\$16.00
\$5,417.00 - \$5,583.99	\$3,300.00	\$53.46	\$48.18	\$37.95	\$31.02	\$26.07	\$16.50
\$5,584.00 - \$5,749.99	\$3,400.00	\$55.08	\$49.64	\$39.10	\$31.96	\$26.86	\$17.00
\$5,750.00 - \$5,916.99	\$3,500.00	\$56.70	\$51.10	\$40.25	\$32.90	\$27.65	\$17.50
\$5,917.00 - \$6,083.99	\$3,600.00	\$58.32	\$52.56	\$41.40	\$33.84	\$28.44	\$18.00
\$6,084.00 - \$6,249.99	\$3,700.00	\$59.94	\$54.02	\$42.55	\$34.78	\$29.23	\$18.50
\$6,250.00 - \$6,416.99	\$3,800.00	\$61.56	\$55.48	\$43.70	\$35.72	\$30.02	\$19.00
\$6,417.00 - \$6,583.99	\$3,900.00	\$63.18	\$56.94	\$44.85	\$36.66	\$30.81	\$19.50
\$6,584.00 - \$6,749.99	\$4,000.00	\$64.80	\$58.40	\$46.00	\$37.60	\$31.60	\$20.00
\$6,750.00 - \$6,916.99	\$4,100.00	\$66.42	\$59.86	\$47.15	\$38.54	\$32.39	\$20.50
\$6,917.00 - \$7,083.99	\$4,200.00	\$68.04	\$61.32	\$48.30	\$39.48	\$33.18	\$21.00
\$7,084.00 - \$7,249.99	\$4,300.00	\$69.66	\$62.78	\$49.45	\$40.42	\$33.97	\$21.50
\$7,250.00 - \$7,416.99	\$4,400.00	\$71.28	\$64.24	\$50.60	\$41.36	\$34.76	\$22.00
\$7,417.00 - \$7,583.99	\$4,500.00	\$72.90	\$65.70	\$51.75	\$42.30	\$35.55	\$22.50
\$7,584.00 - \$7,749.99	\$4,600.00	\$74.52	\$67.16	\$52.90	\$43.24	\$36.34	\$23.00
\$7,750.00 - \$7,916.99	\$4,700.00	\$76.14	\$68.62	\$54.05	\$44.18	\$37.13	\$23.50
\$7,917.00 - \$8,083.99	\$4,800.00	\$77.76	\$70.08	\$55.20	\$45.12	\$37.92	\$24.00
\$8,084.00 - \$8,249.99	\$4,900.00	\$79.38	\$71.54	\$56.35	\$46.06	\$38.71	\$24.50
\$8,250.00 - \$8,416.99	\$5,000.00	\$81.00	\$73.00	\$57.50	\$47.00	\$39.50	\$25.00
\$8,417.00 - \$8,583.99	\$5,100.00	\$82.62	\$74.46	\$58.65	\$47.94	\$40.29	\$25.50
\$8,584.00 - \$8,749.99	\$5,200.00	\$84.24	\$75.92	\$59.80	\$48.88	\$41.08	\$26.00
\$8,750.00 - \$8,916.99	\$5,300.00	\$85.86	\$77.38	\$60.95	\$49.82	\$41.87	\$26.50
\$8,917.00 - \$9,083.99	\$5,400.00	\$87.48	\$78.84	\$62.10	\$50.76	\$42.66	\$27.00

24-PAY PREMIUMS							
Monthly Salary	Monthly Disability Benefit	Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (181st)
\$9,084.00 - \$9,249.99	\$5,500.00	\$89.10	\$80.30	\$63.25	\$51.70	\$43.45	\$27.50
\$9,250.00 - \$9,416.99	\$5,600.00	\$90.72	\$81.76	\$64.40	\$52.64	\$44.24	\$28.00
\$9,417.00 - \$9,583.99	\$5,700.00	\$92.34	\$83.22	\$65.55	\$53.58	\$45.03	\$28.50
\$9,584.00 - \$9,749.99	\$5,800.00	\$93.96	\$84.68	\$66.70	\$54.52	\$45.82	\$29.00
\$9,750.00 - \$9,916.99	\$5,900.00	\$95.58	\$86.14	\$67.85	\$55.46	\$46.61	\$29.50
\$9,917.00 - \$10,083.99	\$6,000.00	\$97.20	\$87.60	\$69.00	\$56.40	\$47.40	\$30.00
\$10,084.00 - \$10,249.99	\$6,100.00	\$98.82	\$89.06	\$70.15	\$57.34	\$48.19	\$30.50
\$10,250.00 - \$10,416.99	\$6,200.00	\$100.44	\$90.52	\$71.30	\$58.28	\$48.98	\$31.00
\$10,417.00 - \$10,583.99	\$6,300.00	\$102.06	\$91.98	\$72.45	\$59.22	\$49.77	\$31.50
\$10,584.00 - \$10,749.99	\$6,400.00	\$103.68	\$93.44	\$73.60	\$60.16	\$50.56	\$32.00
\$10,750.00 - \$10,916.99	\$6,500.00	\$105.30	\$94.90	\$74.75	\$61.10	\$51.35	\$32.50
\$10,917.00 - \$11,083.99	\$6,600.00	\$106.92	\$96.36	\$75.90	\$62.04	\$52.14	\$33.00
\$11,084.00 - \$11,249.99	\$6,700.00	\$108.54	\$97.82	\$77.05	\$62.98	\$52.93	\$33.50
\$11,250.00 - \$11,416.99	\$6,800.00	\$110.16	\$99.28	\$78.20	\$63.92	\$53.72	\$34.00
\$11,417.00 - \$11,583.99	\$6,900.00	\$111.78	\$100.74	\$79.35	\$64.86	\$54.51	\$34.50
\$11,584.00 - \$11,749.99	\$7,000.00	\$113.40	\$102.20	\$80.50	\$65.80	\$55.30	\$35.00
\$11,750.00 - \$11,916.99	\$7,100.00	\$115.02	\$103.66	\$81.65	\$66.74	\$56.09	\$35.50
\$11,917.00 - \$12,083.99	\$7,200.00	\$116.64	\$105.12	\$82.80	\$67.68	\$56.88	\$36.00
\$12,084.00 - \$12,249.99	\$7,300.00	\$118.26	\$106.58	\$83.95	\$68.62	\$57.67	\$36.50
\$12,250.00 - \$12,416.99	\$7,400.00	\$119.88	\$108.04	\$85.10	\$69.56	\$58.46	\$37.00
\$12,417.00 - \$12,583.99	\$7,500.00	\$121.50	\$109.50	\$86.25	\$70.50	\$59.25	\$37.50
\$12,584.00 - \$12,749.99	\$7,600.00	\$123.12	\$110.96	\$87.40	\$71.44	\$60.04	\$38.00
\$12,750.00 - \$12,916.99	\$7,700.00	\$124.74	\$112.42	\$88.55	\$72.38	\$60.83	\$38.50
\$12,917.00 - \$13,083.99	\$7,800.00	\$126.36	\$113.88	\$89.70	\$73.32	\$61.62	\$39.00
\$13,084.00 - \$13,249.99	\$7,900.00	\$127.98	\$115.34	\$90.85	\$74.26	\$62.41	\$39.50
\$13,250.00 - \$13,416.99	\$8,000.00	\$129.60	\$116.80	\$92.00	\$75.20	\$63.20	\$40.00
\$13,417.00 - \$13,583.99	\$8,100.00	\$131.22	\$118.26	\$93.15	\$76.14	\$63.99	\$40.50
\$13,584.00 - \$13,749.99	\$8,200.00	\$132.84	\$119.72	\$94.30	\$77.08	\$64.78	\$41.00
\$13,750.00 - \$13,916.99	\$8,300.00	\$134.46	\$121.18	\$95.45	\$78.02	\$65.57	\$41.50
\$13,917.00 - \$14,083.99	\$8,400.00	\$136.08	\$122.64	\$96.60	\$78.96	\$66.36	\$42.00
\$14,084.00 - \$14,249.99	\$8,500.00	\$137.70	\$124.10	\$97.75	\$79.90	\$67.15	\$42.50
\$14,250.00 - \$14,416.99	\$8,600.00	\$139.32	\$125.56	\$98.90	\$80.84	\$67.94	\$43.00
\$14,417.00 - \$14,583.99	\$8,700.00	\$140.94	\$127.02	\$100.05	\$81.78	\$68.73	\$43.50
\$14,584.00 - \$14,749.99	\$8,800.00	\$142.56	\$128.48	\$101.20	\$82.72	\$69.52	\$44.00
\$14,750.00 - \$14,916.99	\$8,900.00	\$144.18	\$129.94	\$102.35	\$83.66	\$70.31	\$44.50
\$14,917.00 - \$15,083.99	\$9,000.00	\$145.80	\$131.40	\$103.50	\$84.60	\$71.10	\$45.00
\$15,084.00 - \$15,249.99	\$9,100.00	\$147.42	\$132.86	\$104.65	\$85.54	\$71.89	\$45.50
\$15,250.00 - \$15,416.99	\$9,200.00	\$149.04	\$134.32	\$105.80	\$86.48	\$72.68	\$46.00
\$15,417.00 - \$15,583.99	\$9,300.00	\$150.66	\$135.78	\$106.95	\$87.42	\$73.47	\$46.50
\$15,584.00 - \$15,749.99	\$9,400.00	\$152.28	\$137.24	\$108.10	\$88.36	\$74.26	\$47.00
\$15,750.00 - \$15,916.99	\$9,500.00	\$153.90	\$138.70	\$109.25	\$89.30	\$75.05	\$47.50
\$15,917.00 - \$16,083.99	\$9,600.00	\$155.52	\$140.16	\$110.40	\$90.24	\$75.84	\$48.00
\$16,084.00 - \$16,249.99	\$9,700.00	\$157.14	\$141.62	\$111.55	\$91.18	\$76.63	\$48.50
\$16,250.00 - \$16,416.99	\$9,800.00	\$158.76	\$143.08	\$112.70	\$92.12	\$77.42	\$49.00
\$16,417.00 - \$16,583.99	\$9,900.00	\$160.38	\$144.54	\$113.85	\$93.06	\$78.21	\$49.50
\$16,584.00 - And Over	\$10,000.00	\$162.00	\$146.00	\$115.00	\$94.00	\$79.00	\$50.00

This insert must be used in conjunction with SB-33342(FF).

Cancer Insurance

Plan Options



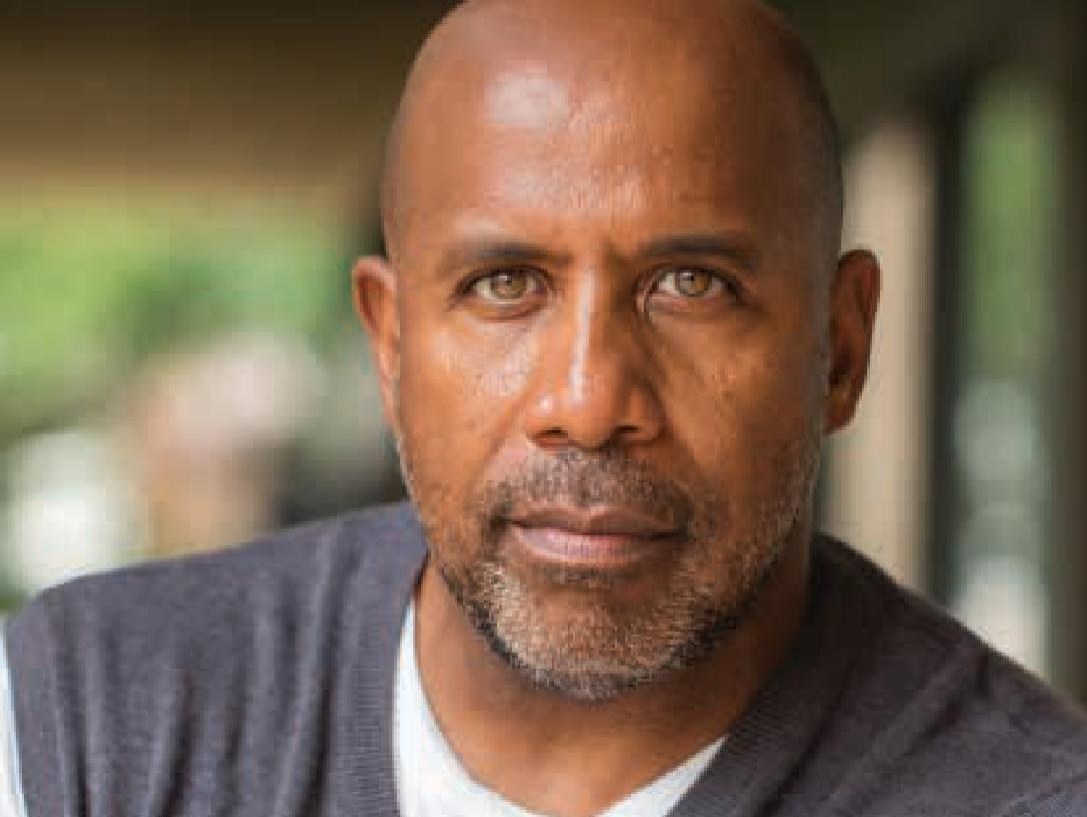
Allstate | www.allstate.com | 800-521-3535

Thousands of Americans are diagnosed with cancer each day. No doubt, the news is devastating, both personally and financially. It’s impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a cancer insurance plan.

It is likely that your major medical coverage will not cover all the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.

Cancer Insurance		
Monthly Premium	Plan 1	Plan 2
Employee	\$14.64	\$23.65
Employee + Family	\$25.24	\$40.85



Allstate
BENEFITS

Protection for the
treatment of cancer and
29 specified diseases

Cancer Insurance

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

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

Here's How It Works

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

Meeting Your Needs

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

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

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, 2019-2021

DID YOU KNOW ?



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

22.1 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030²

Offered to the employees of:

City of Seguin

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)

a. ICU Confinement - illness or accident confinements up to 45 days/stay

b. Step-Down ICU Confinement - confinements up to 45 days/stay

c. 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 employee only

Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases
from Allstate Benefits

Offered to the employees of:
City of Seguin

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT 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 Hospice Care Team (per visit)	\$100	\$200
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$5,000	\$7,500
Blood, Plasma, and Platelets ¹ (every 12 months)	\$5,000	\$7,500
Hematological Drugs ¹ (every 12 months)	\$100	\$150
Medical Imaging ¹ (every 12 months)	\$250	\$375
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery ²	\$1,500	\$3,000
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
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
Ambulatory Surgical Center (daily)	\$250	\$500
Second Opinion	\$200	\$400
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 ¹ (coach fare or amount shown per mile*)	0.40/Mile	0.40/Mile
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days and Transportation (coach fare or amount shown per mile**))	0.40/Mile	0.40/Mile
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000	\$5,000
Prosthesis ³ (per amputation)	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis ¹	\$50	\$50
Anti-Nausea Benefit ¹ (once per calendar year)	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
OPTIONAL/ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)	\$2,000	\$2,000
Intensive Care (ICU)		
ICU (daily)	\$300	\$600
Step-Down (daily)	\$150	\$300
Ambulance	Actual Charges	Actual Charges
Wellness Benefit	\$50	\$100

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement.

PLAN 1 PREMIUMS

MODE	EE	F
Monthly	\$14.64	\$25.24

PLAN 2 PREMIUMS

MODE	EE	F
Monthly	\$23.65	\$40.85

Issue ages: 18 and over if actively at work

EE=Employee; F=Family

FOR HOME OFFICE USE ONLY - GVCP3

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

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

V.2021.05.28 FA Rate Insert Creation Date: 6/28/2021



For use in enrollments situated in: TX. This rate insert is part of the approved brochure for City of Seguin and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than June 28, 2024. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2021 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

Critical Illness Insurance

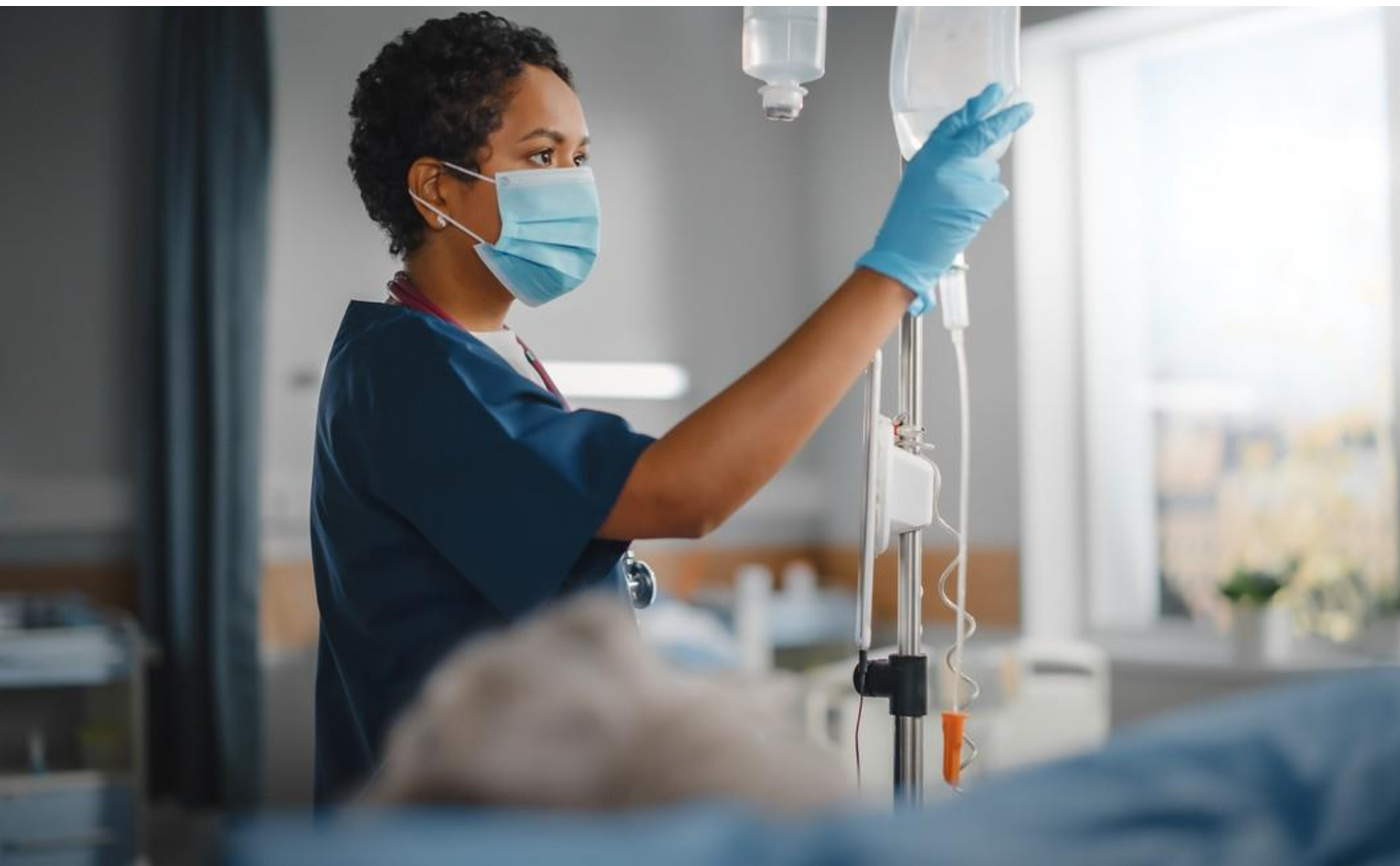
Aflac | www.aflac.com | 800-433-3036

Prepare For the Unexpected

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.



Aflac

Group Critical Illness

INSURANCE – PLAN INCLUDES BENEFITS
FOR CANCER AND HEALTH SCREENING

We help take care of your
expenses while you take
care of yourself.



Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



Here's why the Aflac Group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

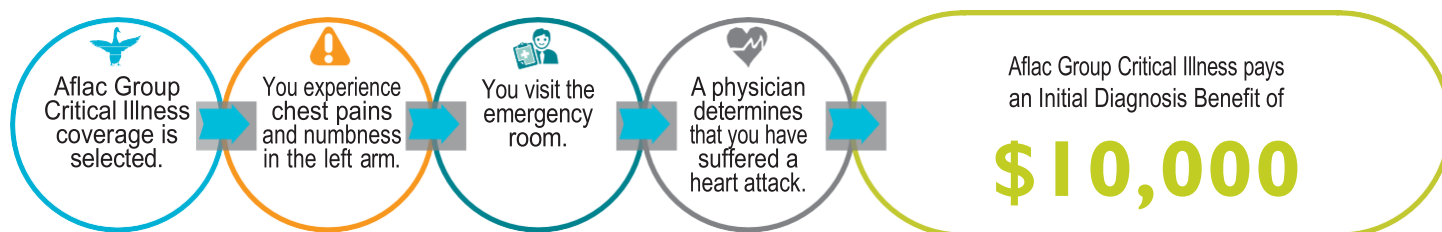
The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
 - Cancer
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant (Stem Cell Transplant)
 - Sudden Cardiac Arrest
 - Coronary Artery Bypass Surgery
 - Non-Invasive Cancer
 - Skin Cancer
 - Coma
 - Severe Burn
 - Paralysis
 - Loss of Speech/Sight/Hearing
- Health Screening Benefit

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How it works



Amount payable based on \$10,000 Initial Diagnosis Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
SEVERE BURN*	100%
PARALYSIS**	100%
COMA**	100%
LOSS OF SPEECH / SIGHT / HEARING**	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%
INITIAL DIAGNOSIS We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.	
ADDITIONAL DIAGNOSIS We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.	
REOCCURRENCE We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.	
CHILD COVERAGE AT NO ADDITIONAL COST Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.	

*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.

**These benefits are payable for loss due to a covered underlying disease or a covered accident.

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$100 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

This benefit is not paid for dependent children.

OPTIONAL BENEFITS RIDER

BENIGN BRAIN TUMOR	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	25%
These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.	

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

PROGRESSIVE DISEASE RIDER:

AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%
This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.	

SPECIFIED DISEASES RIDER (These benefits will be paid based at 25% of the face amount in effect on the critical illness date of diagnosis.)

Addison’s Disease, Cerebrospinal Meningitis, Diphtheria, Huntington’s Chorea, Legionnaire’s Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis

CHILDHOOD CONDITIONS RIDER

CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
TYPE 1 DIABETES	50%

One Time Benefit Amount

AUTISM SPECTRUM DISORDER (ASD)	\$3,000
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Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

LIMITATIONS AND EXCLUSIONS

All limitations and exclusions that apply to the critical illness plan also apply to the rider unless amended by the rider.

Cancer Diagnosis Limitation Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
 - In Alaska: injuring or attempting to injure oneself intentionally
- **Suicide** – committing or attempting to commit suicide, while sane or insane;
 - In Missouri: committing or attempting to commit suicide, while sane
 - In Illinois and Minnesota: this exclusion does not apply
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job:
 - In Arizona: participating in or attempting to commit a felony, or being engaged in

- an illegal occupation;
- In Florida: participating or attempting to participate in an illegal activity, or working at an illegal occupation;
- In Illinois and Pennsylvania: Illegal Occupation - committing or attempting to commit a felony or being engaged in an illegal occupation;
- In Michigan: Illegal Occupation – the commission of or attempt to commit a felony, or being engaged in an illegal occupation;
- In Nebraska: being engaged in an illegal occupation, or commission of or attempting to commit a felony;
- In Ohio: committing or attempting to commit a felony, or working at an illegal job
- **Participation in Aggressive Conflict:**
 - War (declared or undeclared) or military conflicts;
 - In Florida: War does not include acts of terrorism
 - In Oklahoma: War, or act of war, declared or undeclared when serving in the military service or an auxiliary unit thereto
 - Insurrection or riot
 - Civil commotion or civil state of belligerence
- **Illegal Substance Abuse:**
 - Abuse of legally-obtained prescription medication
 - Illegal use of non-prescription drugs

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Employee - Non-Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.24	\$7.55	\$9.86	\$12.17	\$14.48	\$16.80	\$19.11	\$21.42	\$23.73	\$26.04
30-39	\$6.52	\$10.11	\$13.70	\$17.28	\$20.87	\$24.46	\$28.05	\$31.64	\$35.23	\$38.82
40-49	\$9.66	\$16.39	\$23.12	\$29.85	\$36.58	\$43.31	\$50.05	\$56.78	\$63.51	\$70.24
50-59	\$15.79	\$28.65	\$41.51	\$54.37	\$67.23	\$80.09	\$92.95	\$105.82	\$118.68	\$131.54
60+	\$27.31	\$51.70	\$76.08	\$100.47	\$124.85	\$149.23	\$173.62	\$198.00	\$222.39	\$246.77

Employee - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.07	\$9.20	\$12.34	\$15.47	\$18.61	\$21.74	\$24.88	\$28.01	\$31.15	\$34.28
30-39	\$8.37	\$13.81	\$19.25	\$24.69	\$30.14	\$35.58	\$41.02	\$46.46	\$51.90	\$57.34
40-49	\$13.35	\$23.78	\$34.20	\$44.63	\$55.05	\$65.47	\$75.90	\$86.32	\$96.75	\$107.17
50-59	\$23.52	\$44.11	\$64.70	\$85.29	\$105.87	\$126.46	\$147.05	\$167.64	\$188.23	\$208.82
60+	\$40.82	\$78.72	\$116.61	\$154.50	\$192.40	\$230.29	\$268.18	\$306.08	\$343.97	\$381.86

Spouse - Non-Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.96	\$7.00	\$9.03	\$11.06	\$13.10	\$15.13	\$17.16	\$19.19	\$21.23	\$23.26
30-39	\$6.24	\$9.55	\$12.86	\$16.17	\$19.48	\$22.79	\$26.11	\$29.42	\$32.73	\$36.04
40-49	\$9.38	\$15.84	\$22.29	\$28.74	\$35.19	\$41.65	\$48.10	\$54.55	\$61.01	\$67.46
50-59	\$15.51	\$28.10	\$40.68	\$53.26	\$65.84	\$78.43	\$91.01	\$103.59	\$116.17	\$128.76
60+	\$27.04	\$51.14	\$75.25	\$99.36	\$123.46	\$147.57	\$171.67	\$195.78	\$219.89	\$243.99

Spouse - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.79	\$8.64	\$11.50	\$14.36	\$17.22	\$20.07	\$22.93	\$25.79	\$28.64	\$31.50
30-39	\$8.09	\$13.26	\$18.42	\$23.58	\$28.75	\$33.91	\$39.07	\$44.24	\$49.40	\$54.56
40-49	\$13.08	\$23.22	\$33.37	\$43.51	\$53.66	\$63.81	\$73.95	\$84.10	\$94.24	\$104.39
50-59	\$23.24	\$43.55	\$63.86	\$84.17	\$104.49	\$124.80	\$145.11	\$165.42	\$185.73	\$206.04
60+	\$40.55	\$78.16	\$115.78	\$153.39	\$191.01	\$228.62	\$266.24	\$303.85	\$341.47	\$379.08

Accident Insurance

Allstate | www.allstate.com | 800-521-3535

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit





Allstate BENEFITS

Protection for accidental
injuries on- and off-the-job,
24 hours a day

Accident Insurance

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

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

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

Here's How It Works

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

Meeting Your Needs

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

With Allstate Benefits, you can protect your finances against life's slips and falls.

Practical benefits for everyday living.®

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

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

DID YOU KNOW ?

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

ON-THE-JOB (in millions)



Work
4.4

OFF-THE-JOB (in millions)



Home
25.0



Non-Auto
12.6



Auto
4.3

Offered to the employees of:

City of Seguin

Meet Daniel & Sandy

Daniel and Sandy are like most active couples; they enjoy the outdoors and a great adventure. They have seen their share of bumps, bruises and breaks. Sandy knows an accidental injury could happen to either of them. Most importantly, she worries about how they will pay for it.

Here is what weighs heavily on her mind:

- Major medical will only pay a portion of the expenses associated with injury treatments
- They have copays they are responsible for until they meet their deductible
- If they miss work because of an injury, they must cover the bills, rent/mortgage, groceries and their child's education
- If they need to seek treatment not available locally, they will have to pay for it



Daniel's story of injury and treatment turned into a happy ending, because he had supplemental Accident Insurance to help with expenses.



CHOOSE

Daniel and Sandy choose benefits to help protect their family if they suffer an accidental injury.



USE

Daniel was playing a pick-up game of basketball with his friends when he went up for a jump-shot and, on his way back down, twisted his foot and ruptured his Achilles tendon.

Here's Daniel's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to reattach the tendon
- Visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- Seen by the doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Daniel would go online after each of his treatments to file claims. The cash benefits were direct deposited into his bank account.

Daniel is back playing basketball and enjoying life.



CLAIM

Daniel's Accident claim paid cash benefits for the following:

Ground Ambulance

Medicine

Emergency Room

X-rays

Initial Hospital Confinement

Daily Hospital Confinement

Accident Physician's Treatment

Tendon Surgery

General Anesthesia

Outpatient Physician

Physical Therapy (3 days/week)

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.

Dependent Eligibility

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

*Two treatments per covered person, per accident. **Up to three times per covered person, per accident. ¹Multiple dislocations, fractures, dismemberments or functional losses from the same accident are limited to the amount shown in the Benefit Amounts on rate insert. ²Two or more surgeries done at the same time are considered one operation. ³Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. Not paid for days on which the Daily Hospital Confinement benefit is paid.

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

BASE POLICY BENEFITS

Initial Hospital Confinement

Daily Hospital Confinement - up to 365 days for any one accident

Intensive Care - up to 180 days for each period of continuous confinement

RIDER BENEFITS ADDED TO BASE POLICY

Accident Treatment & Urgent Care Rider

Benefits for: Ground Ambulance, Air Ambulance, Accident Physician's Treatment, X-ray, Urgent Care

Dislocation/Fracture Rider¹ - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule in rate insert

Emergency Room Services Rider - received as a result of injury

OPTIONAL/ADDITIONAL RIDER BENEFITS

Outpatient Physician's Benefit Rider - Once per day, per covered person, not to exceed 2 days per covered person, per calendar year and a maximum of 4 days per calendar year if dependents are covered. Covers sickness

Accidental Death, Dismemberment and Functional Loss Rider

Benefits for: Accidental Death, Common Carrier, Dismemberment¹, Functional Loss¹

Benefit Enhancement Rider

Accident Follow-Up Treatment - not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid*

Lacerations

Burns - treatment for one or more burns, other than sunburns

Skin Graft - for a burn for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - treatments must be received within 30 days after the accident. Payable once per covered person, per accident, per calendar year

Paralysis - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for 90 consecutive days

Coma with Respiratory Assistance - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

Open Abdominal or Thoracic Surgery - must be performed by a physician²

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery - surgery for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery²

Ruptured Disc Surgery - diagnosis and surgical repair to a ruptured disc of the spine by a physician²

Eye Surgery - surgery or removal of a foreign object by a physician

General Anesthesia - payable only if one of the rider Surgery benefits is paid

Blood and Plasma

Appliance - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

Medical Supplies

Medicine

Prosthesis - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident

Physical, Occupational or Speech Therapy - 1 treatment per day; maximum of 6 treatments per accident.

Includes chiropractic services. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid

Rehabilitation Unit - must be hospital-confined due to an injury prior to being transferred to rehab³

Non-Local Transportation - obtaining treatment more than 50 miles from your home when not available locally. Ground or air ambulance is not covered**

Family Member Lodging - 1 adult family member to be with you while you are hospital confined. Not paid if family member lives within 50 miles of the hospital. Payable up to 30 days per accident

Post-Accident Transportation - three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if the Daily Hospital Confinement benefit is paid

Broken Tooth - dental repair by crown, filling or extraction; only one of the three is covered per accident. Injury must be to natural teeth and cannot be due to biting or chewing

Residence/Vehicle Modification - permanent structural modification certified necessary by a physician, within 365 days after accident

Pain Management (Epidural Injection) - injection in the spine to manage pain due to an accidental injury

Miscellaneous Outpatient Surgery - physician-performed outpatient surgical procedure. Not paid if one of the following benefits is paid: Open Abdominal or Thoracic Surgery; Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery; Ruptured Disc Surgery; or Eye Surgery

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFIT		PLAN 1	PLAN 2
Initial Hospital Confinement (pays once/year)		\$500	\$500
Daily Hospital Confinement (pays daily)		\$100	\$100
Intensive Care (pays daily)		\$200	\$200
RIDER BENEFITS		PLAN 1	PLAN 2
Accident Treatment & Urgent Care Rider			
Ambulance	Ground	\$200	\$300
	Air	\$600	\$900
Accident Physician's Treatment		\$100	\$150
X-ray		\$200	\$300
Urgent Care		\$100	\$150
Dislocation or Fracture Rider ¹		\$4,000	\$6,000
Emergency Room Services Rider		\$100	\$150
Outpatient Physician's Benefit Rider (OPT) (pays daily)		N/A	\$25
Accidental Death*, Dismemberment ^{1,*} and Functional Loss ^{1,*} Rider		\$20,000	\$20,000
Common Carrier (fare-paying passenger)		\$50,000	\$50,000
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Accident Follow-Up Treatment (pays daily)		\$50	\$75
Lacerations		\$50	\$75
Burns	< 15% body surface	\$100	\$150
	15% or more	\$500	\$750
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		\$300	\$450
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		\$50	\$75
Paralysis (pays once)	Paraplegia	\$7,500	\$11,250
	Quadriplegia	\$15,000	\$22,500
Coma with Respiratory Assistance		\$10,000	\$15,000
Open Abdominal or Thoracic Surgery		\$1,000	\$1,500
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500	\$750
	Exploratory	\$150	\$225
Ruptured Spinal Disc Surgery		\$500	\$750
Eye Surgery		\$100	\$150
General Anesthesia		\$100	\$150
Blood and Plasma		\$300	\$450
Appliance		\$125	\$187.50
Medical Supplies		\$5.00	\$7.50
Medicine		\$5.00	\$7.50
Prosthesis	1 device	\$500	\$750
	2 or more devices	\$1,000	\$1,500
Physical, Occupational or Speech Therapy (pays daily)		\$30	\$45
Rehabilitation Unit (pays daily)		\$100	\$150
Non-Local Transportation		\$250	\$375
Family Member Lodging (pays daily)		\$100	\$150
Post-Accident Transportation (pays once/year)		\$200	\$300
Broken Tooth		\$100	\$150
Residence/Vehicle Modification		\$500	\$750
Pain Management (Epidural Injection)		\$50	\$75
Miscellaneous Outpatient Surgery		\$100	\$150

*Each benefit pays the amount shown. ¹Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

Offered to the employees of:

City of Seguin

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$8.38	\$14.49	\$18.95	\$23.56

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$13.35	\$23.06	\$29.93	\$38.43

Issue ages: 18 and over if actively at work

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

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

Injury Benefit Schedule is on reverse

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$4,000	\$6,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$1,600	\$2,400
Wrist joint	\$1,400	\$2,100
Elbow joint	\$1,200	\$1,800
Shoulder joint	\$800	\$1,200
Bone or bones of the hand [^] , collarbone	\$600	\$900
Two or more fingers or toes	\$280	\$420
One finger or toe	\$120	\$180
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis ⁺⁺	\$4,000	\$6,000
Skull ⁺⁺	\$3,800	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$2,400
Foot ⁺⁺ , hand or wrist ⁺⁺	\$1,400	\$2,100
Lower jaw ⁺⁺	\$800	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$900
One rib, finger or toe, coccyx	\$280	\$420
LOSS	PLAN 1	PLAN 2
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$20,000	\$20,000
One eye, hand, arm, foot, or leg	\$10,000	\$10,000
One or more entire toes or fingers	\$2,000	\$2,000

[^]Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ⁺⁺Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

FOR HOME OFFICE USE ONLY - GVAP6

Opt 1 - 1.0U Base; 2.0U D/F 100%CH; 2.0U AUC; 1.0U ERS; 1.0U ADD; 1.0U BER; 24 Hour

Opt 2 - 1.0U Base; 3.0U D/F 100%CH; 3.0U AUC; 1.5U ERS; 1.0U ADD; 1.5U BER; 1.0U OPT; 24 Hour

ABQ V 07.06.2021 RE V 06.03.2020



For use in enrollments situated in: TX. This rate insert is part of the approved brochure for City of Seguin and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than September 3, 2024. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2021 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

ABJ29986 - Insert - 59954

CERTIFICATE SPECIFICATIONS

Conditions and Limits

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

Eligibility

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

Dependent Eligibility/Termination

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

When Coverage Ends

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

Continuing Your Coverage

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

EXCLUSIONS AND LIMITATIONS

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

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

Exclusions and Limitations for Outpatient Physician's Benefit Rider

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

This brochure is for use in enrollments situated in TX, and is incomplete without the accompanying rate insert. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative. This material is valid as long as information remains current, but in no event later than September 3, 2024.

Group Accident benefits are provided under policy form GVAP6, or state variations thereof. Accident Rider benefits are provided under the following rider forms, or state variations thereof: Accident Treatment and Urgent Care Rider GP6AUC; Dislocation/Fracture Rider GP6DF; Emergency Room Services Rider GP6ERS; Outpatient Physician's Benefit Rider GP6OPT; Accidental Death, Dismemberment and Functional Loss Rider GP6ADD; and Benefit Enhancement Rider GP6BE.

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

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

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



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2021 Allstate Insurance Company.
www.allstate.com or
allstatebenefits.com

Identity Theft Protection

ID Shield | www.legalshield.com/cityofseguin | 210-385-1144

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

It takes years to establish a good reputation with credit lenders and employers. Make sure it remains yours by taking advantage of the identity theft insurance offered through your employer.



Legal Plan



Legalshield | www.legalshield.com/info/cityofseguin | 210-385-1144

Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.

Medical Transport

MASA | www.masaaccess.com | 954-334-8261

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs.

Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill.

With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.



Stay prepared with MASA® Emergent Plus

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

Plan includes:



Emergency Ground Ambulance Coverage

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



Emergency Air Ambulance Coverage

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



Hospital to Hospital Ambulance Coverage

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



Repatriation Near Home Coverage

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



Did you know?

54.1M

**medical emergencies
occur each year in the U.S.**

Source: NEMSIS, 2024 (National EMS
Information Systems)

About MASA

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

Stay prepared with MASA® Platinum

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

Plan includes:



Emergency Ground Ambulance Coverage

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



Emergency Air Ambulance Coverage

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



Hospital to Hospital Ambulance Coverage

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



Repatriation Near Home Coverage

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



Minor Return Transportation Coverage

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



Pet Return Transportation Coverage

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



Patient Return Transportation Coverage⁴

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



Did you know?

\$2,000

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

Source: MASA claims data, January 2024

About MASA

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



Companion Emergency Transportation Coverage

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



Hospital Visitor Transportation Coverage

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



Mortal Remains Transportation Coverage

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



Vehicle & RV Return Coverage

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



Organ Retrieval Transportation Coverage

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



Organ Recipient Transportation Coverage

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

Coverage territories

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

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

Disclaimers

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

Employee Assistance Program

Guadalupe Regional Medical Center | www.grmedcenter.com | 800-379-1010

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in a day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues.

An employee assistance program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.



EAP

Employee Assistance Program

An Employee Assistance Program (EAP) is a mental health benefit offered to you and your family at no cost. We have contracted with more than 40 counselors in Guadalupe, Bexar, Comal, Hays and Travis counties to serve you. Each year, EAP offers six free counseling sessions per problem, per family member. Call us and we can arrange for you to see a counselor whose specialty is appropriate for your needs.

Common Concerns

- ✓ Overwhelming Stress
- ✓ Anxiety and Depression
- ✓ Drug and Alcohol Abuse
- ✓ Parenting and Adolescent Issues
- ✓ Marital Conflicts
- ✓ Relationships
- ✓ Emotional Pain
- ✓ Spiritual Conflicts
- ✓ Workplace Conflicts
- ✓ Grief
- ✓ Legal
- ✓ Financial
- ✓ Anger
- ✓ And More...



How do I make an appointment?

Call the Help Line at 830.379.1010 or 800.246.1010 and a licensed counselor can help you locate or schedule with a clinician. If you are not satisfied with your counselor, notify the Help Line and we will assist you in locating another counselor.



Who will know I went to an EAP Counselor?

No one. Your confidentiality will be protected. Your employer will only be told the number of people who called or came in to see a counselor every month. However, if you want to give us written permission to speak with your employer, we will. The only exception is a mandatory supervisor referral.



How bad does it have to be to see an EAP Counselor?

If you feel like talking, we're here. Don't wait until it gets "bad enough". As with any problem, the worse it gets, the harder it is to resolve.



24 Hours / 7 Days a Week

830.379.1010

800.246.1010

Provided under the direction of:

Guadalupe Regional
TEDDY BUERGER CENTER



TeleHealth



MD Live | www.mdlive.com/bcbstx | 888-680-8646

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

Board Certified physicians will diagnose your illness, recommend treatment, and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They can treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!

Hospital Indemnity Insurance

Aetna | www.aetna.com | 888-772-9682

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!



Aetna Hospital Indemnity Plan
administered by Aetna Life Insurance Company
Federal Disclosure

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: **1-855-889-4325**) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).





Less stress

Aetna® Hospital Indemnity Plan

Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, it's good to plan ahead. And to give yourself an extra financial cushion.

What is the Aetna Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or an unplanned hospital stay. It can be for an illness, injury, surgery or to deliver a baby. The Aetna Hospital Indemnity Plan pays a lump-sum benefit for admission and daily benefits for a covered hospital stay. You can use these benefits to help pay your part of medical costs or for ongoing bills.

How is this different from a major medical plan?

Medical plans help pay **doctors and hospitals** for services and treatment. But they don't cover everything, including unexpected costs that might result from a hospital stay.

The Aetna Hospital Indemnity Plan pays benefits directly to **you**. So, you'll have extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **you** choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered hospital stay. We will pay benefits directly to you by check or direct deposit.

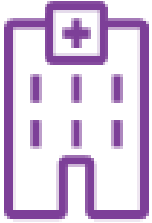
Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01



Because it happens

\$1.24 trillion was spent on hospital services in 2020. **60%-65%** of all bankruptcies are related to medical expenses¹.

Ready ... or not



Carter* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay.

Good thing he had the Aetna® Hospital Indemnity Plan. He filed his claim online and, since he had signed up for direct deposit, his benefits went directly into his bank account.

He used the cash to help make up for the earnings he lost from the time he missed work while recovering and to help pay some of his deductible. Now, he can focus more on his health.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com) to view plan documents, submit and track claims, access discounts and sign up for direct deposit. You can also access the portal from [Aetna.com](https://aetna.com).

Filing a claim is easy! Click “Report New Claim” and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.



¹Debt.org. Hospital and Surgery Costs. October 2021. Available at: <https://www.debt.org/medical/hospital-surgery-costs/>. Accessed June 3, 2022.

* For illustrative purposes only; does not reflect events experienced by an actual participant.



Benefit Summary



Aetna Hospital Indemnity Plan

City of Seguin Employee Benefit Trust

6501324

The hospital indemnity plan helps financially



- Your enrollment is guaranteed, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Make your hospital stay a bit easier.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage.

Note: The Aetna Hospital Indemnity Plan pays benefits when you have a covered hospital stay and other covered services. This plan doesn't pay for any stays or other services that happen before your effective date of coverage.

This plan is compatible with a Health Savings Account (HSA).



Hospital indemnity plan



A **stay** is a period during which you are inpatient and confined in a hospital, or other covered facility, and are charged for room, board, and general nursing services.

A stay does not include time in the hospital due to custodial or personal needs that do not require medical skills or training. A stay does not include time in the hospital in the emergency room unless this leads to a stay. A stay only covers the specific benefits listed below.

Inpatient benefits

Covered benefit	Low	High
Hospital admission (<i>initial day</i>)	\$1,500	\$2,500
Hospital daily stay — non-ICU	\$100	\$200
Hospital daily stay — ICU	\$200	\$400
Substance abuse daily stay	\$100	\$200
Mental disorder daily stay	\$100	\$200
Rehabilitation unit daily stay	\$50	\$100
Observation unit	\$100	\$200
Waiver of premium	Included	Included

Note for hospital admission benefits: Max 2 admissions per plan year. Admissions must be separated by at least 30 days in a row.

Note for inpatient daily stay benefits: All inpatient stay benefits begin on day two and count toward the plan year 30 days combined max days.

Note for observation benefits: Max 1 day lump sum daily benefit per member per year for hospital observation visit. (*Non-admission into hospital.*)

Newborn benefits

Covered benefit for newborn	Low	High
Newborn routine care	\$100	\$200

Note for newborn routine care benefits: Max lump sum benefit once per birth per year for delivery in a hospital. This will not pay for an outpatient birth.

Aetna Hospital Indemnity Plan rates



Semimonthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	\$10.17	\$20.33	\$18.30	\$28.47

Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	\$18.49	\$36.97	\$33.28	\$51.76

COBRA

First Financial Administrators, Inc. | www.ffga.com | 800-523-8422, option 4

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group health coverage such as medical, dental, vision insurance and flexible spending accounts for a limited period of time.

COBRA Highlights

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Either you or your family member are responsible for notifying your employer of a divorce, legal separation or child losing dependent status within 60 days of the event. In the case of termination, death or reduction in hours, your employer will be responsible for letting the provider know that you have the right to continue coverage under COBRA.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

First Financial Administrators, Inc. provides COBRA administration services for the following plans:
Medical, Dental, Vision,



Clever RX

Clever RX | <https://partner.cleverrx.com/ffga> | 800-873-1195

Clever RX helps you save money by using a prescription drug savings card. They partner with the healthcare community to bring state-of-the-art, money-savings tools to participants. It helps you save up to 80% off prescriptions drugs and often beats the average copay. Plus, it's completely free. Thanks to Clever RX, you will never overpay for prescriptions again!

Use Clever RX every time you pay for a medication for instant savings!



Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.

Clever RX Highlights

- 100% FREE to use.
- Unlock discounts on thousands of medications.
- Save up to 80% on prescription medication – Often beats your copay!
- Download the Clever RX app by using the information on your card to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

Contact Information

205 North River St
Seguin TX, 78155
830-386-2548
www.seguintexas.gov

Holly Perez, Account Manager
214-883-5056
www.hollyperez@ffga.com

Product	Carrier	Website	Phone
Medical	BCBS	www.bcbstx.com	800-521-2227
Dental	Ameritas	www.ameritas.com	800-521-2227
Vision	Ameritas	www.vsp.com	800-877-7195
Disability	American Fidelity	www.americanfidelity.com	800-654-8489
Accident	Allstate	www.allstate.com	800-521-3535
Cancer	Allstate	www.alstate.com	800-521-3535
Critical Illness	Aflac	www.aflac.com	800-433-3036
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Term Life	BCBS	www.bcbstx.com	800-521-2227
Identity Theft	ID Shield	www.legalshield.com	210-385-1144
Legal	Legalshield	www.legalshield.com	210-385-1144
Medical Transport	MASA	www.masaaccesss.com	954-334-8261
Employee Assistance	Guadalupe Regional	www.grmedcenter.com	830-379-1010
Telehealth	MD LIVE	www.mdlive.com	888-680-8646
Hospital Indemnity	Aetna	www.aetna.com	888-772-9682