

CONNALLY ISD 2026 - 2027 BENEFITS GUIDE



Taylor Silguero
Account Manager
512-630-6654
taylor.silguero@ffga.com



<https://benefits.ffga.com/connallyisd>

Contents

3	<u>EMPLOYEE BENEFITS CENTER</u>
4	<u>BENEFIT ELIGIBILITY & COVERAGE</u>
5	<u>MEDICAL INSURANCE</u>
13	<u>DENTAL INSURANCE</u>
18	<u>VISION INSURANCE</u>
20	<u>FLEXIBLE SPENDING ACCOUNT (FSA)</u>
21	<u>FSA RESOURCES</u>
22	<u>PERMANENT LIFE INSURANCE</u>
28	<u>INDIVIDUAL TERM LIFE INSURANCE</u>
32	<u>GROUP TERM LIFE INSURANCE & AD&D</u>
34	<u>LONG TERM DISABILITY INSURANCE</u>
39	<u>CANCER INSURANCE</u>
42	<u>CRITICAL ILLNESS INSURANCE</u>
49	<u>ACCIDENT INSURANCE</u>
56	<u>HOSPITAL INDEMNITY INSURANCE</u>
58	<u>MEDICAL TRANSPORT</u>
60	<u>IDENTITY THEFT PROTECTION</u>
61	<u>LEGAL PLAN</u>
63	<u>TELEHEALTH</u>
66	<u>457(b) RETIREMENT PLANS</u>
67	<u>403(b) RETIREMENT PLANS</u>
68	<u>COBRA</u>
69	<u>CLEVER RX</u>

Employee Benefits Center

A guide to your benefits!

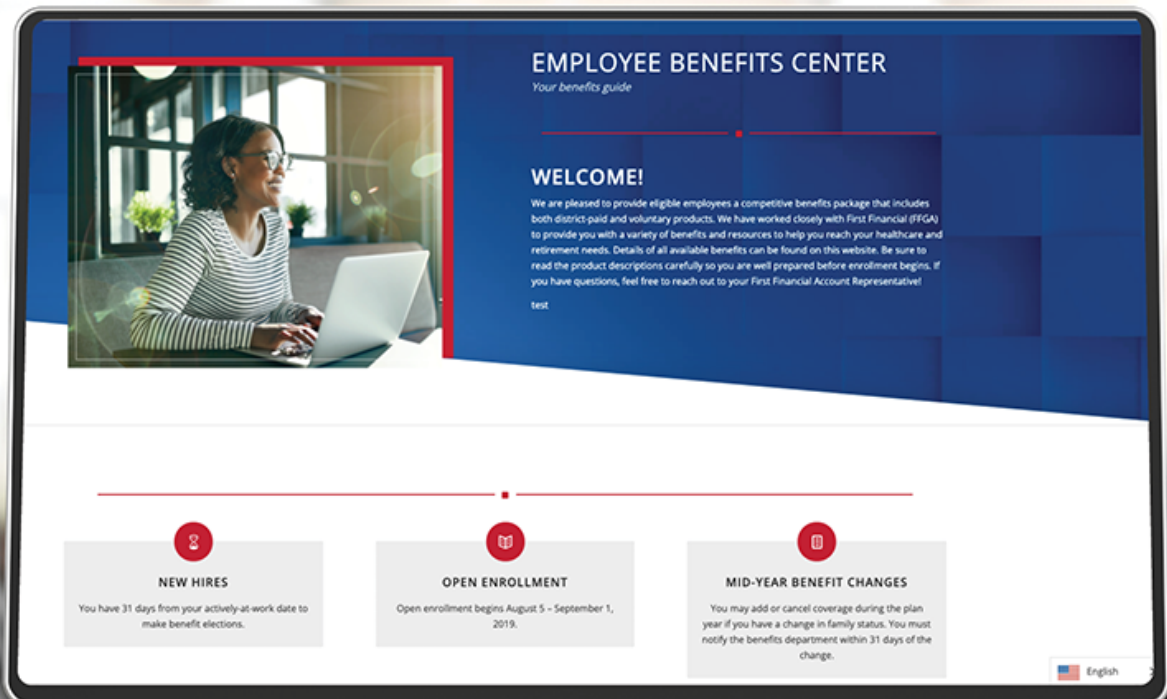
Connally ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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

<https://benefits.ffga.com/connallyisd>



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."

2026-27 UBC Rate Sheet



The \$5000 HMO Plan provides in-network coverage with predictable copays for primary care, specialist, and urgent care visits. Plan members also receive \$0 virtual acute and behavioral telehealth care, 30% coinsurance after deductible for eligible services, and prescription coverage with tiered copays after the drug deductible is met.

\$5000 HMO Plan

Monthly Premiums	<\$30K Annually	<\$30K and >\$60K	>\$60K Annually
Employee Only	\$113.88	\$273.88	\$323.88
Employee + Spouse	\$1,604.70	\$1,764.70	\$1,814.70
Employee + Child(ren)	\$757.29	\$917.29	\$967.29
Family	\$2,051.94	\$2,211.94	\$2,261.94

Plan Features	
Type of Coverage	In Network Only
Individual / Family Deductible	\$5,000 / \$10,000
Coinsurance	30%
Individual / Family Out-of-Pocket	\$8,000 / \$16,000

Doctor Visits	
Primary Care Physician Office Visit	\$40 copay
Specialist Physician Office Visit	\$75 copay
Recuro 24/7 Virtual Acute & Behavioral	\$0

Immediate Care	
Urgent Care	\$50
ER - Emergency Care	30% after deductible
ER - Non Emergency Care	Not Covered
Recuro 24& Virtual Acute & Behavioral	\$0

Prescription Drugs	
Drug Deductible	\$500 per person / \$1,500 per family
Generic	\$10 copay
Preferred Brand	\$25 copay after deductible
Non-Preferred Brand	\$50 copay after deductible
Specialty	30% to a max of \$1,500 after deductible
Mail Order 2.5 Times Retail Copay	\$25 / \$62.50 / \$125

Blue EssentialsSM Network
Blue EssentialsSM Plan
(HMO)



Insured Benefit Highlights

Prepared For: Connally ISD

Effective Date: 9/1/2026

The following chart summarizes the coverage available under the offered HMO plan. All Covered Services (except in emergencies) must be provided by or through the Member's Participating Primary Care Physician/Practitioner (PCP), who may refer them for further treatment by Providers in the applicable network of Participating Specialists and Hospitals. Female Members may visit a Participating OB/GYN Physician in their PCP's Provider network for diagnosis and treatment without a Referral from their PCP. Urgent Care and Retail Health Clinics do not require Primary Care Physician/Practitioner Referral. This summary should be reviewed along with the Limitations and Exclusions.

IMPORTANT NOTE: Copayments and, if applicable, Coinsurance shown below indicate the amount you are required to pay, expressed as either a fixed dollar amount or a percentage of the Allowable Amount. Copayment and any applicable Coinsurance or Deductibles will be applied for each occurrence unless otherwise indicated. Copayments/Coinsurance, Deductibles and out-of-pocket maximums may be adjusted for various reasons as permitted by applicable law. Some services may require Preauthorization by HMO.

Deductible Per Plan Year

Per Individual Member	\$ 5,000
Per Family	\$ 10,000
Deductible credit from prior carrier (Applied on initial group enrollment only)	No
Common (One Deductible that applies to Inpatient Facility and Medical/Surgical Services)	

Out-of-Pocket Maximums Per Plan Year

Per Individual Member	\$ 8,000
Per Family	\$ 16,000
Credit for Out-of-Pocket Maximum from prior carrier (Applied on initial group enrollment only)	No
Deductible applies to Out-of-Pocket	Yes
Copayment applies to Out-of-Pocket	Yes

Professional Services

Primary Care Physician/Practitioner ("PCP") Office or Home Visit	\$ 40 Copay
Participating Specialist Physician ("Specialist") Office or Home Visit	\$ 75 Copay

Inpatient Hospital Services

Inpatient Hospital Services , facility per admission	30% Coinsurance after Deductible
---	----------------------------------

Outpatient Facility Services

Outpatient Surgery	30% Coinsurance after Deductible
Radiation Therapy and Chemotherapy	30% Coinsurance after Deductible
Dialysis	30% Coinsurance after Deductible

Outpatient Laboratory and X-Ray Services

Arteriograms, Computerized Tomography (CT Scan), Magnetic Resonance Imaging (MRI) Electroencephalogram (EEG), Myelogram, Positron Emission Tomography (PET Scan), per procedure	30% Coinsurance after Deductible
Other X-Ray Services	30% Coinsurance after Deductible
Outpatient Lab	30% Coinsurance after Deductible

Diagnostic Mammograms

Diagnostic Mammograms are covered to the same extent as screening mammograms without member age limits as described in the COVERED SERVICES AND BENEFITS; Health Maintenance and Preventive Services.	No Copay
--	----------

Rehabilitation Services

Rehabilitation Services and Therapies , per visit	\$ 40 Copay for PCP or \$ 75 Copay for Specialist, 30% Coinsurance after Deductible for Inpatient Hospital Services or 30% Coinsurance after Deductible for Outpatient Facility Services, as applicable.
--	--

Maternity Care and Family Planning Services

Maternity Care	
Prenatal and Postnatal Visit - Copay is applied to the first office visit only. Subsequent office visits are covered in full.	\$ 40 Copay for PCP or \$ 75 Copay for Specialist
Inpatient Hospital Services, for each admission	30% Coinsurance after Deductible
Family Planning Services:	
- Diagnostic counseling, consultations and planning services - Insertion or removal of intrauterine device (IUD), including cost of device - Diaphragm or cervical cap fitting, including cost of device - Insertion or removal of birth control device implanted under the skin, including cost of device - Injectable contraceptive drugs, including cost of drug	\$ 40 Copay for PCP or \$ 75 Copay for Specialist; unless otherwise covered under Contraceptive Services described in Health Maintenance and Preventive Services.
Vasectomy	\$ 40 Copay for PCP or \$ 75 Copay for Specialist, or 30% Coinsurance after Deductible for Outpatient Surgery, as applicable.

Infertility Services Diagnostic counseling, consultations, planning and treatment services Artificial insemination, for each procedure and all services related to procedure (cost of sperm not covered)	\$ 40 Copay for PCP or \$ 75 Copay for Specialist \$ 40 Copay for PCP or \$ 75 Copay for Specialist, 30% Coinsurance after Deductible for Outpatient Surgery
In Vitro Fertilization , benefits paid same as any other pregnancy-related illness	Not Covered
Pregnancy Terminations , limited to Medically Necessary therapeutic terminations of pregnancy	\$ 40 Copay for PCP or \$ 75 Copay for Specialist, 30% Coinsurance after Deductible for Inpatient Hospital Services, or 30% Coinsurance after Deductible for Outpatient Surgery, as applicable.

Behavioral Health Services

Outpatient Mental Health Care	Same as PCP amount described in Professional Services .
Inpatient Mental Health Care	Any charges described in Inpatient Hospital Services will apply.
State Mandated Additional Options-Delete row(s) that do not apply, delete this verbiage and unhighlight text. Inpatient Mental Health Care (IM5)	Deductible Applies Copay-Same as that required for other Inpatient Hospital Services. If the plan has no copayment for Inpatient Hospital Service, there is no copayment for inpatient mental health care services under this additional benefit option.
Serious Mental Illness	Benefits paid same as any other physical illness.
Chemical Dependency Services	Benefits paid same as any other Behavioral Health Service.

Emergency Services

Emergency Care Physician	30% Coinsurance after Deductible, Copayment waived if admitted. (If admitted, any charges described in Inpatient Hospital Services will apply.) 30% Coinsurance after Deductible
---	--

Urgent Care Services

Urgent Care	\$ 50 Copay Any additional charges as described in Outpatient Laboratory and X-Ray Services may also apply.
--------------------	---

<i>Retail Health Clinics</i>	
Retail Health Clinics	PCP amount listed in Professional Services
<i>Ambulance Services</i>	
Ambulance Services	30% Coinsurance after Deductible
<i>Extended Care Services</i>	
Skilled Nursing Facility Services , for each day, up to 60 days per Calendar Year	30% Coinsurance after Deductible
Hospice Care , for each day	30% Coinsurance after Deductible; unless otherwise covered under Inpatient Hospital Services .
Home Health Care , per visit	30% Coinsurance after Deductible
<i>Health Maintenance and Preventive Services</i>	
Well child care through age 17	No Copay
Periodic health assessments for Members age 18 and older	No Copay
Immunizations	
Childhood immunizations required by law for Members through age 6	No Copay
Immunizations for Members over age 6	No Copay
Exam for prostate cancer, once every twelve months	No Copay
Bone mass measurement for osteoporosis	No Copay
Well-woman exam, once every twelve months, includes, but not limited to, exam for cervical cancer (Pap smear)	No Copay
Screening mammogram for female Members age 35 and over and for female Members with other risk factors, once every twelve months	No Copay
Outpatient facility or imaging centers	No Copay
Contraceptive Services and Supplies	
Contraceptive education, counseling and certain female FDA approved contraceptive methods, female sterilization procedures and devices	No Copay
Tubal Ligation	No Copay
Breastfeeding Support, Counseling and Supplies	
Electric breast pumps limited to one (1) per Calendar Year	No Copay
Hearing Loss	
Screening test from birth through 30 days	No Copay
Follow-up care from birth through 24 months	No Copay

Rectal screening for the detection of colorectal cancer for Members age 50 and older: - Annual fecal occult blood test, once every twelve months - Flexible sigmoidoscopy with hemoccult of the stool, limited to 1 every 5 years - Colonoscopy, limited to 1 every 10 years	No Copay No Copay No Copay
Eye and ear screenings for Members through age 17, once every twelve months	\$ 40 Copay for PCP or \$75 Copay for Specialist
Eye and ear screening for Members age 18 and older, once every two years	\$40 Copay for PCP or \$ 75 Copay for Specialist
Early detection test for cardiovascular disease, limited to 1 every 5 years. - Computer tomography (CT) scanning - Ultrasonography	30% Coinsurance after Deductible 30% Coinsurance after Deductible
Early detection test ovarian cancer (CA125 blood test), once every twelve months	\$40 Copay for PCP or \$75 Copay for Specialist

Dental Surgical Procedures

Dental Surgical Procedures (limited Covered Services)	\$40 Copay for PCP or \$75 Copay for Specialist, 30% Coinsurance after Deductible for Inpatient Hospital Services, or 30% Coinsurance after Deductible for Outpatient Surgery, as applicable.
--	---

Cosmetic, Reconstructive or Plastic Surgery

Cosmetic, Reconstructive or Plastic Surgery (limited Covered Services)	\$40 Copay for PCP or \$75 Copay for Specialist, 30% Coinsurance after Deductible for Inpatient Hospital Services, or 30% Coinsurance after Deductible for Outpatient Surgery, as applicable.
---	---

Allergy Care

Testing and Evaluation	30% Coinsurance after Deductible
Injections	30% Coinsurance after Deductible
Serum	30% Coinsurance after Deductible

Diabetes Care

Diabetes Self-Management Training , for each visit	\$40 Copay for PCP or \$75 Copay for Specialist
Diabetes Equipment	30% Coinsurance after Deductible
Diabetes Supplies Some Diabetes Supplies are only available utilizing pharmacy benefits, through a Participating Pharmacy. You must pay the applicable PHARMACY BENEFITS amount shown in the SCHEDULE OF COPAYMENTS AND BENEFIT LIMITS and any applicable pricing differences.	30% Coinsurance after Deductible

Prosthetic Appliances and Orthotic Devices

Prosthetic Appliances and Orthotic Devices \$300 maximum benefit for purchase of one (1) wig needed as a result of current chemotherapy or radiation treatment for cancer. Cochlear Implants Limit one (1) per impaired ear, with replacements as Medically Necessary or audiologically necessary.	30% Coinsurance after Deductible 30% Coinsurance after Deductible. Any additional charges as described in Outpatient Surgery may also apply.
---	--

Hearing Aids

Hearing Aids Maximum benefit - one per ear, every 36 months	30% Coinsurance after Deductible
---	----------------------------------

Durable Medical Equipment

Choose one and delete the other row Durable Medical Equipment	30% Coinsurance after Deductible
Durable Medical Equipment (DM8) Rental or purchase of DME (initial placement only, and standard replacements because of physical growth of members under age 18)	General Payment Level; Deductible Applies

Speech and Hearing Services

SH1 – Speech and Hearing Inpatient and Outpatient necessary care and treatment for loss or impairment of speech and hearing; hearing aids not covered under this mandated benefit offer.	Deductible Applies Yes
--	------------------------

Pharmacy Benefits

Prescription Drug Benefits (Prime Therapeutics)

Drug List**	Performance	
Drug Network	Broad Advantage	
Prescription Drug Out-of-Pocket Maximum	All benefits, including prescription drug benefits (retail and mail service) apply to the Out-of-Pocket Maximum shown on page 1.	
Prescription Drug Deductible***	Separate Prescription Drug Deductible applies to Retail & Mail Service Pharmacy: Individual: \$500 / Family: \$1500 Deductible will apply to the Out-of-Pocket Maximum.	
Participating Pharmacy Retail Pharmacy One Copayment amount per 30-day supply, up to a 90-day supply only Extended Supply (if allowed by the Prescription Order) – one Copayment amount per 30-day supply, up to a 90-day supply.	Generic Drug Preferred Brand Name Drug Non-Preferred Brand Name Drug	\$10 Copay \$25 Copay after Deductible \$50 Copay after Deductible
Mail-Order Program One Copayment amount per 90-day supply, up to a 90-day supply only	Generic Drug Preferred Brand Name Drug Non-Preferred Brand Name Drug	\$25 Copay \$62.50 Copay after Deductible \$125 Copay after Deductible
Specialty Pharmacy Program One Copayment amount per 30-day supply, up to a 30-day supply only	Specialty Drug	30% to a Max of \$1,500 Copay after Deductible
Affordable Care Act (ACA) Preventive (including Vaccinations Obtained Through Pharmacies):	The group accepts all ACA Preventive categories (not optional for Non-Grandfathered)	

**The drug lists are available at: bcbstx.com/member/rx_drugs.html

*** Three-month Deductible carryover does not apply to prescription drug deductible.

For additional information regarding the applicable Drug List/Preferred Drug List, please call customer service or visit the website at http://www.bcbstx.com/members/rx_drugs.html

Dental Insurance

Blue Cross Blue Shield | www.bcbstx.com | 800-521-2227

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

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

Dental Monthly Premiums		
	Low Plan	High Plan
Employee Only	\$21.39	\$32.89
Employee & One	\$41.00	\$62.57
Employee & Family	\$68.19	\$104.82



Connally ISD

Effective: 9/1/2025 - 8/31/2026

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

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

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* UCR 90th
Benefit Period Maximum: Calendar Year	\$750.00	\$750.00
Deductible: Calendar Year	\$50.00 Individual \$150.00 Family	\$75.00 Individual \$225.00 Family
Three Month Deductible Carryover Applies	Yes ☒ No ☐	Yes ☒ No ☐
Prior Carrier Deductible Credit Applies	Yes ☐ No ☒	Yes ☐ No ☒
Services		
Diagnostic Services (Deductible does not apply)		
Periodic oral evaluations		
Problem focused oral evaluations	100%	100%
Comprehensive oral evaluations		
Preventive Services (Deductible does not apply)		
Prophylaxis (cleanings)	100%	100%
Topical fluoride applications		
Diagnostic Radiographs (Deductible does not apply)		
Full-mouth and panoramic films		
Bitewing films	100%	100%
Periapical films		
Miscellaneous Preventive Services (Deductible does not apply)		
Sealants	100%	100%
Space maintainers		
Basic Restorative Dental Services		
Amalgams	80%	80%
Resin-based composite restorations		
Non-Surgical Extractions		
Removal of retained coronal remnants	80%	80%
Removal of erupted tooth or exposed root		
Non-Surgical Periodontic Services		
Periodontal scaling and root planing	Not Covered	Not Covered
Full-mouth debridement		
Periodontal maintenance procedures		

Adjunctive Services

Palliative treatment (emergency)	80%	80%
Deep sedation / general anesthesia		

Endodontic Services

Therapeutic pulpotomy and pulpal debridement	Not Covered	Not Covered
Root canal therapy		
Apexification/recalcification		

Oral Surgery Services

Surgical tooth extractions	80%	80%
Alveoloplasty and vestibuloplasty		
Excision of benign odontogenic tumor/cyst		
Excision of bone tissue		
Incision and drainage of an intraoral abscess		
(Bony impactions typically covered under medical plan)		

Surgical Periodontal Services

Gingivectomy or gingivoplasty and gingival flap procedures		
Clinical crown lengthening		
Osseous surgery	Not Covered	Not Covered
Osseous grafts		
Soft tissue grafts/allografts		
Distal or proximal wedge procedure		

Major Restorative Services

Single crown restorations		
Inlay/onlay restorations	Not Covered	Not Covered
Labial veneer restorations		
Crowns placed over implants		

Prosthodontic Services

Complete and removable partial dentures		
Denture relining/rebase procedures		
Fixed bridgework	Not Covered	Not Covered
Prosthetics placed over implants		
Implants Yes ☐ No ☒		

Misc. Restorative & Prosthodontic Services

Prefabricated crowns		
Recementations	Not Covered	Not Covered
Post and core, pin retention and crown/bridge repairs		
Adjustments		

Orthodontics (Deductible Not Waived)

Orthodontic Diagnostic Procedures and Treatment:	Not Covered	Not Covered
--	-------------	-------------

Connally ISD

Effective: 9/1/2025 - 8/31/2026

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

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

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* UCR 90th
Benefit Period Maximum: Calendar Year	\$1,000.00	\$1,000.00
Deductible: Calendar Year	\$50.00 Individual \$150.00 Family	\$75.00 Individual \$225.00 Family
Three Month Deductible Carryover Applies	Yes ☒ No ☐	Yes ☒ No ☐
Prior Carrier Deductible Credit Applies	Yes ☐ No ☒	Yes ☐ No ☒
Services		
Diagnostic Services (Deductible does not apply)		
Periodic oral evaluations	100%	100%
Problem focused oral evaluations		
Comprehensive oral evaluations		
Preventive Services (Deductible does not apply)		
Prophylaxis (cleanings)	100%	100%
Topical fluoride applications		
Diagnostic Radiographs (Deductible does not apply)		
Full-mouth and panoramic films		
Bitewing films	100%	100%
Periapical films		
Miscellaneous Preventive Services (Deductible does not apply)		
Sealants	100%	100%
Space maintainers		
Basic Restorative Dental Services		
Amalgams	80%	80%
Resin-based composite restorations		
Non-Surgical Extractions		
Removal of retained coronal remnants	80%	80%
Removal of erupted tooth or exposed root		
Non-Surgical Periodontic Services		
Periodontal scaling and root planing	50%	50%
Full-mouth debridement		
Periodontal maintenance procedures		

Adjunctive Services

Palliative treatment (emergency)	80%	80%
Deep sedation / general anesthesia		

Endodontic Services

Therapeutic pulpotomy and pulpal debridement	50%	50%
Root canal therapy		
Apexification/recalcification		

Oral Surgery Services

Surgical tooth extractions	80%	80%
Alveoloplasty and vestibuloplasty		
Excision of benign odontogenic tumor/cyst		
Excision of bone tissue		
Incision and drainage of an intraoral abscess		
(Bony impactions typically covered under medical plan)		

Surgical Periodontal Services

Gingivectomy or gingivoplasty and gingival flap procedures		
Clinical crown lengthening		
Osseous surgery	50%	50%
Osseous grafts		
Soft tissue grafts/allografts		
Distal or proximal wedge procedure		

Major Restorative Services

Single crown restorations		
Inlay/onlay restorations	50%	50%
Labial veneer restorations		
Crowns placed over implants		

Prosthodontic Services

Complete and removable partial dentures		
Denture reline/rebase procedures		
Fixed bridgework	50%	50%
Prosthetics placed over implants		
Implants Yes ☐ No ☒		

Misc. Restorative & Prosthodontic Services

Prefabricated crowns		
Recementations	50%	50%
Post and core, pin retention and crown/bridge repairs		
Adjustments		

Orthodontics (Deductible Waived)

Orthodontic Diagnostic Procedures and Treatment:	50%	50%
Adults eligible Yes ☐ No ☒		
Dependent Children eligible Yes ☒ No ☐		
Age Limitation 19		

Lifetime Maximum Benefit per Participant	\$1,000.00	\$1,000.00
--	------------	------------

Vision Insurance

Superior Vision | www.superiorvision.com | 800-507-3800

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.

Connally ISD provides you with a vision plan to take care of you and your family’s needs. 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 Premiums	
Employee Only	\$8.30
Employee & Spouse	\$18.30
Employee & Child(ren)	\$14.82
Employee & Family	\$24.60





SuperiorVision®

Vision plan benefits for Connally ISD

Copays		Monthly premiums		Services/frequency	
Exam ¹	\$10	Emp. only	\$8.30	Exam	12 months
Eyewear ²	\$25	Emp. + spouse	\$18.30	Frame	12 months
		Emp. + child(ren)	\$14.82	Lenses	12 months
		Emp. + family	\$24.60	Contact lenses	12 months

(Based on date of service)

Benefits through Superior Select Southwest network

	In-network	Out-of-network
Exam	Covered in full	Up to \$35 retail
Frames	\$130 retail allowance	Up to \$70 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ³	Up to \$45 retail
Tints	Covered in full	Up to \$15 retail
Scratch resistant coating	Covered in full	Up to \$25 retail
Ultraviolet coating	Covered in full	Up to \$20 retail
Polycarbonate	Covered in full	Up to \$20 retail
Contact lenses ⁴	\$130 retail allowance	Up to \$80 retail
Medically necessary contact lenses	Covered in full	Up to \$150 retail

LASIK vision correction⁵

\$200 allowance

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

¹ Eye exam copay is a single payment due to the provider at the time of service

² Eyewear copay applies to eyeglass lenses / frame and contact lenses. Eyewear copay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses)

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

⁴ Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

⁵ Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount features

Discounts on covered materials⁶

These discounts apply to the glasses and contacts that are covered under the vision benefits.

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	10% off amount over allowance

Discounts on non-covered exam, services and materials⁶

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

Laser vision correction (LASIK)⁶

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

Hearing discounts⁶

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

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

Lens type*	Member out-of-pocket ⁶
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses	
Standard/Premium/Ultra/Ulimate	\$55 / \$110 / \$150 / \$225
Anti-reflective coating	
Standard/Premium/Ultra/Ulimate	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
High Index (1.67 / 1.74)	\$80 / \$120

* The above table highlights some of the most popular lens type and is not a complete listing. This table outlines member out-of-pocket costs⁵ and are not available for premium/upgraded options unless otherwise noted.

⁶Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan.

Flexible Spending Account

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. Connally ISD has 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.

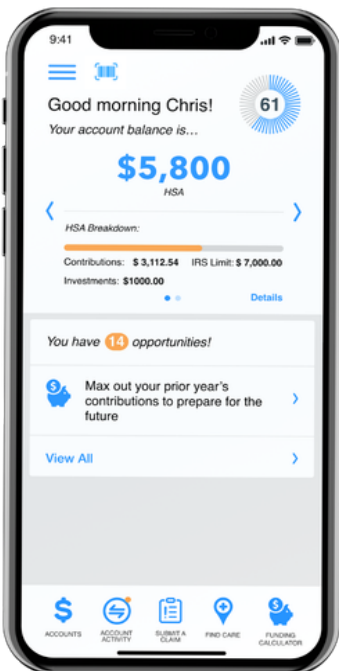
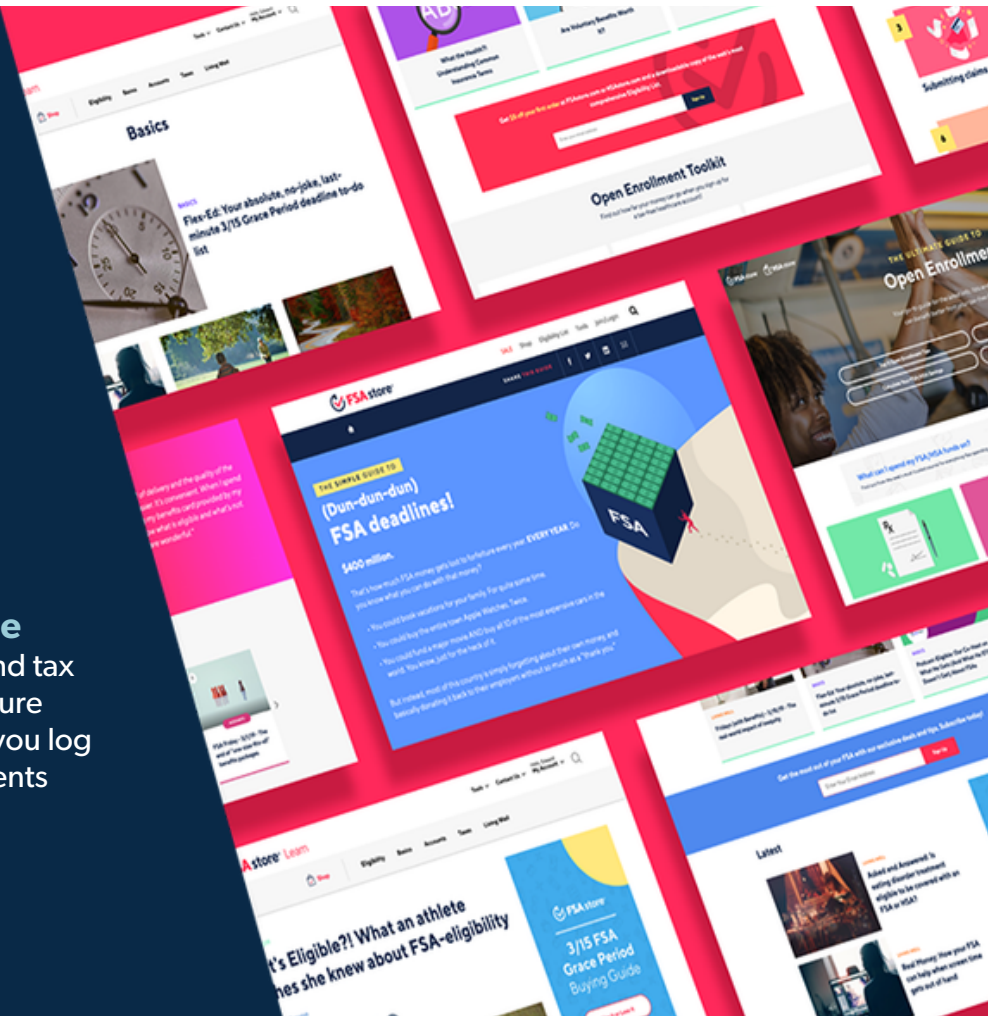
FSA Resources

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.



Permanent Life Insurance



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.



LIFE INSURANCE HIGHLIGHTS

For the employee

PURELIFE-PLUS

Voluntary permanent life insurance 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.

The contract, PURELIFE-PLUS, is underwritten by Texas Life Insurance Company, and it has the following 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.¹
- **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.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** 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 (\$100 in Florida) 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. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.** Included on employees and spouse contracts at an additional cost, this rider will be triggered by the loss of two out of six Activities of Daily Living² or severe cognitive impairment for a period of 90 days. It pays the insured up to 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. *(Conditions apply; see the following pages for additional details. Form Series CA-ULABR-CI-18)*

TEXASLIFE INSURANCE
COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

Additional Features

- **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 that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).³

You may apply for this permanent coverage, not only for yourself, but also for your spouse, children and grandchildren.⁴



3 QUICK QUESTIONS

You can qualify by answering just 3 questions⁵ – no exams or needles.

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?

Important Note: Texas Life does not offer legal or financial advice. Contact an attorney and a financial advisor in your state for legal and financial information on wills, estates and trusts.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the Purelife-plus brochure for costs and complete details. Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18.

¹ Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022

² Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in; (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

³ As long as you pay the necessary premium. Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength. 45 years average for all ages based on our actuarial review.

⁴ Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

⁵ Issuance of coverage will depend on the answer to these questions.

VOLUNTARY PERMANENT LIFE INSURANCE

Additional Contract Benefits

PURELIFE-PLUS

TEXASLIFE
INSURANCE COMPANY

FFGA
Benefit Solutions Simplified

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.¹ 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.²
 - 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 processing fee.³

- 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.

The agent/agency offering this coverage is not affiliated with Texas Life other than to market its products. Underwritten and claims paid by Texas Life. Licensed in DC and all states except NY.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. See a Texas Life representative or the Purelife-plus brochure for costs and complete details. Any outstanding loans will reduce the cash value and death benefit. Form series PRFNG-NI.

¹ Issuance requires responses to additional underwriting questions.

² Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

³ The Accelerated Death Benefit Rider for Chronic Illness pays 92% of the insurance proceeds less a \$150 administration fee in lieu of the benefit payable at death. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died. Form series ULABR-CI.

Texas Life Insurance Company | 900 Washington Ave | PO Box 830 | Waco, Texas 76703-0830 | 800.283.9233 | texaslife.com

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)
 with Accidental Death Rider
 Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	9.25	16.25	81
2-4	9.50	16.75	80
5-8	9.75	17.25	79
9-10	10.00	17.75	79
11-16	10.25	18.25	77
17-20	12.25	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	75

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

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

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

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

23M014-C-M FFGA-NT 1012 (exp0325)

Indicates Spouse Coverage Available

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

CHILDREN AND GRANDCHILDREN (TOBACCO)
 with Accidental Death Rider
 Grandchild coverage available through age 18.

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

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

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

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

23M014-C-M FFGA-T 1012 (exp0325)

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	17.25	32.25	71
21-22	18.00	33.75	71
23	18.75	35.25	72
24-25	19.25	36.25	71
26	19.75	37.25	72

Indicates Spouse Coverage Available

Individual Term Life Insurance

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

Ensuring your family has protection in the event of a tragedy may be uncomfortable, but it's important to prepare for the unexpected. Your life insurance benefit can help replace your income to use for expenses like funeral costs, daily expenses, and college. Individual term life insurance is a plan that you can keep for a certain period of time, whether you are still employed with Connally ISD or not. The premiums and death benefit remain the same during the time period that is chosen. This is a good short term coverage to help cover major expenses such as a mortgage.



TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
24	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
25	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
26	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
27	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
28	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
29	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
30	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
31	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
32	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
33	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
34	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
35	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
36	7.00	8.00	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
37	7.25	8.30	10.00	14.00	18.00	19.50	23.00	26.50	30.00	37.00	44.00
38	7.50	8.60	10.50	14.75	19.00	20.75	24.50	28.25	32.00	39.50	47.00
39	7.75	8.90	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
40	8.00	9.20	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
41	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
42	8.75	10.10	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
43	9.00	10.40	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
44	9.25	10.70	14.00	20.00	26.00	29.50	35.00	40.50	46.00	57.00	68.00
45	9.75	11.30	15.00	21.50	28.00	32.00	38.00	44.00	50.00	62.00	74.00
46	10.50	12.20	16.00	23.00	30.00	34.50	41.00	47.50	54.00	67.00	80.00
47	11.50	13.40	17.50	25.25	33.00	37.00	44.00	51.00	58.00	72.00	86.00
48	12.50	14.60	18.50	26.75	35.00	40.75	48.50	56.25	64.00	79.50	95.00
49	13.50	15.80	20.00	29.00	38.00	44.50	53.00	61.50	70.00	87.00	104.00
50	14.75	17.30	21.50	31.25	41.00	--	--	--	--	--	--
51	15.50	18.20	23.00	33.50	44.00	--	--	--	--	--	--
52	16.50	19.40	24.00	35.00	46.00	--	--	--	--	--	--
53	17.50	20.60	25.50	37.25	49.00	--	--	--	--	--	--
54	18.50	21.80	27.50	40.25	53.00	--	--	--	--	--	--
55	19.50	23.00	29.00	42.50	56.00	--	--	--	--	--	--
56	21.25	25.10	32.00	47.00	62.00	--	--	--	--	--	--
57	23.00	27.20	35.00	51.50	68.00	--	--	--	--	--	--
58	25.00	29.60	38.50	56.75	75.00	--	--	--	--	--	--
59	27.25	32.30	42.50	62.75	83.00	--	--	--	--	--	--
60	29.75	35.30	46.50	68.75	91.00	--	--	--	--	--	--
61	31.00	36.80	50.50	74.75	99.00	--	--	--	--	--	--
62	32.00	38.00	54.50	80.75	107.00	--	--	--	--	--	--
63	33.25	39.50	59.00	87.50	116.00	--	--	--	--	--	--
64	34.75	41.30	64.00	95.00	126.00	--	--	--	--	--	--
65	36.00	42.80	69.50	103.25	137.00	--	--	--	--	--	--

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For additional details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹ Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse
Coverage
Available¹

20 YEAR RATES Non-Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
24	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
25	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
26	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
27	6.50	7.40	9.00	12.50	16.00	18.25	21.50	24.75	28.00	34.50	41.00
28	6.50	7.40	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
29	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
30	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
31	6.75	7.70	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
32	7.00	8.00	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
33	7.00	8.00	10.50	14.75	19.00	22.00	26.00	30.00	34.00	42.00	50.00
34	7.25	8.30	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
35	7.50	8.60	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
36	7.75	8.90	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
37	8.00	9.20	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
38	8.25	9.50	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
39	8.75	10.10	14.00	20.00	26.00	30.75	36.50	42.25	48.00	59.50	71.00
40	9.00	10.40	15.00	21.50	28.00	33.25	39.50	45.75	52.00	64.50	77.00
41	9.50	11.00	16.00	23.00	30.00	35.75	42.50	49.25	56.00	69.50	83.00
42	10.00	11.60	17.00	24.50	32.00	38.25	45.50	52.75	60.00	74.50	89.00
43	10.50	12.20	18.00	26.00	34.00	40.75	48.50	56.25	64.00	79.50	95.00
44	11.00	12.80	19.00	27.50	36.00	43.25	51.50	59.75	68.00	84.50	101.00
45	11.75	13.70	20.50	29.75	39.00	47.00	56.00	65.00	74.00	92.00	110.00
46	12.75	14.90	21.50	31.25	41.00	49.50	59.00	68.50	78.00	97.00	116.00
47	14.00	16.40	22.50	32.75	43.00	52.00	62.00	72.00	82.00	102.00	122.00
48	15.25	17.90	24.00	35.00	46.00	55.75	66.50	77.25	88.00	109.50	131.00
49	16.75	19.70	25.00	36.50	48.00	58.25	69.50	80.75	92.00	114.50	137.00
50	18.50	21.80	26.50	38.75	51.00	--	--	--	--	--	--
51	19.75	23.30	28.50	41.75	55.00	--	--	--	--	--	--
52	21.00	24.80	30.50	44.75	59.00	--	--	--	--	--	--
53	22.25	26.30	33.00	48.50	64.00	--	--	--	--	--	--
54	23.75	28.10	35.50	52.25	69.00	--	--	--	--	--	--
55	25.25	29.90	38.50	56.75	75.00	--	--	--	--	--	--
56	27.50	32.60	42.50	62.75	83.00	--	--	--	--	--	--
57	30.00	35.60	47.00	69.50	92.00	--	--	--	--	--	--
58	32.50	38.60	52.00	77.00	102.00	--	--	--	--	--	--
59	35.50	42.20	58.00	86.00	114.00	--	--	--	--	--	--
60	38.75	46.10	64.00	95.00	126.00	--	--	--	--	--	--

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, and exclusions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER:	Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.
CHILDREN'S TERM RIDER:	\$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.
ACCIDENTAL DEATH & DISMEMBERMENT RIDER:	For the monthly rate, multiply .08 per \$1,000 of coverage.
WAIVER OF PREMIUM RIDER:	Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.
ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLT):	Add the rate shown in the ABLTI column to the base rate.

30 YEAR RATES *Non-Tobacco Users Rates*

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee															
	\$10,000		\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT
17	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
18	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
19	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
20	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
21	4.00	0.08	7.00	0.20	10.50	0.40	19.00	0.80	24.50	1.20	32.00	1.60	39.50	2.00	47.00	2.40
22	4.00	0.08	7.00	0.21	10.50	0.42	19.00	0.83	24.50	1.25	32.00	1.66	39.50	2.08	47.00	2.49
23	4.10	0.09	7.25	0.21	11.00	0.43	20.00	0.85	26.00	1.28	34.00	1.70	42.00	2.13	50.00	2.55
24	4.10	0.09	7.25	0.22	11.00	0.44	20.00	0.88	26.00	1.32	34.00	1.76	42.00	2.20	50.00	2.64
25	4.10	0.09	7.25	0.23	11.00	0.47	20.00	0.93	26.00	1.40	34.00	1.86	42.00	2.33	50.00	2.79
26	4.10	0.10	7.25	0.25	11.00	0.50	20.00	1.00	27.50	1.50	36.00	2.00	44.50	2.50	53.00	3.00
27	4.20	0.11	7.50	0.27	11.50	0.54	21.00	1.08	27.50	1.62	36.00	2.16	44.50	2.70	53.00	3.24
28	4.20	0.12	7.50	0.29	11.50	0.58	21.00	1.15	29.00	1.73	38.00	2.30	47.00	2.88	56.00	3.45
29	4.30	0.12	7.75	0.31	12.00	0.62	22.00	1.23	29.00	1.85	38.00	2.46	47.00	3.08	56.00	3.69
30	4.30	0.13	7.75	0.33	12.00	0.65	22.00	1.30	30.50	1.95	40.00	2.60	49.50	3.25	59.00	3.90
31	4.40	0.14	8.00	0.35	12.50	0.70	23.00	1.40	32.00	2.10	42.00	2.80	52.00	3.50	62.00	4.20
32	4.50	0.15	8.25	0.38	13.00	0.75	24.00	1.50	32.00	2.25	42.00	3.00	52.00	3.75	62.00	4.50
33	4.50	0.16	8.25	0.40	13.00	0.80	24.00	1.60	33.50	2.40	44.00	3.20	54.50	4.00	65.00	4.80
34	4.60	0.17	8.50	0.43	13.50	0.85	25.00	1.70	33.50	2.55	44.00	3.40	54.50	4.25	65.00	5.10
35	4.70	0.18	8.75	0.45	14.00	0.90	26.00	1.80	35.00	2.70	46.00	3.60	57.00	4.50	68.00	5.40
36	4.90	0.19	9.25	0.48	15.00	0.97	28.00	1.93	38.00	2.90	50.00	3.86	62.00	4.83	74.00	5.79
37	5.10	0.21	9.75	0.51	16.00	1.03	30.00	2.05	41.00	3.08	54.00	4.10	67.00	5.13	80.00	6.15
38	5.30	0.22	10.25	0.55	17.00	1.09	32.00	2.18	44.00	3.27	58.00	4.36	72.00	5.45	86.00	6.54
39	5.50	0.23	10.75	0.58	18.00	1.15	34.00	2.30	47.00	3.45	62.00	4.60	77.00	5.75	92.00	6.90
40	5.80	0.24	11.50	0.60	19.50	1.20	37.00	2.39	51.50	3.59	68.00	4.78	84.50	5.98	101.00	7.17
41	6.10	0.26	12.25	0.64	21.00	1.28	40.00	2.56	56.00	3.84	74.00	5.12	92.00	6.40	110.00	7.68
42	6.50	0.27	13.25	0.68	23.00	1.36	44.00	2.71	62.00	4.07	82.00	5.42	102.00	6.78	122.00	8.13
43	6.90	0.29	14.25	0.72	24.50	1.43	47.00	2.86	66.50	4.29	88.00	5.72	109.50	7.15	131.00	8.58
44	7.30	0.30	15.25	0.75	27.00	1.51	52.00	3.01	72.50	4.52	96.00	6.02	119.50	7.53	143.00	9.03
45	7.80	0.32	16.50	0.79	29.00	1.58	56.00	3.15	80.00	4.73	106.00	6.30	132.00	7.88	158.00	9.45
46	8.30	0.35	17.75	0.86	31.50	1.73	61.00	3.45	87.50	5.18	116.00	6.90	144.50	8.63	173.00	10.35
47	8.80	0.37	19.00	0.93	34.00	1.87	66.00	3.73	95.00	5.60	126.00	7.46	157.00	9.33	188.00	11.19
48	9.30	0.40	20.25	1.00	37.00	2.00	72.00	4.00	104.00	6.00	138.00	8.00	172.00	10.00	206.00	12.00
49	9.90	0.43	21.75	1.07	40.50	2.14	79.00	4.27	114.50	6.41	152.00	8.54	189.50	10.68	227.00	12.81
50	10.60	0.45	23.50	1.13	44.00	2.25	86.00	4.50	--	--	--	--	--	--	--	--

Spouse
Coverage
Available¹

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹Maximum face amount available is \$50,000.

GroupTerm Life Insurance & AD&D

Employer-Paid & Voluntary

Blue Cross Blue Shield | www.bcbstx.com/ancillary.com | 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. Connally ISD provides all eligible employees a \$10,000 policy. The cost of this policy is paid for 100% by Connally ISD. 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 Connally ISD. 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.





CONNALLY ISD / TEEBC TRUST F021842 - 059

Eligibility

All Active Full Time Employees who regularly work 10 hours per week & Bus Drivers are eligible for insurance on their date of hire.

Supplemental Life and AD&D

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

Not to exceed 5 times annual earnings.

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.**

(not to exceed 50% of the employee benefit)

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

Child Coverage (Life Only)

Live Birth to Age 26: **\$10,000**

Guarantee Issue*

Employee **\$150,000 Under age 65, \$30,000 age 65-69**

Spouse **\$50,000 Under age 60, \$10,000 age 60-69**

***NEW HIRES ONLY**

Employee: Life & AD&D benefits reduce by 50% of the original amount at age 70.

All benefits terminate at retirement.

Spouse: Benefits terminate at Employee's age 70.

Supplemental Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

Employee		ATTAINED AGE										
Benefit Amount		<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$10,000		\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90
\$20,000		\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80
\$30,000		\$2.40	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70
\$40,000		\$3.20	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60
\$50,000		\$4.00	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50
\$60,000		\$4.80	\$4.80	\$5.40	\$6.60	\$7.80	\$10.80	\$16.80	\$26.40	\$42.00	\$52.20	\$89.40
\$70,000		\$5.60	\$5.60	\$6.30	\$7.70	\$9.10	\$12.60	\$19.60	\$30.80	\$49.00	\$60.90	\$104.30
\$80,000		\$6.40	\$6.40	\$7.20	\$8.80	\$10.40	\$14.40	\$22.40	\$35.20	\$56.00	\$69.60	\$119.20
\$90,000		\$7.20	\$7.20	\$8.10	\$9.90	\$11.70	\$16.20	\$25.20	\$39.60	\$63.00	\$78.30	\$134.10
\$100,000		\$8.00	\$8.00	\$9.00	\$11.00	\$13.00	\$18.00	\$28.00	\$44.00	\$70.00	\$87.00	\$149.00
\$110,000		\$8.80	\$8.80	\$9.90	\$12.10	\$14.30	\$19.80	\$30.80	\$48.40	\$77.00	\$95.70	\$163.90
\$120,000		\$9.60	\$9.60	\$10.80	\$13.20	\$15.60	\$21.60	\$33.60	\$52.80	\$84.00	\$104.40	\$178.80
\$130,000		\$10.40	\$10.40	\$11.70	\$14.30	\$16.90	\$23.40	\$36.40	\$57.20	\$91.00	\$113.10	\$193.70
\$140,000		\$11.20	\$11.20	\$12.60	\$15.40	\$18.20	\$25.20	\$39.20	\$61.60	\$98.00	\$121.80	\$208.60
\$150,000		\$12.00	\$12.00	\$13.50	\$16.50	\$19.50	\$27.00	\$42.00	\$66.00	\$105.00	\$130.50	\$223.50

Spouse (Employee Attained Age)												
Benefit Amount		<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$5,000		\$0.40	\$0.40	\$0.45	\$0.55	\$0.65	\$0.90	\$1.40	\$2.20	\$3.50	\$4.35	\$7.45
\$10,000		\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90
\$15,000		\$1.20	\$1.20	\$1.35	\$1.65	\$1.95	\$2.70	\$4.20	\$6.60	\$10.50	\$13.05	\$22.35
\$20,000		\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80
\$25,000		\$2.00	\$2.00	\$2.25	\$2.75	\$3.25	\$4.50	\$7.00	\$11.00	\$17.50	\$21.75	\$37.25
\$30,000		\$2.40	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70
\$35,000		\$2.80	\$2.80	\$3.15	\$3.85	\$4.55	\$6.30	\$9.80	\$15.40	\$24.50	\$30.45	\$52.15
\$40,000		\$3.20	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60
\$45,000		\$3.60	\$3.60	\$4.05	\$4.95	\$5.85	\$8.10	\$12.60	\$19.80	\$31.50	\$39.15	\$67.05
\$50,000		\$4.00	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50

**Employee/Spouse
Supplemental Life and AD&D**

Monthly rates per \$1,000

Age	Rates
Under 20	\$0.080
20-24	\$0.080
25-29	\$0.090
30-34	\$0.110
35-39	\$0.130
40-44	\$0.180
45-49	\$0.280
50-54	\$0.440
55-59	\$0.700
60-64	\$0.870
65+	\$1.490

Dependent Life (Children)

Monthly Premium per Family

Life	Premium
\$10,000	\$1.00

Long Term Disability Insurance

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

Why Do I Need Disability Insurance?

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

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

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





AF™ Long-Term Disability Income Insurance

Enhanced Plus Plans

Marketed by:



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 on the day of Disability due to a covered Injury or Sickness.

Plan I	On the 1st/4th day	Plan IV	On the 61st day
Plan II	On the 15th day	Plan V	On the 91st day
Plan III	On the 31st day	Plan VI	On the 151st day



Injury means physical harm or damage to the body you sustained which results directly from an accidental bodily Injury, is independent of disease or bodily infirmity; and takes place while your coverage is 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 12 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 70% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$10.16	\$7.28	\$5.80	\$4.92	\$4.16	\$3.12
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$15.24	\$10.92	\$8.70	\$7.38	\$6.24	\$4.68
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$20.32	\$14.56	\$11.60	\$9.84	\$8.32	\$6.24
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$25.40	\$18.20	\$14.50	\$12.30	\$10.40	\$7.80
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$30.48	\$21.84	\$17.40	\$14.76	\$12.48	\$9.36
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$35.56	\$25.48	\$20.30	\$17.22	\$14.56	\$10.92
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$40.64	\$29.12	\$23.20	\$19.68	\$16.64	\$12.48
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$45.72	\$32.76	\$26.10	\$22.14	\$18.72	\$14.04
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$50.80	\$36.40	\$29.00	\$24.60	\$20.80	\$15.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$55.88	\$40.04	\$31.90	\$27.06	\$22.88	\$17.16
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$60.96	\$43.68	\$34.80	\$29.52	\$24.96	\$18.72
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$66.04	\$47.32	\$37.70	\$31.98	\$27.04	\$20.28
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$71.12	\$50.96	\$40.60	\$34.44	\$29.12	\$21.84
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$76.20	\$54.60	\$43.50	\$36.90	\$31.20	\$23.40
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$81.28	\$58.24	\$46.40	\$39.36	\$33.28	\$24.96
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$86.36	\$61.88	\$49.30	\$41.82	\$35.36	\$26.52
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$91.44	\$65.52	\$52.20	\$44.28	\$37.44	\$28.08
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$96.52	\$69.16	\$55.10	\$46.74	\$39.52	\$29.64
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$101.60	\$72.80	\$58.00	\$49.20	\$41.60	\$31.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$106.68	\$76.44	\$60.90	\$51.66	\$43.68	\$32.76
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$111.76	\$80.08	\$63.80	\$54.12	\$45.76	\$34.32
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$116.84	\$83.72	\$66.70	\$56.58	\$47.84	\$35.88
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$121.92	\$87.36	\$69.60	\$59.04	\$49.92	\$37.44
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$127.00	\$91.00	\$72.50	\$61.50	\$52.00	\$39.00
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$132.08	\$94.64	\$75.40	\$63.96	\$54.08	\$40.56
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$137.16	\$98.28	\$78.30	\$66.42	\$56.16	\$42.12
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$142.24	\$101.92	\$81.20	\$68.88	\$58.24	\$43.68
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$147.32	\$105.56	\$84.10	\$71.34	\$60.32	\$45.24
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$152.40	\$109.20	\$87.00	\$73.80	\$62.40	\$46.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$157.48	\$112.84	\$89.90	\$76.26	\$64.48	\$48.36
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$162.56	\$116.48	\$92.80	\$78.72	\$66.56	\$49.92
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$167.64	\$120.12	\$95.70	\$81.18	\$68.64	\$51.48
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$172.72	\$123.76	\$98.60	\$83.64	\$70.72	\$53.04
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$177.80	\$127.40	\$101.50	\$86.10	\$72.80	\$54.60
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$182.88	\$131.04	\$104.40	\$88.56	\$74.88	\$56.16
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$187.96	\$134.68	\$107.30	\$91.02	\$76.96	\$57.72
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$193.04	\$138.32	\$110.20	\$93.48	\$79.04	\$59.28

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$198.12	\$141.96	\$113.10	\$95.94	\$81.12	\$60.84
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$203.20	\$145.60	\$116.00	\$98.40	\$83.20	\$62.40
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$208.28	\$149.24	\$118.90	\$100.86	\$85.28	\$63.96
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$213.36	\$152.88	\$121.80	\$103.32	\$87.36	\$65.52
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$218.44	\$156.52	\$124.70	\$105.78	\$89.44	\$67.08
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$223.52	\$160.16	\$127.60	\$108.24	\$91.52	\$68.64
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$228.60	\$163.80	\$130.50	\$110.70	\$93.60	\$70.20
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$233.68	\$167.44	\$133.40	\$113.16	\$95.68	\$71.76
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$238.76	\$171.08	\$136.30	\$115.62	\$97.76	\$73.32
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$243.84	\$174.72	\$139.20	\$118.08	\$99.84	\$74.88
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$248.92	\$178.36	\$142.10	\$120.54	\$101.92	\$76.44
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$254.00	\$182.00	\$145.00	\$123.00	\$104.00	\$78.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$259.08	\$185.64	\$147.90	\$125.46	\$106.08	\$79.56
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$264.16	\$189.28	\$150.80	\$127.92	\$108.16	\$81.12
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$269.24	\$192.92	\$153.70	\$130.38	\$110.24	\$82.68
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$274.32	\$196.56	\$156.60	\$132.84	\$112.32	\$84.24
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$279.40	\$200.20	\$159.50	\$135.30	\$114.40	\$85.80
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$284.48	\$203.84	\$162.40	\$137.76	\$116.48	\$87.36
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$289.56	\$207.48	\$165.30	\$140.22	\$118.56	\$88.92
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$294.64	\$211.12	\$168.20	\$142.68	\$120.64	\$90.48
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$299.72	\$214.76	\$171.10	\$145.14	\$122.72	\$92.04
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$304.80	\$218.40	\$174.00	\$147.60	\$124.80	\$93.60
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$309.88	\$222.04	\$176.90	\$150.06	\$126.88	\$95.16
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$314.96	\$225.68	\$179.80	\$152.52	\$128.96	\$96.72
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$320.04	\$229.32	\$182.70	\$154.98	\$131.04	\$98.28
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$325.12	\$232.96	\$185.60	\$157.44	\$133.12	\$99.84
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$330.20	\$236.60	\$188.50	\$159.90	\$135.20	\$101.40
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$335.28	\$240.24	\$191.40	\$162.36	\$137.28	\$102.96
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$340.36	\$243.88	\$194.30	\$164.82	\$139.36	\$104.52
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$345.44	\$247.52	\$197.20	\$167.28	\$141.44	\$106.08
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$350.52	\$251.16	\$200.10	\$169.74	\$143.52	\$107.64
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$355.60	\$254.80	\$203.00	\$172.20	\$145.60	\$109.20
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$360.68	\$258.44	\$205.90	\$174.66	\$147.68	\$110.76
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$365.76	\$262.08	\$208.80	\$177.12	\$149.76	\$112.32
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$370.84	\$265.72	\$211.70	\$179.58	\$151.84	\$113.88
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$375.92	\$269.36	\$214.60	\$182.04	\$153.92	\$115.44
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$381.00	\$273.00	\$217.50	\$184.50	\$156.00	\$117.00

Plan Benefit Highlights

Maximum Benefit Period

Benefits are payable up to the period of time shown in the chart below, based on your age as of the Disability date for when a covered Injury or Sickness begins.

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

**Age at which you are entitled to unreduced Social Security benefits based on current Social Security Amendments.*

Social Security Filing Assistance

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

When Coverage Begins

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

Physician Expense Benefit

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

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

Accidental Death Benefit

A lump sum of \$20,000 will be paid to your designated beneficiary if you die as the direct result of an Injury within 90 days after the Injury.

Hospital Confinement Benefit

A Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Injury or Sickness, for up to 60 days. The amount payable is 1 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration. This benefit will begin after you've met your elimination period.

Waiver of Premium

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

Donor Benefit

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



Cancer Insurance



Guardian | www.guardianlife.com | 800-541-7846

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. 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. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.

Cancer Monthly Premiums		
	Advantage	Premier
Employee	\$18.48	\$30.95
Employee & Spouse	\$41.38	\$68.54
Employee & Child(ren)	\$22.46	\$37.66
Employee & Family	\$45.36	\$75.25

Cancer Benefit Summary
Group Number: 00560752

A Cancer insurance plan through Guardian provides:

- Lump-sum cash payments for certain procedures, screenings and treatments related to a covered cancer diagnosis, in addition to whatever your medical plan covers
- Payments are made directly to you and can be used for any purpose
- Ability to take the coverage with you if you change jobs or retire
- Affordable group rates

About Your Benefits:

CANCER		
COVERAGE - DETAILS	Option 1: Advantage Plan	Option 2: Premier Plan
Your Monthly premium	\$18.48	\$30.95
You and Spouse	\$41.38	\$68.54
You and Child(ren)	\$22.46	\$37.66
You, Spouse and Child(ren)	\$45.36	\$75.25
INITIAL DIAGNOSIS BENEFIT - Benefit is paid when you are diagnosed with Internal cancer for the first time while insured under this Plan.		
Benefit Amount(s)	Employee \$2,500 Spouse \$2,500 Child \$2,500	Employee \$5,000 Spouse \$5,000 Child \$5,000
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days	30 Days
CANCER SCREENING		
Benefit Amount	\$50; \$50 for Follow-Up screening	\$100; \$100 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY		
Benefit	Schedule amounts up to a \$10,000 benefit year maximum.	Schedule amounts up to a \$15,000 benefit year maximum.
Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior/ 6 months treatment free/ 12 months after.	3 months prior/ 6 months treatment free/ 12 months after.
Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
FEATURES		
Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement	\$2,000/trip, limit 2 trips per hospital confinement
Alternative Care	No Benefit	\$50/visit up to 20 visits
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$250/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150 per month	\$50/day up to \$250 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year	\$200/day up to \$10,000 per year

Benefit information illustrated within this material reflects the plan covered by Guardian as of 06/13/2020

ALL ELIGIBLE EMPLOYEES Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

FEATURES (Cont.)	Option 1: Advantage Plan	Option 2: Premier Plan
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor	Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2nd transplant. \$1,500 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month	\$200/day up to \$2,400/month
Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year	\$150/day up to 90 days per year
Government or Charity Hospital	\$300 per day in lieu of all other benefits	\$400 per day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year	\$100/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year	\$50/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime	\$100/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$400/day for first 30 days; \$800/day for 31st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$600/day for first 30 days; \$800/day for 31st day thereafter per confinement
Immunotherapy	\$500 per month, \$2,500 lifetime max	\$500 per month, \$2500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year	\$150/day up to 30 days per year
Medical Imaging	\$100/image up to 2 per year	\$200/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	\$75/day, up to 90 days per year	\$100/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure	\$350/day, 3 days per procedure
Physical or Speech Therapy	\$25/visit up to 4 visits per month, \$400 lifetime max	\$50/visit up to 4 visits per month, \$1,000 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max	Surgically Implanted: \$3,000/device, \$6,000 lifetime max Non-Surgically: \$300/device, \$600 lifetime max
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500	Breast TRAM \$3,000 Breast reconstruction \$700 Breast Symmetry \$350 Facial reconstruction \$700
Reproductive Benefit	No Benefit	\$1,500 egg harvesting, \$500 egg or sperm storage, \$2,000 lifetime max
Second Surgical Opinion	\$200/surgery procedure	\$300/surgery procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$4,125	Schedule amount up to \$5,500
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion	\$0.50/mile up to \$1,500 per round trip/equal benefit for companion
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included	Included

UNDERSTANDING YOUR BENEFITS :

- **Alternative Care** – Benefit is paid for palliative care (bio-feedback or hypnosis) or lifestyle benefits such as visits to an accredited practitioner for smoking cessation, yoga, meditation, relaxation techniques and nutritional counseling.

Critical Illness Insurance

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

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.



BENEFIT SUMMARY



**Connally Independent School District
802897**

Aetna Critical Illness Basic

THIS IS NOT A MEDICARE SUPPLEMENT (MEDIGAP) PLAN. If you are or will become eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available at www.medicare.gov.

Insurance plans are underwritten by Aetna Life Insurance Company.

The benefits in the table below will be paid when you are diagnosed with a covered Critical Illness . Unless otherwise indicated, all benefits and limitations are per covered person.

Face Amounts

Covered Benefit	Amount
Employee face amount	\$10,000 \$20,000
Spouse face amount	50% of EE face amount
Spouse benefit amount	50% of EE benefit amount
Child(ren) face amount	50% of EE face amount
Child(ren) benefit amount	50% of EE benefit amount

Critical Illness Benefits – Autoimmune

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Lupus Pays a benefit when you are diagnosed with Lupus by a physician.	25%
Multiple sclerosis Pays a benefit when you are diagnosed with Multiple sclerosis by a physician.	25%

Critical Illness Benefits - Chronic Condition

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Primary sclerosing cholangitis (PSC) Pays a benefit when you are diagnosed with Primary sclerosing cholangitis (PSC), also known as "Walter Payton's disease" by a physician.	25%

Cancer Benefits

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Cancer (invasive) Pays a benefit when you are diagnosed with Cancer (invasive) that is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells.	100%
Carcinoma in situ (non-invasive) Pays a benefit when you are diagnosed with Carcinoma in situ that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue. Skin cancer will not be considered carcinoma in situ for purposes of this Certificate.	25%
Skin cancer Pays a benefit when you are diagnosed with Skin Cancer (melanoma of Clark's Level I or II Breslow less than .75mm); basal cell carcinoma; or squamous cell carcinoma of the skin. Skin cancer benefit provides coverage for invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic.	\$1,000
<i>Maximum per lifetime</i>	1
Recurrence cancer (invasive) diagnosis If an insured person has been initially diagnosed with and received a benefit for cancer (invasive) under this plan and is then diagnosed with any kind of cancer (invasive) again at the number of days specified in the minimum below or later, we will pay the stated percentage of the Cancer Benefit for Cancer (invasive) as shown on the Schedule of Benefits for the cancer (invasive) diagnosed.	100%
<i>Minimum days between diagnosis of cancer (invasive)** no benefit payable if the recurrence occurs within a time frame less than the number of days specified</i>	180 days
Recurrence carcinoma in situ diagnosis If an insured person has been initially diagnosed with and received a benefit for carcinoma in situ (non-invasive) under this plan and is then diagnosed with any kind of carcinoma in situ (non-invasive) again at the number of days specified in the minimum below or later, we will pay the stated percentage of the carcinoma in situ (non-invasive) as shown on the Schedule of Benefits for the carcinoma in situ (non-invasive) diagnosed.	100%
<i>Minimum days between diagnosis of carcinoma in situ** no benefit payable if the recurrence occurs within a time frame less than the number of days specified</i>	180 days

** In addition to the separation period, the insured person must be treatment free during the separation period. Treatment does not include maintenance drug therapy or routine follow-up visits to a physician to confirm the initial cancer or carcinoma in situ has not returned.

Critical Illness Benefits – Neurological (Brain)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Amyotrophic lateral sclerosis (ALS) Pays a benefit when you are diagnosed with Advanced amyotrophic lateral sclerosis (ALS), also known as "Lou Gehrig's disease" by a physician. ALS does not include other motor neuron diseases. This disease is characterized by the progressive degeneration of motor neurons, shown by permanent neurological defect with persisting clinical signs and symptoms such as the inability to perform 3 or more activities of daily living, and or the need for either a feeding tube or non-invasive ventilation.	25%
Alzheimer's disease Pays a benefit when you are diagnosed with Alzheimer's disease, diagnosis of the disease by a psychiatrist or neurologist. You must have the inability to independently perform 3 or more of the activities of daily living.	25%
Benign brain or spinal cord tumor Pays a benefit when you are diagnosed with a Benign brain tumor by a physician.	100%
Coma (non-induced) Pays a benefit when you are diagnosed with Coma, characterized by the absence of eye opening, verbal response and motor response, and the individual requires intubation for respiratory assistance (a medically induced coma is not covered). The Coma must last for a period of 14 or more consecutive days.	100%
Parkinson's disease Pays a benefit when you are diagnosed with Parkinson's disease by a psychiatrist or neurologist.	25%
Persistent vegetative state (PVS) Pays a benefit when diagnosed with Persistent vegetative state (PVS) by a physician.	100%
Stroke Pays a benefit when you are diagnosed with a Stroke resulting in paralysis or other measurable objective neurological defect persisting for more than 24 hours.	100%
Transient ischemic attack (TIA) Pays a benefit when you are diagnosed with Transient ischemic attack (TIA) by a physician. TIA does not include a stroke.	25%
<i>Maximum per lifetime</i>	1

Critical Illness Benefits – Other

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
End-stage renal or kidney failure Pays a benefit when you are diagnosed with End stage renal or kidney failure, and the insured person has to undergo regular hemodialysis or peritoneal dialysis at least weekly or your physician determines that complete replacement of the entire organ is necessary, and you are placed on a national transplant list, such as UNOS (United Network for Organ Sharing).	100%
Loss of hearing Pays a benefit when you are diagnosed with Loss of hearing in both ears that cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing has to continue for a period of 90 consecutive days.	100%
Loss of sight (blindness) Pays a benefit when you are diagnosed with Loss of sight (blindness) that is total and irrecoverable loss of sight in both eyes. Loss of sight (blindness), has to continue for a period of 90 consecutive days.	100%
Loss of speech Pays a benefit when you are diagnosed with Loss of speech that cannot be corrected to any functional degree by any procedure, aid or device. Loss of speech has to continue for a period of 90 consecutive days.	100%
Major organ failure Pays a benefit when you are diagnosed with a Major organ failure of the heart, liver, lung(s), or pancreas resulting in the insured person being placed on the UNOS (United Network for Organ Sharing) list for a transplant.	100%
Muscular Dystrophy Pays a benefit when you are diagnosed with Muscular dystrophy by a physician.	25%
Paralysis Pays a benefit when you are diagnosed with any of the types of paralysis below, and your physician confirms the paralysis continued for a period of 60 consecutive days.	
Quadriplegia	100%
Triplegia	75%
Paraplegia	50%
Hemiplegia	50%
Diplegia	50%
Monoplegia	25%
Third-degree burns Pays a benefit when you are diagnosed with a Third degree burn that covers more than 10% of total body surface (also called full-thickness burn).	100%

Critical Illness Benefits – Vascular (Heart)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Coronary artery condition requiring bypass surgery Pays a benefit when you are diagnosed with a Coronary artery condition in which the patient is placed on a cardiac pulmonary bypass machine and a bypass graft is performed.	25%
Heart attack (myocardial infarction) Pays a benefit when you are diagnosed with a Heart attack (Myocardial Infarction) resulting from a blockage of one or more coronary arteries.	100%
Sudden cardiac arrest Pays a benefit when you are diagnosed with Sudden cardiac arrest by a physician. Sudden cardiac arrest does not include heart attack. The sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by, or contributed to by, a heart attack.	25%
<i>Maximum per lifetime</i>	1

Critical Illness Benefit Features

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Subsequent critical illness diagnosis Subsequent diagnosis of a different covered Critical Illness is payable at the original amount if it occurs after the previous date of diagnosis for which a benefit was paid, provided it has been at least the number of days specified below since the previous date.	100%
<i>Minimum days between diagnosis of different condition* no benefit payable if the subsequent diagnosis occurs within a timeframe that is less than the number of days specified</i>	30 days
Recurrence critical illness diagnosis If an insured person has been initially diagnosed with and received a benefit under this plan for a critical illness and then is diagnosed with the same critical illness again at the number of days specified in the minimum below or later, we will pay the stated percentage of the benefit as shown in the Schedule of Benefits for the recurring critical illness diagnosed.	100%
<i>Minimum days between diagnosis of same condition; no benefit payable if the recurrence occurs within a timeframe that is less than the number of days specified</i>	180 days

* The separation period is waived if the subsequent diagnosis is in a different benefit category. Benefit category is defined as either cancer or non-cancer benefits.



RATE SHEET

Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken.



Critical Illness Plan*

You may enroll in one option only

Non-Tobacco Rates

Employee Face Amount: \$10,000

<u>Age Band</u>	<u>Yourself only</u>	<u>Yourself and spouse</u>	<u>Yourself plus child(ren)</u>	<u>Yourself and family</u>
<25	\$3.22	\$6.14	\$3.22	\$6.14
25-29	\$3.86	\$7.11	\$3.86	\$7.11
30-34	\$5.03	\$8.86	\$5.03	\$8.86
35-39	\$6.70	\$11.36	\$6.70	\$11.36
40-44	\$9.30	\$15.26	\$9.30	\$15.26
45-49	\$12.16	\$19.55	\$12.16	\$19.55
50-54	\$17.27	\$27.24	\$17.27	\$27.24
55-59	\$24.24	\$37.71	\$24.24	\$37.71
60-64	\$35.47	\$54.57	\$35.47	\$54.57
65-69	\$49.00	\$74.90	\$49.00	\$74.90
70+	\$70.46	\$107.13	\$70.46	\$107.13

Employee Face Amount: \$20,000

<u>Age Band</u>	<u>Yourself only</u>	<u>Yourself and spouse</u>	<u>Yourself plus child(ren)</u>	<u>Yourself and family</u>
<25	\$5.19	\$9.56	\$5.19	\$9.56
25-29	\$6.44	\$11.43	\$6.44	\$11.43
30-34	\$8.73	\$14.86	\$8.73	\$14.86
35-39	\$12.03	\$19.80	\$12.03	\$19.80
40-44	\$17.18	\$27.53	\$17.18	\$27.53
45-49	\$22.84	\$36.01	\$22.84	\$36.01
50-54	\$32.94	\$51.22	\$32.94	\$51.22
55-59	\$46.73	\$71.93	\$46.73	\$71.93
60-64	\$68.98	\$105.36	\$68.98	\$105.36
65-69	\$95.80	\$145.63	\$95.80	\$145.63
70+	\$138.45	\$209.68	\$138.45	\$209.68

Tobacco Rates

Employee Face Amount: \$10,000

<u>Age Band</u>	<u>Yourself only</u>	<u>Yourself and spouse</u>	<u>Yourself plus child(ren)</u>	<u>Yourself and family</u>
<25	\$3.38	\$6.39	\$3.38	\$6.39
25-29	\$4.22	\$7.64	\$4.22	\$7.64
30-34	\$5.82	\$10.04	\$5.82	\$10.04
35-39	\$8.38	\$13.89	\$8.38	\$13.89
40-44	\$12.81	\$20.54	\$12.81	\$20.54
45-49	\$18.40	\$28.93	\$18.40	\$28.93
50-54	\$28.51	\$44.15	\$28.51	\$44.15
55-59	\$43.28	\$66.34	\$43.28	\$66.34
60-64	\$67.25	\$102.37	\$67.25	\$102.37
65-69	\$97.62	\$148.02	\$97.62	\$148.02
70+	\$133.39	\$201.78	\$133.39	\$201.78

Employee Face Amount: \$20,000

<u>Age Band</u>	<u>Yourself only</u>	<u>Yourself and spouse</u>	<u>Yourself plus child(ren)</u>	<u>Yourself and family</u>
<25	\$5.52	\$10.06	\$5.52	\$10.06
25-29	\$7.16	\$12.50	\$7.16	\$12.50
30-34	\$10.31	\$17.23	\$10.31	\$17.23
35-39	\$15.39	\$24.86	\$15.39	\$24.86
40-44	\$24.20	\$38.09	\$24.20	\$38.09
45-49	\$35.32	\$54.78	\$35.32	\$54.78
50-54	\$55.43	\$85.06	\$55.43	\$85.06
55-59	\$84.80	\$129.20	\$84.80	\$129.20
60-64	\$132.55	\$200.95	\$132.55	\$200.95
65-69	\$193.05	\$291.88	\$193.05	\$291.88
70+	\$264.30	\$398.98	\$264.30	\$398.98

**Rates are based on your (the subscribers) current age but will increase as you move into a higher age-band.*

Accident Insurance

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

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

Accident Monthly Premiums		
	Low Plan	High Plan
Employee	\$9.69	\$17.53
Employee & Spouse	\$16.06	\$29.58
Employee & Child(ren)	\$20.85	\$39.61
Employee & Family	\$27.22	\$51.66



GROUP ACCIDENT INSURANCE

	HIGH	LOW
INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:		
Hospital emergency room with X-Ray / without X-Ray	\$250/\$200	\$125/\$100
Urgent care facility with X-Ray / without X-Ray	\$250/\$200	\$125/\$100
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$150/\$100	\$75/\$50
AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.	\$400 Ground \$1,200 Air	\$200 Ground \$600 Air
MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.	\$200	\$100
EMERGENCY ROOM OBSERVATION (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.	\$100 Each 24 hour period \$50 Less than 24 hours, but at least 4 hours	\$50 Each 24 hour period \$25 Less than 24 hours, but at least 4 hours
PRESCRIPTIONS (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary). This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).	\$5	\$5
BLOOD/PLASMA/PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.	\$200	\$100
PAIN MANAGEMENT (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.	\$100	\$50
CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.	\$500	\$250
TRAUMATIC BRAIN INJURY (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist.	\$5,000	\$2,500

COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.	\$10,000	\$5,000
EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.	\$50 Extraction \$200 Repair with a crown	\$25 Extraction \$100 Repair with a crown
BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.		
Second Degree		
Less than 10%	\$100	\$50
At least 10% but less than 25%	\$200	\$100
At least 25% but less than 35%	\$500	\$250
35% or more	\$1,000	\$500
Third Degree		
Less than 10%	\$1,000	\$500
At least 10% but less than 25%	\$5,000	\$2,500
At least 25% but less than 35%	\$10,000	\$5,000
35% or more	\$20,000	\$10,000
EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	\$250	\$125
FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one fracture in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.	Up to \$4,000 based on a schedule	Up to \$2,000 based on a schedule
DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.	Up to \$3,000 based on a schedule	Up to \$1,500 based on a schedule
LACERATIONS (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):		
Under 5 centimeters	\$800	\$400
5-15 centimeters	\$400	\$200
Over 15 centimeters	\$100	\$50
Lacerations not requiring stitches	\$50	\$25

OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	\$400	\$200
FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).	\$100	\$50
OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.	\$50	\$25
INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	\$1,000	\$500
TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.	\$500 Plane	\$250 Plane
	\$200 Any ground transportation	\$100 Any ground transportation
SUCCESSOR INSURED BENEFIT If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.		

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

AFTER CARE BENEFITS	HIGH	LOW
APPLIANCES (within 6 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. Cane, Ankle Brace Walking Boot, Walker, Cervical Collar, Crutches, Leg Brace Wheelchair, Knee Scooter, Body Jacket, Back Brace	 \$40 \$100 \$400	 \$20 \$50 \$200
ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.	\$50	\$25
POST-TRAUMATIC STRESS DISORDER (PTSD) (once per accident, within 6 months after the accident) Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.	\$200	\$100

REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured) Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement. We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.	\$100 per day	\$50 per day
THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.	\$50	\$25
CHIROPRACTIC OR ALTERNATIVE THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.	\$30	\$15

HOSPITALIZATION BENEFITS	HIGH	LOW
HOSPITAL ADMISSION (once per accident, within 6 months after the accident) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.	\$1,250 per confinement	\$625 per confinement
HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident) Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.	\$300 per day	\$150 per day
HOSPITAL INTENSIVE CARE (within 6 months after the accident) Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$400 per day (maximum of 30 days per accident)	\$200 per day (maximum of 30 days per accident)
INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury. We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$200 per day	\$100 per day

FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident) Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable: • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor.	\$200 per day	\$100 per day
--	------------------	------------------

LIFE CHANGING EVENTS BENEFITS

DISMEMBERMENT (once per accident, within 6 months after the accident) Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident. Dismemberment means: • Loss of a hand -The hand is removed at or above the wrist joint; • Loss of a foot -The foot is removed at or above the ankle; • Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or • Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable). If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.
--

SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)	HIGH	LOW
Employee	\$12,500	\$6,250
Spouse	\$5,000	\$2,500
Child(ren)	\$2,500	\$1,250

DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)		
Employee	\$25,000	\$12,500
Spouse	\$10,000	\$5,000
Child(ren)	\$6,000	\$2,500

LOSS OF ONE OR MORE FINGERS OR TOES		
Employee	\$1,250	\$625
Spouse	\$500	\$250
Child(ren)	\$250	\$125

PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)		
Employee/Spouse/Child(ren)	\$125	\$62.50
PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident) Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury. Paraplegia Quadriplegia	\$5,000 \$10,000	\$2,500 \$5,000
PROSTHESIS (once per accident, up to 2 prosthetic devices and one replacement per device per insured)* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements. * We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.	\$3,000	\$1,500

RESIDENCE/VEHICLE MODIFICATION (once per accident, within one year after the accident) Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury: • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg.	\$2,000	\$1,000
--	---------	---------

WELLNESS RIDER	HIGH	LOW
WELLNESS BENEFIT (once per calendar year) Payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.	\$50 First year of certificate and thereafter	\$30 First year of certificate and thereafter

ACCIDENTAL DEATH RIDER

ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*) Payable if a covered accidental injury causes the insured to die.		
Employee	\$100,000	\$50,000
Spouse	\$50,000	\$25,000
Child(ren)	\$10,000	\$20,000
ACCIDENTAL COMMON-CARRIER DEATH BENEFIT Payable if the insured: • Is a fare-paying passenger on a common carrier; • Is injured in a covered accident; and • Dies within 90 days* after the covered accident. *In Oregon and Utah, within 180 days after the accident; in Pennsylvania, there is no limitation on the number of days.	\$100,000 Employee	\$100,000 Employee
	\$50,000 Spouse	\$50,000 Spouse
	\$20,000 Child(ren)	\$10,000 Child(ren)

ORGANIZED ATHLETIC ACTIVITY RIDER	BOTH PLANS
ORGANIZED ATHLETIC ACTIVITY BENEFIT We will pay an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event.	10%

Hospital Indemnity Insurance

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

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

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

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

Hospital Indemnity Monthly Premiums	
Employee Only	\$26.04
Employee & Spouse	\$58.04
Employee & Child(ren)	\$44.64
Employee & Family	\$73.82



AETNA HOSPITAL INDEMNITY

Inpatient Stays

Covered Benefit	Benefit Amounts
Hospital stay - Admission Provides a lump sum benefit for the initial day of your stay in a hospital. <i>No Maximum stays per plan year; separated by 30 days in a row</i>	\$1,500
Hospital stay - Daily Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital. <i>Maximum 30 days per plan year</i>	\$150
Hospital stay - (ICU) Daily Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital. <i>Maximum 30 days per plan year</i>	\$300
Newborn routine care Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.	\$200
Observation unit Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury. <i>Maximum 1 day per plan year</i>	\$200
Substance abuse stay - Daily Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse. <i>Maximum 30 days per plan year</i>	\$150
Mental disorder stay - Daily Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders. <i>Maximum 30 days per plan year</i>	\$150
Rehabilitation unit stay - Daily Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury. <i>Maximum 30 days per plan year</i>	\$75

Important Note:
All daily inpatient stay benefits begin on day two and count toward the plan year maximum.

Medical Transport

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

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

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

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

Medical Transport Monthly Premiums		
	Emergent Plus	Platinum
Employee Only	\$14.00	\$39.00
Employee & Family	\$14.00	\$39.00





EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS** of which provider transports them.

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



**Any Ground. Any Air.
Anywhere.™**

OUR BENEFITS

Benefit *	Platinum \$39/Month	Emergent Plus \$14/Month	
Emergent Ground Transportation	U.S./Canada	U.S./Canada	
Emergent Air Transportation	U.S./Canada	U.S./Canada	
Non-Emergent Air Transportation	Worldwide	U.S./Canada	
Repatriation	Worldwide	U.S./Canada	
Escort Transportation	Worldwide		
Mortal Remains Transportation	Worldwide		
Visitor Transportation	BCA*		
Minor Children/Grandchildren Return	BCA*		
Vehicle Return	BCA*		
Pet Return	BCA*		
Organ Retrieval	U.S./Canada		
Organ Recipient Transportation	U.S./Canada		

* Please refer to the MSA for a detailed explanation of benefits and eligibility.

** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

Identity Theft Protection

iLock360 | 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.

See rates on next page.



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.

Identity Theft Protection & Legal Monthly Premiums		
	Employee Only	Employee & Family
Identity Theft Protection	\$8.96	\$18.96
Legal Shield	\$18.96	\$18.96
Identity Theft Protection & Legal Shield	\$27.90	\$33.90



HAVE YOU EVER?

- ☐ Needed your Will prepared or updated
- ☐ Been overcharged for a repair or paid an unfair bill
- ☐ Had trouble with a warranty or defective product
- ☐ Signed a contract
- ☐ Received a moving traffic violation
- ☐ Had concerns regarding child support
- ☐ Worried about being a victim of identity theft
- ☐ Been concerned about your child's identity
- ☐ Lost your wallet
- ☐ Worried about entering personal information online
- ☐ Feared the security of your medical information
- ☐ Been pursued by a collection agency

WHAT ARE LEGALSHIELD & iLOCK360?

LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs.

In 2012, TCG Services developed iLOCK360 in order to protect its clients and their employees from the growing threat of identity theft. Today, iLOCK360 helps educators, businesses, employees, and individuals Live Safely™, knowing their identities are monitored around the clock.

THE LEGALSHIELD MEMBERSHIP INCLUDES

-  Personal Legal Advice on unlimited issues
-  Letters/calls made on your behalf
-  Contracts & documents reviewed (up to 15 pages)
-  Residential Loan Document Assistance
-  Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
-  Moving Traffic Violations (available 15 days after enrollment)
-  IRS Audit Assistance
-  Trial Defense (if named defendant/respondent in a covered civil action suit)
-  Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
-  24/7 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
-  24/7 Emergency Access for covered situations

THE iLOCK360 MEMBERSHIP INCLUDES

-  **CyberAlert Internet Surveillance**
Our exclusive technology scours the web 24/7/365 to identify trading or selling of your personal information online.
-  **Social Security Number Tracing**
Know if your SSN becomes associated with another individual's name or address.
-  **Credit Monitoring**
Find out your credit score, analyze your credit report, and monitor your identity for credit-related activity.
-  **Full Service Restoration**
An iLOCK360 Certified Identity Theft Restoration Specialist will work diligently on your behalf to restore all aspects of your identity.
-  **\$1 Million in Identity Theft Insurance**
You are insured with a one million dollar insurance policy to cover identity theft restoration expenses.

Monthly Payroll Deduction	Individual	Family
iLOCK360	\$8.96	\$18.96
LegalShield	\$18.96	\$18.96
Combined	\$27.90	\$33.90

Plan	Cyber Alert SM	Credit Bureau Monitoring	SSN Trace	Court Records	Address Change	24/7 Support	\$1M Insurance
Plus	✓	✓	✓	✓	✓	✓	✓
Basic	✓						

All district employees receive free Basic coverage that includes only CyberAlertSM

TeleHealth

Recuro | www.recurohealth.com | 855-673-2876

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!

TeleHealth Monthly Premiums	
Employee Only	\$10.00
Employee & Family	\$10.00





24/7 On-Demand Care Access

Access board-certified physicians 24/7, 365 days a year for you and your family for only **\$10 per month!** Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

Consult Fee: \$0



Call 1.855.6RECURO

Call us, or download our app to speak with a doctor today!



Visit Us Online



Speak With an Agent



Download Our App

Common Conditions Treated



Sore Throat



Congestion



Cough



Cold & Flu



Yeast Infection



Insect Bites



Allergies



More

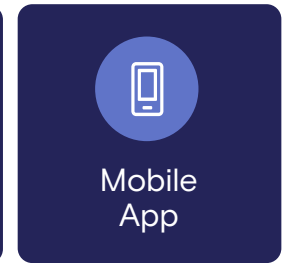
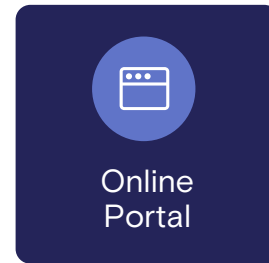
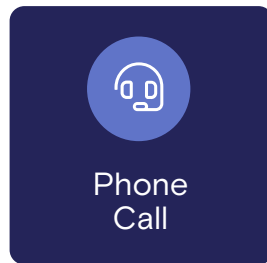




- ➔ **Primary Care**
- ➔ **Pediatrics**
- ➔ **Urgent Care**

Easy, Convenient, Affordable

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



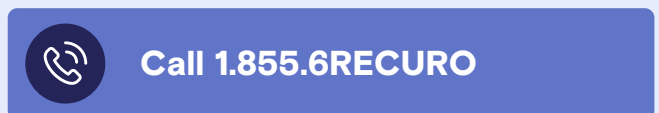
Healthcare that makes sense

Type of Visit	Average Cost
Primary Care	\$100
Urgent Care	\$150
Emergency Room	\$1400
 \$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...

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





457(b) RETIREMENT PLAN



The FFinvest Retirement Plan is a comprehensive plan, funded by Net Asset Value Mutual Funds. It is a competitive & simple, yet flexible plan with a 401(k) type of approach.

PLAN HIGHLIGHTS

Multiple Investment Options

- The plan provides 30+ different investment options , for savers and investors of all risk tolerances

ROTH (After-Tax) Option

Loan availability (subject to balance)

Rollovers/Transfers

- Rollovers and Transfers are accepted into the plan from other retirement plans

No Front-End or Deferred Sales Charges



ENROLL ONLINE

Go to www.tcgservices.com

- Click Enroll (upper right-hand corner)
- Search for Connally ISD
- Click Enroll in the 457(b) Savings Plan

If you have questions, please contact
TCG Administrators at [\(800\) 943-9179](tel:8009439179)
Monday - Friday, 8:00 a.m. - 7:00 p.m.

24/7, 365 ONLINE ACCESS VIA WEB OR MOBILE APP

Vast Learning Center located at
www.tcgservices.com

- Video Library
- Retirement Rundown & Market Commentary
- Financial Calculators

Service from your FFGA Account Rep
Dedicated email address: FFinvest@ffga.com

403(b) Retirement Plan



First Financial Administrators, Inc. | www.ffga.com |
800-523-8422, option 2 | retirement@ffga.com

The 403(b) can be an excellent way to save money for retirement. It can serve as a supplement to a traditional pension plan or other retirement plan(s), or as a stand-alone plan. The 403(b) is a tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

Contribution Limits

2026

\$24,500

Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$8,000.

All investing involves risk. Past performance is not a guarantee of future returns.

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:
Dental, Vision, & FSA

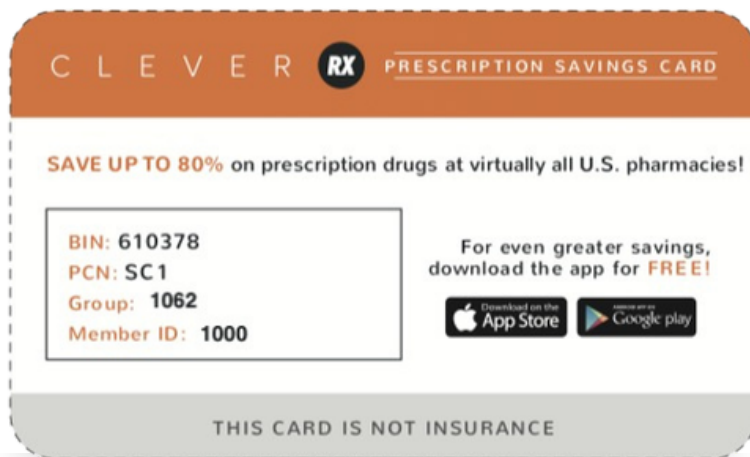


Clever RX

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!