

ELGIN ISD 2026-2027

GUÍA DE BENEFICIOS



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Esta guía contiene un resumen de los beneficios que ofrece su empleador. Si hubiese un conflicto entre los términos de este resumen de beneficios y los contratos reales, prevalecerán los términos de los contratos.

Centro de Beneficios para Empleados

¡Una guía para sus beneficios!

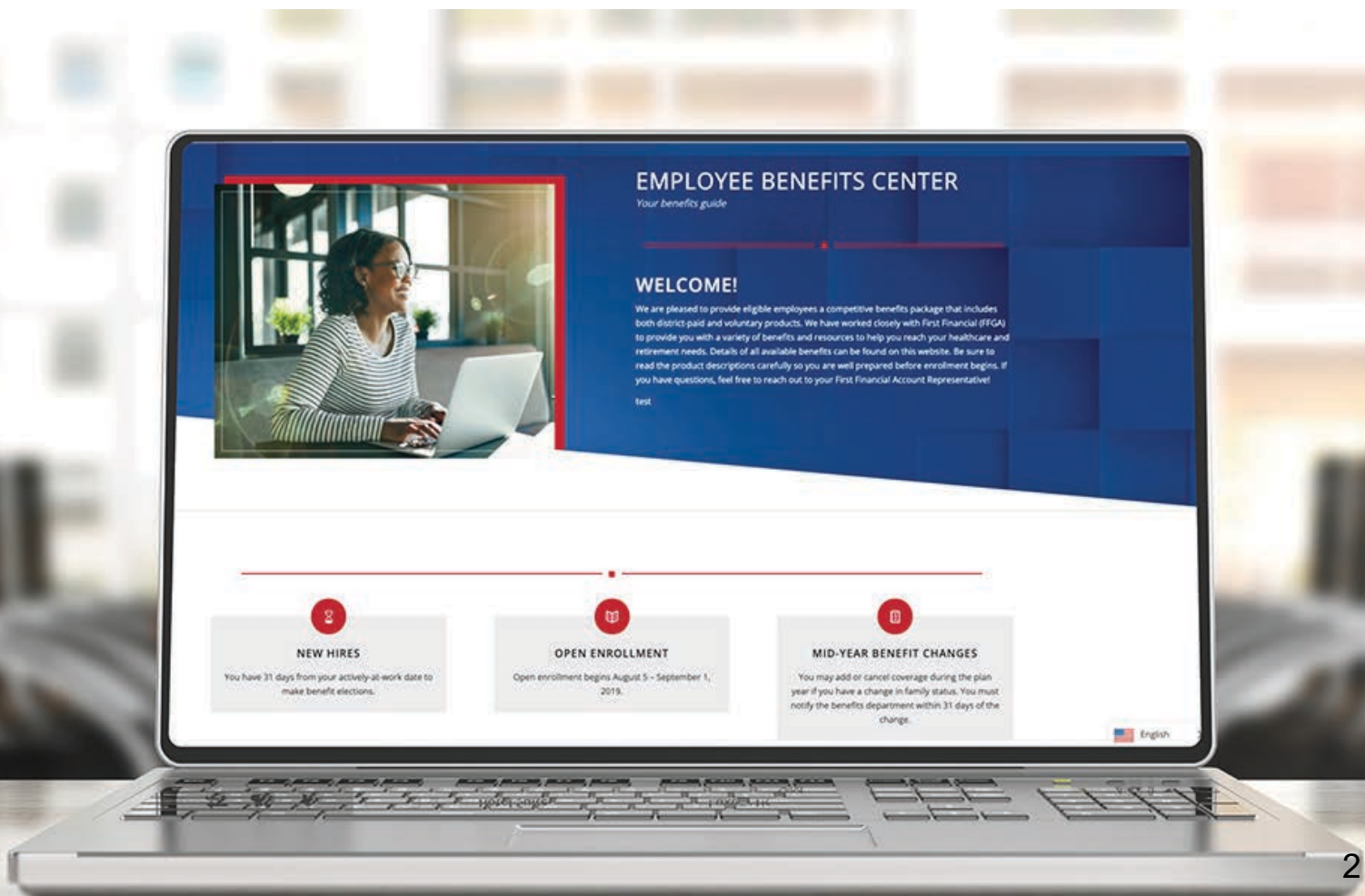
Elgin ISD y FFGA se complacen en ofrecerle un sitio web personalizado con información sobre sus beneficios. Visite el Centro de Beneficios para Empleados para ver las opciones de beneficios actuales para su empleador, así como para encontrar formularios de reclamación, números de teléfono importantes e información de inscripción.

No es necesario registrarse para acceder al sitio. Simplemente ingrese la URL que aparece a continuación en su navegador y será dirigido a su Centro de Beneficios para Empleados.



¡Escanee el código QR para obtener más información sobre los planes que están disponibles este año del plan!

<https://ffbenefits.ffga.com/elginisd/>



Cómo inscribirse

Inscripción en los Beneficios

Empleados Nuevos Solamente

Haga su cita escaneando el Código QR o utilizando este enlace, elginisdnewhires.timetap.com



Inscripción en línea- para empleados actuales

Para comenzar la inscripción en línea, visite <https://ffga.benselect.com/Enroll/login.aspx>.

Inscribirse ahora

Iniciar sesión

- Inicio de sesión: Su identificación de empleado o número de seguro social (sin guiones)
- PIN (sólo el primer inicio de sesión): Los últimos cuatro dígitos de su número de Seguro Social y los dos últimos dígitos del año en que nació (seis dígitos en total)
- Nuevo PIN: La primera vez que inicie sesión se le pedirá que cambie a un nuevo PIN. Tome nota de su nuevo PIN porque lo utilizará a partir de ese momento.

Ver los beneficios actuales

Después de iniciar sesión, llegará a la pantalla de bienvenida. Sus beneficios actuales y deducciones de primas aparecerán en esta pantalla.

Ver/agregar dependientes

Haga clic en Siguiente para ver a sus dependientes. Es muy importante asegurarse de que los números de seguro social y las fechas de nacimiento que se muestran sean correctos. Si planea agregar dependientes, deberá ingresar su nombre legal, números de seguro social y fechas de nacimiento.

Comenzar a hacer elecciones

Haga clic en Siguiente nuevamente para comenzar a elegir sus beneficios. Recuerde, no se pueden realizar cambios en sus elecciones durante el año del plan a menos que tenga un cambio calificado a mitad de año según la Sección 125 o un evento de inscripción especial.

Elegibilidad para Beneficios y Cobertura

Cobertura de los Empleados

Elegibilidad

Los empleados elegibles deben estar trabajando activamente en la fecha de vigencia del plan para que los nuevos beneficios entren en vigencia.

Empleados nuevos

Tiene 31 días a partir de su fecha de estar activo en el trabajo para realizar elecciones de beneficios. La cobertura del seguro entra en vigencia el primer día del mes siguiente a un período de espera de 30 días calendario.

Empleados existentes

Cuando llegue el momento de inscribirse en sus beneficios, su Representante de Cuenta de FFGA estará disponible para ayudarle a realizar sus elecciones. Sus elecciones se pueden realizar en cualquier momento durante la inscripción anual en línea desde la computadora de su trabajo o de su hogar. Antes de inscribirse, tómese el tiempo para informarse sobre los beneficios disponibles y qué opciones funcionarían mejor para usted y su familia visitando el Centro de Beneficios para Empleados.

Cambios de beneficios a mitad de año

Puede agregar o cancelar la cobertura durante el año del plan si tiene un cambio en su estado familiar. Debe notificar al departamento de beneficios dentro de los 31 días posteriores al cambio.

Los eventos de vida calificados incluyen:

- Cambios en el grupo familiar, como matrimonio, divorcio, separación legal, anulación, muerte de un cónyuge, nacimiento, adopción, colocación en adopción o muerte de un hijo dependiente
- Pérdida de cobertura médica, atribuible al empleo de su cónyuge, pérdida de cobertura médica existente, incluidos planes laborales, individuales y estudiantiles, pérdida de elegibilidad para Medicare, Medicaid o CHIP, cumplir 26 años y perder la cobertura a través del plan de uno de los padres

Rechazo de la cobertura

Si es elegible para recibir beneficios, pero desea RECHAZAR la cobertura, complete la inscripción en línea, ya sea en la computadora de su trabajo o de su hogar. En cada opción, deberá seleccionar "renunciar". **De todas formas, tendrá que completar la información del beneficiario.**

Cobertura Médica

TRS-ActiveCare



Sus planes médicos se ofrecen a través de TRS. Desde opciones dentro y fuera de la red hasta cobertura integral de medicamentos recetados y programas especiales de salud y bienestar, TRS-Activecare ha sido diseñado para satisfacer de manera flexible las necesidades de casi medio millón de empleados de educación pública.

Blue Cross Blue Shield of Texas | <https://www.bcbstx.com/trsactivecare/> | 1.866.355.5999

TRS-ActiveCare Primary

- Copagos por visitas al médico y recetas genéricas antes de cumplir con el deducible
- Red estatal
- Los participantes deben seleccionar un proveedor de atención primaria que hará derivaciones a especialistas
- No hay cobertura fuera de la red
- El empleado recibirá dos (2) tarjetas de identificación (BCBS y Express Scripts)

TRS-ActiveCare HD

- Debe alcanzar el deducible antes de que el plan pague la atención no preventiva
- Beneficios dentro y fuera de la red – deducible/gasto máximo de bolsillo fuera de la red por separado Red nacional
- El deducible se aplica a gastos médicos y de farmacia
- Sin requisitos de PCP o derivaciones
- Compatible con la cuenta de ahorros para la salud (HSA)
- El empleado recibirá dos (2) tarjetas de identificación (BCBS y Express scripts)

TRS-ActiveCare Primary +

- Copagos por muchos servicios y medicamentos
- Red estatal
- Los participantes deben seleccionar un proveedor de atención primaria que hará derivaciones a especialistas
- Sin cobertura fuera de la red
- El empleado recibirá dos (2) tarjetas de identificación (BCBS y Express scripts)

TRS-ActiveCare 2 - Cerrado a nuevos participantes

- Copagos por muchos servicios y medicamentos
- Red nacional con cobertura fuera de la red
- El empleado recibirá dos (2) tarjetas de identificación (BCBS y Express scripts)

Beneficios de Medicamentos Recetados del Plan TRS-ActiveCare

Express Scripts | <https://info.express-scripts.com/trsactivecare> | 1.844.367.6108

Cuando se inscribe en un Plan BCBSTX, recibe automáticamente la cobertura de medicamentos recetados a través de Express Scripts, que le da acceso a una gran red nacional de farmacias minoristas.

2026-27 TRS-ActiveCare Plan Highlights Sept. 1, 2026 – Aug. 31, 2027



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

How to Calculate Your Monthly Premium

- Total Monthly Premium
- − Your Employer Contribution

- − Your Premium

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

Being Healthy is Easy

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

*Eligibility rules may apply.

See the Annual Enrollment Guide for more details.

Mental Health

You have in-office and virtual benefits:

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

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of the three available plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Highest premium of the three available plans • Copays for many services and drugs • Lower deductible than the HD and Primary plans • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Higher premium of the three available plans • Must meet your deductible before plan pays for non-preventive care • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Compatible with a Health Savings Account

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$521			\$614			\$540		
Employee and Spouse	\$1,407			\$1,597			\$1,458		
Employee and Children	\$886			\$1,044			\$918		
Employee and Family	\$1,772			\$2,027			\$1,836		

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

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

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

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

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

TRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in the plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
\$1,013		
\$2,402		
\$1,507		
\$2,841		

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

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

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

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

Questions?

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

Compare Prices for Common Medical Services

Closed to new enrollees.

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

Costo del Plan Medico - TRS ActiveCare

TRS-ActiveCare Primary

	TRS Monthly Premium	Elgin ISD contribution	What you pay Monthly	What you Pay Semi-monthly
Empleado Solo	\$521	\$395	\$126	\$63
Empleado + Conyuge	\$1,407	\$395	\$1,012	\$506
Empleado + Hijos	\$886	\$395	\$491	\$245.50
Empleado + Familia	\$1,772	\$395	\$1,377	\$688.50

TRS-ActiveCare Primary+

	TRS Monthly Premium	Elgin ISD contribution	What you pay Monthly	What you Pay Semi-monthly
Empleado Solo	\$614	\$395	\$219	\$109.50
Empleado + Conyuge	\$1,597	\$395	\$1,202	\$601
Empleado + Hijos	\$1,044	\$395	\$649	\$324.50
Empleado + Familia	\$2,027	\$395	\$1,632	\$816

TRS-ActiveCare HD

	TRS Monthly Premium	Elgin ISD contribution	What you pay Monthly	What you Pay Semi-monthly
Empleado Solo	\$540	\$395	\$145	\$72.50
Empleado + Conyuge	\$1,458	\$395	\$1,063	\$531.50
Empleado + Hijos	\$918	\$395	\$523	\$261.50
Empleados + Familia	\$1,836	\$395	\$1,441	\$720.50

TRS-ActiveCare 2*

	TRS Monthly Premium	Elgin ISD contribution	What you pay Monthly	What you Pay Semi-monthly
Empleado Solo	\$1,013	\$395	\$618	\$309
Empleado + Conyuge	\$2,402	\$395	\$2,007	\$1,003.50
Empleado + Hijos	\$1,507	\$395	\$1,112	\$556
Empleado + Familia	\$2,841	\$395	\$2,446	\$1,223

*Este plan actualmente esta cerrado para nuevos participantes.

Para mas informacion, favor de consultar el sitio de TRS-ActiveCare
<https://trs.texas.gov/health-benefits/active-members/coverage/rates>

Seguro Dental



MetLife | <https://mybenefits.metlife.com> | 800-438-6388

Cuidar su salud bucal no es un lujo, es una necesidad para tener una salud óptima a largo plazo. El seguro dental puede reducir en gran medida sus costos cuando se trata de procedimientos preventivos, restaurativos y de emergencia. Revise los beneficios del plan para ver qué opción es mejor para usted y las necesidades dentales de su familia. Se pueden cubrir una variedad de procedimientos, tales como:

- Exámenes completos
- Limpiezas
- Rayos X
- Empastes
- Extracciones de dientes
- Anestesia general
- Coronas
- Endodoncias

Precios Quincenales del Seguro Dental

	Low	High
Empleado Solo	\$7.18	\$17.06
Empleado + Cónyuge	\$16.01	\$37.16
Empleado + Hijos	\$23.70	\$49.07
Empleado + Familia	\$33.19	\$67.71

Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Eligin Independent School District- High Dental Plan

Network: PDP Plus

	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of Maximum Allowable Charge*
Coverage Type		
Type A: Preventive (cleanings, exams, X-rays)	100 %	100 %
Type B: Basic Restorative (fillings, extractions)	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%
Type D: Orthodontia	50%	50%
Deductible[†]		
Individual	\$50	\$50
Family	None	None
Annual Maximum Benefit		
Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum		
Per Person ^{***}	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26 and unmarried.

¹ "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

² Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

*Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

†Applies only to Type B & C Services.

*** Orthodontia for adults and dependent children up to age 26.

Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Eligin Independent School District- High Dental Plan

List of Primary Covered Services & Limitations

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

Plan Type	How Many/How Often
Type A — Preventive	
Prophylaxis (cleanings)	Once every 6 months
Oral Examinations	Once every 6 months
Topical Fluoride Applications	One fluoride treatment in 12 months for dependent children up to his/her 15th birthday
X-rays	<ul style="list-style-type: none"> • Full mouth X-rays; one per 5 years • Bitewings X-rays; one set every 12 months
Sealants	One application of sealant material every 5 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 15th birthday
Type B — Basic Restorative	
Fillings	One replacement per surface in 24 months or new surface of decay
Simple Extractions	
Endodontics	Root canal treatment limited to once per tooth
Periodontics	<ul style="list-style-type: none"> • Periodontal scaling and root planing once per quadrant, every 24 months • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a year less the number of teeth cleanings received during such 1 year period
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday.
Type C — Major Restorative	
Denture and Bridge Repair/ Recementations	Simple repair of Cast Restorations or Dentures other than recementing, but not more than once in a 24 month period.
Oral Surgery	As needed
Implants	Replacement once every 10 years
Bridges and Dentures	<ul style="list-style-type: none"> • Initial placement to replace one or more natural teeth, which are lost while covered by the plan • Dentures and bridgework replacement; one every 10 years • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	Replacement once every 10 years
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services

Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Eligin Independent School District- High Dental Plan

Type D — Orthodontia

- You, your spouse and your children, up to age 26, are covered while Dental insurance is in effect
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia
- Payments are on a repetitive basis
- 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary
- Orthodontic benefits end at cancellation of coverage

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

Exclusions

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

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

Benefit Identification (ID) Cards

Below are your benefit ID cards. You are not required to show your card as proof of coverage, but we've provided them for your convenience. You can also view your ID card on the MetLife mobile app.¹ Search "MetLife" at iTunes App Store or Google Play to download the app.²

Front

Back

PDP PLUS NETWORK

Employee Name

Elgin ISD 233911

Group Name Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



PDP PLUS NETWORK

Employee Name

Elgin ISD 233911

Group Name Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



www.metlife.com/mybenefits

- Locate a participating dentist.
- Verify eligibility and plan design information.
- Review claim status and claim history for your entire family.
- View and print processed claims with one click.
- Obtain claims forms and educational information (including interactive risk assessment).
- Get instant answers to Frequently Asked Questions.
- Access trained customer service representatives.

1 800 GET-MET 8 (1-800-438-6388)

- Virtually 24 hours a day, 7 days a week call to confirm eligibility, order claim forms or request dentist directories.
- Monday–Friday, 8 a.m. to 11 p.m. EST, call to speak with a live customer service representative.
- MetLife Dental Claims, P.O. Box 981282, El Paso, TX 79998-1282.
- For International Dental Travel Assistance call 1-312-356-5970 (collect).

www.metlife.com/mybenefits

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Please contact MetLife or your plan administrator for complete details.

Seguro de Visión

MetLife | <https://mybenefits.metlife.com> | 800-438-6388

El cuidado adecuado de la vista es esencial para su bienestar general. Los exámenes regulares de la vista a cualquier edad ayudarán a prevenir enfermedades oculares y mantendrán su visión fuerte en los años venideros.

Su empleador le ofrece un plan de visión para atender sus necesidades y las de su familia. Debe inscribirse en el plan de visión cada año del plan y las primas generalmente se pagan mediante deducciones de nómina. Éstas son sólo algunas de las áreas en las que ahorrará dinero con su plan:

- Exámenes de la vista
- Lentes de contacto
- Corrección de la visión
- Anteojos
- Cirugías oculares

Precios Quincenales del Seguro de Vision

Red - VSP Choice Plan

Empleado Solo	\$6.07
Empleado + Familia	\$13.95



Vision Plan Summary

Metropolitan Life Insurance Company

Semi-Monthly Rates:

Employee only \$6.07
Employee + Family \$13.95

*Note: rates are only good through 7/1/2027.

With your Vision Preferred Provider Organization Plan, you can:

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

In-network value added features:

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

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.¹

Laser vision correction:² Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

We're here to help

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

Download a claim form at www.metlife.com/mybenefits

For general questions go to www.metlife.com/mybenefits or call 1-855-MET-EYE1 (1-855-638-3931)

Metropolitan Life Insurance Company

In-network benefits

There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

	Frequency
--	-----------

Eye exam

Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a **\$10** copay.
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

Frame

Once every 12 months

- Allowance: **\$130** for Standard and **\$150** on Featured Frames after **\$10** eyewear copay.
- Costco, Walmart and Sam's Club: **\$70** allowance after **\$10** eyewear copay.

You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.

Standard corrective lenses

Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **\$10** eyewear copay.

Standard lens enhancements¹

Once every 12 months

- Ultraviolet (UV) coating, Standard Polycarbonate (child up to age 18), Standard Polycarbonate (adult), Scratch-resistant coating: Covered in full.
- Progressive Standard: Up to \$55 copay
- Progressive Premium/Custom: Up to \$95-\$105 copay/Up to \$150-\$175 copay
- Tints (plastic lenses): Pink I & II \$0 copay/Solid Plastic \$15 copay/Plastic Gradient Dye \$17 copay
- Anti-reflective Coating (variable by type): Up to \$41-\$85 copay
- Photochromic (variable by type): Up to \$47-\$82 copay

Contact lenses (instead of eye glasses)

Once every 12 months

- Contact fitting and evaluation: Copay not to exceed **\$60**.
- Elective lenses: **\$130** allowance.
- Necessary lenses: Covered in full after eyewear copay.

Second pair

This benefit gives you additional eyewear coverage. You can get:

- Two pairs of prescription eyeglasses; or
- One pair of prescription eyeglasses and an allowance toward contact lenses; or
- Double your contact lens allowance

Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

Out-of-network reimbursement

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

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

SERVICES AND EYEWEAR

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.

- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- Plano lenses (lenses with refractive correction of less than ± 0.50 diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.

- Contact lens modification, polishing, and cleaning.

TREATMENTS

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

MEDICATIONS

- Prescription and non-prescription medications.

1. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
2. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

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

M130A-10/10-B/E/P

Benefit Identification (ID) Cards

Below are your benefit ID cards. You are not required to show your card as proof of coverage, but we've provided them for your convenience. You can also view your ID card on the MetLife mobile app.¹ Search "MetLife" at iTunes App Store or Google Play to download the app.²

Front

Back

Vision Identification Card

Employee Name

Elgin ISD

233911

Group Name

Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



Vision Identification Card

Employee Name

Elgin ISD

233911

Group Name

Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



www.metlife.com/mybenefits

- Locate a participating eye doctor or print your ID card.
- Review benefits information and past services.
- Obtain claims forms and educational information.
- **Providers:** Check eligibility through eyefinity.com or call 1-800-615-1883.
- **Retail chain locations:** Check eligibility through 2020source.com or call 1-866-773-3260.

1-855-MET-EYE1

TDD/TTY for the hearing impaired: 1-800-428-4833

- Call Monday–Friday, 8 a.m. to 11 p.m. EST, Saturday–Sunday, 10 a.m. to 11 p.m. EST, to speak with a customer service representative.
- MetLife Vision; P.O. Box 385018; Birmingham, AL 35238-5018.

www.metlife.com/mybenefits

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Cuentas de Gastos Flexibles

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

FSA de Atención Médica

Una Cuenta de Gastos Flexibles de Atención Médica (FSA de Atención Médica) es un programa aprobado por el IRS para ayudarle a ahorrar impuestos y pagar los gastos médicos de bolsillo que no están cubiertos por su plan médico. Si su plan incluye una opción de período de gracia, tiene tiempo adicional para incurrir y reclamar fondos no utilizados en el nuevo año del plan. Tenga en cuenta que los saldos restantes después de que se agote el período de gracia se perderán según la regla de "úselo o piérdalo".

La contribución máxima permitida para el período 2026-2027 es de \$3,400.

Puntos Destacados de la FSA de Atención Médica

- Las contribuciones se deducen automáticamente de su cheque de pago antes de impuestos, lo que ayuda a reducir sus ingresos imponibles y aumentar sus ingresos disponibles.
- Su elección completa estará disponible para usted al comienzo del año del plan.
- Sea conservador – cualquier dinero que quede en su cuenta al final del año del plan se perderá.
- Use su tarjeta de beneficios para pagar los gastos calificados por adelantado para que no tenga que gastar dinero de su bolsillo.
- Guarde todos los recibos en caso de que necesite fundamentar una reclamación a efectos fiscales.

NOTA: El IRS requiere pruebas de que todos los gastos son elegibles. Guarde todos los recibos en caso de que necesite justificar una reclamación a efectos fiscales. Su recibo debe incluir la fecha de la compra o del servicio, el monto que debía pagar después del seguro, la descripción del producto o servicio, el nombre del comerciante o proveedor y el nombre del paciente.

FSA para el Cuidado de Dependientes

Con una Cuenta de Gastos Flexibles para el Cuidado de Dependientes, usted puede apartar parte de su sueldo antes de impuestos para pagar los gastos elegibles del cuidado de dependientes, como cuidado de niños, niñeras y cuidado diurno para adultos.

Puede asignar hasta \$7,500 por año fiscal para el reembolso de los servicios de cuidado de dependientes. Si está casado y presenta una declaración de impuestos por separado, el límite es de \$3,750.

Puntos destacados de la FSA para el Cuidado de Dependientes

- Los dependientes elegibles deben ser declarados como una exención en su declaración de impuestos.
- Los dependientes elegibles deben ser hijos menores de 13 años o un adulto dependiente incapaz de cuidarse a sí mismo.
- Los fondos están disponibles a medida que se realizan contribuciones a su cuenta.
- Guarde todos los recibos en caso de que necesite fundamentar una reclamación a efectos fiscales.
- Los saldos se perderán al final del período de "runoff" o de gracia.

Cuenta de Ahorros para la Salud

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

Una Cuenta de Ahorros para la Salud (HSA) es una excelente manera de ayudarle a controlar sus costos de atención médica. Funciona en conjunto con un Plan de Salud con Deducible Alto (HDHP) calificado para combinar ahorros libres de impuestos destinados a gastos médicos calificados. Una HSA le permite ahorrar dinero para pagar deducibles más altos asociados con un HDHP de prima mensual más baja. El dinero que ahorra en primas de seguro mensuales está reservado para gastos médicos elegibles en los que incurra en el futuro. Los gastos elegibles incluyen cosas como copagos y deducibles, recetas, gastos de visión, atención dental, terapia y suministros médicos.

Puntos destacados de la Cuenta de Ahorros para la Salud

- 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.

¿Quién puede participar en una HSA?

- Debe estar inscrito en un Plan de Salud con Deducible Alto (HDHP) calificado.
- No puede estar inscrito en Tricare o Medicare ni estar cubierto por el plan de atención médica tradicional (no HDHP) de su cónyuge.
- No puede participar en una Cuenta de Gastos Flexibles (FSA) de propósito general o en un Acuerdo de Reembolso de Gastos Médicos.
- Se permiten Cuentas de Gastos Flexibles de Propósito Limitado (sólo gastos dentales y de visión).
- No puede participar si su cónyuge tiene una FSA de propósito general o un HRA en su lugar de trabajo.
- No puede participar si lo reclaman como dependiente en la declaración de impuestos de otra persona.

	2026
Límites de contribución a la HSA	<ul style="list-style-type: none">• Sólo usted: \$4,400• Familia: \$8,750
Límites del deducible del seguro médico	<ul style="list-style-type: none">• Sólo usted: \$1,700• Familia: \$3,400

Contribuciones de \$1,000 para ponerse al día (55 años o más)

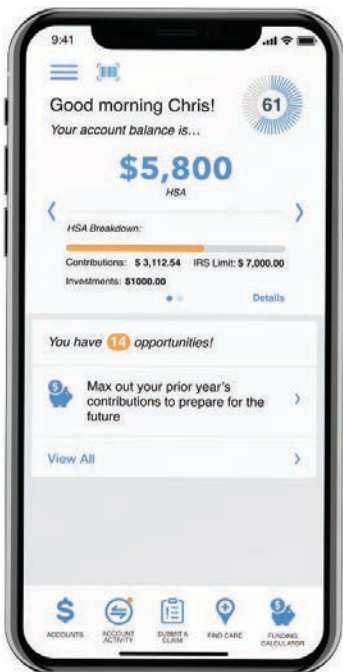
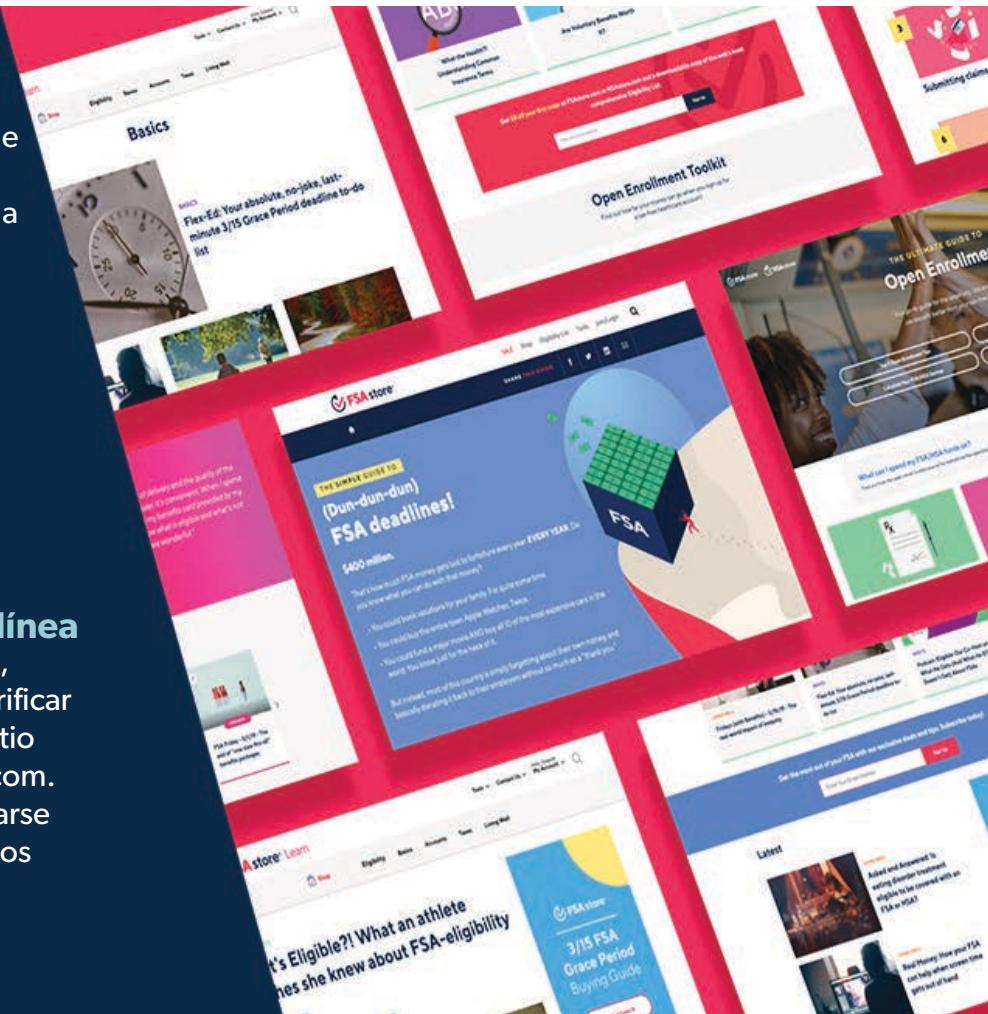
Recursos de la FSA y HSA

Tarjeta de Beneficios

La Tarjeta de Beneficios de FFGA está disponible para todos los empleados que participan en una Cuenta de Gastos Flexibles o una Cuenta de Ahorros para la Salud. La Tarjeta de Beneficios le proporciona acceso inmediato a su dinero en el punto de compra. Las tarjetas están disponibles para los empleados participantes, su cónyuge y sus dependientes elegibles que tengan al menos 18 años de edad.

Vea los detalles de su cuenta en línea

Regístrese para ver el saldo de su cuenta, encontrar formularios de impuestos y verificar el estado de reclamaciones en nuestro sitio web seguro. Inicie sesión en www.ffga.com. Después de iniciar sesión, puede registrarse para que los reembolsos sean depositados directamente en su cuenta bancaria.



Aplicación FF Mobile Account

Con la Aplicación FF Mobile Account, puede presentar reclamaciones, ver el saldo y el historial de la cuenta, verificar el estado de las reclamaciones, ver alertas, cargar recibos y documentación, ¡y más! La aplicación FF Mobile Account está disponible para dispositivos Apple® y Android™ en App Store o Google Play Store.

Tienda de la FSA/HSA

FFGA se ha asociado con la Tienda de la FSA y la Tienda de la HSA para ofrecerle tiendas en línea fáciles de usar para comprender y administrar mejor su cuenta. Puede comprar artículos médicos elegibles como vendajes y solución de lentes de contacto, buscar productos y servicios utilizando la Lista de Elegibilidad y visitar el Centro de Aprendizaje para encontrar respuestas a las preguntas más frecuentes. Visite las tiendas en <http://www.ffga.com/individuals/#stores> para obtener más detalles y ofertas especiales.



Seguro de Vida a Término y AD&D

Pagado por el Empleador y Voluntario

Blue Cross Blue Shield | www.bcbstx.com/ancillary.com | 877-442-4207

Seguro de Vida a Término y AD&D Pagado por el Empleador

El seguro de vida protege a sus seres queridos. Paga un beneficio para que puedan pagar los gastos del funeral, pagar deudas y mantener su nivel de vida actual. Es una de las mejores formas de mostrarles que usted se preocupa por ellos. Su empleador proporciona a todos los empleados elegibles una póliza de **\$25,000**. Su empleador paga el 100% del costo de esta póliza. Se trata de una póliza de vida a término que está en vigor mientras esté empleado.

Seguro de Vida a Término Voluntario

El seguro de vida voluntario es una cobertura de vida a término que usted puede comprar además del plan de seguro básico de vida proporcionado por su empleador. Lo cubrirá por un período específico mientras esté empleado. Los montos de los planes se ofrecen en niveles para que pueda elegir el monto de cobertura que mejor se adapte a usted y su familia. Como se trata de un plan grupal, las primas suelen ser más bajas, así que es más económico obtener la tranquilidad que ofrece un seguro de vida. Se aplican limitaciones. Consulte la póliza para obtener más detalles. Visite el Centro de Beneficios para Empleados para obtener más detalles.



Texas Life

Seguro de Vida Permanente



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

Texas Life Insurance - Seguro de Vida Permanente Transferible

La tranquilidad que ofrece el seguro de vida permanente y voluntario es incomparable. Es un compañero sólido para su plan de seguro de vida grupal. Texas Life ofrece un seguro de vida que usted puede conservar durante toda la vida. El plan es fácil de comprar, pagar y mantener gracias a la conveniencia de la deducción de nómina. La cobertura es asequible y confiable. Además, Texas Life tiene más de un siglo de experiencia en la protección de familias y la tranquilidad que sólo puede dar un seguro de vida permanente.

Puntos destacados del Seguro de Vida Permanente de Texas Life

- Usted es dueño de la póliza, incluso si cambia de trabajo o se jubila.
- La póliza permanece en vigor hasta que usted fallezca o hasta los 121 años, siempre que pague la prima necesaria a tiempo.
- Se trata de una póliza de vida permanente y universal, lo que significa que puede estar tranquilo sabiendo que sus seres queridos estarán bien atendidos cuando usted se vaya.

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$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.

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

Indicates Spouse Coverage Available

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

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									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

23Mo14-C-SM FFGA-T 1012 (exp0325)

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

Seguro de Protección de Ingresos

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

¿Por qué necesito un seguro por discapacidad?

¿Alguna vez se ha preguntado qué pasaría con sus ingresos si tuviera una lesión accidental, una enfermedad o un embarazo? Es por eso que necesita cobertura por discapacidad. Reemplaza una parte de los ingresos por el período de tiempo que no pueda trabajar por esos motivos. Usted puede elegir el monto del beneficio, que es el monto de sus ingresos por reemplazar, y el "período de espera" en el que comienza a recibir pagos.

¿Cómo decide si necesita un seguro por discapacidad? Considere estas preguntas cuando tome su decisión:

- ¿Cuánta tiempo de excedencia del empleador tiene?
- ¿Tiene ahorros?
- ¿De cuántos otros ingresos puede usted depender, como de orden de manutención de cónyuge o infantil?
- ¿Cuánto tiempo le queda antes de la jubilación?
- ¿Puede solicitar beneficios del Seguro Social por Discapacidad o Jubilación por Discapacidad?
- ¿Cuáles son sus otras fuentes de ingresos?



Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 66⅔% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$300.00 - \$449.99	\$200.00	\$20,000.00	\$6.48	\$5.52	\$4.56	\$2.76	\$2.04	\$1.36
\$450.00 - \$599.99	\$300.00	\$20,000.00	\$9.72	\$8.28	\$6.84	\$4.14	\$3.06	\$2.04
\$600.00 - \$749.99	\$400.00	\$20,000.00	\$12.96	\$11.04	\$9.12	\$5.52	\$4.08	\$2.72
\$750.00 - \$899.99	\$500.00	\$20,000.00	\$16.20	\$13.80	\$11.40	\$6.90	\$5.10	\$3.40
\$900.00 - \$1,049.99	\$600.00	\$20,000.00	\$19.44	\$16.56	\$13.68	\$8.28	\$6.12	\$4.08
\$1,050.00 - \$1,199.99	\$700.00	\$20,000.00	\$22.68	\$19.32	\$15.96	\$9.66	\$7.14	\$4.76
\$1,200.00 - \$1,349.99	\$800.00	\$20,000.00	\$25.92	\$22.08	\$18.24	\$11.04	\$8.16	\$5.44
\$1,350.00 - \$1,499.99	\$900.00	\$20,000.00	\$29.16	\$24.84	\$20.52	\$12.42	\$9.18	\$6.12
\$1,500.00 - \$1,649.99	\$1,000.00	\$20,000.00	\$32.40	\$27.60	\$22.80	\$13.80	\$10.20	\$6.80
\$1,650.00 - \$1,799.99	\$1,100.00	\$20,000.00	\$35.64	\$30.36	\$25.08	\$15.18	\$11.22	\$7.48
\$1,800.00 - \$1,949.99	\$1,200.00	\$20,000.00	\$38.88	\$33.12	\$27.36	\$16.56	\$12.24	\$8.16
\$1,950.00 - \$2,099.99	\$1,300.00	\$20,000.00	\$42.12	\$35.88	\$29.64	\$17.94	\$13.26	\$8.84
\$2,100.00 - \$2,249.99	\$1,400.00	\$20,000.00	\$45.36	\$38.64	\$31.92	\$19.32	\$14.28	\$9.52
\$2,250.00 - \$2,399.99	\$1,500.00	\$20,000.00	\$48.60	\$41.40	\$34.20	\$20.70	\$15.30	\$10.20
\$2,400.00 - \$2,549.99	\$1,600.00	\$20,000.00	\$51.84	\$44.16	\$36.48	\$22.08	\$16.32	\$10.88
\$2,550.00 - \$2,699.99	\$1,700.00	\$20,000.00	\$55.08	\$46.92	\$38.76	\$23.46	\$17.34	\$11.56
\$2,700.00 - \$2,849.99	\$1,800.00	\$20,000.00	\$58.32	\$49.68	\$41.04	\$24.84	\$18.36	\$12.24
\$2,850.00 - \$2,999.99	\$1,900.00	\$20,000.00	\$61.56	\$52.44	\$43.32	\$26.22	\$19.38	\$12.92
\$3,000.00 - \$3,149.99	\$2,000.00	\$20,000.00	\$64.80	\$55.20	\$45.60	\$27.60	\$20.40	\$13.60
\$3,150.00 - \$3,299.99	\$2,100.00	\$20,000.00	\$68.04	\$57.96	\$47.88	\$28.98	\$21.42	\$14.28
\$3,300.00 - \$3,449.99	\$2,200.00	\$20,000.00	\$71.28	\$60.72	\$50.16	\$30.36	\$22.44	\$14.96
\$3,450.00 - \$3,599.99	\$2,300.00	\$20,000.00	\$74.52	\$63.48	\$52.44	\$31.74	\$23.46	\$15.64
\$3,600.00 - \$3,749.99	\$2,400.00	\$20,000.00	\$77.76	\$66.24	\$54.72	\$33.12	\$24.48	\$16.32
\$3,750.00 - \$3,899.99	\$2,500.00	\$20,000.00	\$81.00	\$69.00	\$57.00	\$34.50	\$25.50	\$17.00
\$3,900.00 - \$4,049.99	\$2,600.00	\$20,000.00	\$84.24	\$71.76	\$59.28	\$35.88	\$26.52	\$17.68
\$4,050.00 - \$4,199.99	\$2,700.00	\$20,000.00	\$87.48	\$74.52	\$61.56	\$37.26	\$27.54	\$18.36
\$4,200.00 - \$4,349.99	\$2,800.00	\$20,000.00	\$90.72	\$77.28	\$63.84	\$38.64	\$28.56	\$19.04
\$4,350.00 - \$4,499.99	\$2,900.00	\$20,000.00	\$93.96	\$80.04	\$66.12	\$40.02	\$29.58	\$19.72
\$4,500.00 - \$4,649.99	\$3,000.00	\$20,000.00	\$97.20	\$82.80	\$68.40	\$41.40	\$30.60	\$20.40
\$4,650.00 - \$4,799.99	\$3,100.00	\$20,000.00	\$100.44	\$85.56	\$70.68	\$42.78	\$31.62	\$21.08
\$4,800.00 - \$4,949.99	\$3,200.00	\$20,000.00	\$103.68	\$88.32	\$72.96	\$44.16	\$32.64	\$21.76
\$4,950.00 - \$5,099.99	\$3,300.00	\$20,000.00	\$106.92	\$91.08	\$75.24	\$45.54	\$33.66	\$22.44
\$5,100.00 - \$5,249.99	\$3,400.00	\$20,000.00	\$110.16	\$93.84	\$77.52	\$46.92	\$34.68	\$23.12
\$5,250.00 - \$5,399.99	\$3,500.00	\$20,000.00	\$113.40	\$96.60	\$79.80	\$48.30	\$35.70	\$23.80
\$5,400.00 - \$5,549.99	\$3,600.00	\$20,000.00	\$116.64	\$99.36	\$82.08	\$49.68	\$36.72	\$24.48
\$5,550.00 - \$5,699.99	\$3,700.00	\$20,000.00	\$119.88	\$102.12	\$84.36	\$51.06	\$37.74	\$25.16
\$5,700.00 - \$5,849.99	\$3,800.00	\$20,000.00	\$123.12	\$104.88	\$86.64	\$52.44	\$38.76	\$25.84

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,850.00 - \$5,999.99	\$3,900.00	\$20,000.00	\$126.36	\$107.64	\$88.92	\$53.82	\$39.78	\$26.52
\$6,000.00 - \$6,149.99	\$4,000.00	\$20,000.00	\$129.60	\$110.40	\$91.20	\$55.20	\$40.80	\$27.20
\$6,150.00 - \$6,299.99	\$4,100.00	\$20,000.00	\$132.84	\$113.16	\$93.48	\$56.58	\$41.82	\$27.88
\$6,300.00 - \$6,449.99	\$4,200.00	\$20,000.00	\$136.08	\$115.92	\$95.76	\$57.96	\$42.84	\$28.56
\$6,450.00 - \$6,599.99	\$4,300.00	\$20,000.00	\$139.32	\$118.68	\$98.04	\$59.34	\$43.86	\$29.24
\$6,600.00 - \$6,749.99	\$4,400.00	\$20,000.00	\$142.56	\$121.44	\$100.32	\$60.72	\$44.88	\$29.92
\$6,750.00 - \$6,899.99	\$4,500.00	\$20,000.00	\$145.80	\$124.20	\$102.60	\$62.10	\$45.90	\$30.60
\$6,900.00 - \$7,049.99	\$4,600.00	\$20,000.00	\$149.04	\$126.96	\$104.88	\$63.48	\$46.92	\$31.28
\$7,050.00 - \$7,199.99	\$4,700.00	\$20,000.00	\$152.28	\$129.72	\$107.16	\$64.86	\$47.94	\$31.96
\$7,200.00 - \$7,349.99	\$4,800.00	\$20,000.00	\$155.52	\$132.48	\$109.44	\$66.24	\$48.96	\$32.64
\$7,350.00 - \$7,499.99	\$4,900.00	\$20,000.00	\$158.76	\$135.24	\$111.72	\$67.62	\$49.98	\$33.32
\$7,500.00 - \$7,649.99	\$5,000.00	\$20,000.00	\$162.00	\$138.00	\$114.00	\$69.00	\$51.00	\$34.00
\$7,650.00 - \$7,799.99	\$5,100.00	\$20,000.00	\$165.24	\$140.76	\$116.28	\$70.38	\$52.02	\$34.68
\$7,800.00 - \$7,949.99	\$5,200.00	\$20,000.00	\$168.48	\$143.52	\$118.56	\$71.76	\$53.04	\$35.36
\$7,950.00 - \$8,099.99	\$5,300.00	\$20,000.00	\$171.72	\$146.28	\$120.84	\$73.14	\$54.06	\$36.04
\$8,100.00 - \$8,249.99	\$5,400.00	\$20,000.00	\$174.96	\$149.04	\$123.12	\$74.52	\$55.08	\$36.72
\$8,250.00 - \$8,399.99	\$5,500.00	\$20,000.00	\$178.20	\$151.80	\$125.40	\$75.90	\$56.10	\$37.40
\$8,400.00 - \$8,549.99	\$5,600.00	\$20,000.00	\$181.44	\$154.56	\$127.68	\$77.28	\$57.12	\$38.08
\$8,550.00 - \$8,699.99	\$5,700.00	\$20,000.00	\$184.68	\$157.32	\$129.96	\$78.66	\$58.14	\$38.76
\$8,700.00 - \$8,849.99	\$5,800.00	\$20,000.00	\$187.92	\$160.08	\$132.24	\$80.04	\$59.16	\$39.44
\$8,850.00 - \$8,999.99	\$5,900.00	\$20,000.00	\$191.16	\$162.84	\$134.52	\$81.42	\$60.18	\$40.12
\$9,000.00 - \$9,149.99	\$6,000.00	\$20,000.00	\$194.40	\$165.60	\$136.80	\$82.80	\$61.20	\$40.80
\$9,150.00 - \$9,299.99	\$6,100.00	\$20,000.00	\$197.64	\$168.36	\$139.08	\$84.18	\$62.22	\$41.48
\$9,300.00 - \$9,449.99	\$6,200.00	\$20,000.00	\$200.88	\$171.12	\$141.36	\$85.56	\$63.24	\$42.16
\$9,450.00 - \$9,599.99	\$6,300.00	\$20,000.00	\$204.12	\$173.88	\$143.64	\$86.94	\$64.26	\$42.84
\$9,600.00 - \$9,749.99	\$6,400.00	\$20,000.00	\$207.36	\$176.64	\$145.92	\$88.32	\$65.28	\$43.52
\$9,750.00 - \$9,899.99	\$6,500.00	\$20,000.00	\$210.60	\$179.40	\$148.20	\$89.70	\$66.30	\$44.20
\$9,900.00 - \$10,049.99	\$6,600.00	\$20,000.00	\$213.84	\$182.16	\$150.48	\$91.08	\$67.32	\$44.88
\$10,050.00 - \$10,199.99	\$6,700.00	\$20,000.00	\$217.08	\$184.92	\$152.76	\$92.46	\$68.34	\$45.56
\$10,200.00 - \$10,349.99	\$6,800.00	\$20,000.00	\$220.32	\$187.68	\$155.04	\$93.84	\$69.36	\$46.24
\$10,350.00 - \$10,499.99	\$6,900.00	\$20,000.00	\$223.56	\$190.44	\$157.32	\$95.22	\$70.38	\$46.92
\$10,500.00 - \$10,649.99	\$7,000.00	\$20,000.00	\$226.80	\$193.20	\$159.60	\$96.60	\$71.40	\$47.60
\$10,650.00 - \$10,799.99	\$7,100.00	\$20,000.00	\$230.04	\$195.96	\$161.88	\$97.98	\$72.42	\$48.28
\$10,800.00 - \$10,949.99	\$7,200.00	\$20,000.00	\$233.28	\$198.72	\$164.16	\$99.36	\$73.44	\$48.96
\$10,950.00 - \$11,099.99	\$7,300.00	\$20,000.00	\$236.52	\$201.48	\$166.44	\$100.74	\$74.46	\$49.64
\$11,100.00 - \$11,249.99	\$7,400.00	\$20,000.00	\$239.76	\$204.24	\$168.72	\$102.12	\$75.48	\$50.32
\$11,250.00 - \$11,399.99	\$7,500.00*	\$20,000.00	\$243.00	\$207.00	\$171.00	\$103.50	\$76.50	\$51.00

*Higher benefit amounts available up to a maximum Monthly Disability Benefit of 10,000.

Seguro contra Cáncer



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

A miles de estadounidenses se les diagnostica cáncer todos los días. Sin duda, la noticia es devastadora, tanto personal como económicamente. Es imposible anticipar un diagnóstico de cáncer, pero es posible prepararse para ello con un plan de seguro contra el cáncer.

Es probable que su cobertura médica principal no cubra todos los costos asociados con un diagnóstico de cáncer. Complementar su seguro médico principal con un seguro contra el cáncer puede ayudarle a pagar los gastos relacionados, como copagos y deducibles, especialistas, tratamiento experimental, hospitales especializados, gastos de viaje, atención domiciliaria y más.

Las primas se pagan mediante una conveniente deducción de la nómina para garantizar que su póliza permanezca en vigor si la necesita. Los beneficios se le pagan directamente a usted, por lo que puede elegir cómo gastar el dinero. Visite el Centro de Beneficios para Empleados y consulte la póliza para obtener más detalles.

Precios Quincenales del Seguro de Cáncer

	Basic	Enhanced Plan
Empleado	\$7.90	\$15.81
Empleado + Familia	\$13.43	\$26.90

Seguro de Indemnización Hospitalaria

MetLife | www.metlife.com | 800-438-6388

Las estadías en el hospital son costosas. Si usted o un miembro de su familia se encuentran en el hospital debido a un accidente o una enfermedad repentina, es posible que tengan dificultades económicas, incluso si tienen un buen plan médico. Con un plan de indemnización hospitalaria, puede estar seguro de que esos gastos adicionales no serán una carga financiera.

A diferencia de los planes médicos, no hay deducibles por cumplir con un plan de indemnización hospitalaria. Tan pronto como incurra en un evento calificado, puede presentar una reclamación y comenzar a recibir beneficios.

El plan paga un beneficio de suma global en una cantidad establecida previamente. El dinero se puede utilizar para gastos médicos, deducibles de seguros, comestibles, transporte, cuidado de niños – ¡usted decide!

Precios Quincenales del Seguro de Indemnización Hospitalaria

	Plan Bajo	Plan Alto
Empleado Solo	\$8.02	\$12.77
Empleado + Cónyuge	\$14.60	\$23.15
Empleado + Hijos	\$12.67	\$19.79
Empleado + Familia	\$19.25	\$30.18



Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

Elgin Independent School District

Hospital Indemnity Insurance Benefits

With MetLife’s Hospital Indemnity Insurance, you’ll have a choice of two plans (called the “Low Plan” and the “High Plan”) which provide benefit payments for covered events regardless of any other insurance payments you may receive. Here are just some of the covered benefits/services^B, when an accident or illness puts you in the hospital.^A

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Hospital Benefits				
Admission Benefit	4 time(s) per calendar year ¹	Admission	\$1,000	\$2,000
Confinement Benefit	30 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 30 of those days	Confinement ⁴	\$150	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$300	\$400
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care ⁵	\$200	\$200
Inpatient Rehabilitation Benefit	30 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	\$75	\$150
Other Benefits				
Health Screening Benefit ⁷	1 time(s) per calendar year per covered person	Health Screening	\$50	\$50

*Any benefit(s) marked with an asterisk requires a prior Hospital Admission or Confinement.

¹ If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.

⁴ If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

⁵ Payable for the period of newborn confinement for a newborn child who is not sick or injured.

⁷ In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit’s availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, dental exam, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), electroencephalogram (EEG), endoscopy, eye exam, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hearing test, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, immunization, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation



Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms and virtual colonoscopy.

Please contact MetLife for detailed definitions and state variations of covered benefits.

Benefit Payment Example for High Plan

The example below assumes Susan sought treatment at a group policyholder-designated facility and is therefore eligible for additional payment under the Benefit Supplement Rider.

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

Covered Benefit	High Benefit Amount
Regular Hospital Admission (1x)	\$2,000
ICU Supplemental Admission (1x)	\$400
Regular Hospital Confinement (3 total days)	\$600
Benefits paid by MetLife Group Hospital Indemnity Insurance	\$3,000

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

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage at Employer website.

Q. Who is eligible to enroll for this Hospital Indemnity coverage?

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

Q. How do I pay for my Hospital Indemnity coverage?

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

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



Seguro contra Enfermedades Graves

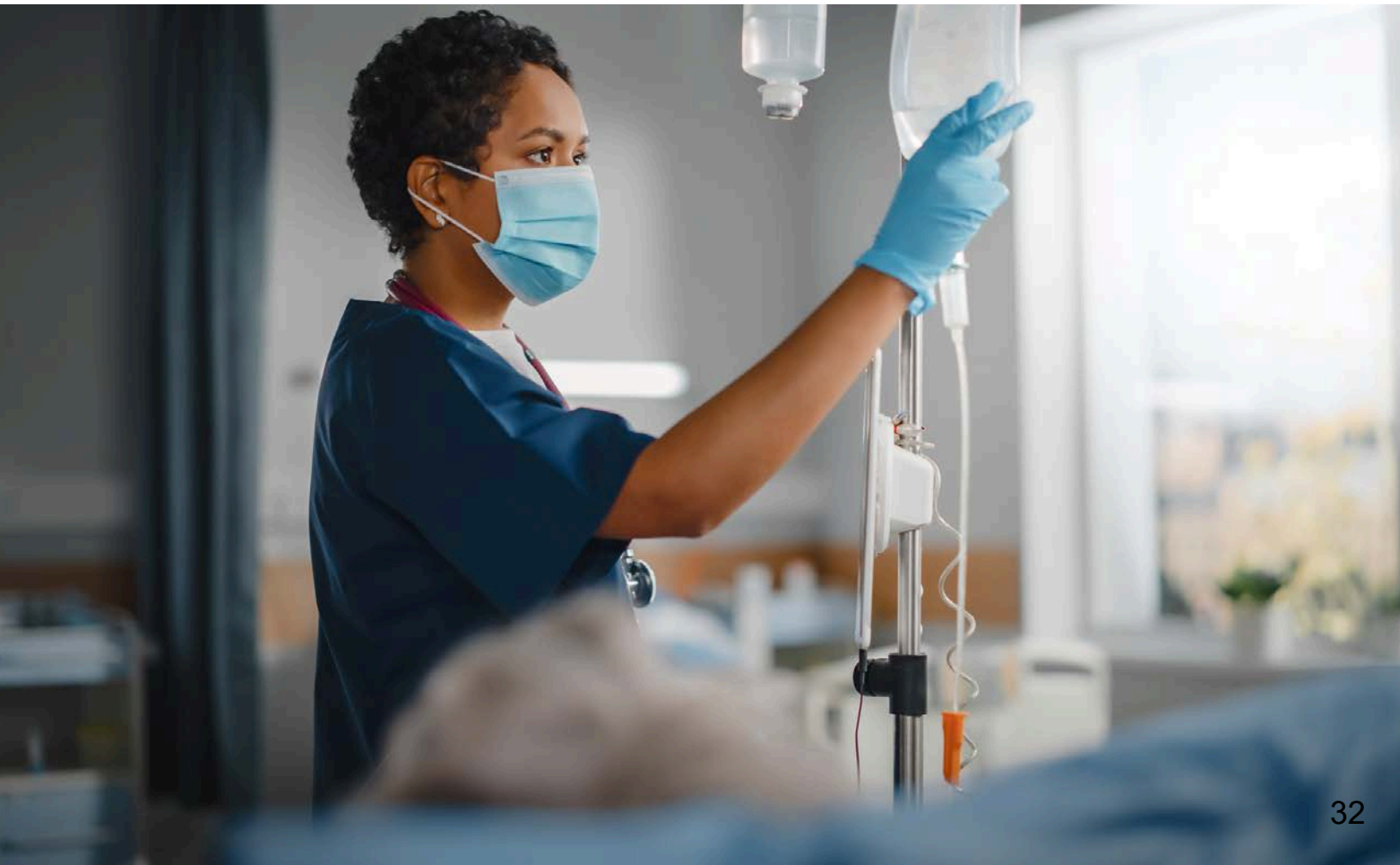
AFLAC | www.aflacgroupinsurance.com | 800-433-3036

Prepárese para lo inesperado

Si ha oído hablar de ataques cardíacos, accidentes cerebrovasculares, trasplantes de órganos o parálisis, entonces está familiarizado con las enfermedades graves. Es probable que usted o alguien que conozca haya experimentado uno de estos eventos que le cambiaron la vida. Muchas veces, una enfermedad grave tiene un impacto poderoso en la vida de las personas, afectando su sustento y sus finanzas.

Un plan de enfermedades graves puede ayudar con los costos de tratamiento de enfermedades cubiertas. Los beneficios se le pagan directamente a usted, a menos que se haya asignado de otra forma, lo que le da la opción de decidir cómo gastar el dinero. Además, hay planes disponibles para brindarle cobertura a usted, su cónyuge y sus hijos dependientes.

Prepárese ahora para lo inesperado con un plan de seguro contra enfermedades graves. El plan le ayuda a concentrarse en recuperarse en lugar de preocuparse por las finanzas. Visite el Centro de Beneficios para Empleados y consulte la póliza para obtener más detalles.



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.

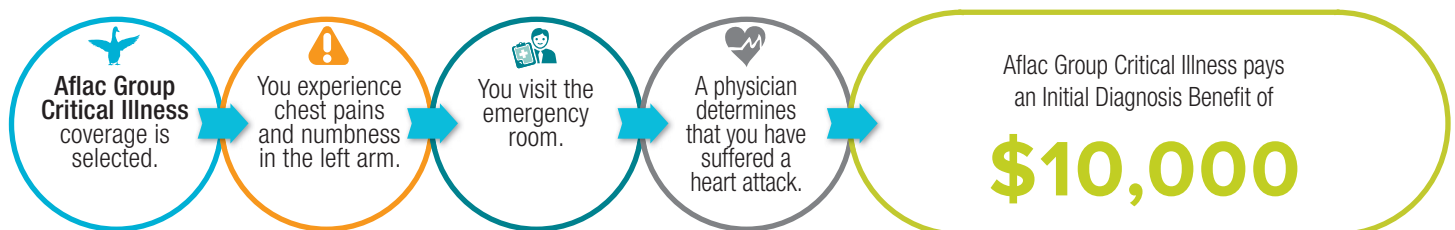
The Aflac Group Critical Illness plan benefits include:

- 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
- Health Screening Benefit
 - Coronary Artery Bypass Surgery
 - Non-Invasive Cancer
 - Skin Cancer
 - Coma
 - Severe Burn
 - Paralysis
 - Loss of Speech/Sight/Hearing

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.

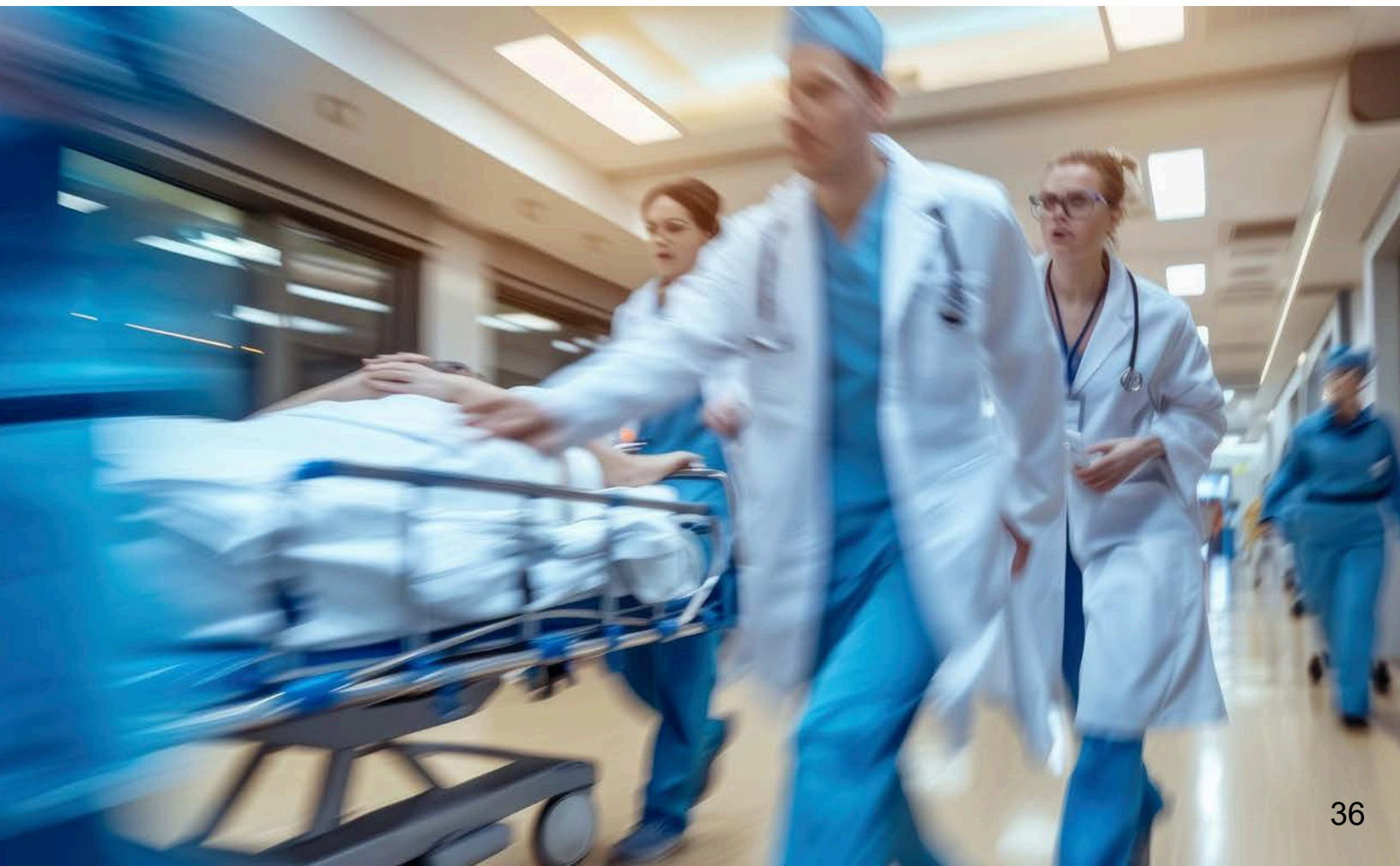
The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Seguro contra Accidentes

MetLife | <https://mybenefits.metlife.com> | 800-438-6388

Los costos asociados con una lesión pueden acumularse. Entre las visitas al hospital, los exámenes y el tratamiento, los gastos de bolsillo pueden ponerlo en una situación económica difícil. Un plan de seguro contra accidentes le paga los beneficios directamente a usted para que pueda determinar dónde gastar el dinero. Es reconfortante saber que una póliza de seguro contra accidentes puede estar disponible en todas las etapas de su atención, desde el tratamiento inicial hasta la atención de seguimiento. La cobertura de accidentes está disponible para usted a través de deducciones de la nómina y puede proporcionar un beneficio por los costos asociados con:

- Conmociones cerebrales
- Laceraciones
- Dientes rotos
- Visitas a la sala de emergencias
- Ambulancia, terrestre o aérea
- Unidad de cuidados intensivos



Accident Insurance

Benefits that may help cover costs such as those not covered by your medical plan.

Accident Insurance Benefits

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments regardless of any other insurance payments you may receive¹. Here are just some of the covered events/services².

Benefit Type	Low Plan Benefits	High Plan Benefits
Accidental Injury Benefits		
Fracture* (depending on the fracture and type of repair)	\$100 – \$8,000	\$200 – \$10,000
Dislocation* (depending on the dislocation and type of repair)	\$100 – \$8,000	\$200 – \$10,000
Second- or Third- Degree Burn (depending on degree of burn and percentage of burnt skin)	\$75 – \$10,000	\$100 – \$15,000
Concussion	\$250	\$500
Coma	\$7,500	\$10,000
Laceration (depending on the length of the cut and type of repair)	\$50 – \$400	\$75 – \$700
Broken Tooth	Crown: \$200 / Filling: \$25 / Extraction: \$100	Crown: \$300 / Filling: \$50 / Extraction: \$150
Eye Injury	\$300	\$400
Accident - Medical Services & Treatment Benefits		
Ambulance	Ground: \$300 / Air: \$1,000	Ground: \$400 / Air: \$1,250
Emergency Care (depending on location of care)	\$75 – \$150	\$100 – \$200
Non-Emergency Initial Care	\$75	\$100
Physician Follow-Up	\$75	\$100
Therapy Services (including physical therapy)	\$35	\$50
Medical Testing	\$150	\$200
Medical Appliances (depending on the appliance)	\$75 – \$750	\$150 – \$1,000
Transportation	\$300	\$400
Benefit Type	Low Plan Benefits	High Plan Benefits
Pain Management (for epidural anesthesia)	\$75	\$100
Prosthetic Device	One device: \$750 More than one device: \$1,500	One device: \$1,000 More than one device: \$2,000
Modification	\$1,000	\$1,500



Accident Insurance

Blood/Plasma/Platelets	\$400	\$500
Surgical Repair (depending on the type of surgery)	\$150-\$1,500	\$200-\$2,000
Exploratory Surgery	\$150	\$200
Other Outpatient Surgery	\$300	\$400
Hospital Benefits*		
Admission*	\$1,000 for the day of admission	\$1,500 for the day of admission
Intensive Care Unit (ICU) Supplemental Admission	\$1,000 for the day of admission	\$1,500 for the day of admission
Confinement* (paid for up to 15 days per accident)	\$200 per day	\$300 per day
ICU Supplemental Confinement (paid for up to 15 days per accident)	\$200 per day	\$300 per day
Inpatient Rehabilitation* (paid for up to 15 days per accident)	\$150 per day	\$200 per day
Accidental Death Benefit		
Accidental Death Benefit*	\$25,000 \$75,000 for accidental death on common carrier*	\$50,000 \$150,000 for accidental death on common carrier*
Accidental Dismemberment, Functional Loss & Paralysis Benefits		
Dismemberment/Functional Loss (depending on the injury)	\$750 - \$20,000	\$1,000 - \$40,000
Paralysis (depending on the number of limbs)	\$10,000 - \$20,000	\$20,000 - \$40,000
Other Benefits		
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day	\$200 per day

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

* Notes Regarding Certain Benefits Fracture and Dislocation benefits – Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

- Hospital Benefits – Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
- The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Please consult your certificate for details.
- Inpatient Rehabilitation Benefit – The Benefit is standardly applied for covered Accidents only. It is available as an add-on for Sickness.
- Accidental Death Benefit – The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Common Carrier Benefit - Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.
- Lodging Benefit – The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.
- Organized Sports Activity Injury Benefit Rider – The rider is not available in all states. Proof of registration in an Organized Sports Activity in which an Accident occurred is required at time of claim. See your certificate for details.

Benefit Payment Example

Accident Insurance

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

Covered Event ³	High Plan Benefit Amount
Ambulance (ground)	\$400
Emergency Care	\$200
Physician Follow-Up (\$100 x 2)	\$200
Medical Testing	\$200
Concussion	\$500
Broken Tooth (repaired by crown)	\$300
Benefits paid by MetLife Group Accident Insurance	\$1,800

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

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage at Employer website.

Q. Who is eligible to enroll for this accident coverage?

A. You are eligible to enroll yourself and your eligible family members.⁴ You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my accident coverage?

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

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

A. Yes, you can take your coverage with you.⁵ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Insurance Rates

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

Accident Insurance Coverage Options	Semi- Monthly Cost to You	
	Low Plan	High Plan
Employee	\$3.38	\$9.47
Employee & Spouse	\$5.68	\$9.31
Employee & Child(ren)	\$7.01	\$11.19
Employee & Spouse/Child(ren)	\$9.40	\$13.20

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

² Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.

³ Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.

Protección contra el Robo de Identidad

iLOCK360 | www.ilock360.com | 855-287-8888

Millones de estadounidenses informan que les roban su identidad cada año. Las personas están en línea y en dispositivos móviles más que en cualquier otro momento de la historia, por lo que no sorprende que el robo de identidad esté en aumento. Y va más allá del simple robo de su número de tarjeta de crédito. Si bien el fraude con tarjetas de crédito es uno de los tipos de robo de identidad más reportados, también incluye fraude bancario, crediticio, telefónico y fiscal.

El seguro contra robo de identidad no evitará que le roben su identidad. Pero estará allí para avisarle si se detecta alguna actividad sospechosa bajo su nombre. El plan incluye monitoreo de agencias de crédito, uso del número de seguro social y protección de billetera perdida. Las cuentas se controlan a diario para que pueda estar tranquilo sabiendo que su identidad está protegida incluso mientras duerme. Cuanto antes pueda tomar medidas para cerrar sus cuentas, más rápido podrá recuperar su identidad.

Lleva años establecer una buena reputación con prestamistas y empleadores. Asegúrese de que siga siendo suya aprovechando las ventajas del seguro contra robo de identidad ofrecido a través de su empleador.

Precios Quincenales del Seguro de Protección de Identidad

	Plus	Superior
Empleado Solo	\$4.00	\$7.50
Empleado + Cónyuge	\$7.50	\$11.00
Empleado + Hijos	\$6.50	\$10.00
Empleado + Familia	\$10.00	\$13.50



Transporte Médico

MASA | www.masamts.com | 800-643-9023

Los estadounidenses de hoy sufren de una falsa sensación de seguridad de que su cobertura médica pagará todos los costos asociados con el transporte de emergencia o cuidados intensivos. La realidad es que la mayoría de los estadounidenses sólo están parcialmente cubiertos por estos altos costos.

La mayoría de los planes médicos sólo pagarán una parte de los costos, dejándolo con el resto de la factura. También existe la posibilidad de que su proveedor médico niegue su reclamación por completo, lo que significa que usted sería responsable de pagar toda la factura.

Con la protección de transporte médico, tendrá cero gastos de bolsillo para cualquier transporte médico aéreo o terrestre de emergencia desde cualquier lugar de los Estados Unidos, independientemente de quién lo transporte. Recibirá soluciones de transporte de emergencia médica para ayudarle a cubrir los costos de transporte médico de su bolsillo cuando su seguro se quede corto.

Precios Quincenales del Seguro de Transporte Médico

	Plan Premium	Plan Platino
Empleado Solo	\$8.50	\$19.50
Empleado + Familia	\$8.50	\$19.50



Telesalud



Reкуро Health | www.reкуроhealth.com | 844-979-0312

Los estudios muestran que más del 50 por ciento de las visitas al consultorio del médico se pueden manejar por teléfono. Con el programa de Telesalud, puede obtener un diagnóstico más rápido y pasar menos tiempo en la sala de espera.

Los médicos acreditados diagnosticarán su enfermedad, recomendarán el tratamiento y recetarán medicamentos por teléfono o vídeo. Puede comunicarse con ellos desde cualquier lugar – su hogar, trabajo, escuela, incluso durante las vacaciones. Pueden tratar problemas de salud comunes como el reflujo ácido, las alergias, el asma, el resfriado y la gripe, las infecciones de los senos paranasales, las erupciones cutáneas, el dolor de garganta y más.

Es como tener un médico de guardia cada vez que necesita asesoramiento médico. ¡El acceso está a una sola llamada o un solo clic!

Precios Quincenales del Seguro de Telesalud

Reкуро Health

Empleado Solo	\$4.50
Empleado + Familia	\$4.50

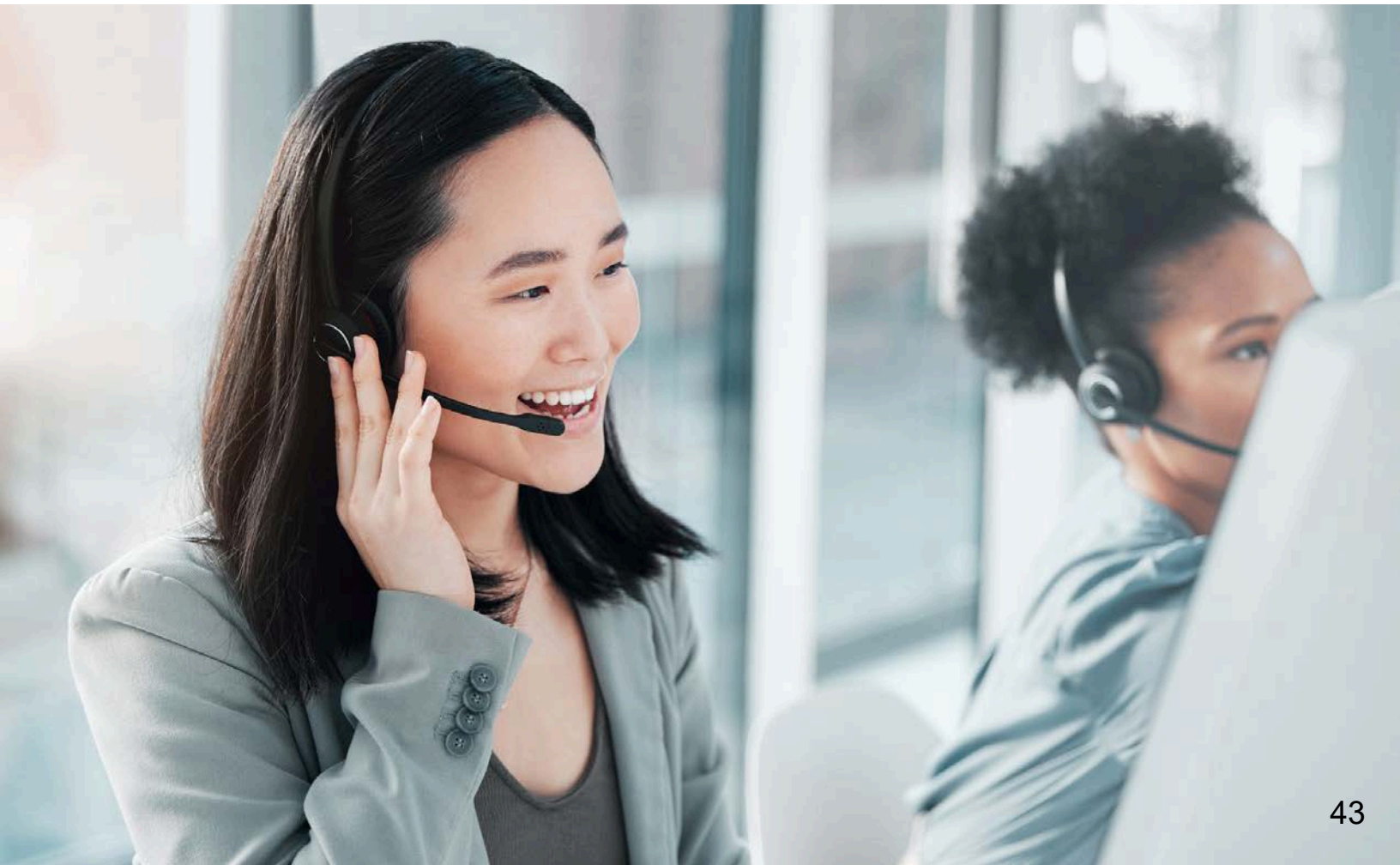
Programa de Asistencia al Empleado

American Fidelity | www.supportlinc.com | 800-475-3327

La vida nos empuja en muchas direcciones diferentes. Entre los niños, las relaciones personales, las actividades extracurriculares y el tiempo en familia, parece que no tenemos suficiente tiempo en el día para encajarlo todo. Cuando se sienta estresado por la vida, llame a la línea de asistencia al empleado proporcionada por su empleador. Ofrece acceso las 24 horas del día, los 7 días de la semana a profesionales que pueden ayudarle a enfrentar con éxito los problemas emocionales.

Un programa de asistencia al empleado, o EAP por sus siglas en inglés, es un programa voluntario y gratuito que ofrece su empleador. Con una llamada telefónica, tendrá acceso a asesoramiento a corto plazo y evaluaciones confidenciales cada vez que tenga un problema personal o laboral.

Los programas de asistencia al empleado abordan una amplia gama de problemas, incluido el bienestar mental y emocional, el abuso de sustancias y el dolor. Los asesores cumplen con los más altos estándares éticos y están capacitados para mantener la confidencialidad de su situación. Trabajan con usted para determinar la mejor manera de abordar sus necesidades y orientarlo en una dirección positiva.



COBRA

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

La vida está llena de eventos inesperados que pueden afectar su cobertura de seguro médico. Según la Ley Ómnibus de Conciliación Presupuestaria Consolidada, más conocida como COBRA, usted tiene derecho a continuar con su cobertura de salud grupal, como el seguro médico, dental, de visión y las cuentas de gastos flexibles por un tiempo limitado.

Puntos destacados de COBRA

- Continuación temporal de la cobertura que generalmente dura 18 meses debido a la terminación del empleo o la reducción de horas de trabajo, divorcio, muerte o un hijo que ya no califica como dependiente. Ciertos eventos calificados, o un segundo evento calificado durante el período inicial de cobertura, pueden permitir que un beneficiario reciba un máximo de 36 meses de cobertura.
- Usted o un miembro de su familia son responsables de notificar a su empleador sobre un divorcio, separación legal o pérdida de la condición de dependiente de un hijo dentro de los 60 días posteriores al evento. En caso de despido, fallecimiento o reducción de horas, su empleador será responsable de informarle al proveedor que usted tiene derecho a continuar con la cobertura bajo COBRA.
- Los beneficios seguirán siendo idénticos a los que tenía mientras estaba empleado. Sin embargo, usted será responsable de pagar la prima completa, más los cargos aplicables.

First Financial Administrators, Inc. ofrece servicios de administración de COBRA para los siguientes planes: dental, visión and FSA

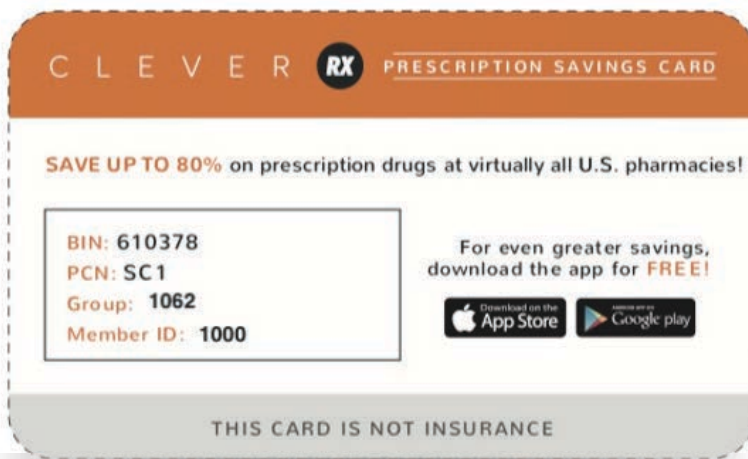


Clever RX

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

Clever RX le ayuda a ahorrar dinero mediante el uso de una tarjeta de ahorro para medicamentos recetados. Se asocian con la comunidad de atención médica para brindarles a los participantes herramientas de última generación para ahorrar dinero. Le ayuda a ahorrar hasta un 80% en medicamentos recetados y, a menudo, supera el copago promedio. Además, es completamente gratis. ¡Gracias a Clever RX, nunca más pagará de más por sus recetas!

¡Use Clever RX cada vez que pague un medicamento para ahorrar al instante!



Descargue la aplicación o visite el sitio para cotizar un medicamento:
<https://partner.cleverrx.com/ffga>

Puntos destacados de Clever RX

- 100% GRATIS de usar.
- Obtenga descuentos en miles de medicamentos.
- Ahorre hasta un 80% en medicamentos recetados – ¡A menudo supera su copago! Descargue la aplicación Clever RX utilizando la información de su tarjeta a continuación para obtener ahorros exclusivos en más de 60,000 farmacias en todo el país.
- ¡Disponible para usar ahora!

Información de Contacto

ELGIN ISD BENEFITS OFFICE
 1002 N Ave C | Elgin, TX 78621
 512-281-3434 | benefits@elginisd.net
www.elginisd.net

Edith Bergman, Sr. Account Administrator
 281-272-7638/ edith.bergman@ffga.com

Customer Service
 512-707-9666/austin@ffga.com

Producto	Aseguradora	Sitio web	Teléfono
Medical	TRS	www.bcbstx.com/trsactivecare	866-355-5999
Dental	MetLife	www.metlife.com	800-438-6388
Vision	MetLife	www.metlife.com	800-438-6388
FSA	First Financial Administration, Inc.	www.ffga.com	866-853-3539
HSA	First Financial Administration, Inc.	www.ffga.com	866-853-3539
Term Life and AD&D	BCBS	www.bcbstx.com/ancillary	877-442-4207
Disability	American Fidelity	www.americanfidelity.com	800-654-8489
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Cancer	American Fidelity	www.americanfidelity.com	800-654-8489
Critical Illness	AFLAC	www.aflacgroupinsurance.com	800-433-3036
Accident	MetLife	www.metlife.com	800-438-6388
Identity Theft	iLOCK360	www.iLOCK360.com	855-287-8888
Medical Transportation	MASA	www.masamts.com	800-643-9023

Información de Contacto

Producto	Aseguradora	Sitio web	Teléfono
Retirement Plans	TCG	www.tcgservices.com	800-943-9179
EAP	American Fidelity	www.supportlinc.com	800-475-3327
Telehealth	Recuro Health	www.recurohealth.com	844-979-0312
Hospital Indemnity Plan	MetLife	www.metlife.com	800-438-6388
Cobra	First Financial Administration, Inc.	www.ffga.com	800-523-8422 option 4
Prescription discount	Clever RX	www.partner.cleverrx.com /ffga	800-873-1195