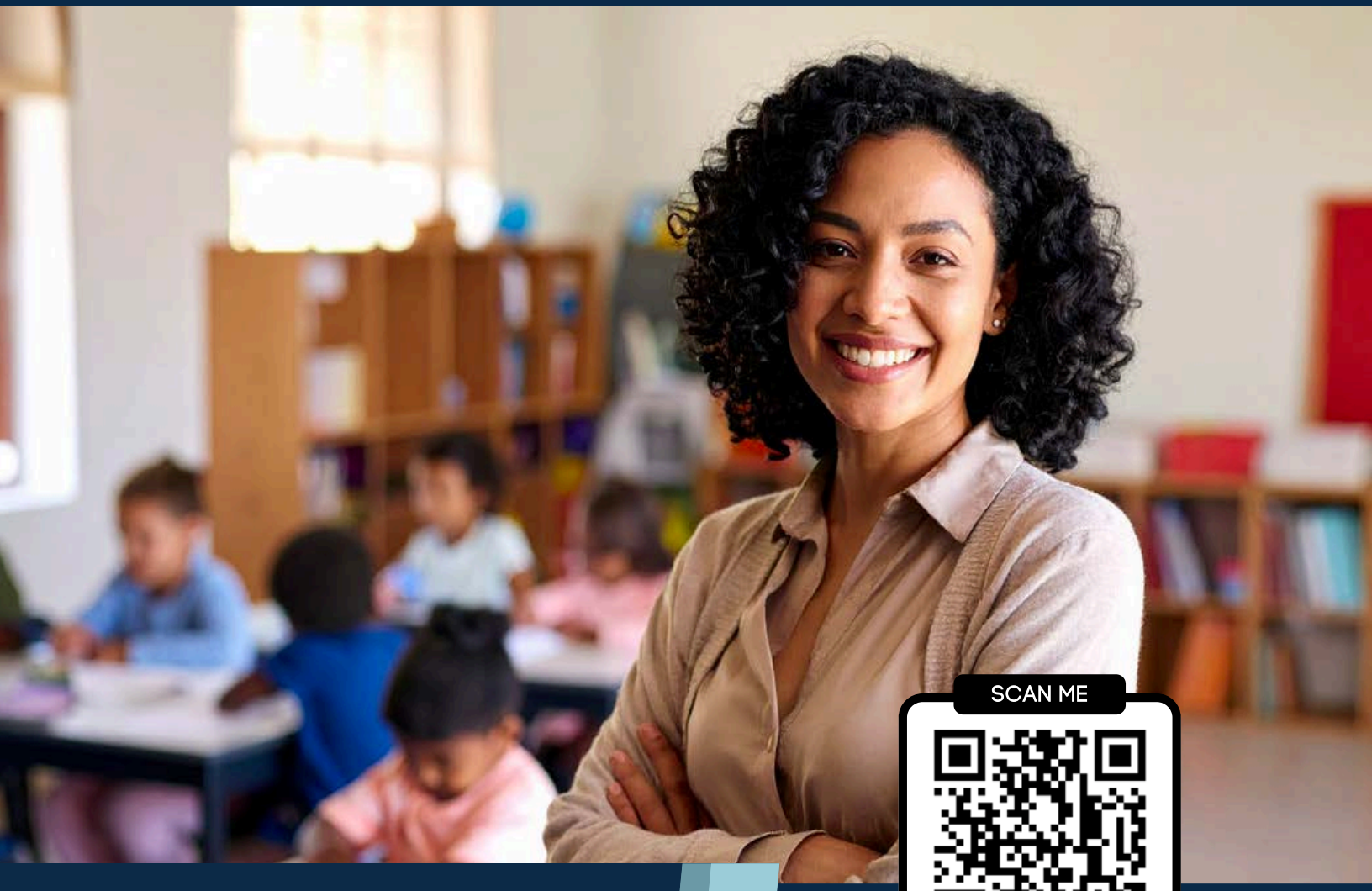
MATHIS ISD 2026-2027

BENEFITS GUIDE



SCAN ME

https://ffbenefits.ffga.com/mathisisd

FFGA
Benefit Solutions *Simplified*

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Contents

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

Employee Benefits Center

A guide to your benefits!

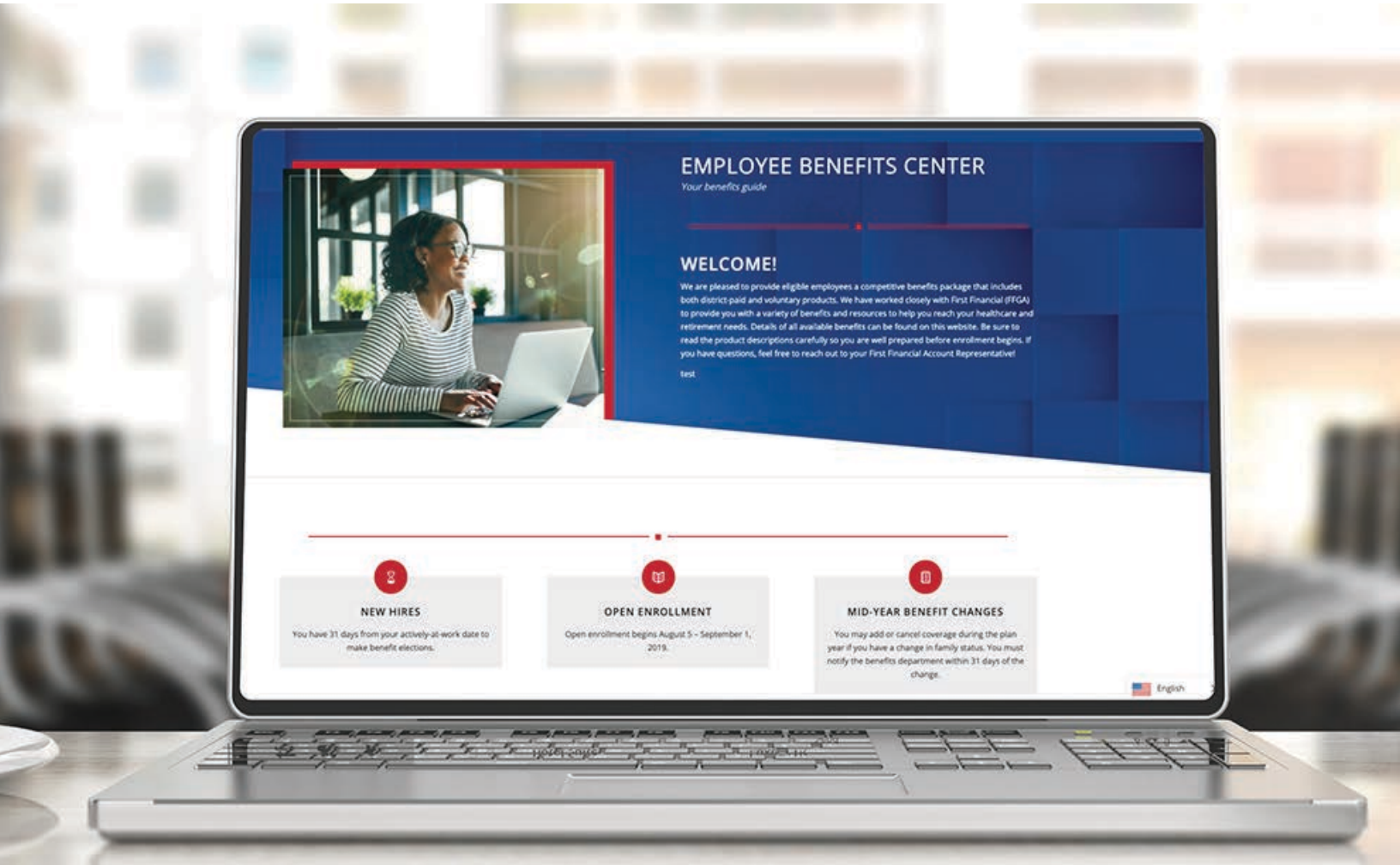
Mathis ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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

SCAN ME!

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

https://ffbenefits.ffga.com/mathisisd



How to Enroll
Benefits Enrollment

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

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

Enroll Now

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

Password
- Instructions to access your initial password will be provided to you prior to open enrollment.
- Upon initial login, the password will be required to be changed.
- Remember your password as you will use this to sign your enrollment confirmation form and to login in the future.

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

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

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

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

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

Existing Employees

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

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here's How It Works

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

Is It Right For Me?

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

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

IRS specified changes in family status include:

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

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

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

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

Medical Coverage

TRS-ActiveCare

Your medical plans are offered through TRS. From in- and out-of-network options to comprehensive prescription drug coverage and special health and wellness programs, TRS-ActiveCare has been designed to flexibly meet the needs of nearly half a million public education employees.

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

TRS-ActiveCare Primary

- Copays for doctor visits and generic prescriptions before you meet deductible
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

TRS-ActiveCare HD

- Must meet deductible before plan pays for non-preventive care
- In-network and out-of-network benefits – separate out-of-network deductible/out-of-pocket maximum Nationwide network
- Deductible applies to medical and pharmacy
- No requirement for PCP or referrals
- Compatible with health savings account (HSA)
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

TRS-ActiveCare Primary +

- Copays for many services and drugs
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive 2 ID cards (BCBS & Express Scripts)

TRS-ActiveCare 2 - Closed to New Enrollees

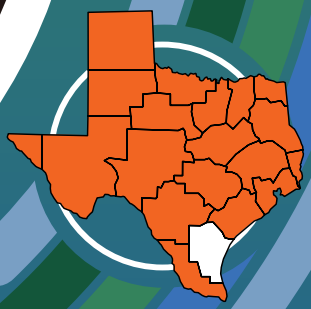
- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

TRS-ActiveCare Plan Prescription Benefits

Express Scripts | https://info.express-scripts.com/trsactivecare | 1.844.367.6108
When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through Express Scripts which gives you access to a large, national network of retail pharmacies.

TRS ACTIVECARE
TEACHER RETIREMENT SYSTEM OF TEXAS

TRS-ActiveCare
PLAN HIGHLIGHTS 2026-27



TRS-ActiveCare
REGION 2

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

LEARN THE TERMS

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

765381.0226

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

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

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

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

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

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	$574	$574	$0	$675	$574	$101	$590	$574	$16
Employee and Spouse	$1,550	$574	$976	$1,755	$574	$1,181	$1,593	$574	$1,019
Employee and Children	$976	$574	$402	$1,148	$574	$574	$1,003	$574	$429
Employee and Family	$1,952	$574	$1,378	$2,228	$574	$1,654	$2,006	$574	$1,432

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

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

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

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

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

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

Total Premium	Employer Contribution	Your Premium
$1,013	$574	$439
$2,402	$574	$1,828
$1,507	$574	$933
$2,841	$574	$2,267

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.

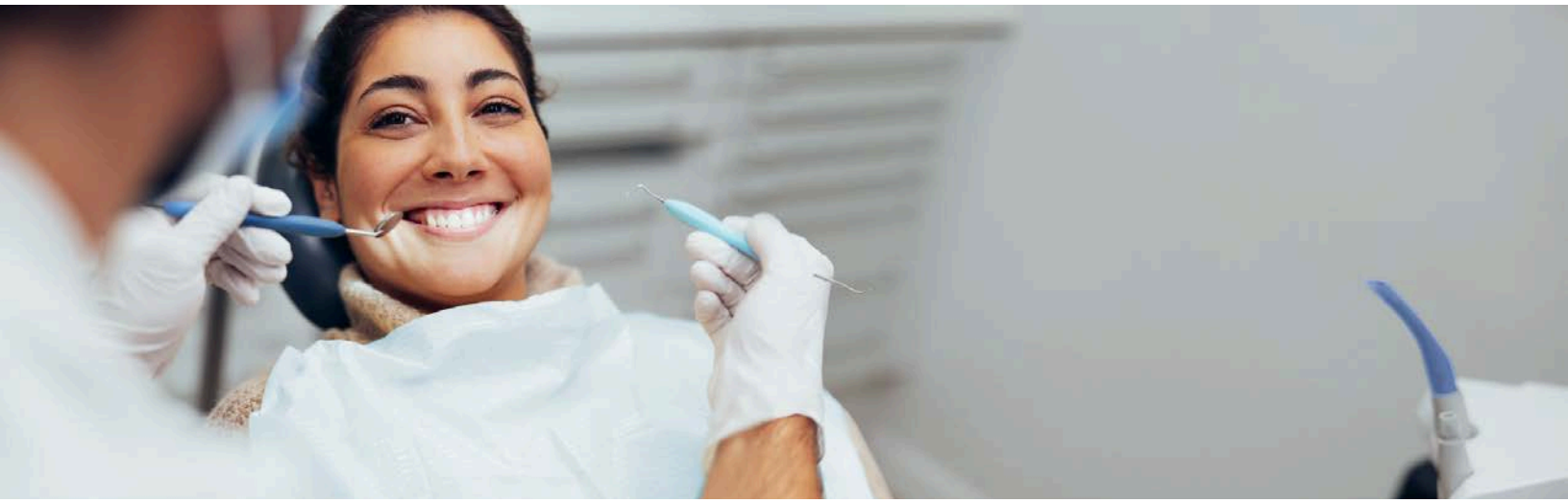
Compare Prices for Common Medical Services

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 Outpatient: You pay 30% after deductible	Office/Independent Lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 40% 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 Professional Services: You pay $5,000 copay + 30% after deductible Only covered if rendered at a BDC+ facility	Facility: You pay 20% after deductible Professional Services: You pay $5,000 copay + 20% after deductible Only covered if rendered at a BDC+ facility	Not Covered	Not Covered	Facility: You pay 20% after deductible ($150 facility copay per day) Professional Services: You pay $5,000 copay + 20% after deductible Only covered if rendered at a BDC+ facility	Not Covered
Annual Vision Exam (one per plan year)	Specialist: You pay $70 copay	Specialist: You pay $70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 Specialist: $55 copay Tier 2 Specialist: $85 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	PCP: $30 copay Specialist: $70 copay	PCP: $15 copay Specialist: $70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 PCP: $20 copay Tier 2 PCP: $40 copay Tier 1 Specialist: $55 copay Tier 2 Specialist: $85 copay	You pay 40% after deductible

Dental Insurance

Plan Choices



Ameritas | www.ameritas.com | 800-487-5553

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

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

Dental Monthly Premiums		
	Low	High
Employee Only	$17.20	$41.12
Employee + Spouse	$34.32	$79.04
Employee + Children	$37.72	$81.28
Employee + Family	$54.84	$114.56

MATHIS ISD

Dental Highlight Sheet

Ameritas

Low Dental Plan Summary **Effective Date: 9/1/2026**

Plan Benefit	
Type 1	80%
Type 2	50%
Type 3	25%
Deductible	$50/Calendar Year Type 2 & 3
	Waived Type 1
	3 Family Maximum
Maximum *(per person)*	$1,000 per calendar year
Allowance	U&C
Waiting Period	None

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum *(per person)*	$1,000
Waiting Period	None

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Periapical X-rays	• Space Maintainers
• Bitewing X-rays (2 per benefit period)	• Restorative Amalgams	• Onlays
• Full Mouth/Panoramic X-rays (1 in 5 years)	• Restorative Composites (anterior and posterior teeth)	• Crowns (1 in 8 years per tooth)
• Cleaning (2 per benefit period)	• Endodontics (nonsurgical)	• Crown Repair
• Fluoride for Children 13 and under (1 per benefit period)	• Endodontics (surgical)	• Denture Repair
• Sealants (age 13 and under)	• Periodontics (nonsurgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)
	• Periodontics (surgical)	• Anesthesia
	• Simple Extractions	
	• Complex Extractions	

Monthly Rates

Employee Only (EE)	$17.20
EE + Spouse	$34.32
EE + Children	$37.72
EE + Spouse & Children	$54.84

Ameritas Information

Our customer relations associates will be pleased to assist you from 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

MATHIS ISD

Dental Highlight Sheet

Ameritas

High Dental Plan Summary **Effective Date: 9/1/2026**

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	$50/Calendar Year Type 2 & 3
	Waived Type 1
	3 Family Maximum
Maximum *(per person)*	$1,500 per calendar year
Allowance	U&C
Waiting Period	None

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum *(per person)*	$1,000
Waiting Period	None

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Periapical X-rays	• Space Maintainers
• Bitewing X-rays (2 per benefit period)	• Restorative Amalgams	• Onlays
• Full Mouth/Panoramic X-rays (1 in 5 years)	• Restorative Composites (anterior and posterior teeth)	• Crowns (1 in 8 years per tooth)
• Cleaning (2 per benefit period)	• Endodontics (nonsurgical)	• Crown Repair
• Fluoride for Children 13 and under (1 per benefit period)	• Endodontics (surgical)	• Denture Repair
• Sealants (age 13 and under)	• Periodontics (nonsurgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)
	• Periodontics (surgical)	• Anesthesia
	• Simple Extractions	
	• Complex Extractions	

Monthly Rates

Employee Only (EE)	$41.12
EE + Spouse	$79.04
EE + Children	$81.28
EE + Spouse & Children	$114.56

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Rx Savings

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Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Vision Insurance

Eyetopia | www.eyetopia.org/member | 800-662-8264

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

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

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

Vision Monthly Premium		
	Standard	Gold
Employee Only	$8.00	$20.00
Employee + One	$15.00	$37.00
Employee + Children	N/A	$44.00
Employee + Family	$24.00	$52.00

Eyetopia 130/150 (Standard)
Mathis ISD Summary of Benefits

Eyetopia Benefits		
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.		
BENEFIT ONE [2] (choose either one of the following 2 options every 12 months):	**Allowance**	**Co-pay**[1]
1. Refractive Exam. One routine Vision Exam.	N/A	$10.00
2. Coverage towards a medical eye exam copay or other services or materials. [2]	$45.00	None
BENEFIT TWO (choose only one of the following Vision Correction Options): Eyetopia provides you with 3 options for correcting your vision every 12 months.[3]		
1. Prescription Lenses [4] CR-39 plastic single vision, bifocal, trifocal lenses.	**Allowance** N/A	**Co-pay**[1] $20.00
• CR-39 plastic Progressive (no-line multi-focal) lenses.	$200.00	$20.00
• Polycarbonate material upgrade	N/A	$25.00
• Polycarbonate material upgrade for child dependents (under age 26)	Covered	None
• Basic or Standard Anti-Reflective Coatings	Covered	None
• High Performance Anti-Reflective Coatings	$30.00	None
• Premium Anti-Reflective Coatings (with or without Blue Light Blocking)	$50.00	None
• Tint (Solid or Gradient)	N/A	$12.00
• Photochromic or Polarized Lenses	N/A	$90.00
♦ Medically necessary spectacles.[5]	$400.00	None
♦ Anti-Fatigue lenses.	Covered	$20.00
♦ **Frame:** The member may select any frame on display and is responsible for any amount exceeding the allowance.	$130	None
2. Contact Lens Option: In lieu of spectacles. Allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses.[6]	$150.00	None
♦ Medically necessary contact lenses - $150.00 evaluation allowance and $400.00 contact lens allowance.[7]	$550.00	None
3. Refractive Surgery Option. [8] In lieu of spectacles or contact lenses. A $350.00 per eye allowance with contracted surgeons or a $75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	$350/eye $75/eye	None

1 The co-pay must be paid to the Participating Provider at the time of service.

2 When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

3 If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

4 Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

5 This benefit usually includes an anti-reflective coating and an upgraded lens material. .

6 If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

7 Total maximum benefit allowance is $550.00 the Participating Provider must pre-authorize medical necessity.

8 Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia.

In-Network coverage is available through Participating Providers. Out of network services are not covered at the same rate.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

Find us on Facebook.com/eyetopiavision

Emp - $8
E+1 - $15
E+Ch - N/A
Fam - $24

For more information please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org

Eyetopia 180/300/H (Gold)
Mathis ISD Summary of Benefits

Eyetopia Benefits

Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.

BENEFIT ONE [2] (choose either one of the following 2 options every 12 months):	Allowance	Co-pay[1]
1. Refractive Exam. One routine vision exam.	N/A	$5.00
2. Coverage toward medical eye exam co-pay or other services or materials. [2]	$65.00	None

BENEFIT TWO (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. [3]

1. **Prescription Lenses** [3,4] CR-39 Plastic Single Vision, Bi-focal or Tri-focal lenses	Allowance Covered	Co-pay[1] None
• Progressive CR-39 plastic (no line multifocal) lenses.	$220.00	None
• Lens Materials: polycarbonate, Trivex®, 1.60 or 1.67 index plastic.	Covered	None
• Basic or Standard Anti-Reflective Coatings	Covered	None
• High Performance Anti-Reflective Coatings	$45.00	None
• Premium Anti-Reflective Coatings (with or without Blue Light Blocking)	$65.00	None
• Tint (Solid and Gradient)	N/A	$12.00
• Photochromic or polarized lens upgrade	N/A	$90.00
♦ Medically necessary spectacle Lenses[5]	$400.00	None
♦ Anti-Fatigue lenses	Covered	None
♦ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance.	$180.00	None
2. **Contact Lens Option** in lieu of spectacles. Allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses.[6]	$300.00	None
♦ Medically necessary contact lenses - $300.00 evaluation allowance and $400.00 contact lens allowance.[7]	$700.00	None
3. **Refractive Surgery Option**[8] in lieu of spectacles or contact lenses. A $500.00 per eye allowance with contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	$500/eye	None
4. **Hearing Aid Option.** [9] If you do not use any other benefit options you can elect to apply your benefit toward hearing aids. Please see the attached Eartopia benefit forms. The benefit increases each year for 3 years if not used.	N/A	See Eartopia Forms

[1] The co-pay must be paid to the Participating Provider at the time of service.
[2] When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.
[3] If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.
[4] Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.
[5] This benefit usually includes an anti-reflective coating and an upgraded lens material.
[6] If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.
[7] Total maximum benefit allowance is $700.00. The Participating Provider must pre-authorize medical necessity.
[8] Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.
[9] To access your hearing aid benefit, you must call AudioNet America at (568) 250-2731or go to www.AudioNetAmerica.com to arrange for a hearing evaluation. Your copay will vary based on your choice of hearing aid and which year of three possible years you qualify for the benefit.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia plan. In-Network coverage is available through Participating Providers. Out-of-network services are not covered at the same rates.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

Emp - $20
E+1 - $37
E+Ch - $44
Fam - $52

For more information, please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org

Eyetopia 180/300H Year 1
Summary of Benefits - Commercial Plan Design

All services require preauthorization. Providers seeking authorization or members with questions who are seeking Participating Providers in their area should call AudioNet America at (586) 250-2731 or click www.audionetamerica.com

Service	**Obtained at a Participating Provider** *Participating Provider means a physician, audiologist, hearing instrument specialist or dispenser who participates in the AudioNet America Hearing Aid Program.*	Frequency
Audiometric Examination	Covered in Full	Once every 12 months
Hearing Aid Evaluation Test	Covered in Full per ear	Once every 12 months
Dispensing Fee	Covered in Full per ear	Once every 12 months
Digital Hearing Aids	Essential-Level standard digital hearing devices will be **covered with a $350 monaural /$1,400 binaural member co-payment.** Mid-Level standard digital hearing devices will be **covered with a $630 monaural /$1,960 binaural member co-payment.** Advanced Level standard digital hearing devices will be **covered with a $910 monaural /$2,520 binaural member co-payment**. Flagship Level standard digital hearing devices will be **covered with a $1,180 monaural /$3,060 binaural member co-payment**. Premium Level standard digital hearing devices will be **covered with a $1,530 monaural /$3,760 binaural member co-payment**.	Once every 12 months Three-year repair warranty and three-year loss and damage warranty (one-time replacement)
Conformity Evaluation	Covered in Full per ear	Once every 12 months
Replacement Ear Molds (For children up to age 7)	Up to four (4) replacement ear molds annually are covered in full for children up to age 3. Up to two (2) replacement ear molds annually are covered in full for children ages 3-7. Additional molds are charged to member.	No more than four (4) replacement ear molds annually for children up to age 3. No more than two (2) replacement ear molds annually for children ages 3-7. Any additional molds are not covered.
Ear Molds (Enrollees over age 7)	First is Covered in Full. Additional molds are charged to member.	First is included with initial hearing aid. Any additional molds are not covered.
Batteries	Covered in Full per ear. First 48 batteries, one-time supply	First year only
Accessories	Not Covered	
Maintenance / Fittings / Follow-Up Visits	Covered in Full within first 6 months, $45 copay thereafter for the remaining 30 months.	

Out of Network Benefits: If an eligible member lives within 25 miles of a Network provider, a Network provider must be utilized in order to receive coverage. If an eligible member lives within 25 miles of a Network provider and receives hearing aid services and materials from a non-Network provider, there is no coverage. If an eligible member lives more than 25 miles from the closest In-Network provider, the member will be reimbursed at the in-network provider fee level. However, members must contact AudioNet prior to seeking service with a non-Network provider in order to qualify for reimbursement.

Eyetopia 180/300H Year 2
Summary of Benefits - Commercial Plan Design

All services require preauthorization. Providers seeking authorization or members with questions who are seeking Participating Providers in their area should call AudioNet America at (586) 250-2731 or click www.audionetamerica.com

Service	**Obtained at a Participating Provider** *Participating Provider means a physician, audiologist, hearing instrument specialist or dispenser who participates in the AudioNet America Hearing Aid Program.*	Frequency
Audiometric Examination	Covered in Full	Once every 24 months
Hearing Aid Evaluation Test	Covered in Full per ear	Once every 24 months
Dispensing Fee	Covered in Full per ear	Once every 24 months
Digital Hearing Aids	Essential-Level standard digital hearing devices will be **covered with a $0 monaural /$550 binaural member co-payment.** Mid-Level standard digital hearing devices will be **covered with a $0 monaural /$1,110 binaural member co-payment.** Advanced Level standard digital hearing devices will be **covered with a $60 monaural /$1,670 binaural member co-payment**. Flagship Level standard digital hearing devices will be **covered with a $330 monaural /$2,210 binaural member co-payment**. Premium Level standard digital hearing devices will be **covered with a $680 monaural /$2,910 binaural member co-payment**.	Once every 24 months Three-year repair warranty and three-year loss and damage warranty (one-time replacement)
Conformity Evaluation	Covered in Full per ear	Once every 24 months
Replacement Ear Molds (For children up to age 7)	Up to four (4) replacement ear molds annually are covered in full for children up to age 3. Up to two (2) replacement ear molds annually are covered in full for children ages 3-7. Additional molds are charged to member.	No more than four (4) replacement ear molds annually for children up to age 3. No more than two (2) replacement ear molds annually for children ages 3-7. Any additional molds are not covered.
Ear Molds (Enrollees over age 7)	First is Covered in Full. Additional molds are charged to member.	First is included with initial hearing aid. Any additional molds are not covered.
Batteries	Covered in Full per ear. First 48 batteries, one-time supply	First year only
Accessories	Not Covered	
Maintenance / Fittings / Follow-Up Visits	Covered in Full within first 6 months, $45 copay thereafter for the remaining 30 months.	

Out of Network Benefits: If an eligible member lives within 25 miles of a Network provider, a Network provider must be utilized in order to receive coverage. If an eligible member lives within 25 miles of a Network provider and receives hearing aid services and materials from a non-Network provider, there is no coverage. If an eligible member lives more than 25 miles from the closest In-Network provider, the member will be reimbursed at the in-network provider fee level. However, members must contact AudioNet prior to seeking service with a non-Network provider in order to qualify for reimbursement.

Eyetopia 180/300H Year 3
Summary of Benefits - Commercial Plan Design

All services require preauthorization. Providers seeking authorization or members with questions who are seeking Participating Providers in their area should call AudioNet America at (586) 250-2731 or click www.audionetamerica.com

Service	**Obtained at a Participating Provider** *Participating Provider means a physician, audiologist, hearing instrument specialist or dispenser who participates in the AudioNet America Hearing Aid Program.*	Frequency
Audiometric Examination	Covered in Full	Once every 36 months
Hearing Aid Evaluation Test	Covered in Full per ear	Once every 36 months
Dispensing Fee	Covered in Full per ear	Once every 36 months
Digital Hearing Aids	Essential-Level standard digital hearing devices will be **covered in Full.** Mid-Level standard digital hearing devices will be **covered with a $0 monaural /$160 binaural member co-payment.** Advanced Level standard digital hearing devices will be **covered with a $0 monaural /$720 binaural member co-payment**. Flagship Level standard digital hearing devices will be **covered with a $0 monaural /$1,260 binaural member co-payment**. Premium Level standard digital hearing devices will be **covered with a $0 monaural /$1,960 binaural member co-payment**.	Once every 36 months Three-year repair warranty and three-year loss and damage warranty (one-time replacement)
Conformity Evaluation	Covered in Full per ear	Once every 36 months
Replacement Ear Molds (For children up to age 7)	Up to four (4) replacement ear molds annually are covered in full for children up to age 3. Up to two (2) replacement ear molds annually are covered in full for children ages 3-7. Additional molds are charged to member.	No more than four (4) replacement ear molds annually for children up to age 3. No more than two (2) replacement ear molds annually for children ages 3-7. Any additional molds are not covered.
Ear Molds (Enrollees over age 7)	First is Covered in Full. Additional molds are charged to member.	First is included with initial hearing aid. Any additional molds are not covered.
Batteries	Covered in Full per ear. First 48 batteries, one-time supply	First year only
Accessories	Not Covered	
Maintenance / Fittings / Follow-Up Visits	Covered in Full within first 6 months, $45 copay thereafter for the remaining 30 months.	

Out of Network Benefits: If an eligible member lives within 25 miles of a Network provider, a Network provider must be utilized in order to receive coverage. If an eligible member lives within 25 miles of a Network provider and receives hearing aid services and materials from a non-Network provider, there is no coverage. If an eligible member lives more than 25 miles from the closest In-Network provider, the member will be reimbursed at the in-network provider fee level. However, members must contact AudioNet prior to seeking service with a non-Network provider in order to qualify for reimbursement.

Flexible Spending Accounts

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

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the $680 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to $680 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than $680 will be forfeited under the use-it-or-lose-it rule.

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

Medical FSA Highlights

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

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

Health Savings Account

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

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

Health Savings Account Highlights

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

Who Can Participate in an HSA?

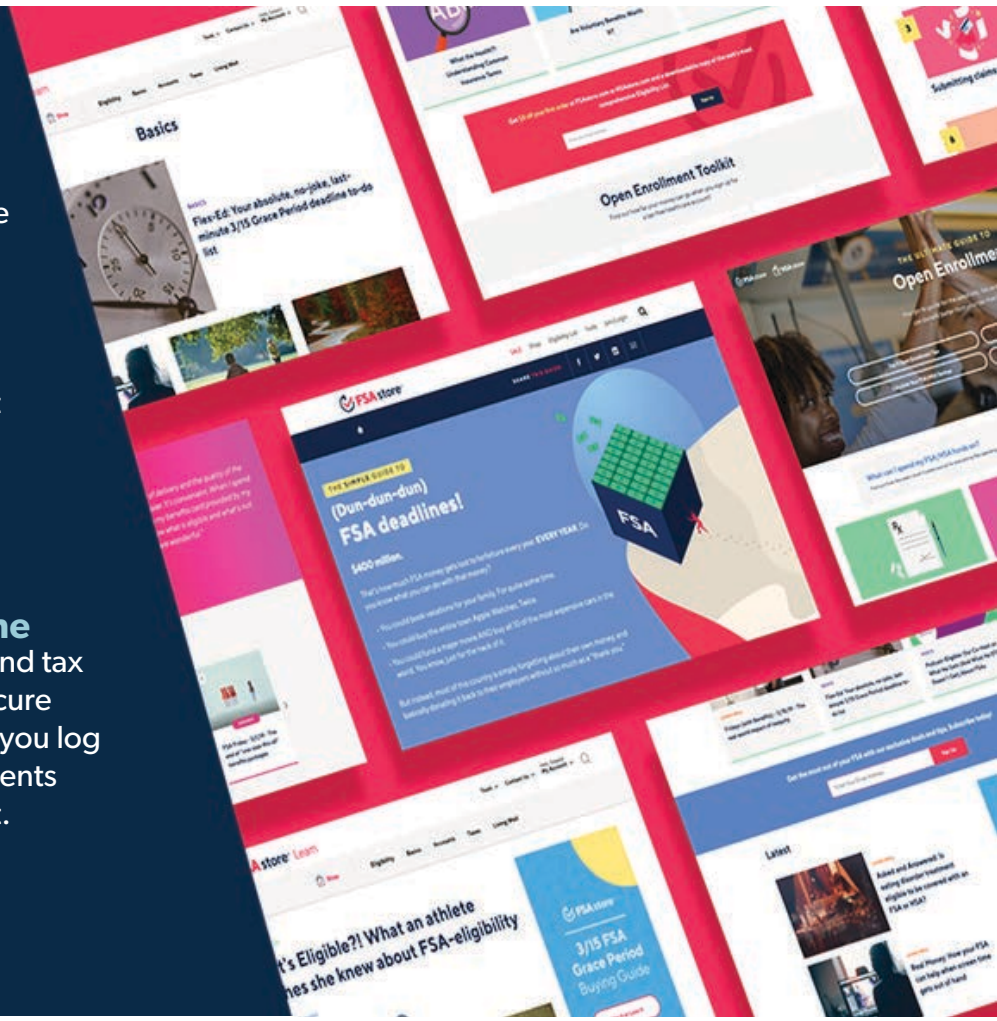
- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.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

	2025	2026
HSA Contribution Limits	• Self: $4,300 • Family: $8,550	• Self Only: $4,400 • Family: $8,750
Health Insurance Deductible Limits	• Self Only: $1,650 • Family: $3,300	• Self Only: $1,700 • Family: $3,400
$1,000 catch-up contributions (age 55 or older)		

FSA & HSA Resources

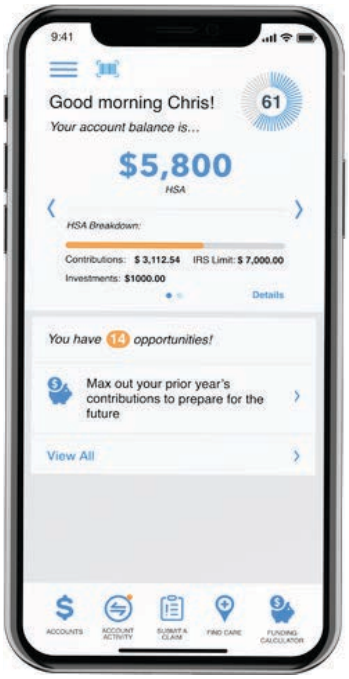
Benefits Card

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



View Your Account Details Online

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



FF Mobile Account App

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

FSA/HSA Store

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

FSA store®
Everything Flex Spending.

HSA store®
Health Saving, Simplified.

Term Life & AD&D

Employer-Paid & Voluntary

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

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a $20,000 policy. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

Voluntary Term Life Insurance

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

Texas Life

Permanent Life

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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

WOW!

VOLUNTARY PERMANENT LIFE INSURANCE YOU CAN KEEP

PURELIFE-PLUS

Highlights

PORTABLE
Take it with you when you change jobs or retire[1]

EASY TO PAY
Pay for it through convenient payroll deductions

NO EXAMS
Qualify by answering just 3 questions[2]

COVER DEPENDENTS
Cover your spouse, children and grandchildren[3]

TERMINAL ILLNESS BENEFIT
Get a living benefit if you become terminally ill[4]

CHRONIC ILLNESS BENEFIT
Cover care expenses if you become chronically ill, if selected[5]

TEXASLIFE INSURANCE COMPANY

FFGA Benefit Solutions Simplified

See last page for disclosures and footnotes

PURELIFE-PLUS

The Ideal Complement

Our voluntary permanent life insurance product can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary permanent universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

No Exams Or Needles!

You can qualify by answering just 3 quick questions.[2]

> During the last six months, has the proposed insured:
>
> 1. Been actively at work on a full time basis, performing usual duties?
> 2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
> 3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

Product Features

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-PLUS features one of the highest death benefits per payroll-deducted dollar offered at the worksite.[6]
- **Refund of Premium.** Unique in the workplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. *(Conditions apply.)*
- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-PLUS helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium for a significant period of time (after the premium guaranteed period, premiums may go down, stay the same, or go up).[7]

Additional Benefits

Accidental Death Benefit Rider

Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.[9] This rider costs $0.08 per $1,000 of the contract's face amount per month and pays the insured's beneficiary double the death benefit[10] if the insured dies within 180 days of an accident from injuries incurred in that accident.[11] The benefit is payable through the insured's age 65. See the complete list of exceptions to coverage on the back page.

Accelerated Death Benefit Due to Terminal Illness Rider[4]

Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a $150 administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive.

Accelerated Death Benefit Due To Chronic Illness Rider

This valuable living benefit will be included upon approval in the life contract for employees and their spouses at an additional cost.[5] This rider can help offset the unplanned expense of care should the insured be faced with a qualifying disabling chronic illness or Severe Cognitive Impairment. Here's how it works:

- If, for a period of 90 days, you're no longer able to perform any two of the six Activities of Daily Living or if you suffer Severe Cognitive Impairment, you can receive a living benefit.[12]
  - Example: You own a $100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform two of the six Activities of Daily Living or have suffered Severe Cognitive Impairment. You can apply for a lump sum of $92,000 minus a $150 administrative fee.[13]
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

See last page for disclosures and footnotes

According to the Center for Disease Control, accidents continue to be a leading cause of death in the U.S.[8]

MONTHLY NON-TOBACCO PREMIUM PURCHASE AMOUNT

TEXASLIFE INSURANCE COMPANY

Issue Age (ALB)	Life Insurance Face Amounts for Monthly Premiums Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)								Guaranteed Age Age to which coverage is guaranteed at table premium.
	$25.00	$40.00	$50.00	$75.00	$100.00	$125.00	$150.00	$200.00	
17-20	52,663	87,385	110,533	168,403	226,274	284,144			75
21-22	51,355	85,215	107,788	164,222	220,655	277,089			74
23	50,111	83,150	105,177	160,243	215,309	270,375			75
24-25	48,929	81,186	102,689	156,442	210,214	263,979			74
26	46,715	77,516	98,050	149,384	200,716	252,054			75
27-28	45,683	75,804	95,884	146,085	196,286	246,486	296,688		74
29	44,696	74,167	93,812	142,936	192,044	241,160	290,276		74
30-31	43,750	72,597	91,827	139,904	187,981	236,062	284,135		73
32	41,140	68,265	86,348	131,556	176,764	221,972	267,180		74
33	39,566	65,656	83,044	126,523	170,000	213,477	256,957		74
34	37,418	62,089	78,537	119,657	160,774	201,892	243,011		75
35	34,895	57,899	73,237	111,580	149,924	188,267	226,611		76
36	33,754	56,010	70,842	107,937	145,030	182,122	219,212	293,399	76
37	32,185	53,395	67,539	102,900	138,261	173,621	208,982	279,703	77
38	30,744	51,014	64,528	98,311	132,091	165,879	199,663	267,230	77
39	28,617	47,484	60,063	91,510	122,956	154,403	185,850	248,743	78
40	26,765	44,412	56,179	85,589	115,000	144,412	173,821	232,648	79
41	24,542	40,720	51,511	78,479	105,448	132,417	159,386	213,318	80
42	22,414	37,193	47,045	71,677	96,306	120,936	145,567	194,828	81
43	20,831	34,570	43,728	66,621	89,515	112,409	135,303	181,090	82
44	19,459	32,293	40,847	62,233	83,619	105,005	126,391	169,162	83
45	18,259	30,298	38,323	58,387	78,448	98,516	118,580	158,708	83
46	17,058	28,299	35,795	54,536	73,277	92,017	110,758	148,239	84
47	16,124	26,755	33,842	51,560	69,278	86,995	104,713	140,149	84
48	15,289	25,370	32,089	48,892	65,691	82,494	99,295	132,897	85
49	14,336	23,788	30,089	45,842	61,594	77,346	93,101	124,607	85
50	13,407	22,246	28,138	42,870	57,602	72,334	87,064	116,530	86
51	12,437	20,640	26,108	39,777	53,443	67,114	80,784	108,120	87
52	11,538	19,144	24,214	36,892	49,566	62,247	74,924	100,279	88
53	10,927	18,132	22,937	34,942	46,950	58,958	70,964	94,980	88
54	10,379	17,221	21,784	33,189	44,594	56,000	67,405	90,215	88
55		16,321	20,645	31,453	42,262	53,070	63,879	85,495	89
56		15,579	19,706	30,025	40,343	50,661	60,978	81,614	89
57		14,776	18,688	28,473	38,259	48,044	57,828	77,398	89
58		14,107	17,844	27,187	36,529	45,870	55,213	73,898	89
59		13,444	17,005	25,909	34,812	43,715	52,618	70,424	89
60		13,049	16,506	25,147	33,788	42,431	51,072	68,355	90
61		12,435	15,728	23,963	32,197	40,432	48,667	65,135	90
62		11,753	14,867	22,650	30,433	38,217	46,000	61,566	90
63		11,143	14,094	21,473	28,852	36,231	43,610	58,368	90
64		10,560	13,357	20,350	27,343	34,336	41,329	55,315	90
65			12,619	19,226	25,832	32,440	39,046	52,260	90

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 Series PRFNG-NI. Accelerated Death Benefit for Chronic Illness Rider Form series ULABR-CI. Accidental Death Benefit Form series ULCL-ADB.

COVERAGE LIMITS

Issue Age	Employee	Issue Age	Spouse	Child
17-34	$25,000 to $300,000	17-34	$25,000 to $50,000	Issue Ages 0-26 $25,000 to $50,000
35-39	$15,000 to $300,000	35-39	$15,000 to $50,000	
40-49	$10,000 to $300,000	40-49	$10,000 to $50,000	**Grandchild**
50-65	$10,000 to $100,000	50-60	$10,000 to $25,000	Issue Ages 0-18 $25.000 to $50,000
66-70	$10,000 to $100,000	61-70	N/A	

MONTHLY TOBACCO PREMIUM PURCHASE AMOUNT

TEXASLIFE INSURANCE COMPANY

Issue Age (ALB)	Life Insurance Face Amounts for Monthly Premiums Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)								Guaranteed Age Age to which coverage is guaranteed at table premium.
	$25.00	$40.00	$50.00	$75.00	$100.00	$125.00	$150.00	$200.00	
17-20	34,895	57,899	73,237	111,580	149,924	188,267	226,611		71
21	33,754	56,010	70,842	107,937	145,030	182,122	219,212	293,399	71
22	33,209	55,110	69,709	106,205	142,699	179,190	215,694	288,687	71
23	31,686	52,577	66,505	101,318	136,143	170,956	205,780	275,423	72
24-25	30,744	51,014	64,528	98,311	132,091	165,879	199,663	267,230	71
26	29,856	49,541	62,665	95,473	128,283	161,088	193,898	259,515	72
27	29,437	48,833	61,773	94,114	126,452	158,802	191,139	255,817	71
28	29,018	48,151	60,906	92,794	124,682	156,569	188,457	252,233	71
29	28,617	47,484	60,063	91,510	122,956	154,403	185,850	248,743	71
30-31	25,139	41,713	52,763	80,387	108,012	135,636	163,260	218,509	72
32	24,254	40,246	50,907	77,559	104,211	130,864	157,516	210,821	72
33	23,973	39,779	50,316	76,660	103,004	129,347	155,689	208,378	72
34	23,693	39,318	49,740	75,782	101,818	127,865	153,907	205,990	71
35	21,937	36,404	46,047	70,156	94,263	118,371	142,477	190,695	72
36	21,262	35,281	44,627	67,991	91,356	114,720	138,083	184,814	72
37	19,835	32,913	41,631	63,428	85,221	107,019	128,814	172,408	73
38	19,280	31,992	40,464	61,653	82,839	104,026	125,212	167,584	73
39	17,939	29,772	37,658	57,374	77,087	96,806	116,524	155,955	74
40	16,379	27,181	34,378	52,376	70,375	88,373	106,372	142,369	76
41	15,289	25,370	32,089	48,892	65,691	82,494	99,295	132,897	77
42	14,140	23,462	29,677	45,215	60,753	76,292	91,828	122,903	78
43	12,906	21,413	27,085	41,265	55,446	69,626	83,808	112,167	80
44	12,365	20,517	25,952	39,539	53,125	66,712	80,299	107,471	80
45	11,668	19,359	24,488	37,309	50,129	62,949	75,770	101,411	81
46	11,163	18,524	23,430	35,697	47,963	60,231	72,498	97,032	81
47	10,592	17,575	22,230	33,869	45,507	57,147	68,785	92,062	82
48	10,125	16,801	21,251	32,377	43,503	54,629	65,755	88,007	82
49		15,795	19,978	30,440	40,900	51,359	61,821	82,740	83
50		15,034	19,017	28,973	38,930	48,885	58,842	78,754	83
51		14,342	18,143	27,641	37,140	46,638	56,137	75,133	83
52		13,444	17,005	25,909	34,812	43,715	52,618	70,424	84
53		12,745	16,121	24,562	33,001	41,440	49,882	66,763	85
54		12,159	15,379	23,431	31,481	39,534	47,583	63,688	85
55		11,583	14,653	22,323	29,994	37,665	45,336	60,679	85
56		10,990	13,902	21,180	28,457	35,736	43,014	57,568	85
57		10,453	13,224	20,147	27,070	33,994	40,918	54,764	86
58			12,572	19,156	25,738	32,320	38,903	52,066	86
59			11,983	18,256	24,530	30,804	37,077	49,623	86
60			11,638	17,731	23,824	29,918	36,011	48,197	86
61			10,962	16,702	22,440	28,180	33,919	45,397	86
62			10,385	15,823	21,259	26,697	32,134	43,008	87
63				15,031	20,196	25,362	30,527	40,857	87
64				14,316	19,234	24,154	29,074	38,912	87
65				13,609	18,284	22,961	27,638	36,990	87

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COVERAGE LIMITS

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40-49	$10,000 to $300,000	40-49	$10,000 to $50,000	**Grandchild**
50-65	$10,000 to $100,000	50-60	$10,000 to $25,000	Issue Ages 0-18 $25.000 to $50,000
66-70	$10,000 to $100,000	61-70	N/A	

Disability Insurance

American Fidelity | www.americanfidelity.com | 800-662-1113

Why Do I Need Disability Insurance?

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

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

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

AF™ Long-Term Disability Income Insurance

Texas Schools

Marketed by:

FFGI

American Fidelity
a different opinion

EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights

Benefits are Payable Directly to You

You have the freedom to use the funds for your daily expenses such as: groceries, mortgage, daycare, etc.

Customized to Meet Your Individual Needs

You can select a benefit amount and elimination period that best meets your financial needs.

Return-to-Work Benefit

Employees may receive a partial benefit for going back to work part-time while still on Disability.

Choose the Right Plan for You

BENEFITS BEGIN	
Plan I	On the 1st day of Disability due to a Disability requiring hospitalization and on the 8th day of Disability due to a covered Injury or Sickness.
Plan II	On the 1st day of Disability due to a Disability requiring hospitalization and on the 15th day of Disability due to a covered Injury or Sickness.
Plan III	On the 1st day of Disability due to a Disability requiring hospitalization and on the 31st day of Disability due to a covered Injury or Sickness.
Plan IV	On the 61st day of Disability due to a covered Injury or Sickness.
Plan V	On the 91st day of Disability due to a covered Injury or Sickness.
Plan VI	On the 151st day of Disability due to a covered Injury or Sickness.

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

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

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

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

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 66 2/3% of your monthly compensation.

		Monthly Premiums					
Monthly Salary	**Monthly Disability Benefit**	**Plan I (8th)**	**Plan II (15th)**	**Plan III (31st)**	**Plan IV (61st)**	**Plan V (91st)**	**Plan VI (151st)**
$300.00 - $449.99	$200.00	$6.32	$5.32	$4.44	$2.48	$1.84	$1.24
$450.00 - $599.99	$300.00	$9.48	$7.98	$6.66	$3.72	$2.76	$1.86
$600.00 - $749.99	$400.00	$12.64	$10.64	$8.88	$4.96	$3.68	$2.48
$750.00 - $899.99	$500.00	$15.80	$13.30	$11.10	$6.20	$4.60	$3.10
$900.00 - $1,049.99	$600.00	$18.96	$15.96	$13.32	$7.44	$5.52	$3.72
$1,050.00 - $1,199.99	$700.00	$22.12	$18.62	$15.54	$8.68	$6.44	$4.34
$1,200.00 - $1,349.99	$800.00	$25.28	$21.28	$17.76	$9.92	$7.36	$4.96
$1,350.00 - $1,499.99	$900.00	$28.44	$23.94	$19.98	$11.16	$8.28	$5.58
$1,500.00 - $1,649.99	$1,000.00	$31.60	$26.60	$22.20	$12.40	$9.20	$6.20
$1,650.00 - $1,799.99	$1,100.00	$34.76	$29.26	$24.42	$13.64	$10.12	$6.82
$1,800.00 - $1,949.99	$1,200.00	$37.92	$31.92	$26.64	$14.88	$11.04	$7.44
$1,950.00 - $2,099.99	$1,300.00	$41.08	$34.58	$28.86	$16.12	$11.96	$8.06
$2,100.00 - $2,249.99	$1,400.00	$44.24	$37.24	$31.08	$17.36	$12.88	$8.68
$2,250.00 - $2,399.99	$1,500.00	$47.40	$39.90	$33.30	$18.60	$13.80	$9.30
$2,400.00 - $2,549.99	$1,600.00	$50.56	$42.56	$35.52	$19.84	$14.72	$9.92
$2,550.00 - $2,699.99	$1,700.00	$53.72	$45.22	$37.74	$21.08	$15.64	$10.54
$2,700.00 - $2,849.99	$1,800.00	$56.88	$47.88	$39.96	$22.32	$16.56	$11.16
$2,850.00 - $2,999.99	$1,900.00	$60.04	$50.54	$42.18	$23.56	$17.48	$11.78
$3,000.00 - $3,149.99	$2,000.00	$63.20	$53.20	$44.40	$24.80	$18.40	$12.40
$3,150.00 - $3,299.99	$2,100.00	$66.36	$55.86	$46.62	$26.04	$19.32	$13.02
$3,300.00 - $3,449.99	$2,200.00	$69.52	$58.52	$48.84	$27.28	$20.24	$13.64
$3,450.00 - $3,599.99	$2,300.00	$72.68	$61.18	$51.06	$28.52	$21.16	$14.26
$3,600.00 - $3,749.99	$2,400.00	$75.84	$63.84	$53.28	$29.76	$22.08	$14.88
$3,750.00 - $3,899.99	$2,500.00	$79.00	$66.50	$55.50	$31.00	$23.00	$15.50
$3,900.00 - $4,049.99	$2,600.00	$82.16	$69.16	$57.72	$32.24	$23.92	$16.12
$4,050.00 - $4,199.99	$2,700.00	$85.32	$71.82	$59.94	$33.48	$24.84	$16.74
$4,200.00 - $4,349.99	$2,800.00	$88.48	$74.48	$62.16	$34.72	$25.76	$17.36
$4,350.00 - $4,499.99	$2,900.00	$91.64	$77.14	$64.38	$35.96	$26.68	$17.98
$4,500.00 - $4,649.99	$3,000.00	$94.80	$79.80	$66.60	$37.20	$27.60	$18.60
$4,650.00 - $4,799.99	$3,100.00	$97.96	$82.46	$68.82	$38.44	$28.52	$19.22
$4,800.00 - $4,949.99	$3,200.00	$101.12	$85.12	$71.04	$39.68	$29.44	$19.84
$4,950.00 - $5,099.99	$3,300.00	$104.28	$87.78	$73.26	$40.92	$30.36	$20.46
$5,100.00 - $5,249.99	$3,400.00	$107.44	$90.44	$75.48	$42.16	$31.28	$21.08
$5,250.00 - $5,399.99	$3,500.00	$110.60	$93.10	$77.70	$43.40	$32.20	$21.70
$5,400.00 - $5,549.99	$3,600.00	$113.76	$95.76	$79.92	$44.64	$33.12	$22.32
$5,550.00 - $5,699.99	$3,700.00	$116.92	$98.42	$82.14	$45.88	$34.04	$22.94
$5,700.00 - $5,849.99	$3,800.00	$120.08	$101.08	$84.36	$47.12	$34.96	$23.56

Benefit Policy Schedule (continued)

		Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	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	$123.24	$103.74	$86.58	$48.36	$35.88	$24.18
$6,000.00 - $6,149.99	$4,000.00	$126.40	$106.40	$88.80	$49.60	$36.80	$24.80
$6,150.00 - $6,299.99	$4,100.00	$129.56	$109.06	$91.02	$50.84	$37.72	$25.42
$6,300.00 - $6,449.99	$4,200.00	$132.72	$111.72	$93.24	$52.08	$38.64	$26.04
$6,450.00 - $6,599.99	$4,300.00	$135.88	$114.38	$95.46	$53.32	$39.56	$26.66
$6,600.00 - $6,749.99	$4,400.00	$139.04	$117.04	$97.68	$54.56	$40.48	$27.28
$6,750.00 - $6,899.99	$4,500.00	$142.20	$119.70	$99.90	$55.80	$41.40	$27.90
$6,900.00 - $7,049.99	$4,600.00	$145.36	$122.36	$102.12	$57.04	$42.32	$28.52
$7,050.00 - $7,199.99	$4,700.00	$148.52	$125.02	$104.34	$58.28	$43.24	$29.14
$7,200.00 - $7,349.99	$4,800.00	$151.68	$127.68	$106.56	$59.52	$44.16	$29.76
$7,350.00 - $7,499.99	$4,900.00	$154.84	$130.34	$108.78	$60.76	$45.08	$30.38
$7,500.00 - $7,649.99	$5,000.00	$158.00	$133.00	$111.00	$62.00	$46.00	$31.00
$7,650.00 - $7,799.99	$5,100.00	$161.16	$135.66	$113.22	$63.24	$46.92	$31.62
$7,800.00 - $7,949.99	$5,200.00	$164.32	$138.32	$115.44	$64.48	$47.84	$32.24
$7,950.00 - $8,099.99	$5,300.00	$167.48	$140.98	$117.66	$65.72	$48.76	$32.86
$8,100.00 - $8,249.99	$5,400.00	$170.64	$143.64	$119.88	$66.96	$49.68	$33.48
$8,250.00 - $8,399.99	$5,500.00	$173.80	$146.30	$122.10	$68.20	$50.60	$34.10
$8,400.00 - $8,549.99	$5,600.00	$176.96	$148.96	$124.32	$69.44	$51.52	$34.72
$8,550.00 - $8,699.99	$5,700.00	$180.12	$151.62	$126.54	$70.68	$52.44	$35.34
$8,700.00 - $8,849.99	$5,800.00	$183.28	$154.28	$128.76	$71.92	$53.36	$35.96
$8,850.00 - $8,999.99	$5,900.00	$186.44	$156.94	$130.98	$73.16	$54.28	$36.58
$9,000.00 - $9,149.99	$6,000.00	$189.60	$159.60	$133.20	$74.40	$55.20	$37.20
$9,150.00 - $9,299.99	$6,100.00	$192.76	$162.26	$135.42	$75.64	$56.12	$37.82
$9,300.00 - $9,449.99	$6,200.00	$195.92	$164.92	$137.64	$76.88	$57.04	$38.44
$9,450.00 - $9,599.99	$6,300.00	$199.08	$167.58	$139.86	$78.12	$57.96	$39.06
$9,600.00 - $9,749.99	$6,400.00	$202.24	$170.24	$142.08	$79.36	$58.88	$39.68
$9,750.00 - $9,899.99	$6,500.00	$205.40	$172.90	$144.30	$80.60	$59.80	$40.30
$9,900.00 - $10,049.99	$6,600.00	$208.56	$175.56	$146.52	$81.84	$60.72	$40.92
$10,050.00 - $10,199.99	$6,700.00	$211.72	$178.22	$148.74	$83.08	$61.64	$41.54
$10,200.00 - $10,349.99	$6,800.00	$214.88	$180.88	$150.96	$84.32	$62.56	$42.16
$10,350.00 - $10,499.99	$6,900.00	$218.04	$183.54	$153.18	$85.56	$63.48	$42.78
$10,500.00 - $10,649.99	$7,000.00	$221.20	$186.20	$155.40	$86.80	$64.40	$43.40
$10,650.00 - $10,799.99	$7,100.00	$224.36	$188.86	$157.62	$88.04	$65.32	$44.02
$10,800.00 - $10,949.99	$7,200.00	$227.52	$191.52	$159.84	$89.28	$66.24	$44.64
$10,950.00 - $11,099.99	$7,300.00	$230.68	$194.18	$162.06	$90.52	$67.16	$45.26
$11,100.00 - $11,249.99	$7,400.00	$233.84	$196.84	$164.28	$91.76	$68.08	$45.88
$11,250.00 - $11,399.99	$7,500.00*	$237.00	$199.50	$166.50	$93.00	$69.00	$46.50

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

AF™ Long-Term Disability Income Insurance

Texas Schools

Marketed by:

FFGI

American Fidelity
a different opinion

EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights

Benefits are Payable Directly to You

You have the freedom to use the funds for your daily expenses such as: groceries, mortgage, daycare, etc.

Customized to Meet Your Individual Needs

You can select a benefit amount and elimination period that best meets your financial needs.

Return-to-Work Benefit

Employees may receive a partial benefit for going back to work part-time while still on Disability.

Choose the Right Plan for You

BENEFITS BEGIN	
Plan I	On the 1st day of Disability due to a Disability requiring hospitalization and on the 8th day of Disability due to a covered Injury or Sickness.
Plan II	On the 1st day of Disability due to a Disability requiring hospitalization and on the 15th day of Disability due to a covered Injury or Sickness.
Plan III	On the 1st day of Disability due to a Disability requiring hospitalization and on the 31st day of Disability due to a covered Injury or Sickness.
Plan IV	On the 61st day of Disability due to a covered Injury or Sickness.
Plan V	On the 91st day of Disability due to a covered Injury or Sickness.
Plan VI	On the 151st day of Disability due to a covered Injury or Sickness.

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

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

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

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

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 66 2/3% of your monthly compensation.

		Monthly Premiums					
Monthly Salary	**Monthly Disability Benefit**	**Plan I (8th)**	**Plan II (15th)**	**Plan III (31st)**	**Plan IV (61st)**	**Plan V (91st)**	**Plan VI (151st)**
$300.00 - $449.99	$200.00	$7.36	$6.28	$5.20	$3.24	$2.40	$1.56
$450.00 - $599.99	$300.00	$11.04	$9.42	$7.80	$4.86	$3.60	$2.34
$600.00 - $749.99	$400.00	$14.72	$12.56	$10.40	$6.48	$4.80	$3.12
$750.00 - $899.99	$500.00	$18.40	$15.70	$13.00	$8.10	$6.00	$3.90
$900.00 - $1,049.99	$600.00	$22.08	$18.84	$15.60	$9.72	$7.20	$4.68
$1,050.00 - $1,199.99	$700.00	$25.76	$21.98	$18.20	$11.34	$8.40	$5.46
$1,200.00 - $1,349.99	$800.00	$29.44	$25.12	$20.80	$12.96	$9.60	$6.24
$1,350.00 - $1,499.99	$900.00	$33.12	$28.26	$23.40	$14.58	$10.80	$7.02
$1,500.00 - $1,649.99	$1,000.00	$36.80	$31.40	$26.00	$16.20	$12.00	$7.80
$1,650.00 - $1,799.99	$1,100.00	$40.48	$34.54	$28.60	$17.82	$13.20	$8.58
$1,800.00 - $1,949.99	$1,200.00	$44.16	$37.68	$31.20	$19.44	$14.40	$9.36
$1,950.00 - $2,099.99	$1,300.00	$47.84	$40.82	$33.80	$21.06	$15.60	$10.14
$2,100.00 - $2,249.99	$1,400.00	$51.52	$43.96	$36.40	$22.68	$16.80	$10.92
$2,250.00 - $2,399.99	$1,500.00	$55.20	$47.10	$39.00	$24.30	$18.00	$11.70
$2,400.00 - $2,549.99	$1,600.00	$58.88	$50.24	$41.60	$25.92	$19.20	$12.48
$2,550.00 - $2,699.99	$1,700.00	$62.56	$53.38	$44.20	$27.54	$20.40	$13.26
$2,700.00 - $2,849.99	$1,800.00	$66.24	$56.52	$46.80	$29.16	$21.60	$14.04
$2,850.00 - $2,999.99	$1,900.00	$69.92	$59.66	$49.40	$30.78	$22.80	$14.82
$3,000.00 - $3,149.99	$2,000.00	$73.60	$62.80	$52.00	$32.40	$24.00	$15.60
$3,150.00 - $3,299.99	$2,100.00	$77.28	$65.94	$54.60	$34.02	$25.20	$16.38
$3,300.00 - $3,449.99	$2,200.00	$80.96	$69.08	$57.20	$35.64	$26.40	$17.16
$3,450.00 - $3,599.99	$2,300.00	$84.64	$72.22	$59.80	$37.26	$27.60	$17.94
$3,600.00 - $3,749.99	$2,400.00	$88.32	$75.36	$62.40	$38.88	$28.80	$18.72
$3,750.00 - $3,899.99	$2,500.00	$92.00	$78.50	$65.00	$40.50	$30.00	$19.50
$3,900.00 - $4,049.99	$2,600.00	$95.68	$81.64	$67.60	$42.12	$31.20	$20.28
$4,050.00 - $4,199.99	$2,700.00	$99.36	$84.78	$70.20	$43.74	$32.40	$21.06
$4,200.00 - $4,349.99	$2,800.00	$103.04	$87.92	$72.80	$45.36	$33.60	$21.84
$4,350.00 - $4,499.99	$2,900.00	$106.72	$91.06	$75.40	$46.98	$34.80	$22.62
$4,500.00 - $4,649.99	$3,000.00	$110.40	$94.20	$78.00	$48.60	$36.00	$23.40
$4,650.00 - $4,799.99	$3,100.00	$114.08	$97.34	$80.60	$50.22	$37.20	$24.18
$4,800.00 - $4,949.99	$3,200.00	$117.76	$100.48	$83.20	$51.84	$38.40	$24.96
$4,950.00 - $5,099.99	$3,300.00	$121.44	$103.62	$85.80	$53.46	$39.60	$25.74
$5,100.00 - $5,249.99	$3,400.00	$125.12	$106.76	$88.40	$55.08	$40.80	$26.52
$5,250.00 - $5,399.99	$3,500.00	$128.80	$109.90	$91.00	$56.70	$42.00	$27.30
$5,400.00 - $5,549.99	$3,600.00	$132.48	$113.04	$93.60	$58.32	$43.20	$28.08
$5,550.00 - $5,699.99	$3,700.00	$136.16	$116.18	$96.20	$59.94	$44.40	$28.86
$5,700.00 - $5,849.99	$3,800.00	$139.84	$119.32	$98.80	$61.56	$45.60	$29.64

Benefit Policy Schedule (continued)

		Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	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	$143.52	$122.46	$101.40	$63.18	$46.80	$30.42
$6,000.00 - $6,149.99	$4,000.00	$147.20	$125.60	$104.00	$64.80	$48.00	$31.20
$6,150.00 - $6,299.99	$4,100.00	$150.88	$128.74	$106.60	$66.42	$49.20	$31.98
$6,300.00 - $6,449.99	$4,200.00	$154.56	$131.88	$109.20	$68.04	$50.40	$32.76
$6,450.00 - $6,599.99	$4,300.00	$158.24	$135.02	$111.80	$69.66	$51.60	$33.54
$6,600.00 - $6,749.99	$4,400.00	$161.92	$138.16	$114.40	$71.28	$52.80	$34.32
$6,750.00 - $6,899.99	$4,500.00	$165.60	$141.30	$117.00	$72.90	$54.00	$35.10
$6,900.00 - $7,049.99	$4,600.00	$169.28	$144.44	$119.60	$74.52	$55.20	$35.88
$7,050.00 - $7,199.99	$4,700.00	$172.96	$147.58	$122.20	$76.14	$56.40	$36.66
$7,200.00 - $7,349.99	$4,800.00	$176.64	$150.72	$124.80	$77.76	$57.60	$37.44
$7,350.00 - $7,499.99	$4,900.00	$180.32	$153.86	$127.40	$79.38	$58.80	$38.22
$7,500.00 - $7,649.99	$5,000.00	$184.00	$157.00	$130.00	$81.00	$60.00	$39.00
$7,650.00 - $7,799.99	$5,100.00	$187.68	$160.14	$132.60	$82.62	$61.20	$39.78
$7,800.00 - $7,949.99	$5,200.00	$191.36	$163.28	$135.20	$84.24	$62.40	$40.56
$7,950.00 - $8,099.99	$5,300.00	$195.04	$166.42	$137.80	$85.86	$63.60	$41.34
$8,100.00 - $8,249.99	$5,400.00	$198.72	$169.56	$140.40	$87.48	$64.80	$42.12
$8,250.00 - $8,399.99	$5,500.00	$202.40	$172.70	$143.00	$89.10	$66.00	$42.90
$8,400.00 - $8,549.99	$5,600.00	$206.08	$175.84	$145.60	$90.72	$67.20	$43.68
$8,550.00 - $8,699.99	$5,700.00	$209.76	$178.98	$148.20	$92.34	$68.40	$44.46
$8,700.00 - $8,849.99	$5,800.00	$213.44	$182.12	$150.80	$93.96	$69.60	$45.24
$8,850.00 - $8,999.99	$5,900.00	$217.12	$185.26	$153.40	$95.58	$70.80	$46.02
$9,000.00 - $9,149.99	$6,000.00	$220.80	$188.40	$156.00	$97.20	$72.00	$46.80
$9,150.00 - $9,299.99	$6,100.00	$224.48	$191.54	$158.60	$98.82	$73.20	$47.58
$9,300.00 - $9,449.99	$6,200.00	$228.16	$194.68	$161.20	$100.44	$74.40	$48.36
$9,450.00 - $9,599.99	$6,300.00	$231.84	$197.82	$163.80	$102.06	$75.60	$49.14
$9,600.00 - $9,749.99	$6,400.00	$235.52	$200.96	$166.40	$103.68	$76.80	$49.92
$9,750.00 - $9,899.99	$6,500.00	$239.20	$204.10	$169.00	$105.30	$78.00	$50.70
$9,900.00 - $10,049.99	$6,600.00	$242.88	$207.24	$171.60	$106.92	$79.20	$51.48
$10,050.00 - $10,199.99	$6,700.00	$246.56	$210.38	$174.20	$108.54	$80.40	$52.26
$10,200.00 - $10,349.99	$6,800.00	$250.24	$213.52	$176.80	$110.16	$81.60	$53.04
$10,350.00 - $10,499.99	$6,900.00	$253.92	$216.66	$179.40	$111.78	$82.80	$53.82
$10,500.00 - $10,649.99	$7,000.00	$257.60	$219.80	$182.00	$113.40	$84.00	$54.60
$10,650.00 - $10,799.99	$7,100.00	$261.28	$222.94	$184.60	$115.02	$85.20	$55.38
$10,800.00 - $10,949.99	$7,200.00	$264.96	$226.08	$187.20	$116.64	$86.40	$56.16
$10,950.00 - $11,099.99	$7,300.00	$268.64	$229.22	$189.80	$118.26	$87.60	$56.94
$11,100.00 - $11,249.99	$7,400.00	$272.32	$232.36	$192.40	$119.88	$88.80	$57.72
$11,250.00 - $11,399.99	$7,500.00*	$276.00	$235.50	$195.00	$121.50	$90.00	$58.50

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

Critical Illness Insurance

American Fidelity | www.americanfidelity.com | 800-662-1113

Prepare For the Unexpected

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

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

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

Limited Benefit Critical Illness Insurance

with Cancer Benefit

AMERICAN FIDELITY
a different opinion

Surviving a critical illness may come at a high price.

If you experience a critical illness—like a heart attack or stroke—you shouldn't have to worry about the financial impact. But co-pays, transportation expenses, out-of-pocket medical costs, and lost income can add up quickly.

Limited Benefit Critical Illness Insurance can help provide financial protection so you can focus on recovery.

Approximately every 40 seconds, someone in the United States will have a heart attack.[1]

How It Works

If you're diagnosed with a covered critical illness, this plan is designed to pay a lump sum benefit amount to help cover expenses. In addition, certain specified critical illnesses that reoccur will allow for an additional benefit.

Features:

- Benefits paid directly to you, to be used however you see fit
- No required medical exams as part of the application process
- Guaranteed issue benefit amounts may be available for first-time eligible employees and spouse
- Coverage extended to dependent children at no additional cost
- Compatible with a Health Savings Account
- Option to add an infectious disease rider in select states

Coverage is available for you, and your children, and your lawful spouse at determined benefit amounts.

HEALTH SCREENING BENEFIT

This benefit covers several qualified tests, including, but not limited to:

- Pap Smear
- Colonoscopy
- Electrocardiogram (EKG)
- Prostate Test
- Stress Test
- Blood Glucose Testing
- Skin Biopsy
- Echocardiogram
- Neuroimaging Studies

SCREENING BENEFIT *(per calendar year per covered person)* **$100**

THIS IS NOT A WORKERS' COMPENSATION INSURANCE POLICY. THE EMPLOYER DOES NOT OBTAIN WORKERS' COMPENSATION INSURANCE COVERAGE BY PURCHASING THIS POLICY, AND IF THE EMPLOYER HAS NOT ELECTED TO OBTAIN WORKERS' COMPENSATION INSURANCE COVERAGE, THE EMPLOYER DOES NOT OBTAIN THOSE BENEFITS THAT WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS IN THIS STATE. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAWS IN THIS STATE AS THEY PERTAIN TO EMPLOYERS THAT ELECT NOT TO MAINTAIN WORKERS' COMPENSATION INSURANCE COVERAGE AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

[1]American Heart Association: 2022 Heart Disease and Stroke Statistics Update Fact Sheet At-a-Glance; January 24, 2022, p2.

Plan Benefit Highlights

Schedule of Benefits

Depending on the plan selected by your employer, the following benefit amounts may be available. The employee benefit amounts can range from $5,000 to $50,000 in $5,000 increments. Eligible children will be automatically covered at 25% of the employee's benefit amount at no additional cost. If elected, spousal benefit amounts will be 50% of the employee benefit amount.

CRITICAL ILLNESS BENEFITS

Pays once per covered person for each critical illness shown below.

	Benefit Percentage	Recurrent Diagnosis Benefit
Heart Attack Benefit Pays full lump sum benefit amount.	100%	50%
Coronary Artery Bypass Surgery Benefit Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit. No payment if the Heart Attack Benefit has been paid.	25%	-
Stroke Benefit (Permanent damage due to a Stroke) Pays full lump sum benefit amount.	100%	50%
Paralysis Benefit (Permanent due to a covered accident) Pays full lump sum benefit amount.	100%	-
Major Organ Failure Benefit Pays full lump sum benefit amount.	100%	50%
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	100%	-
Early Stage Cancer (Carcinoma In Situ) Benefit Pays 25% of the benefit amount. Payment will reduce any Invasive Cancer Benefit.	25%	-
Invasive Cancer Benefit Pays full lump sum benefit amount.	100%	-

EMPLOYEE MONTHLY PREMIUMS*

	$10,000		$15,000		$20,000		$25,000		$30,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	$6.88	$10.30	$8.46	$13.60	$10.04	$16.88	$11.64	$20.20	$13.24	$23.50
30-39	$10.84	$17.18	$14.44	$23.90	$18.02	$30.64	$21.60	$37.38	$25.18	$44.10
40-49	$19.64	$32.38	$27.60	$46.74	$35.56	$61.06	$43.56	$75.42	$51.52	$89.78
50-59	$33.94	$57.46	$49.10	$84.32	$64.22	$111.20	$79.34	$138.10	$94.46	$164.96
60 & Over	$55.74	$95.50	$81.78	$141.42	$107.80	$187.32	$133.84	$233.22	$159.88	$279.12

SPOUSE MONTHLY PREMIUMS*

	$5,000		$7,500		$10,000		$12,500		$15,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	$4.72	$7.02	$5.24	$8.70	$5.74	$10.38	$6.28	$12.04	$6.78	$13.72
30-39	$6.88	$11.02	$8.46	$14.72	$10.08	$18.38	$11.64	$22.06	$13.24	$25.72
40-49	$11.72	$19.96	$15.72	$28.10	$19.72	$36.24	$23.76	$44.38	$27.76	$52.50
50-59	$19.52	$34.46	$27.44	$49.86	$35.34	$65.24	$43.26	$80.60	$51.16	$96.00
60-69	$31.48	$56.60	$45.34	$83.08	$59.24	$109.52	$73.14	$135.98	$87.00	$162.40

**The premium and benefits vary depending upon the amount selected at the time of application.*

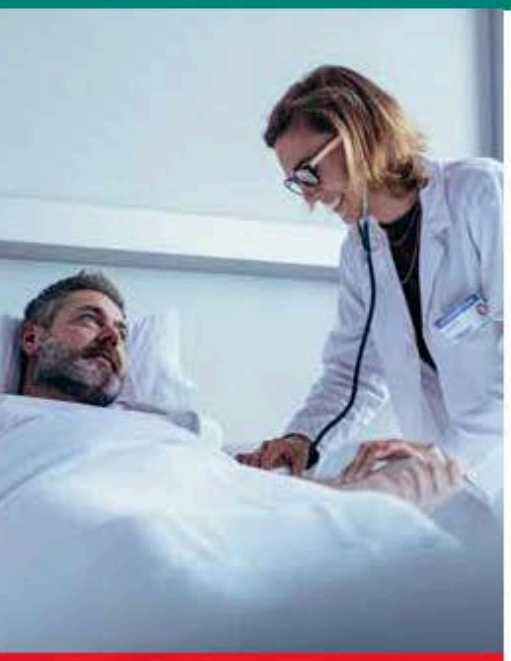
GAP Insurance

American Fidelity | www.americanfidelity.com | 800-662-1113

You may think major medical insurance is enough to cover your needs, but the reality is that many plans may only cover a portion of your overall expenses. It's important to protect yourself in the event of a sudden hospitalization.

A Hospital GAP Insurance plan pays benefits directly to you and is designed to help cover the gap between what your traditional medical plan will cover and the out-of-pocket expenses you will pay. The plan may include benefits you can use to help pay for inpatient hospital stays and surgeries, doctor's office treatments and diagnostic testing costs.

With Hospital GAP Insurance, you can have peace of mind knowing that unexpected medical expenses will less of a financial burden for you and your family members.



Limited Benefit Hospital GAP PLAN Choice® Insurance

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EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Be Prepared for Unexpected Expenses

Rising medical costs can be troubling, and there may be times when your Other Medical Plan coverage won't cover all of your medical expenses. If you have an unexpected hospital stay, how would you manage to pay your share, including the deductible and copays? **Limited Benefit Hospital GAP PLAN Choice® Insurance** may help you and your family cover some of those costs.

Gap insurance is a supplemental, medical expense policy that is designed to help with certain out-of-pocket costs when you or a covered family member visit or stay in the hospital.

Plan Highlights

Benefits Are Paid Directly to You

Use the funds where they're most needed, like copayments, deductibles, emergency room visits, outpatient surgery, diagnostic testing and more.

Inpatient and Outpatient Benefits

Options to help you pay for inpatient hospital stays, outpatient surgery, emergency room treatment and more.

Physician's Office Benefits

Provides a reimbursement amount for up to five physician visits per year.

Several Benefit Amounts Available

Based on your individual need, there are multiple benefit amounts for you to choose from.

Other (or Another) Medical Plan means any group basic major medical or group comprehensive medical policy, through the insured's employer, through which a covered person has coverage. The term Other Medical Plan does not include TRICARE, Medicaid, Health Savings Accounts or Health Reimbursement Accounts.

How the Plan Works

As an example, let's assume your Other Medical Plan deductible is $1,500 and your co-insurance is 80/20 with a total out-of-pocket maximum of $2,500. The hypothetical example is based on a $2,000 Inpatient Benefit and $800 for the Outpatient Benefit.

Inpatient and Outpatient Benefits

Example: Hospital Stay and Surgery, totaling $10,000

Inpatient Benefit Payment Example*	Without Hospital GAP PLAN Choice® Insurance Coverage	WITH Hospital GAP PLAN Choice® Insurance Coverage
Deductible:	$1,500	$1,500
Co-insurance:	$1,000	$1,000
Out-of-Pocket Costs:	$2,500	$2,500
Hospital GAP PLAN Choice® Insurance Benefit:	$0	$2,000
Your Out-of-Pocket Costs:	**$2,500**	**$500**

Example: Hospital Stay and Surgery, totaling $10,000

Outpatient Benefit Payment Example*	Without Hospital GAP PLAN Choice® Insurance Coverage	WITH Hospital GAP PLAN Choice® Insurance Coverage
Deductible:	$1,500	$1,500
Co-insurance:	$1,000	$1,000
Out-of-Pocket Costs:	$2,500	$2,500
Hospital GAP PLAN Choice® Insurance Benefit:	$0	$800
Your Out-of-Pocket Costs:	**$2,500**	**$1,700**

**These are hypothetical examples and are for illustrative purposes only.*

Policy Benefits and Features

Inpatient Hospital Benefit

What it Covers:

- **Inpatient Hospital stays**
- **Inpatient surgery**
- **Physician expenses from inpatient stay**
- **Lab expenses from inpatient stay**

How it Pays:

The Inpatient Hospital Benefit pays the difference between the actual expenses you incur and the amount your Other Medical Plan pays, up to the maximum amount provided under the policy.

Maximum Reimbursement:

Benefit amounts available range from $1,000 to $7,500 per confinement for qualified out-of-pocket expenses for injury or sickness. Your reimbursement can not exceed the benefit amount you initially select under this plan.

Length of Hospital Stay:

A Hospital stay of 18 consecutive hours or over is considered an Inpatient Benefit. Anything under 18 hours is considered an Outpatient Benefit.

Outpatient Benefit

What it Covers:

- **Treatment in a Hospital emergency room**
- **Outpatient surgery**
- **Treatment in a Hospital**
- **Freestanding outpatient surgery center**
- **Outpatient diagnostic testing**

Repeat visits for the same or related conditions will be subject to a single maximum Outpatient Benefit. After 90 consecutive days without a related condition, a new maximum Outpatient Benefit will apply.

Cancer Insurance

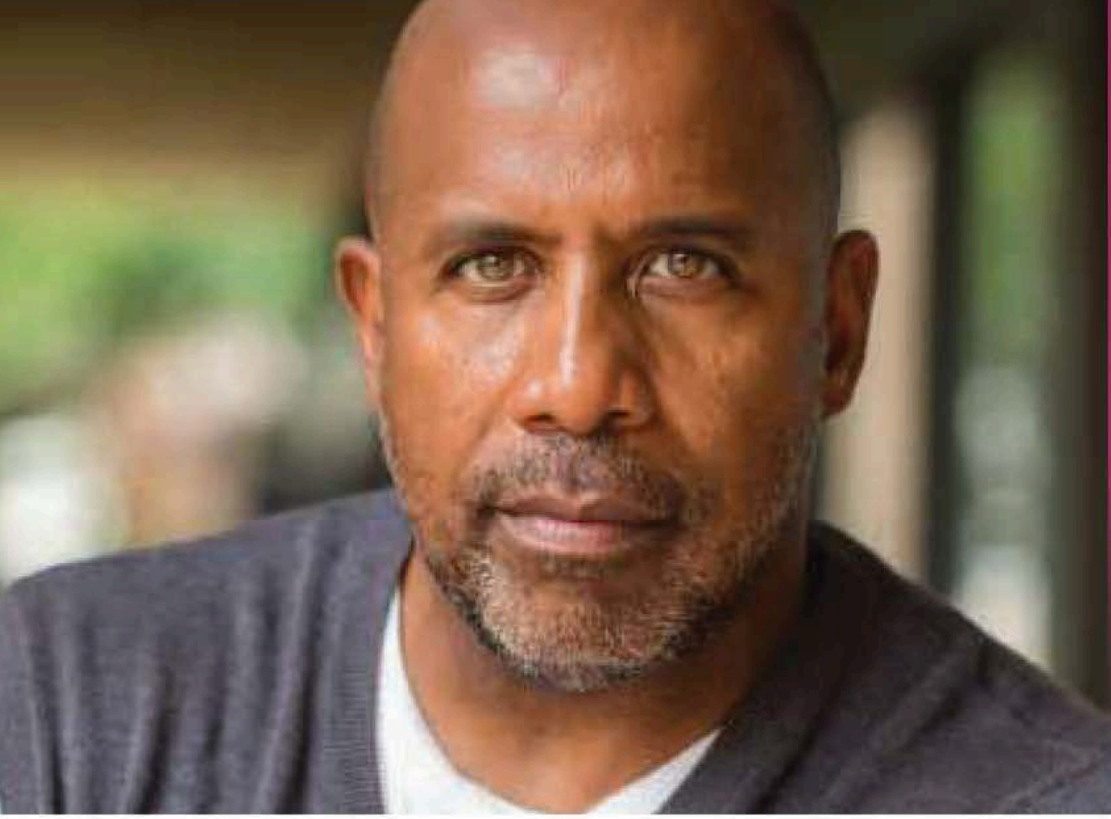
Plan Options

Allstate | www.allstatebenefits.com/mybenefits | 800-521-3535

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

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

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



Allstate BENEFITS

Protection for the treatment of cancer and 29 specified diseases

Cancer Insurance

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

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

Here's How It Works

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

Meeting Your Needs

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

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

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

[1]Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017.
[2]Cancer Treatment & Survivorship Facts & Figures, 2016-2017

DID YOU KNOW?

Early detection, improved treatments and access to care are factors that influence cancer survival[1]

20.3 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 20.3 million by 2026[2]

Offered to the employees of:

Mathis ISD

POD79054

Accident Insurance

Allstate | www.allstatebenefits.com/mybenefits | 800-521-3535

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

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

Allstate BENEFITS

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

Accident Insurance

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

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

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

Here's How It Works

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

Meeting Your Needs

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

With Allstate Benefits, you can protect your finances against life's slips and falls. **Practical benefits for everyday living.®**

*Please refer to the Exclusions and Limitations section of this brochure. [1]National Safety Council, Injury Facts®, 2017 Edition

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

DID YOU KNOW?

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

ON-THE-JOB (in millions)

Work **4.4**

OFF-THE-JOB (in millions)

Home **9.2**

Non-Auto **4.0**

Auto **2.2**

Offered to the employees of:

Mathis ISD

Identity Theft Protection

iLock 360 | www.ilock360.com | 855-287-8888

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

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

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

iLOCK360

Your identity is your most valuable asset. Is yours protected?

39 seconds is how often cyber-attacks to occur

25% of kids are projected to be affected by identity theft before turning 18

17% increase in data breaches 2022 to 2023

Identity theft is the **fastest growing crime.** With iLOCK360, you can rest easier knowing you have experienced professionals in your corner restoring your identity. Your identity is more than simply reviewing your credit card charges. That's why we offer a comprehensive monitoring service of online activity, financial affairs, and immediate resolution.

Defend

Your personal information is monitored 24 / 7 / 365

Protect

Alerts inform you of potential threats for immediate action

Restore

iLOCK360 does the work to restore your identity

Sign up during enrollment

For educator pricing

Coverage plan	Plus	Premium
Employee	$8	$15
Employee + Family	$20	$27

Please note: A valid email address is required for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Carriers utilizing an

Learn more about the protections that iLOCK360 offers:

Plan features	Service description	Plus	Premium
Identity theft resolution services			
Full-Service Identity Theft Restoration & Lost Wallet Protection MOST VALUABLE SERVICE. Dependable help that's just a phone call away!	If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will work with you and on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with. Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.	✔ ✔	✔ ✔
$1M Identity Theft Insurance	If you incur expenses associated with your identity theft recovery, you will be covered up to $1M reimbursement ($0 deductible). Covered costs include: • Lost wages or income • Attorney and legal fees • Expenses incurred for refiling of loans, grants and other lines of credit • Costs of childcare and/or elderly care incurred as a result of identity restoration	✔	✔
Comprehensive identity monitoring			
CyberAlert™ monitors: • one Social Security Number • two Phone Numbers • two Email Addresses • five Credit/Debit Cards • two Medical ID Numbers • five Bank Accounts • one Drivers License Number • one Passport	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	✔ ✔	✔ ✔
Change of Address Monitoring	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected through the USPS National Change of Address (NCOA) Registry.	✔	✔
Court/Criminal Records Monitoring	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.	✔	✔
Sex Offender Alerts	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area. As well as notifying you if someone registers as a sex offender in your name.	✔	✔
Payday Loan Monitoring	Often times, these types of loans don't show up on your credit report until they have gone through collections which will be damaging to your credit report. High-interest, easy-to-obtain payday loans can negatively impact your credit score. We alert you if a non-credit loan been opened using your identity at a payday or quick cash loan provider.	✔	✔
Social Security Number Trace	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.	✔ ✔	✔ ✔
Credit monitoring services			
Daily Monitoring of Experian Credit Bureau	Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.	✔	✔
Daily Monitoring of Three Credit Bureaus	Provides higher-level credit protection with monitoring from all three credit bureaus: Experian, Equifax & TransUnion. Receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.		✔
VantageScoreTracker	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.		✔

✔ adults ✔ Children to age 18 ✔ adults ✔ Children to age 18

Legal Plan

Legal Shield | www.legalshield.com | 800-654-7757

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

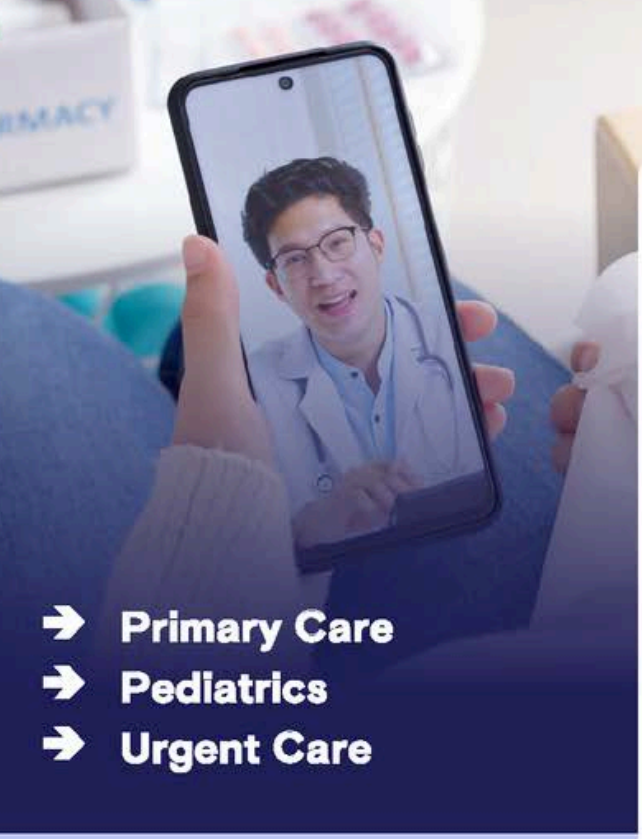
TeleHealth

Recuro Health | www.recurohealth.com | 855-6Recuro

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

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

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



RECURO HEALTH

Easy, Convenient, Affordable

24/7/365 Access to U.S. Board Certified, State Licensed Doctors

- Primary Care
- Pediatrics
- Urgent Care

Phone Call	Online Portal	Mobile App

Healthcare that makes sense

Type of Visit	Average Cost
Primary Care	$100
Urgent Care	$150
Emergency Room	$1400
RECURO HEALTH	**$0**

2013 Medical Expenditure Panel Survey / MEPS

Common Conditions Treated

- Acid Reflux
- Allergies
- Asthma
- Nausea
- Bronchitis
- Cold & Flu
- Infections
- Bladder Infection
- Rashes
- Sinus Conditions
- Sore Throat
- Thyroid Conditions
- UTIs
- And More...

Call 1.855.6RECURO

Visit www.recurohealth.com

Disclaimer: Recuro services are for non-emergency conditions only. Recuro does not replace the primary care physician, services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV) and does not guarantee that a prescription will be written. For updated full disclosures, please visit www.recurohealth.com

COBRA

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

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

COBRA Highlights

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

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

Medicare & Age 65

FFMS | https://www.ffga.com/medicare-solutions | 800-523-8422

Questions to Consider Before Retiring

- Do I ***plan*** to Retire?
- Am I ***eligible*** to Enroll?
- ***When*** can I enroll?
- Do I really ***want*** to enroll?
- ***Should*** I enroll now or wait?
- What happens if I ***don't*** enroll when I'm eligible?

Whether or not you intend to retire yet, these questions and more may occur as you approach age 65.

Planning for your future is important, and you don't have to do it alone.

Let the experts at First Financial assist you through this process.

Clever RX

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

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

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

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

Clever RX Highlights

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

My FFGA Benefits+

Manage your benefits anytime, anywhere.

All your benefits info in one place! My FFGA Benefits is your new benefits companion, right at your fingertips.

FIND OUR APP HERE

www.ffga.com/my-ffga-benefits

MATHIS ISD
GROUP ID: 37845

View Available Benefits & Enroll

Navigate to your Employee Benefits Center to enroll and access product brochures, videos, claim forms and carrier contact info.

FSA/HSA Login

Download the FF Mobile Account App and access your FSA/HSA administered through First Financial.

My Wallet

Save provider information, family and health details and carrier cards so that you can quickly access when needed.

Contact Us

Find contact information for your First Financial account manager and local branch office for additional support.

Contact Information

Product	Carrier	Website	Phone
Medical	TRS BCBS	www.bcbstx.com/trsactivecare	(866) 355-5999
Dental	Ameritas	www.ameritas.com	(800) 487-5553
Vision	Eyetopia	www.eyetopia.org	(800) 662-8264
Flexible Spending Accounts	FFGA FSA Department	www.ffa.wealthcareportal.com/page/home	(866) 853-3539
Health Savings Accounts	FFGA HSA Departement	www.ffa.wealthcareportal.com/page/home	(866) 853-3539
Term Life & AD&D	BCBS	www.bcbstx.com/ancillary	(877) 442-4207
Permanent Life Insurance	Texas Life	www.texaslife.com	(800) 283-9233
Disability Insurance	American Fidelity	www.americanfidelity.com	(800) 654-8489
Critical Illness Insurance	American Fidelity	www.americanfidelity.com	(800) 654-8489
Hospital Gap Insurance	American Fidelity	www.americanfidelity.com	(800) 654-8489
Cancer Insurance	Allstate	www.allstatebenefits.com	(800) 521-3535
Accident Only Insurance	Allstate	www.allstatebenefits.com	(800) 521-3535
Identity Theft Protection	iLock 360	www.ilock360.com	(855) 287-8888
Legal Plan	Legal Shield	www.legalshield.com	(800) 654-7757
Telehealth	Recuro	www.recurohealth.com	(855) 6RECURO

Contact Information

602 E. San Patricio Ave.
Mathis, TX 78368
(361) 547-3378 | (361) 547-9474
www.mathisisd.org

Edelia Trevino, Account Manager
(361) 779-1041 / edelia.trevino@ffga.com

Product	Carrier	Website	Phone
COBRA	First Financial Administrators, Inc.	www.cobrapoint.benaissance.com	(800) 523-8422, option 4
Medicare	FFMS	www.ffga.com/medicare-solutions	(800) 523-8422
Prescription Drug Savings	Clever RX	www.partners.cleverrx.com/ffga	(800) 974-3135