

SUHSD
Benefit Plans for:
SSEA/ESP, MGMT
Effective 10/1/25-9/30/26

		PPO 1 RxA	PPO 5 RxA	PPO 7 RxA	PPO 8 RxB	HDHP-2	BRONZE PLAN
Deductible	Individual	\$0	\$100	\$250	\$500	\$2,600	\$5,000
	Family	\$0	\$200	\$500	\$1,000	\$5,200 (**)	\$10,000
Coninsurance		N/A	90% / 10%	80% / 20%	80% / 20%	80% / 20%	70% / 30%
Out Of Pocket Max (Includes deductible, coinsurance, medical & pharmacy copays)		\$1,250 Ind \$2,500 Family	\$1,250 Ind \$2,500 Family	\$2,000 Ind \$4,000 Family	\$3,250 Ind \$6,500 Family	\$6,000 Ind \$12,000 Family	\$7,000 Ind \$14,000 Family
Office Visit Copay		\$10	\$30	\$30	\$30	See CVT Info	60 1st 3; Major Medical
RX Coverage		RX A - \$5/\$22	RX A - \$5/\$22	RX A - \$5/\$22	RX B - \$7/\$15/\$30	Major Medical	Major Medical to Ded, \$25/\$50
Monthly Med/RX/EAP		\$ 2,582.00	\$ 2,268.00	\$ 2,092.00	\$ 1,899.00	\$ 1,274.00	\$ 1,162.00
Monthly Dental Rate		\$ 123.12	\$ 123.12	\$ 123.12	\$ 123.12	\$ 123.12	\$ 123.12
Monthly Vision Rate		\$ 23.19	\$ 23.19	\$ 23.19	\$ 23.19	\$ 23.19	\$ 23.19
Monthly Life Rate		\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00
Total Monthly M/D/V/L*		\$ 2,737.31	\$ 2,423.31	\$ 2,247.31	\$ 2,054.31	\$ 1,429.31	\$ 1,317.31
SSEA/ESP Dist Paid Portion (1)		\$ 1,454.26	\$ 1,454.26	\$ 1,454.26	\$ 1,454.26	\$ 1,454.26	\$ 1,454.26
SSEA EE Monthly Cost (12 Checks)		\$ 1,283.05	\$ 969.05	\$ 793.05	\$ 600.05	\$ -	\$ -
Total Monthly M/D/V/L		\$ 2,737.31	\$ 2,423.31	\$ 2,247.31	\$ 2,054.31	\$ 1,429.31	\$ 1,317.31
MGMT Dist Paid Portion (2)		\$ 1,454.26	\$ 1,454.26	\$ 1,454.26	\$ 1,454.26	\$ 1,454.26	\$ 1,454.26
MGMT EE Monthly Cost (12 Checks)		\$ 1,283.05	\$ 969.05	\$ 793.05	\$ 600.05	\$ -	\$ -

*SSEA Costs include Life Coverage. District Portion based on settlement Nov 2017

(1) Cap increase of \$842.00 based on 6.56% COLA for SSEA, ESP, Mgmt in 2022-23

(2) Additional \$500 added to the Medical Cap as agreed upon between the bargaining unit and the District, Effective 1/1/23

(3) Cap increase of \$1,165.00 based on 8.22% COLA for SSEA, ESP, Mgmt in 2023-24

(4) Cap increase of \$164.00 based on 1.07% COLA for SSEA, ESP, Mgmt in 2024-25

Revised on 7/31/2025

SUHSD
Benefit Plans for:
SSEA/ESP, MGMT
Effective 10/1/25-9/30/26

SSEA/ESP	PPO 1 RxA	PPO 5 RxA	PPO 7 RxA	PPO 8 RxB	HDHP-2	BRONZE PLAN
SSEA/ESP Annual Premium *Medical/Dental/Vision/Life	\$32,847.72	\$29,079.72	\$26,967.72	\$24,651.72	\$17,151.72	\$15,807.72
SSEA/ESP Annual Cap	\$17,451.15	\$17,451.15	\$17,451.15	\$17,451.15	\$17,451.15	\$17,451.15
Employee Annual Cost	\$15,396.57	\$11,628.57	\$9,516.57	\$7,200.57	\$0.00	\$0.00
12 Deductions	\$1,283.05	\$969.05	\$793.05	\$600.05	\$0.00	\$0.00
11 Deductions	\$1,399.69	\$1,057.14	\$865.14	\$654.60	\$0.00	\$0.00

SSEA:
Your cost per month

MANAGEMENT	PPO 1 RxA	PPO 5 RxA	PPO 7 RxA	PPO 8 RxB	HDHP - 2	BRONZE PLAN
MGMT Annual Premium *Medical/Dental/Vision/Life	\$32,847.72	\$29,079.72	\$26,967.72	\$24,651.72	\$17,151.72	\$15,807.72
MGMT Annual Cap	\$17,451.15	\$17,451.15	\$17,451.15	\$17,451.15	\$17,451.15	\$17,451.15
Employee Annual Cost	\$15,396.57	\$11,628.57	\$9,516.57	\$7,200.57	\$0.00	\$0.00
12 Deductions	\$1,283.05	\$969.05	\$793.05	\$600.05	\$0.00	\$0.00
11 Deductions	\$1,399.69	\$1,057.14	\$865.14	\$654.60	\$0.00	\$0.00

Management:
Your cost per month

HDHP Plan:

District HSA Contribution: \$299.43
Half paid out in November and half paid out in March.

****The District contribution is the difference between the Annual Cap and the Annual Premium**

For: SSEA/ESP, MGMT

**SUHS
SPOUSE RATES**
Effective 10/1/25-9/30/26

SPOUSE RATES		CVT Plan: PPO 1 RxA	CVT Plan: PPO 5 RxA	CVT Plan: PPO 7 RxA	CVT Plan: PPO 8 RxB	HDHP-2	BRONZE PLAN
Deductible	Individual	\$0	\$100	\$250	\$500	\$2,600	\$5,000
	Family	\$0	\$200	\$500	\$1,000	\$5,200 (**)	\$10,000
Coninsurance		N/A	90% / 10%	80% / 20%	80% / 20%	See CVT Info	70% / 30%
Out Of Pocket Max (Includes deductible, coinsurance, medical & pharmacy copays)		\$1,250 Ind \$2,500 Family	\$1,250 Ind \$2,500 Family	\$2,000 Ind \$4,000 Family	\$3,250 Ind \$6,500 Family	\$6,000 Ind \$12,000 Family	\$7,000 Ind \$14,000 Family
Office Visit Copay		\$10	\$30	\$30	\$30	See CVT Info	\$60 1st 3, Major Medical
RX Coverage		RX A - \$5/\$22	RX A - \$5/\$22	RX A - \$5/\$22	RX B - \$7/\$15/\$30	Major Medical	Major Medical to Ded, \$25/\$50
Monthly Med/RX/EAP		\$ 1,937.00	\$ 1,701.00	\$ 1,569.00	\$ 1,425.00	\$ 956.00	\$ 872.00
Monthly Dental Rate		\$ 123.12	\$ 123.12	\$ 123.12	\$ 123.12	\$ 123.12	\$ 123.12
Monthly Vision Rate		\$ 23.19	\$ 23.19	\$ 23.19	\$ 23.19	\$ 23.19	\$ 23.19
Monthly Life Rate		\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00
Total Monthly M/D/V/L*		\$ 2,092.31	\$ 1,856.31	\$ 1,724.31	\$ 1,580.31	\$ 1,111.31	\$ 1,027.31
SSEA/ESP Dist Paid Portion (1)		\$ 1,454.26	\$ 1,454.26	\$ 1,454.26	\$ 1,454.26	\$ 1,454.26	\$ 1,454.26
SSEA EE Monthly Cost (12 Checks)		\$ 638.05	\$ 402.05	\$ 270.05	\$ 126.05	\$ -	\$ -
Total Monthly M/D/V/L		\$ 2,092.31	\$ 1,856.31	\$ 1,724.31	\$ 1,580.31	\$ 1,111.31	\$ 1,027.31
MGMT Dist Paid Portion (3)		\$ 1,454.26	\$ 1,454.26	\$ 1,454.26	\$ 1,454.26	\$ 1,454.26	\$ 1,454.26
MGMT EE Monthly Cost (12 Checks)		\$ 638.05	\$ 402.05	\$ 270.05	\$ 126.05	\$ -	\$ -

*SSEA Costs does include Life Coverage. District Portion based on settlement Nov 2017

(1) SSEA, ESP, Mgmt Cap increase of \$842.00 based on 6.56% COLA for SSEA, ESP, Mgmt in 2022-23

(2) Additional \$500 added to the Medical Cap as agreed upon between the bargaining unit and the District, Effective 1/1/23

(3) Cap increase of \$1,165.00 based on 8.22% COLA for SSEA, ESP, Mgmt in 2023-24

(4) Cap increase of \$164 based on 1.07% COLA for SSEA, ESP, Mgmt in 2024-25

Revised on 7/31/25

For: SSEA/ESP, MGMT

SUHSD
SPOUSE RATES
Effective 10/1/25-9/30/26

SSEA/ESP	CVT Plan: PPO 1 RxA	CVT Plan: PPO 5 RxA	CVT Plan: PPO 7 RxA	CVT Plan: PPO 8 RxB	HDHP - 2	BRONZE PLAN
SSEA/ESP Annual Premium *Medical/Dental/Vision/Life	\$25,107.72	\$22,275.72	\$20,691.72	\$18,963.72	\$13,335.72	\$12,327.72
SSEA/ESP Annual Cap	\$17,451.15	\$17,451.15	\$17,451.15	\$17,451.15	\$17,451.15	\$17,451.15
Employee Annual Cost	\$7,656.57	\$4,824.57	\$3,240.57	\$1,512.57	\$0.00	\$0.00
12 Deductions	\$638.05	\$402.05	\$270.05	\$126.05	\$0.00	\$0.00
11 Deductions	\$696.05	\$438.60	\$294.60	\$137.51	\$0.00	\$0.00

SSEA:
Your cost per month

MANAGEMENT	PPO 1 RxA	PPO 5 RxA	PPO 7 RxA	PPO 8 RxB	HDHP - 2	BRONZE PLAN
MGMT Annual Premium *Medical/Dental/Vision/Life	\$25,107.72	\$22,275.72	\$20,691.72	\$18,963.72	\$13,335.72	\$12,327.72
MGMT Annual Cap	\$17,451.15	\$17,451.15	\$17,451.15	\$17,451.15	\$17,451.15	\$17,451.15
Employee Annual Cost	\$7,656.57	\$4,824.57	\$3,240.57	\$1,512.57	\$0.00	\$0.00
12 Deductions	\$638.05	\$402.05	\$270.05	\$126.05	\$0.00	\$0.00
11 Deductions	\$696.05	\$438.60	\$294.60	\$137.51	\$0.00	\$0.00

Management:
Your cost per month

HDHP Plan:

District HSA Contribution: \$4,115.43
Half contributed in November, half in March

Spousal rates are for those in the District who have a spouse that either works in the District (SUSHD), or another school District who has CVT composite rates as their health insurance provider.

The District contribution is the difference between the annual cap and the annual premium.

CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark

Shasta Union High SD - CERTIFICATED, MANAGEMENT, TRUSTEES, CHARTER CERTIFICATED, CHARTER CLASSIFIED, ESP

October 1, 2025 - September 30, 2026

BENEFIT	PPO 1, Rx A	PPO 5, Rx A	PPO 7, Rx A	PPO 8, Rx B
Calendar Year Deductible	\$0	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000
Coinsurance	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$2,000 ⁽²⁾ Family: \$4,000 ⁽²⁾	Individual: \$3,250 ⁽²⁾ Family: \$6,500 ⁽²⁾
Doctor Visits	Primary Care Physician - \$10 Copay Specialist Physician - \$10 Copay	Primary Care Physician - \$30 Copay Specialist Physician - \$30 Copay	Primary Care Physician - \$30 Copay Specialist Physician - \$30 Copay	Primary Care Physician - \$30 Copay Specialist Physician - \$30 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 100%* Hospital - \$50 copay, then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*
Outpatient Radiology	Non-Hospital - Paid at 100%* Hospital - \$75 copay, then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*
Durable Medical Equipment	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100%* ⁽¹⁾ (Copay, if applicable.)	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100%* ⁽¹⁾ (Copay, if applicable.)	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 100%* Hospital - \$250 copay, then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$150 Copay (Copay waived if admitted as inpatient) After copay, paid at 100%*	\$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	\$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	\$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	\$10 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year

BENEFIT	PPO 1, Rx A		PPO 5, Rx A		PPO 7, Rx A		PPO 8, Rx B	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT	
Virtual Physical Therapy	Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .		Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .		Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .		Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail ^(4,9) \$5 Generic \$22 Brand (30-Day Supply)	Mail Order ^(4,9) \$10 Generic \$44 Brand (90-Day Supply)	Retail ^(4,9) \$5 Generic \$22 Brand (30-Day Supply)	Mail Order ^(4,9) \$10 Generic \$44 Brand (90-Day Supply)	Retail ^(4,9) \$5 Generic \$22 Brand (30-Day Supply)	Mail Order ^(4,9) \$10 Generic \$44 Brand (90-Day Supply)	Retail ^(4,9) \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ^(4,9) \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)

PPO Plans:

* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers.

(1) Non-Par Providers limited to a combined maximum of 13 visits per year.

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) Pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

(9) For GLP-1 information, visit **www.cvtrust.org/glp1**

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at **www.cvtrust.org/plan-documents**.

CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark

Shasta Union High SD - CERTIFICATED, MANAGEMENT, TRUSTEES, CHARTER CERTIFICATED, CHARTER CLASSIFIED, ESP

October 1, 2025 - September 30, 2026

BENEFIT	HDHP 2		Bronze	
Calendar Year Deductible	Individual: \$2,600 Family: \$5,200 (No individual limit applies to family)		Individual: \$5,000 Family: \$10,000	
Coinsurance	Paid at 80%* after deductible is met		Paid at 70%* after deductible is met	
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$6,000 Family: \$12,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,000.		Individual: \$7,000 Family: \$14,000	
Doctor Visits	Primary Care Physician - Paid at 80%* after deductible is met Specialist Physician - Paid at 80% after deductible is met		Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met Specialist Physician - Subject to deductible then 70% copay per visit	
Preventive Care / Immunizations	Paid at 100%*		Paid at 100%*	
Outpatient Laboratory	Paid at 80%* after deductible is met		Paid at 70%* after deductible is met	
Outpatient Radiology	Paid at 80%* after deductible is met		Paid at 70%* after deductible is met	
Durable Medical Equipment	Paid at 80%* after deductible is met		Paid at 70%* after deductible is met	
Ambulance - Ground / Air	Paid at 80%* after deductible is met		Paid at 70%* after deductible is met	
Physical Therapy	Paid at 80%* ⁽¹⁾ after deductible is met		Paid at 70%* ⁽¹⁾ after deductible is met (Copay, if applicable)	
Chiropractic	Paid at 80%* ⁽¹⁾ after deductible is met		Paid at 70%* ⁽¹⁾ after deductible is met (Copay, if applicable)	
Acupuncture	Paid at 80%* after deductible is met. Maximum of 12 visits per calendar year		Paid at 70%* after deductible is met (Copay, if applicable). Maximum of 12 visits per calendar year	
Outpatient Surgery	Paid at 80%* after deductible is met		Paid at 70%* after deductible is met	
Hospital Inpatient	Paid at 80%* after deductible is met; Unlimited days, Semi-private room		Paid at 70%* after deductible is met; Unlimited days, Semi-private room	
Hospital Emergency Room	Paid at 80%* after deductible is met		Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)	
Urgent Care	Paid at 80%* after deductible is met		Subject to deductible, then \$120 Copay	
Home Health Care	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year		Paid at 70%* after deductible is met; Limited to 100 visits per calendar year	
Telehealth	MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, behavioral health, and primary care visits. Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call 1-888-632-2738 or visit www.mdlive.com/CVT	
Virtual Physical Therapy	Paid at 100%, after deductible is met. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .		Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail ^(4,9) Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30 Day-Supply)	Mail Order ^(4,9) Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90 Day-Supply)	Retail ^(4,9) Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	Mail Order ^(4,9) Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

PPO Plans:

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(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) Pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

(9) For GLP-1 information, visit www.cvtrust.org/glp1

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A Look at Your VSP Vision Coverage

With VSP and California's Valued Trust (Plan C \$10 Copay), your health comes first.



VSP® Vision Care provides you personalized eye care at VSP network locations with low or no out-of-pocket costs.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling more than \$3,000 in savings.

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.



Preferred private practice and retail in-network choices



Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

Premier Edge™ Promise

You now have access to the Premier Edge Promise, a worry-free eyewear guarantee. This protects you from the unexpected when you go to a Premier Edge location whether it's accidentally broken or damaged glasses, your prescription changes or if you don't love the glasses you chose. Visit **vsp.com/zerocopay** for details.



More Ways to Save

**Extra
\$20
to spend on
Featured Frame Brands†**

bebe Calvin Klein
COLE HAAN DRAGON
FLEXON LONGCHAMP
and more

See all brands and offers
at **vsp.com/offers**.

+
**Up to
40%
Savings on
lens enhancements‡**

Enroll through your employer today.
Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary
2025-2026
Shasta Union High School District

Provider Network:
VSP Signature
Frequency:
Exam every 12 months
Frame every 12 months
Lenses every 12 months



BENEFIT	DESCRIPTION	PREMIERMAX	COPAY WITH OTHER VSP
		COPAY WITH PREMIER EDGE PROVIDERS	NETWORK PROVIDERS
COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	- Focuses on your eyes and overall wellness - Every 12 months	\$0	\$10 for exam and glasses
RETINAL SCREENING	- Images of the inside of the eye, used to screen for potential signs of eye disease - Every 12 months	\$0	Up to \$39
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details. - Available as needed	\$20 per exam	\$20 per exam
PRESCRIPTION GLASSES			
FRAME ⁺	\$220 Featured Frame Brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$110 Walmart/Sam’s Club/Costco frame allowance - Every 12 months	Combined with exam	Combined with exam
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children - Every 12 months	Combined with exam	Combined with exam
LENS ENHANCEMENTS ⁺	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Tints/Light-reactive lenses - Average savings of 40% on other lens enhancements - Every 12 months	\$0 \$80 – \$90 \$120 – \$160 \$0	\$0 \$80 – \$90 \$120 – \$160 \$0
CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation) - Every 12 months	Up to \$60	Up to \$60
ADDITIONAL SAVINGS	Glasses and Sunglasses - Discover all current eyewear offers and savings at vsp.com/offers. 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction - Average of 15% off the regular price; discounts available at contracted facilities. - After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		
	Exclusive Member Extras - Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. - Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. - Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.		

[†]Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
[‡]Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
^{*}Coverage with a retail chain may be different or not apply.

Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2025 to September 30, 2026

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	\$2,400	\$2,000
Diagnostic & Preventive (D&P) Services Note: D & P does not count towards calendar year maximum. Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Basic Services Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Periodontics (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Endodontics (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Oral Surgery (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Major Services Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Prosthodontics Bridges Dentures Implants	Paid at: 50% *	Paid at: 50% *
Orthodontic Benefits Adults & Dependent Children Lifetime Maximum: \$1,000 12 Month Wait: No	Paid at: 50% *	Paid at: 50% *
Dental Accident Benefits	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

* This summary is for comparison purposes only. The Evidence of Coverage should be consulted for a detailed description of the covered benefits and is available at www.cvtrust.org/plandocuments.

** See back for additional details

What are my Delta Dental Network options?

The Delta Dental PPO plan allows you the option to visit any licensed dentist. You will usually save more on your out-of-pocket costs when you visit a **Delta Dental PPO** dentist. The **Delta Dental Premier** network also provides cost-saving features and is the next best option when you can't find a PPO dentist. Non-Delta Dental (Out of Network) dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. You are responsible for the difference between what Delta Dental pays and the dentist's fee.

How do I find a Delta Dental dentist?

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website (**deltadentalins.com**), which also provides a map to the dental office. Or, to hear or receive a faxed listing of dentists in your area, call **866-499-3001**. Follow the automated instructions to search for a dentist.

How does my Delta Dental incentive plan work?

Your dental benefit incentive plan is designed to encourage regular visits to the dentist to keep your teeth and gums healthy. Here is an example of how an incentive plan works. (This is the most common incentive plan. Check your benefits information for details of your particular incentive plan.)

First Year	Second Year	Third Year	Fourth Year
70%	80%	90%	100%
Percentage paid for certain benefits as long as you visit the dentist each year.			

What are my online resources?

The full Delta Dental website is a one-stop-shop for plan and oral health information. Also available in Spanish: **es.deltadentalins.com**.

Create a free Online Services account at **deltadentalins.com** to:

- Locate a Delta Dental dentist
- Check benefits, eligibility, and claim status
- Opt for paperless statements
- View or print your ID card
- Check average dental costs in your area

Check out **Your Dental Plan Support Guide** for money-saving tips and treatment information. And, don't miss **mysmileway.com** – a great resource for oral health-related tools and tips.

Mobile? Get the information you need on the go. Bookmark or add a shortcut to the mobile site to return in just one tap from your phone. Download the free, convenient smartphone Delta Dental app from the App Store or Google Play.

A smiling woman with curly brown hair, wearing a light blue cardigan over a white top, is holding a large, colorful globe. The globe shows the continents in various colors (red, yellow, green, blue) and is positioned in the lower right quadrant of the image. The background is a soft, out-of-focus indoor setting.

Your Group Life Insurance Plan

Group Life and
Accidental Death & Dismemberment
(AD&D) Insurance

**Shasta Union High
Active Employees**



The Protection You Need From A Partner You Can Trust

Your employer provides you with an option for a Group Term Life Insurance plan that offers a basic level of financial security for your loved ones. This coverage is offered through Standard Insurance Company (The Standard), which has more than 100 years of experience helping customers achieve financial well-being and peace of mind. In addition, you may have the option of purchasing Supplemental Life insurance for yourself, your spouse/domestic partner, and/or your children. See Page 3 of this booklet for your coverage options.

Your Life insurance plan features

- **Basic Life insurance coverage.**
- **Options** for you to purchase additional coverage to meet your specific needs.
- **Optional coverage** for your spouse/domestic partner and/or children.

Additional plan features included at no additional cost

- **Accidental Death & Dismemberment (AD&D) insurance** is included with your Basic Life insurance plan.
- **Accelerated Benefit** allows you to receive up to 80% of the amount of Life insurance in force when you provide satisfactory proof to The Standard that, while insured, you have been diagnosed as terminally ill with a life expectancy of less than 12 months. The amount paid under the accelerated benefit reduces the amount of Life insurance paid upon your death.
- **Qualified Disability Benefit** allows you to receive up to 60% of the amount of Life insurance in force when you provide satisfactory proof to The Standard that, while insured, you are unable to perform two or more activities of daily living (bathing, continence, dressing, eating, toileting, transferring) without hands-on or standby assistance. The amount paid under the qualified disability benefit reduces the amount of Life insurance paid upon your death.
- **Travel Assistance** provides insured employees and their families access to a comprehensive range of professional, 24-hour medical, legal and trip assistance information, as well as referral and coordination services. This worldwide assistance service is available to plan participants whenever they are traveling 100 miles or more from home or when traveling in a foreign country for trips up to 180 days¹.

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy. Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

Life Insurance Coverage Highlights

Shasta Union High - Active Employees

Eligibility	You are eligible to participate in this plan if you are an active employee of or board member of Shasta Union High for whom Shasta Union High has negotiated to provide coverage.
Basic Life and AD&D Insurance	\$50,000
Dependents Life and AD&D Insurance	Basic option for your Spouse/Domestic Partner and your child(ren): \$5,000 Buy-up option: \$1,500 - The buy-up options is a \$1,500 benefit in addition to the \$5,000 benefit, for a total of \$6,500 per dependent. Voluntary option: \$5,000 - The voluntary option is a \$5,000 benefit in addition to the \$5,000 Basic benefit and \$1,500 buy-up benefit, for a total of \$11,500 per dependent.
Supplemental Life and AD&D Insurance	\$50,000 (optional employee-paid benefit available in addition to Basic Life and AD&D Insurance Benefit)
Supplemental Plus Life and AD&D Insurance	\$50,000 (optional employee-paid benefit available in addition to Basic and Supplemental Life and AD&D Insurance benefits) Participants must enroll in the Supplemental Life and AD&D Insurance plan in order to elect the Supplemental Plus Life and AD&D Insurance option
Age-based Benefit Reductions	- Your Basic and Supplemental Life and AD&D Insurance benefit in force reduces to 50% at age 70. - Your Supplemental Plus Life and AD&D Insurance benefit ends at age 65.
Proof of Good Health	Satisfactory proof of good health is required in all of the following instances:¹ - If you apply for Contributory Life insurance and/or Contributory Dependents Life insurance more than 120 days after you become eligible under your employer's Group Life Insurance plan, or you fail to make the required premium contribution by the third month following the date you apply. - To become insured for any amount greater than the amount for which you or your dependent was insured under the prior plan, if you or your dependent was insured under the prior plan. - For any combination of Supplemental Life insurance and Supplemental Plus Life insurance in excess of the guarantee issue amount of \$100,000. - For any increase in Supplemental Life insurance, Supplemental Plus Life insurance and/or Dependents Life insurance - For reinstatements, if required.

¹ Satisfactory proof of good health will not be required for active participants to become insured for amounts of Contributory Life insurance, and/or Dependents Life insurance, not to exceed the guarantee issue amount, for which you apply within 31 days following a qualifying family status change and for which you make the required premium contribution by the third month following the date you apply.

Life Insurance Coverage Highlights - Continued

Shasta Union High - Active Employees

Costs

Coverage	Benefit Amount	Tenthly Rate ¹
Basic Life and AD&D Insurance	\$50,000	\$0 (Premium fully paid by your employer) ²
Dependents Life and AD&D Insurance	Basic Option: \$5,000 Buy-up Option: \$1,500 (In addition to Basic Dependents Life and AD&D amount) Voluntary Option: \$5,000 (In addition to Basic & Buy-up Dependent's Life and AD&D amounts)	Basic Option: \$0 (Premium fully paid by your employer) ² Buy-up Option: \$0.42 (regardless of the number of Dependents covered) Voluntary Option: \$1.20 (regardless of the number of Dependents covered)
Supplemental Life and AD&D Insurance ³	\$50,000 (In addition to Basic Life and AD&D Insurance amount)	\$12.00
Supplemental Plus Life and AD&D Insurance ³	\$50,000 (In addition to Basic and Supplemental Life and AD&D Insurance amounts)	\$12.00

¹ Frequency of required premium payments (monthly, tenthly, etc.) is determined by your employer.

² If your district provides a defined contribution plan, a portion of your Life insurance premium may not be covered by your district, depending on the structure of your defined contribution plan. Consult your benefits administrator to determine what portion, if any, of your Life insurance premium you would be required to contribute.

³ Participants in the California Teachers Association Voluntary Life and AD&D insurance plan may have no more than a combined total of \$500,000 of Life insurance, and no more than a combined total of \$500,000 of AD&D insurance with The Standard.

Standard Insurance Company

CTA Benefits and Services
PO Box 4744 Portland OR 97208
Tel & TTY 800.522.0406 Fax 888.414.0393

Life Enrollment for CEIP-Endorsed Plans

Sign and date the completed form and return it to your Employer. If you have questions about completing this form please contact your Employer.

Employee Information

PARTICIPANT ID		POLICY NO. 503144		SCHOOL DISTRICT <i>Please do not abbreviate.</i> Shasta Union High	
FIRST NAME		MIDDLE INITIAL	LAST NAME		
MAILING ADDRESS		CITY		STATE	ZIP
PHONE	DATE OF BIRTH	GENDER ☐ Male ☐ Female		GROSS ANNUAL SALARY \$ _____	
DATE FIRST WORKED (CURRENT SCHOOL DISTRICT)		ELIGIBILITY DATE		HOURS WORKED PER WEEK	
BILLING CLASS		TYPE OF EMPLOYEE ☐ Certificated ☐ Classified ☐ Board Member ☐ Management / Confidential ☐ Other			
ARE YOU SELECTING COVERAGE DUE TO A QUALIFYING FAMILY STATUS CHANGE WITHIN THE LAST 31 DAYS? ☐ Yes ☐ No Effective Date _____ Type _____					

Coverages

Refer to the enrollment materials provided or your benefits administrator when completing the following and mark the coverages you wish to elect. Coverage options may be subject to Evidence Of Insurability requirements (proof of good health).

Employer Paid Benefits

- Basic Life Insurance with matching Accidental Death & Dismemberment (AD&D) benefit - \$50,000
- Basic Dependent Life and Accidental Death & Dismemberment (AD&D) Insurance - \$5,000

Electable Benefits (Contributory) - Each of the contributory life insurance coverages listed below has a matching Accidental Death & Dismemberment (AD&D) benefit.

- ☐ Dependents Life Insurance Buy-up option: \$1,500 (in addition to Basic option)
- ☐ Dependents Life Insurance Voluntary option - \$5,000 (in addition to Basic and Buy-up options)
- ☐ Supplemental Life Insurance - \$50,000
- ☐ Supplemental Plus Life Insurance - \$50,000

Beneficiary Designations

Unless otherwise specified on a separate sheet of paper, this designation applies to coverage available through your CEIP-endorsed plans, if any, including Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance associated with your Life Insurance. Designations are not valid unless signed, dated and delivered to The Standard at the address above during your lifetime.

PRIMARY - FULL NAME	DATE OF BIRTH	ADDRESS	PHONE NO.	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT

TOTAL 100%

CONTINGENT - FULL NAME	DATE OF BIRTH	ADDRESS	PHONE NO.	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT

TOTAL 100%

Signature Required

I wish to make the choices indicated on this form. If electing coverage, I authorize my Employer to deduct premiums from my wages to cover my cost of insurance. I understand that my Employer may provide updated payroll information to The Standard either periodically or at The Standard's request to ensure proper premium deductions are being made for my coverage. I understand that my premium deduction amount will change if my coverage or costs change. This authorization will remain in effect until cancelled by me or by The Standard.

Signature _____ Date _____

How much coverage do I need?

Use the worksheet below to calculate the amount of Life Insurance you may need. Once you determine how much coverage you need, complete the enrollment form in this booklet and submit it to your human resources department.

Life Insurance Worksheet	You	Your Spouse/ Domestic Partner
Immediate Needs		
Medical and hospital expenses	\$ _____	\$ _____
Funeral/burial expenses	_____	_____
Loans/debts requiring payment upon death	_____	_____
Taxes		
Federal and state income taxes	_____	_____
Property taxes	_____	_____
Federal and state estate taxes	_____	_____
Long Term Needs		
Mortgage balance	\$ _____	\$ _____
Other debts (credit cards, car & student loans, etc.)	_____	_____
Educational/vocational fund	_____	_____
Emergency fund for unforeseen expenses	_____	_____
Income Replacement		
Consider the annual income needed to provide for everyday expenses like food, clothing and fuel, and multiply by the number of years that income is needed.	\$ _____	\$ _____
Total Income Needs		
Add all of the above.	\$ _____	\$ _____
Available Resources		
Existing Life Insurance coverage	\$ _____	\$ _____
Other assets such as 401(k), stocks, bonds, etc.	_____	_____
Total Available Resources		
Add all of your available resources.	\$ _____	\$ _____
Additional Life Insurance Needed		
Subtract the amount of your total available resources from your total income needs.	\$ _____	\$ _____

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are payable to a contingent beneficiary only if you are not survived by one or more primary beneficiaries.
- If you name two or more beneficiaries in a class (primary or contingent), two or more surviving beneficiaries will share equally, unless you provide for unequal shares. If you complete the “% of Benefit” box(es), the amounts should add up to 100% for each class (primary or contingent). For example, “Primary - John Q. Doe, 60%; Jane Q. Doe, 40%.”
- If a minor (a person not of legal age) or your estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the beneficiary is a trust or trustee, the written trust must be identified in the beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated mm/dd/yyyy.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a beneficiary designation. If you have questions, consult your legal advisor.
- Spouse and/or Dependents insurance, if any, is payable to you, if living, or as provided under the Group Policy.

Answers to Common Questions

How are benefits paid?

For amounts of less than \$25,000, The Standard issues a check to each designated beneficiary. The Standard pays amounts of \$25,000 or more to each designated beneficiary by depositing funds into a convenient, no fee, interest-bearing draft account called Standard Secure Access. With Standard Secure Access, each beneficiary receives a personalized checkbook and has complete control of the account. Beneficiaries can write checks as needed or for the full amount. This arrangement allows beneficiaries to earn interest on their benefits while they take time to consider financial decisions.

How do I apply?

Complete the enclosed enrollment form and give it to your human resources representative.

When does my Life Insurance become effective?

If proof of good health is not required:
Subject to the active work requirement, Contributory Life insurance and Contributory Dependent Life insurance not subject to satisfactory proof of good health becomes effective on the later of the date you become eligible, or the first day of the calendar month following the date you apply, provided the required premium contribution has been made for that month.

If proof of good health is required: Subject to the active work requirement, Contributory Life insurance and Contributory Dependents Life insurance subject to satisfactory proof of good health becomes effective on the first day of the calendar month following the date we approve your Medical History Statement, provided the required premium contribution has been made for that month.

If my Life Insurance ends or is reduced, can I convert to an individual policy?

If your Life insurance from The Standard ends or is reduced for any reason other than failure to pay premiums, you may be able to convert the terminated coverage to certain types of individual Life insurance policies without providing proof of good health. You must apply for conversion and pay the required premium within 31 days after group coverage ends or is reduced. AD&D insurance may not be converted under this provision.

May I buy group Life Insurance after I leave my employer?

If your insurance ends because your employment terminates or your occupation changes so that you are no longer eligible under the group policy, you may be eligible to buy group Life insurance from The Standard through the portability provision, assuming you meet the eligibility requirements. Please see your human resources representative for additional information.

What if I have additional questions?

If you have any additional questions, please contact your human resources representative.

Life Insurance Terms and Exclusions

Life Insurance active work requirement

All coverage is subject to an active work requirement. Active work means performing the material duties of your own occupation at your employer's usual place of business. You must be capable of active work on the scheduled effective date of your insurance or an increase in your insurance or your insurance or increase will not become effective as scheduled. If you are incapable of active work on the scheduled effective date of insurance due to physical disease, injury, pregnancy or mental disorder, your insurance or increase in insurance (including Dependents Life Insurance) will not become effective until after you complete one full day of active work as an eligible participant.

Life Insurance termination provisions

Life insurance will automatically end on the earliest of the following:

- The date the last period ends for which a premium was paid for your Life insurance (except if premiums are waived while totally disabled)
- The date the group policy terminates
- The date your employer's participation under the group policy is terminated
- The date your employment terminates, unless otherwise stated in the group policy
- For Supplemental Plus Life insurance, the earlier of a) the date you reach age 65 and b) the date of your retirement
- The first day of the calendar month following the date you cease to be a participant; however, insurance may continue with premium payments for limited periods under certain circumstances

Dependents Life Insurance termination provisions

Dependents Life Insurance (if applicable) will automatically end on the earliest of the following:

- Two years after the date you die (however, coverage will not be continued beyond the date your surviving spouse/domestic partner remarries or enters a domestic partner relationship)
- The date your Life insurance ends under the group policy
- The date the group policy or Dependents Life insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life insurance
- When the dependent ceases to be an eligible dependent
- For your spouse/domestic partner, the date of your divorce or termination of your domestic partner relationship
- For a child who is disabled, 90 days after we mail you a request for proof of disability, if proof is not given

Accidental Death and Dismemberment (AD&D) exclusions and limitations

Losses must be caused solely and directly by the accident. No AD&D insurance benefit is payable if the accident or loss is caused or contributed to by war or act of war (including declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature); suicide or other intentionally self-inflicted injury, while sane or insane; committing or attempting to commit an assault or felony; physical disease (including but not limited to heart attack or stroke); mental disorder or pregnancy; bacterial infections (except infections which occur with and through a cut or wound at the time of the accident); medical or surgical treatment for any of the above (except surgical treatment required by the accident and performed within 90 days after the accident). AD&D benefits are not payable for losses occurring more than 365 days after the accident.

AD&D termination provisions

AD&D insurance for you automatically ends on the earliest of the following:

- The date your Group Life insurance ends
- The date the last period ends for which a premium was paid for your AD&D insurance
- The date your Waiver of Premium begins
- The date AD&D insurance terminates under the Group Policy
- The date you retire

Dependents AD&D termination provisions

Dependents AD&D insurance (if applicable) ends automatically on the earliest of the following:

- The date your Dependents Life insurance ends
- The date Dependents AD&D insurance terminates under the Group Policy
- The date the last period ends for which a premium was paid for your Dependents AD&D insurance
- For your spouse/domestic partner, the date of your divorce or termination of your domestic partner relationship
- For any dependent, the date the dependent ceases to be a dependent
- For a child who is disabled, 90 days after we mail you a request for proof of disability, if proof is not given
- The date your Waiver of Premium begins
- The date you retire

The information in this booklet is subject to all of the terms and provisions of the group policy.



Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

GP190-Life/S399/CTA.1
SI 14046-CTAdp-503144 (6/22)