FLOUR BLUFF ISD 2026-2027

BENEFITS GUIDE

SCAN ME

ffbenefits.ffga.com/flourbluffisd

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

Employee Benefits Center

A guide to your benefits!

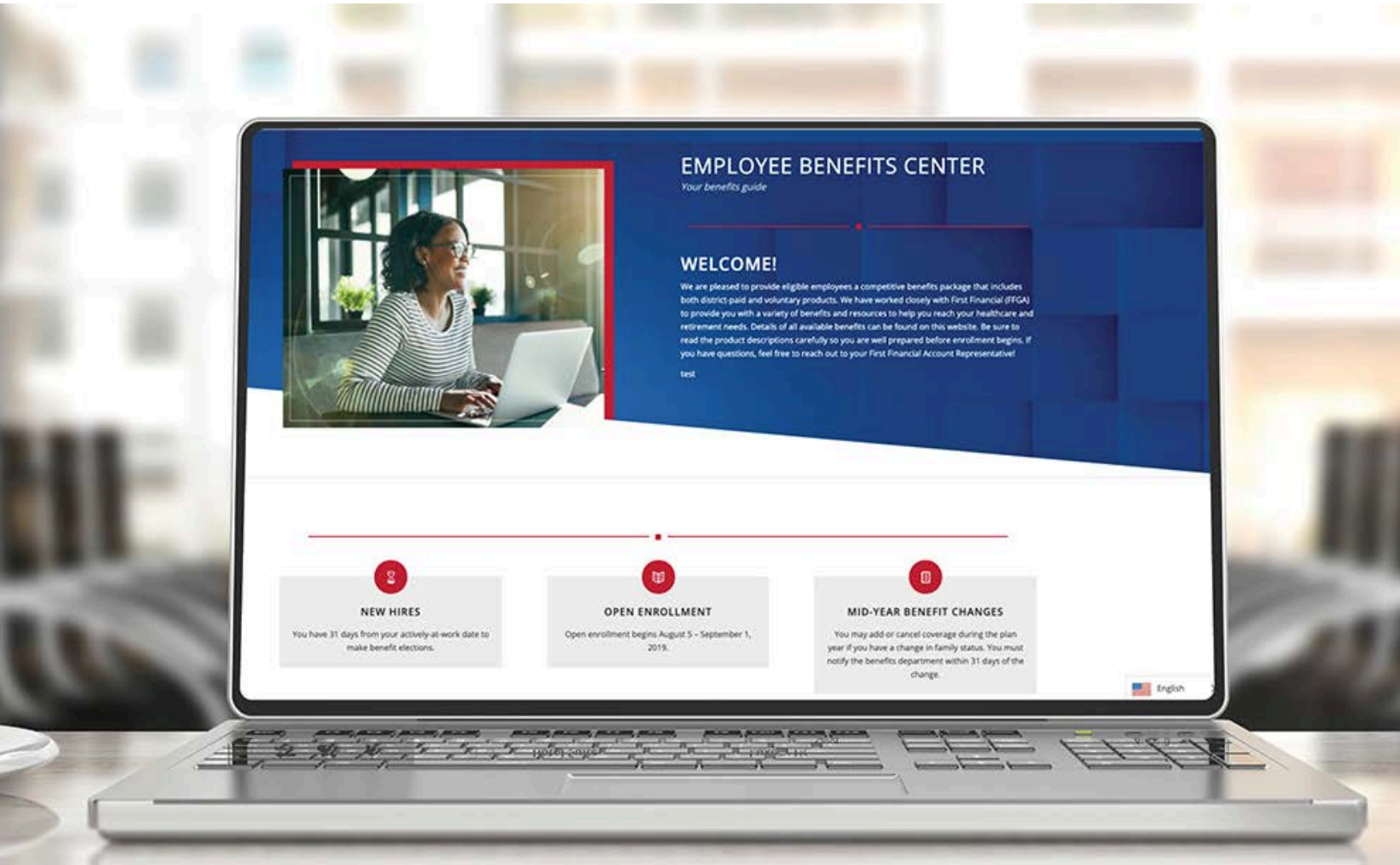
Flour Bluff ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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

SCAN ME!

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

ffbenefits.ffga.com/flourbluffisd



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 30 days from your hire date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows your hire date.

You must enroll with an enroller for your first time. You won't be able to complete your initial enrollment online.

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 contact Hollie Crenshaw, hcrenshaw@flourbluffschools.net, 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

IExisting employees who are eligible for benefits but wish to DECLINE coverage may complete the online enrollment on a work or home computer by "waive" under each option (beneficiary information is still required). Plese note that online waiving is only available to existing staff; **new hires** wishing to decline coverage must complete this process directly with a benefit enroller rather than online.

How to Enroll
Benefits Enrollment

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

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

Enroll Now

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

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

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

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

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here's How It Works

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

Is It Right For Me?

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

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

IRS specified changes in family status include:

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

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

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

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

MEDICAL PLAN OPTIONS

Aetna

PLAN BENEFITS COMPARISON

	Select 3000 EPO Open Access Aetna Select		3750 HDHP/HSA CPOS II Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible Individual / Family	$3,000 / $9,000	N/A	$3,750 / $7,500	$12,000 / $24,000
Maximum Out of Pocket Limits Individual / Family	$9,000 / $18,000	N/A	$7,500 / $15,000	$12,000 / $24,000
Coinsurance	30%	N/A	30%	0%*
Medical Benefits				
PCP Required	Yes	N/A	No	No
Physician Office Copay	$25 copay	Not Covered	30% after deductible	0% after deductible*
Specialist Office Copay	$50 copay	Not Covered	30% after deductible	0% after deductible*
Preventive Care Services	Covered at 100%	Not Covered	Covered at 100%	Covered at 100%
Urgent Care	$50 copay	Not Covered	30% after deductible	0% after deductible*
Redi MD	$0 copay	N/A	30% after deductible	0% after deductible*
Emergency Room Visit	$500 copay		30% after deductible	
Inpatient Hospital Services	30% after deductible	Not Covered	30% after deductible	0% after deductible*
Outpatient Hospital Services	30% after deductible	Not Covered	30% after deductible	0% after deductible*
Lab & X-Ray	30% after deductible	Not Covered	30% after deductible	0% after deductible*
Major Diagnostics CT, PET, MRI, etc.	30% after deductible	Not Covered	30% after deductible	0% after deductible*
Prescription Drug Benefits				
Preferred Generic Retail / Mail Order	$10/$25	Not Covered	30% after deductible	Not Covered
Formulary (Brand) Retail / Mail Order	25% (max $250) / 25% (max $750)	Not Covered	30% after deductible	Not Covered
Non-Formulary Retail / Mail Order	25% (max $250) / 25% (max $750)	Not Covered	30% after deductible	Not Covered
Specialty Retail	25% (max $250) / 25% (max $750)	Not Covered	30% after deductible	Not Covered

**May be subject to balance billing for charges beyond Aetna's allowed amount. Members are responsible for balance bill expenses.*

TOOLS TO HELP YOU SAVE MONEY AND MANAGE YOUR HEALTH

Manage your plan, health and budget better by registering for your member website at aetna.com. By registering, you can:

- Search for doctors, hospitals, pharmacies and more in your area
- Get cost estimates for tests and procedures
- Review your claims
- Check your personal health record and set reminders for important preventive screenings

MEDICAL PLAN OPTIONS

Comparing the EPO and the HDHP Plans

Select 3000 EPO

- ✓ In-network coverage only
- ✓ Open Access Aetna Select
- ✓ Lower deductible
- ✓ Higher premiums
- ✓ Compatible with the FSA
- ✓ PCP referral for specialist visits
- ✓ Preventive care covered at 100%
- ✓ Copays for many services

3750 HDHP/HSA

- ✓ In-network and out-of-network coverage
- ✓ Aetna Choice POS II Network (Nationwide)
- ✓ Higher deductible
- ✓ Lower premiums
- ✓ Compatible with the HSA
- ✓ No PCP referral for specialist visits
- ✓ Preventive care covered at 100%
- ✓ Services covered 70% after deductible met

	YOUR AETNA MEDICAL PLAN RATES		
	Monthly*	Semi-Monthly	17-Pay
Select 3000 EPO			
Employee Only	$304.77	$152.39	$215.13
Employee + Spouse	$1,011.77	$505.89	$714.19
Employee + Child(ren)	$828.95	$414.48	$585.14
Employee + Family	$1,517.67	$758.84	$1,071.29
3750 HDHP/HSA			
Employee Only	$169.64	$84.82	$119.75
Employee + Spouse	$743.53	$371.77	$524.85
Employee + Child(ren)	$599.09	$299.55	$422.89
Employee + Family	$1,174.67	$587.34	$829.18

MEDICAL RESOURCES

for Aetna Members

24/7 Urgent Care

Virtually connect quickly and easily with a licensed provider for minor illnesses and injuries.

Treats conditions such as:

- Colds, Flu, Strep
- Minor Pains
- Common infections
- Medication refills

Mental Health Services

Talk with a therapist or schedule with a psychiatric mental health nurse practitioner (PMHNP) for diagnosis, treatment and medication management.

Services include:

- Anxiety, depression screening
- Medication management
- Stress and life support
- Sleep-related concerns

AETNA CONCIERGE

Your Aetna Concierge is here for you. They'll listen, understand your needs and find solutions that are right for you.

A concierge can help you:

- Get answers about a diagnosis
- Select a doctor
- Learn about your coverage
- Plan for upcoming treatment
- Find health care solutions that fit your needs
- Learn how to use Aetna's online tools to make the right decisions
- Find network providers based on your medical needs
- Assist you in scheduling appointments

Plan for Health Expenses

Your concierge can show you:

- How to estimate costs before you make an appointment
- Differences between inpatient and outpatient care, including costs
- Your options and cost estimates in advance to help you make smarter decisions

Two ways to contact a concierge

Available Monday through Friday from 8 AM to 6 PM ET local time

Log in at **Aetna.com** and chat online.

Just call the toll-free number on your Aetna member ID card.

MEDICAL RESOURCES

for Aetna Members

24/7 NURSE LINE

When it comes to taking care of your health, know you're not alone. Through your Aetna benefits, you have access to the 24-Hour Nurse Line anytime.

Why call the 24-Hour Nurse Line?

You'll get valuable information that may help you avoid a trip to the doctor, urgent care or emergency room. That can be a real time and money saver. You'll be able to make smarter health decisions because you'll have trusted information right at your fingertips.

Call **800-556-1555** to reach the 24-Hour Nurse Line and talk to a nurse.

AETNA HEALTH YOUR WAY

Welcome to your health and well-being resource. You have access to a digital health platform that helps you achieve your best health in a whole new way. You'll get personalized resources and challenges to help you earn rewards every year.

Two Simple Steps:

1. Take your health assessment and get your MyHealth100 score.
2. Choose a personalized pathway that can help you achieve your health goals.

Ready to explore Aetna Health Your Way today?

Sign in at Aetna.com and scroll to Well-being resources and select "Aetna Health You Way" or download the **MyActiveHealth** Wellness app from either the App Store or Google Play.

CVS MINUTE CLINIC

Your Aetna health plan includes a MinuteClinic benefit. This means more options for where and when you get care. Plus, it's a lower-cost alternative to the emergency room or urgent care.

MinuteClinic Walk-In Services

Get access to convenient, local care to treat a variety of conditions, illnesses and injuries:

- Asthma and allergies
- Bronchitis and upper respiratory infection
- Insect stings
- Sore throats and ear infections
- Minor cuts, blisters and wounds

Care Options that Work for You:

- **Convenience.** Access lower-cost services compared to urgent care and emergency rooms (ERs). Get care 7 days a week, including evenings.
- **Easy appointment scheduling.** Book online or use the kiosks within CVS store locations. Walk-in visits are also welcome.

NATURAL WELLNESS

There are many paths to your best health. Your Aetna plan can help you find a natural one. Whether you're feeling pain or stress, or just want to relax, you have options.

You can get discounts on:

- Massage therapy
- Acupuncture
- Chiropractic Visits
- Nutrition services

RediMD™
Leading Telemedicine

RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.

RediMD service is available for you and any dependents enrolled in your health insurance plan 24/7/365 days a year.

1-866-989-2873/ www.REDIMD.com

GET IT ON Google Play

Download on the App Store

Code = flourbluffisd

$0 cost - OA Select 3000
$50 cost until deductible is met - HDHP

REDIMD TREATS MOST PRIMARY CARE AILMENTS INCLUDING, BUT NOT LIMITED TO:

Cold	Cough	Flu	Sore Throat
Allergies	Skin Issues	Blood Pressure	Headaches
Diabetes	Sinus Infection	Stress Problems	Stomach Problems

For help, call RediMD at **866-989-CURE, option 3** or
visit us at **www.RediMD.com** for more information and to register

Know your options when you need care

You have several affordable and convenient options for immediate care. Keep this chart handy to help you make a smart choice the next time you need medical care. You may save time and money. Just text **"GETAPP"** to **90156** for a link to the **Aetna Health℠ app**. You'll be able to find network providers and facilities near you. Message and data rates apply.*

	Care from anywhere	In-person options for care			
	Non-emergency	Non-emergency	Non-emergency	Urgent	Emergency
Care options	**Telemedicine (Redi MD)** **Gives you access to primary care providers by phone, video or mobile app. Get a diagnosis, treatment plan and prescriptions (when needed) for non-emergency medical needs.**	**Primary care physician (PCP**)** **Your PCP is the best option for in-person, non-emergency care. To find in-network PCPs near you, log in to your member website.**	**MinuteClinic®** **MinuteClinic offers convenient care 7 days a week from certified nurse practitioners and physician assistants at select CVS Pharmacy® and Target stores nationwide.**	**Urgent care center** **Urgent care centers provide quick care for serious, but not life-threatening, situations. Many urgent care centers offer imaging, X-ray and lab services.**	**Emergency room** **The emergency room (ER) is for emergencies that can permanently impair or endanger your life. Using the ER for non-life-threatening issues can be very costly and probably means a very long wait time.**
When to use	• Allergies • Flu • Bronchitis • Sinus infection • Food poisoning • Rash • Poison ivy/oak • Sunburn • Sore throat • Headache/migraine • Eye infection and more	• Physicals (wellness, screening) • Vaccinations & injections • Chronic condition management (heart disease, diabetes, arthritis, etc.) • Acute care (sinus infections and injuries) • Urgent care may be available by appointment	• Minor illnesses & injuries • Screenings & monitoring • Skin conditions • Vaccinations & injections • Wellness & physicals • Women's services • Travel health Visit **minuteclinic.com** to confirm services available at your location	• Back/neck pain • Cuts that require stitches • Minor burns • Flu • Sprains • Fractures • Bronchitis • Headaches and more	• Chest pain • Severe abdominal pain • Trouble breathing • Uncontrollable bleeding • Symptoms that may put your life at risk
Availability	24 hours a day 7 days a week 365 days a year	Weekdays during business hours *(May be open extended hours and/or Saturdays)*	7 days a week *(including evenings and weekends)*	Many open 7 days a week with extended hours	24 hours a day 7 days a week 365 days a year
How to access	1-866-989-2873	By appointment only	At select CVS Pharmacy and Target stores Schedule an appointment at **minuteclinic.com** or through the CVS Pharmacy app	Walk in	Walk in
Average wait time	On-demand within minutes also by appointment	Average wait time of 22 minutes upon arrival[2]	Make an appointment at **minuteclinic.com**	15 - 45 minutes[3]	2 - 4 hours for non-emergency care[3]
Average cost to you	$	$ $ • Pay your copay at appointment, if applicable. • Pay your estimated patient responsibility at time of visit, if applicable.**** • You may be billed for any balance.	$ • No-cost or low-cost access to all covered services.*** • Pay your estimated patient responsibility at time of visit, if applicable.**** • You may be billed for any balance.	$ $ $ • Pay your copay at time of visit, if applicable. • Pay your estimated patient responsibility at time of visit, if applicable.**** • You may be billed for any balance.	$ $ $ $ • Pay your copay at time of visit, if applicable. • Pay your estimated patient responsibility at time of visit, if applicable.*** • You may be billed for any balance.

[1]For a General Medical Visit only. Dermatology and Mental Health services are a separate buy-up options. [2]"Vitals' Annual Physician Wait Time Report," http://www.vitals.com/about/wait-time. [3]Urgent Care Locations, LLC. Urgent care center vs. emergency room. Available at: www.urgentcarelocations.com/urgent-care-101/faq/urgent-care-center-vs-emergency-room. Accessed April 4, 2018. *Terms and Conditions: bit.ly/2nlJFYG. Privacy Policy: aetna.com/legal-notices/privacy.html. By texting 90156, you consent to receive a one-time marketing automated text message from Aetna with a link to download the Aetna Health℠ app. Consent is not required to download the app. You can also download by going to the App Store or Google Play. **In Texas, PCP is known as physician (primary care). In the State of Washington, PCP refers to primary care provider. ***Applies only to covered services at MinuteClinic. Video Visits are not a covered service under this benefit. Members in health maintenance organization (HMO) and indemnity plans are not eligible for this benefit. Such members should refer to their benefits plan documents in order to determine coverage and applicable cost share for walk-in clinic benefits and services, as applicable. Visit MinuteClinic.com for age and service restrictions. This is not available for fully insured groups in AL, AK, AR, CA, CO, DE, GA, HI, IA, ID, MA, ME, MS, MT, ND, NM, NY, OR, SD, UT, VT, WA, WV and WY. ****Lab, tests and additional services may result in additional charges. Labs and tests cannot be purchased separately and are only performed as part of a standard visit.

Policies and plans are insured and/or administered by Aetna Life Insurance Company or its affiliates (Aetna). Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Refer to Aetna.com for more information about Aetna® plans. In Texas, PCP is known as physician (primary care). In the State of Washington, PCP refers to primary care provider. Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies. Apple, the Apple logo and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Google Play and the Google Play logo are trademarks of Google LLC.

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CVS Specialty®

Specialty medications with personalized support

CVS Specialty makes it easier to manage your medications and connects you with a care team that has expertise in your condition.

How your specialty medicine is covered

Your pharmacy plan covers some drugs, and your medical plan covers others. Depending on your plan, you may need to pay a copayment or coinsurance. And certain drugs require precertification. This just means you need approval from the plan before they'll be covered.

Talk with your provider or call us at the number on the back of your member ID card with any questions about your prescriptions or medications.

Delivering medication and more to over 1.5 million members*

*Internal data based on the number of CVS Specialty patients as of July 2024.

In Idaho, health benefits and health insurance plans are offered and/or underwritten by Aetna Health of Utah Inc. and Aetna Life Insurance Company. For all other states, health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance and its affiliates (Aetna). Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies.

Aetna.com

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We make it simple for you

Your care team

Your team — nurses and pharmacists who are specially trained in your condition — helps you understand how to use your medicine. They'll also:

- Remind you when it's time to refill
- Help you stay on track with your treatment
- Help you manage symptoms and side effects

Convenient delivery, flexible payments

CVS Specialty provides:

- Delivery to your home, doctor's office, a CVS Pharmacy® or any place you choose, at no added cost*
- Package tracking for prompt delivery
- Flexible payment options

How to get started

You can manage your medications at **CVSSpecialty.com**.

- **Existing prescriptions?** Call **1-800-237-2767 (TTY: 711)** to transfer your prescription
- **New prescriptions?** Your doctor can:
  - E-prescribe to CVS Specialty
  - Call one of our registered pharmacists at **1-800-237-2767 (TDD: 1-800-863-5488),** Monday through Friday, 7:30 AM to 9:00 PM ET
  - Fax the prescription to 1-800-323-2445

Need help?

Live chat is available at **CVSSpecialty.com** during hours of operation.

*Where allowed by law. Based on the availability of CVS Pharmacy locations and subject to applicable laws and regulations. Services are also available at Longs Drugs locations. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty. Certain specialty medications may not qualify. In compliance with state laws, in-store pickup is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. For details, call **1-800-237-2767**. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.
Aetna®, CVS Pharmacy® and CVS Specialty® are part of the CVS Health® family of companies. Prices for specialty pharmacy services are established by Aetna affiliates and may exceed Aetna's cost for these services. Visit **Aetna.com** for more information about Aetna® plans.

Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

Policy forms issued in Idaho include: AL HCOC 02, AL HGrpPol 01, ID COC V001 2015 ACA, ID GrpAg01 2015, GR-96814 02, ID-GA-SG-AETNA Amendment 2016 01, AL ID HNO COC Amendment 2016 01, GR-9/GR-9N, GR-23 and GR-29/GR-29N.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, AL SG GrpPolAmend 2019 01, HI HGrpAg SG 01R, HI SG GrpAgAmend 2019 01.

Aetna.com

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For Select 3000 Plan Members Only

PrudentRx

Reduce out-of-pocket costs on your specialty medications

An innovative way to help you save

.

CVS Caremark® has collaborated with PrudentRx exclusively for a program that may help save you money when you fill eligible specialty medications.*

How it works

A PrudentRx trained member advocate will be able to assist you through a high-touch, proactive engagement process to facilitate enrollment and help you obtain non-need based manufacturer assistance where applicable.** Participating members will have a **$0 out-of-pocket** cost on eligible specialty medications![†]

How to get started

Your enrollment in the program will begin automatically, but additional steps may be needed.[††] You can choose to opt-out at any time.[‡]

**Not all specialty prescriptions offer manufacturer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any Federal health care program.

[††]Some manufacturers require you to sign up to obtain copay assistance that they provide for their medications – in that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take.

[‡]If you choose to opt out of the program or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications.

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CVS Caremark® Mail Service Pharmacy

Save time and skip the pharmacy line

Your medicine in your mailbox

With CVS Caremark Mail Service Pharmacy, you can get your medicine sent to your home — or anywhere you choose.

This service is for medicine you take regularly for chronic conditions, such as arthritis and high cholesterol.

You don't pay extra for this service

It's included with your pharmacy benefits and insurance plan. It's just a simple way to help you stay on track with your medicine. So you can be at your healthiest.

Mail service perks

- **Fast reorders** with no trips to the pharmacy
- **Free standard shipping** to your home, job or wherever you choose
- **Privacy**, since your medicine arrives in unmarked, secure packaging

Your safety comes first

Registered pharmacists check every order. And if you have concerns or questions, you can call them anytime.

Aetna.com

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How to get started

1. **Call us or go online.**
   Call us at **1-888-792-3862 (TTY: 711)** or go to **Aetna.com** to log in to your member website. You can also download the Aetna Health℠ app.

2. **Request mail service.**
   By phone or online — you can also print out an order form and send it to us.

3. **Get refills your way.**
   It's easy to reorder online, by phone or by mail.

Need help?
Call us, 24/7, at **1-888-792-3862 (TTY: 711)**.

What will I pay?
Depending on your plan, you may pay less for medicine you get through home delivery than at a retail pharmacy. To know for sure, just check your plan details.

Know the cost of your medicine ahead of time
How? Go to **Aetna.com** to log in to your member website and go to the "Pharmacy" section or use the Aetna Health app to search costs. Get cost estimates for generic or brand name drugs — and how to get the most value from your plan.

You can also find a pharmacy near you or see detailed information on drugs, including any potential interactions or possible side effects.

Quick. Without the hassle.
Get your regular medicines through CVS Caremark Mail Service Pharmacy.

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Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

Policy forms issued in Idaho by Aetna Life Insurance Company include: GR-23, GR-29/GR-29N, GR-9/GR-9N, AL HGrpPol 03, AL SG HGrpPol 02.

Policy forms issued in Idaho by Aetna Health of Utah Inc. include: HI HGrpAg 03, HI SG HGrpAg 02.

Policy forms issued in Missouri include: AL HGrpPol 02R5, HI HGrpAG 01, HO HGrpPol 01.

Aetna.com

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Paying for care

An overview of terms

Claims

Claims are requests for your plan to pay for services you receive. We use these to check what your plan will cover and the amount we'll pay. You can find the status and amounts billed for your claim on your member website or the Aetna Health℠ app.

Explanation of Benefits (EOB) statements

An EOB shows a breakdown of how we process claims. It's not a bill and may not show the current balance you owe. And anytime something changes with your claim, you'll get a new statement.

Provider bills

Bills show the amount you actually owe for services. Your provider will give this to you. You can make payments for what you owe directly to them or through the "Pay Your Provider" link on each of your claims.

Coordination of benefits (COB)

Some members have health coverage under more than one plan. If so, we work with the other carriers to decide which plan pays first and which pays second, based on the rules in your plan documents. We call this process COB.

YOU PAY

Deductible

The deductible is the amount you pay for out-of-pocket costs for your covered health care before your plan begins to pay.

Each year, you pay 100% of your covered expenses until you meet your deductible amount. For most plans, eligible preventive care is covered at 100% with no deductible when you use network providers.

YOU + THE PLAN PAY

Cost sharing

Once you meet the deductible, you share the cost with the plan. This may be in the form of coinsurance and/or copayments (also called copays).

Coinsurance

This is a fixed percentage. For example, if your care is $100 and your coinsurance is 20%, you pay $20.

Copay

This is a fixed dollar amount. For example, you may pay $25 per doctor office visit.

Out-of-pocket maximum

The maximum you pay each year for covered expenses. Once you hit your maximum, the plan pays 100% of covered expenses for the rest of the year.

In network vs. out of network

In network

This network option may **cost you less.**

Highlights

Choosing in-network providers may help save you money.

These providers contract with us to offer rates that are often lower than their regular fees. They **also work directly with us and send us claims for services you receive. Don't worry — this is all behind-the-scenes work when you stay in network.**

Visit Aetna.com to find a network provider.

How it works

The provider files your claim and the plan pays **them the amount it owes based on the** negotiated rate. You pay the remaining costs.

Benefits

- **Lower out-of-pocket costs**
- **No balance billing**
- **Less paperwork**

Out of network

This network option may **cost you more.**

Highlights

Your plan may allow you to visit an out-of-network provider. To find out details, **check your Summary of Benefits and Coverage document.**

How it works

Out-of-network doctors and hospitals don't contract with us. So that means:

- They normally charge more for their services
- **You might have to pay the difference between what your plan pays for services and the amount they charge**

Plus, they generally don't send us claims or get approval for coverage. So you may need to handle these details on your own.

Keep in mind

Covered

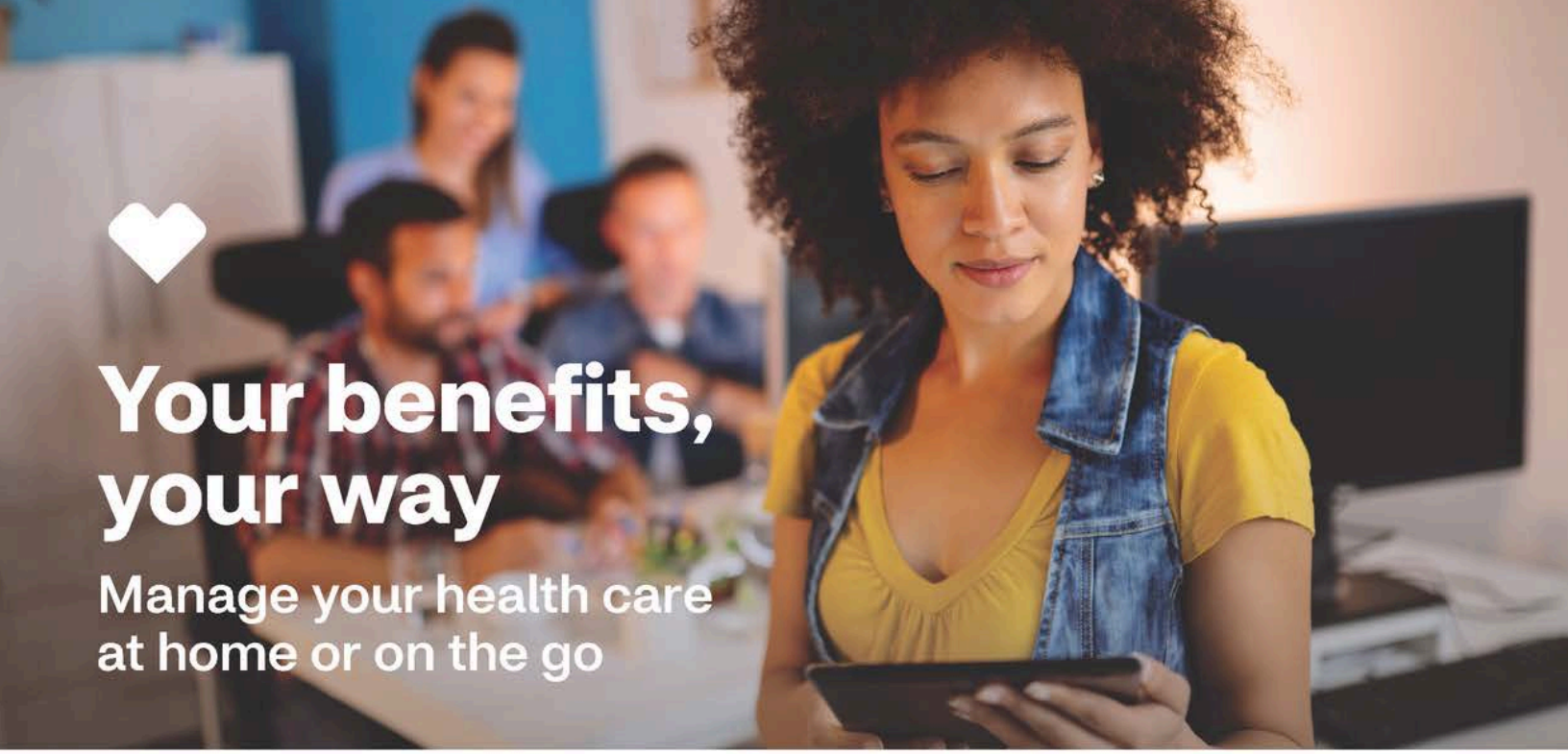
"Covered" doesn't mean free. **A covered health care service is one that your plan recognizes. Your plan only pays for this service after you've met the deductible, coinsurance or copay.**

Referral

A referral is like a permission slip from your primary care physician (PCP) to see a specialist or another provider. Many providers can easily send referrals electronically.

In-network providers

Network providers participate in our network and offer special, lower rates for our members. So remember that staying in network **can help you save money.**



Your benefits, your way

Manage your health care at home or on the go

Stay on top of your benefits

- Review your benefits and what's covered.
- Track your spending.
- View claims on your member website.
- See your ID card online.
- Get cost info before you get care.*

Connect to care

- Find in-network providers, including virtual care.
- Locate walk-in clinics and urgent care centers near you.
- See reviews of providers.

Get started today

Visit **MyAetnaWebsite.com** to register for your member website.

Get the **Aetna Health℠ app** by texting **"AETNA"** to **90156** to receive a download link. Message and data rates may apply.**

— OR —

Scan the QR code to download the **Aetna Health℠ app**.

*Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services.

Terms and Conditions: **Aet.na/Terms. Privacy Policy: **Aetna.com/legal-notices/privacy.html**. By texting 90156, you consent to receive a one-time marketing automated text message from Aetna® with a link to download the Aetna Health℠ app. Consent is not required to download the app. You can also download by going to the Apple® App Store® or Google Play.

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Aetna.com

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aetna®

Aetna Select 2500 Plan

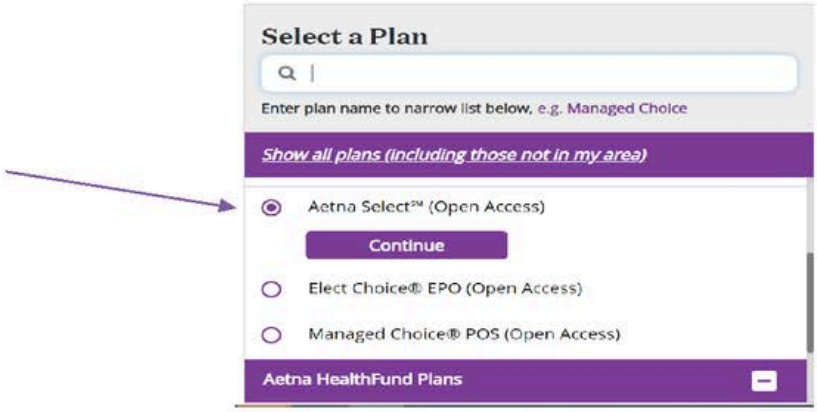
Finding a Provider

Check to see if your MEDICAL provider is participating on a plan:

1. Visit **aetna.com/docfind**

2. Continue as a guest and enter: **"Corpus Christi, Texas"** then **"Search"**

3. Select **"Aetna Select (Open Access)"** then **"Continue".**



4. You may now search by provider name, provide type or facility

aetna™

HDHP Choice POS II

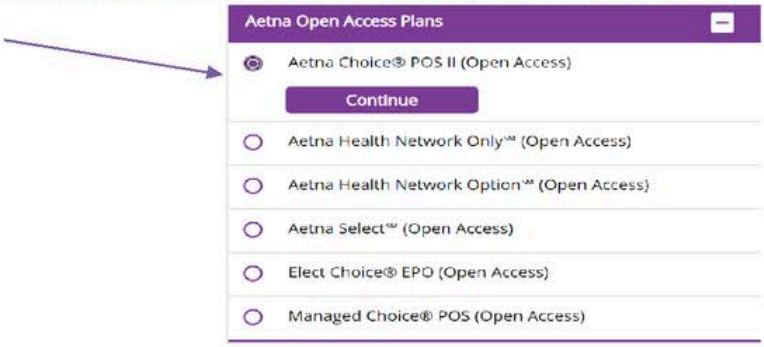
Finding a Provider

Check to see if your MEDICAL provider is participating on a plan:

1. Visit **aetna.com/docfind**

2. Continue as a guest and enter: **"Corpus Christi, Texas"** then **"Search"**

3. Select **"Aetna Choice POS II (Open Access)"** then **"Continue"**.



4. You may now search by provider name, provide type or facility

aetna™

Get the support you need with the 24-Hour Nurse Line.

When it comes to taking care of your health, know you're not alone. Through your Aetna® benefits, you have access to the 24-Hour Nurse Line anytime.*

A simple call can make all the difference

Have questions about an upcoming medical visit? You can talk to a registered nurse about tests, procedures and treatment options, 24 hours a day, 7 days a week. Plus, they can advise on many health and wellness topics. And the call is **free**. To find the phone number, just visit **Aetna.com** and log in to your member website.

Why call the 24-Hour Nurse Line?

You'll get valuable information that may help you avoid a trip to the doctor, urgent care or emergency room. And that can be a real time and money-saver. And you'll be able to make smarter health decisions because you'll have trusted information — right at your fingertips.

Log in to your member website at **Aetna.com** to see all the resources available to you.

Your health is important to us.
Get answers and guidance with the 24-Hour Nurse Line by calling **1-800-556-1555 (TTY: 711)**.

* While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line nurses can provide information on a variety of health topics. Contact your doctor first with any questions about your health care needs.

Health insurance plans are offered, underwritten or administered by Aetna Life Insurance Company and its affiliates (Aetna).

This material is for informational purposes only. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna® plans, refer to **Aetna.com**.

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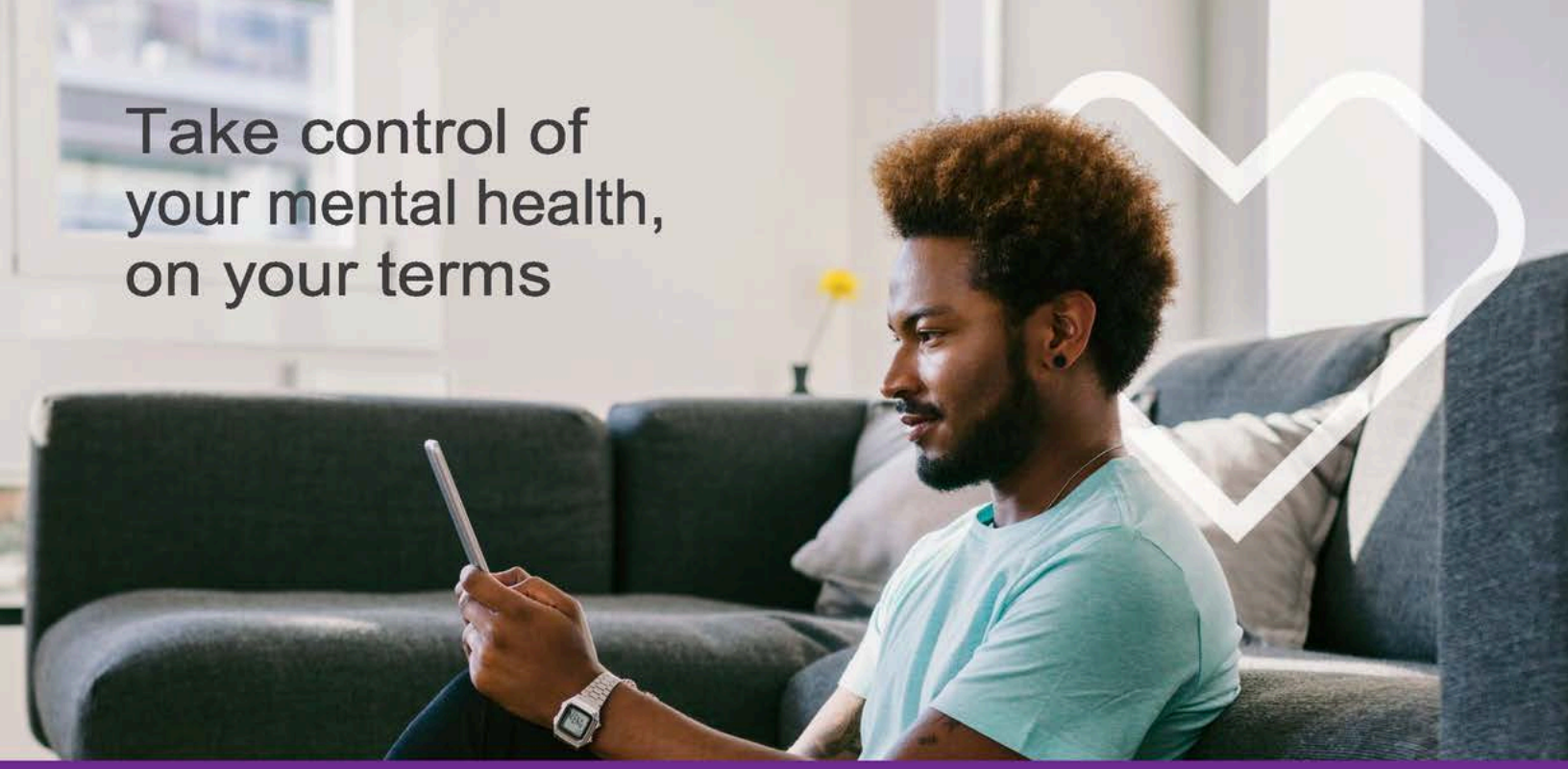

Be your best

AbleTo behavioral care program

Personalized support when you need it

Aetna.com

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Sometimes life can be overwhelming, leading to worry, stress and sadness. These are common feelings with major life changes or chronic pain. But help is now just a phone call away.

With the AbleTo program, you'll get virtual, personalized support that can help you feel better. You'll learn how to better manage your emotions and improve your overall health. And your mental and physical health can improve in as little as eight weeks. Plus, this program is already included in your Aetna® membership.

The program can help you:

- Work through these normal emotions
- Know the types of changes you need to make
- Feel like you're in control of your health and life

Real help that fits your schedule

It's really easy to take the first step. In fact, you can speak to a licensed therapist within seven days or less from calling.

Then, you can attend a private, confidential session virtually, by telephone or secure video chat, right from your home. Simply schedule your sessions at your convenience, including outside normal business hours and on weekends.

So how does it work?

Support when and where you need it

Every week, you'll meet with your experienced care team (a behavioral coach and therapist). You'll work with them to set goals and learn coping strategies in two private sessions per week.

Your team will help you:

Better understand the relationship between thoughts, feelings and actions

Get ahead of challenging issues, including medical conditions, family problems or personal hurdles

Overcome obstacles that keep you from living your best life

Consider AbleTo support if you've had one of these health conditions or life changes:

- Depression, anxiety or panic attacks
- Chronic pain/pain management
- Grief and loss
- Diabetes/weight loss
- Cardiovascular disease
- Caregiver stress (child, elder or person with autism)
- Digestive health issues
- Cancer diagnosis and recovery
- Respiratory issues
- Infertility or postpartum depression
- Alcohol or substance use disorder
- Military transition

Here's what makes this program different

Unlike other telemedicine services, this program has:

- A short-term, eight-week model
- Proven effectiveness
- Therapy plus coaching
- Excellent online member experience
- Flexible scheduling

Easy ways to join the program

We'll call you:

If your claims data shows you may benefit from this program, an Aetna or AbleTo representative will call you to explain how it works and why it can help you. In most cases, there's no cost to you.*

Or you can contact us:

- Visit **AbleTo.com/Aetna**
- Call **1-844-330-3648**, Monday–Friday from 9 AM–8 PM ET
- Tell your Aetna case manager you'd like to participate

95%

of surveyed AbleTo program graduates recommend the program to others.[1]

After just 8 weeks of treatment, graduates reported

50%

improvement in overall health and symptoms of stress, anxiety and depression.[2]

*You may be able to receive AbleTo services with no out-of-pocket cost to you, depending on your employer. With other employers, associated deductibles will apply before your out-of-pocket expenses are covered. Just call the number on your member ID card to learn more about your options.

1 AbleTo Patient Satisfaction Survey, 2019.

2 AbleTo Commercial Outcomes, 2019

Welcome to your health and well-being resource

Explore Aetna Health Your Way™

As part of **Aetna Health Your Way™** you have access to a digital health platform that helps you achieve your best health in a whole new way. You'll get personalized resources and challenges to help you earn rewards every year. So it makes it easier to stay on track and reach your goals.

Two simple steps:

1. Take your health assessment and get your MyHealth100 score.
2. Choose a personalized pathway that can help you achieve your health goals.

Plus, you can:

- Read, watch and listen to health content on a wide variety of topics
- See what's trending among other users in the platform
- Search by specific topic

Ready to explore Aetna Health Your Way today?

Just sign in at Aetna.com and scroll to Well-being resources and select "Aetna Health Your Way." Or download the MyActiveHealth Wellness app from either the App Store or Google Play.

Download on the App Store

GET IT ON Google Play

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Our programs, care team and care managers do not diagnose or treat members. We assist you in getting the care you need, and our program is not a substitute for the medical treatment and/or instructions provided by your health care providers. If a member is not able to complete an activity and would like an alternative way to qualify for the rewards in a specific program, please call the phone number on your member ID card.

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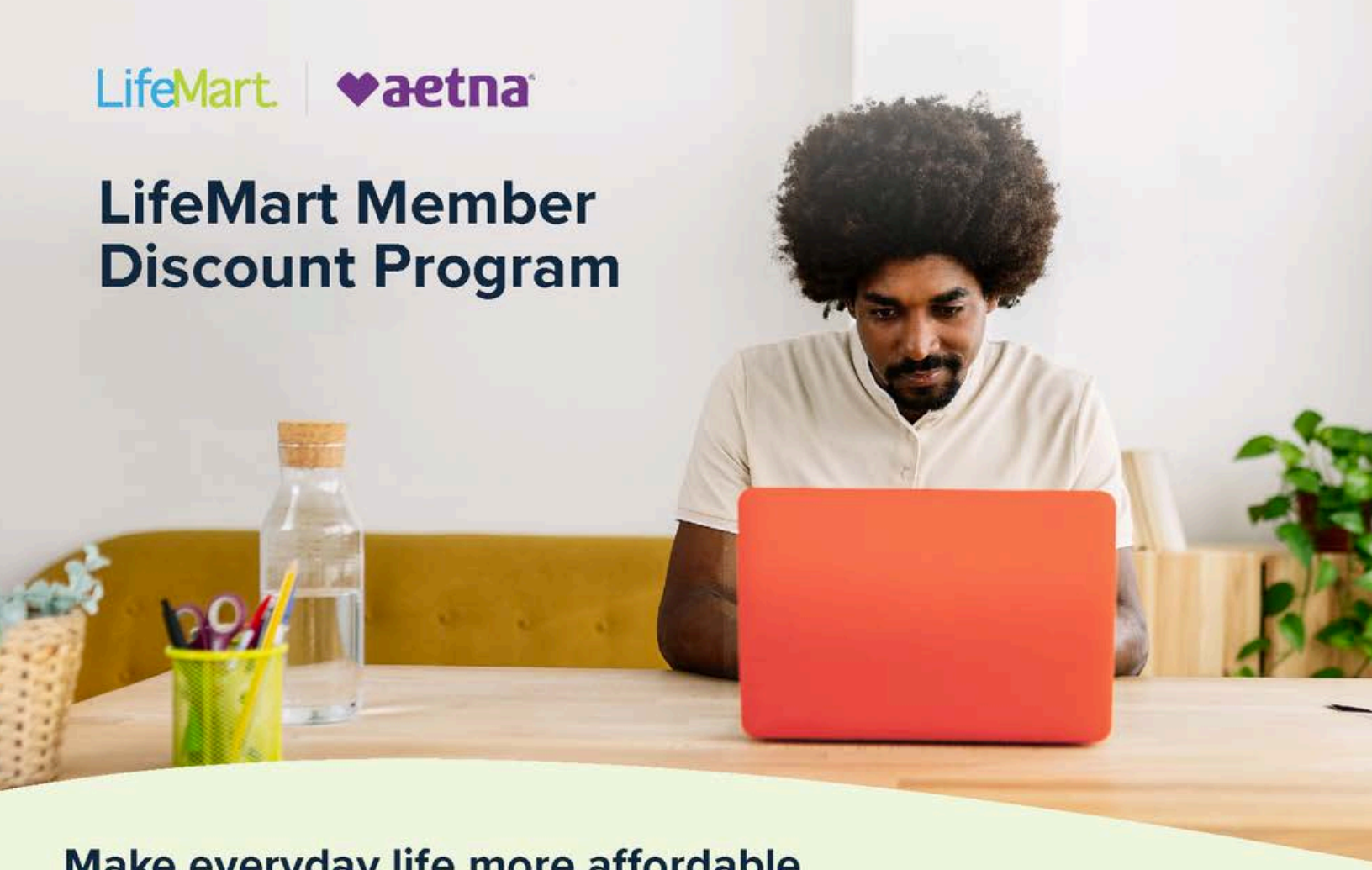
LifeMart | aetna

LifeMart Member Discount Program



Make everyday life more affordable

LifeMart offers exclusive savings on major purchases and everyday essentials from brands you know and love, all in one convenient location. With discounts on travel, entertainment, child & senior care, wellness, home & auto, and so much more - LifeMart is the way to save.

Saving with LifeMart is easy:

- Search for discounts by category
- Select an offer to review the details
- Simply follow the redemption instructions to access discounts

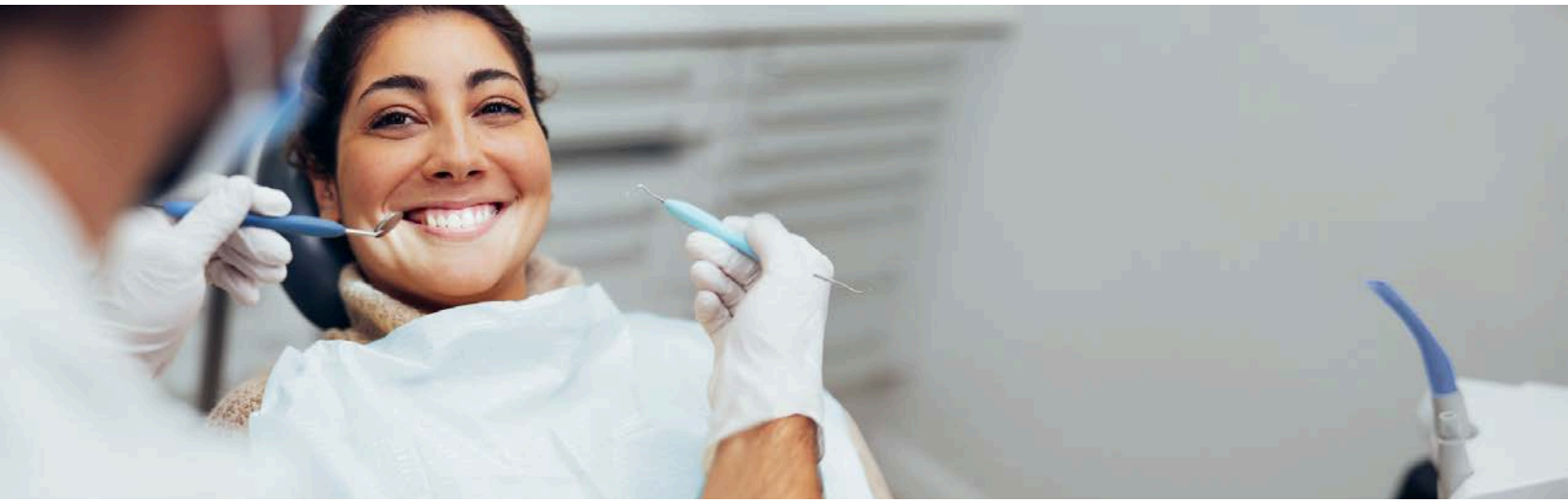
Plus, you can access LifeMart discounts anywhere, anytime, with the LifeMart mobile app*. Simply download the app and you can browse major savings on the go. Available for download in the Google Play Store and iTunes Store.

**Pre-registration is required.*

http://www.aetna.com
Log in with your user name and password.
Click on the **Health & Wellness Tab** > **Health & Wellness Discounts** > Click on any of the **Health and Wellness tiles** to access the **LifeMart Discount Website**

Dental Insurance

Plan Choices



Delta Dental | www.deltadental.com | 800-521-2651

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

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

Dental Monthly Premiums		
	Low	High
Employee Only	$21.80	$40.36
Employee + Spouse	$47.64	$90.67
Employee + Children	$53.68	$87.65
Employee + Family	$83.65	$139.32

Deductible Year: January 2025 - December 2025
Plan Year: September 2025 - August 2026.

DELTA DENTAL®

Keep smiling

DPO

Save with DPO

Visit a dentist in the DPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a DPO dentist at **deltadentalins.com**.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at **deltadentalins.com**.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.[4] Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care[5], you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a DPO dentist

DPO NON-DPO

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

[2] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-DPO dentist. Network dentists are paid contracted fees.

[3] You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

[4] Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under this plan. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

[5] Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

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HL_DPO #135419E (rev. 1/23)

Benefit Highlights: DPO from Delta Dental

Plan Benefit Highlights for: Flour Bluff Independent School District
Group Number: 23558 - Low Plan

Benefits	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles Per member / per family each calendar year	$50/ $150	$50/ $150	$50/ $150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Maximums Per member each calendar year	$1,000	$1,000	$1,000
D&P counts toward maximum?	No, for all Dentists		

Covered Services*	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings, Simple Extractions and Posterior Composites	50%	50%	50%
Endodontics Root Canals	Not Covered	Not Covered	Not Covered
Periodontics Non-Surgical Periodontics	50%	50%	50%
Periodontics Surgical Periodontics	Not Covered	Not Covered	Not Covered
Oral Surgery	50%	50%	50%
Major Services Crowns, Inlays, Onlays and Cast Restorations	Not Covered	Not Covered	Not Covered
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	Not Covered	Not Covered	Not Covered

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on DPO contracted fees for DPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company	Customer Service	Claims Address
1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	800-521-2651 deltadentalins.com	P.O. Box 1809 Alpharetta, GA 30023-1809

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Revised 7/23/2025

Benefit Highlights: DPO from Delta Dental

Plan Benefit Highlights for: Flour Bluff Independent School District
Group Number: 23558 - High Plan

Benefits	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles Per member / per family each calendar year	$50/ $150	$50/ $150	$50/ $150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
Maximums Per member each calendar year	$1,000	$1,000	$1,000
D&P counts toward maximum?	No, for all Dentists		

Covered Services*	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings, Simple Extractions and Posterior Composites	80%	80%	80%
Endodontics Root Canals	50%	50%	50%
Periodontics Non-Surgical Periodontics	80%	80%	80%
Periodontics Surgical Periodontics	50%	50%	50%
Oral Surgery	80%	80%	80%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	50%	50%	50%
Implants Implant Services	50%	50%	50%
Orthodontic Services Dependent Children	50%	50%	50%
Orthodontic Maximums	$1,000 Lifetime	$1,000 Lifetime	$1,000 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on DPO contracted fees for DPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company	Customer Service	Claims Address
1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	800-521-2651 deltadentalins.com	P.O. Box 1809 Alpharetta, GA 30023-1809

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Revised 7/23/2025

Vision Insurance

Davis Vision | www.davisvision.com/eye-care-professionals | 800-999-5431

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

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

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

Vision Monthly Premium		
	Standard	Enhanced
Employee Only	$5.89	$7.98
Employee + One	$11.19	$15.16
Employee + Family	$17.20	$23.30

Employees will not receive benefit cards

DavisVision™

davisvision.com | 1 (877) 923-2847, 9146

Flour Bluff ISD

Standard Vision Plan

Client code: 9146

Frequency

Exam: September 1
Lenses & lens upgrades: September 1
Frame: September 1
Contacts, evaluation & fitting: September 1

Sign up during open enrollment

For more details about the plan, visit davisvision.com/member and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.

Exams & Services

Eye Exam copay:
$10

Contacts evaluation, fitting & follow-up:

Collection lens	Non-Collection lens
$0 copay	**15% savings**[1]

Lenses

Lens copay:
$20

Frame

Allowance:

$120

+Additional 20% **off** any overage.[1]

or

The Exclusive Collection copay:

Fashion	Designer	Premier
Covered in full	**Covered in full**	**$25**

Contacts[2] in lieu of glasses

Allowance:

$145

+Additional 15% **off** any overage.[1]

or

The Exclusive Collection of Contact Lenses:[3]

Covered in full

Find a network provider...

Enter your client code in the "Member Sign In" section of our website at davisvision.com/member to locate a provider near you including Visionworks.

Using your client code

Log in using your client code (listed above) at davisvision.com/member to find a list of in-network providers near you and access your benefit information.

The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

Options & upgrades

Lens options

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX)	$0
Polycarbonate Lenses (Children / Adults)	$0 or $30
High-Index Lenses 1.67	$55
High-Index Lenses 1.74	$120
Polarized Lenses	$75
Progressive Lenses (Standard / Premium / Ultra / Ultimate)	$50 / $90 / $140 / $175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate)	$35 / $48 / $60 / $85
Ultraviolet Coating	$12
Tinting of Plastic Lenses (Solid / Gradient)	$0
Plastic Photochromic Lenses (Transitions® Signature™)	$65
Scratch-Resistant Coating	$0
Premium Scratch-Resistant Coating	$30
Scratch-Protection Plan (Single-Vision | Multifocal)	$20 | $40
Digital Single Vision Lenses	$30
Trivex Lenses	$50
Blue Light Filtering	$15

Additional savings

Retinal imaging (Member charge)	$39
Additional pairs of eyeglasses	30% discount[1]
Laser Vision Correction One-Time/Lifetime Allowance	$200

Employee rates	Monthly	Annually
Employee	$5.89	$70.68
Employee + One	$11.19	$134.28
Employee + Family	$17.20	$206.40

Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)	
Eye Examination: $40	Trifocal Lenses: $80
Frame: $50	Lenticular Lenses: $100
Single-Vision Lenses: $40	Elective Contact Lenses: $105
Bifocal / Progressive Lenses: $60	Visually Required Contacts: $225

1. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 2. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 3. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

DavisVision™

davisvision.com | 1 (877) 923-2847, 9147

Flour Bluff ISD

Enhanced Vision Plan

Client code: 9147

Frequency

Exam: September 1
Lenses & lens upgrades: September 1
Frame: September 1
Contacts, evaluation & fitting: September 1

Sign up during open enrollment

For more details about the plan, visit davisvision.com/member and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.

Exams & Services

Eye Exam copay:
$0

Contacts evaluation, fitting & follow-up:

Collection lens	Non-Collection lens
$0 copay	**15% savings**[1]

Lenses

Lens copay:
$5

Frame

Allowance:

$150

+Additional 20% **off** any overage.[1]

or

The Exclusive Collection copay:

Fashion	Designer	Premier
Covered in full	**Covered in full**	**$25**

Contacts[2] in lieu of glasses

Allowance:

$200

+Additional 15% **off** any overage.[1]

or

The Exclusive Collection of Contact Lenses:[3]

Covered in full

Find a network provider...

Enter your client code in the "Member Sign In" section of our website at davisvision.com/member to locate a provider near you including Visionworks.

Using your client code

Log in using your client code (listed above) at davisvision.com/member to find a list of in-network providers near you and access your benefit information.

The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

Options & upgrades

Lens options

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX)	$0
Polycarbonate Lenses (Children / Adults)	$0 or $30
High-Index Lenses 1.67	$55
High-Index Lenses 1.74	$120
Polarized Lenses	$75
Progressive Lenses (Standard / Premium / Ultra / Ultimate)	$50 / $90 / $140 / $175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate)	$35 / $48 / $60 / $85
Ultraviolet Coating	$12
Tinting of Plastic Lenses (Solid / Gradient)	$0
Plastic Photochromic Lenses (Transitions® Signature™)	$65
Scratch-Resistant Coating	$0
Premium Scratch-Resistant Coating	$30
Scratch-Protection Plan (Single-Vision | Multifocal)	$20 | $40
Digital Single Vision Lenses	$30
Trivex Lenses	$50
Blue Light Filtering	$15

Additional savings

Retinal imaging (Member charge)	$39
Additional pairs of eyeglasses	30% discount[1]
Laser Vision Correction One-Time/Lifetime Allowance	$200

Employee rates	Monthly	Annually
Employee	$7.98	$95.76
Employee + One	$15.16	$181.92
Employee + Family	$23.30	$279.60

Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)	
Eye Examination: $40	Trifocal Lenses: $80
Frame: $50	Lenticular Lenses: $100
Single-Vision Lenses: $40	Elective Contact Lenses: $105
Bifocal / Progressive Lenses: $60	Visually Required Contacts: $225

1. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 2. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 3. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

Flexible Spending Accounts

First Financial Administrators, Inc. | www.ffga.com
1-866-853-3539 P.O. Box 161968 | Altamonte Springs, F.L. 32716

Medical FSA

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

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

Medical FSA Highlights

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

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

Limited Purpose FSA

First Financial Administrators, Inc. | www.ffga.com | 1-866-853-3539
P.O. Box 161968 | Altamonte Springs, F.L. 32716

A Limited Purpose Flexible Spending Account (LPFSA) works together with a Health Savings Account (HSA) for you to further optimize your tax savings. By establishing an LPFSA, you can save money on taxes by using the account for eligible dental and vision expenses while preserving your HSA funds for other purposes, including simply saving those funds for the future.

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

Limited Purpose FSA Highlights

- Only certain dental and vision expense are eligible such as eye exams, contact lenses and eyeglasses.
- Funds can be accessed by submitting a claim or paying for expenses upfront with a benefits debit card.
- Purchases may need to be verified during the claims process, so be sure to save your receipts.
- If the carryover provision is elected by your employer, balances may be carried over to the following plan year.

Health Savings Account

First Financial Administrators, Inc. | www.ffga.com | 1-866-853-3539
P.O. Box 161968 | Altamonte Springs, F.L. 32716

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

Health Savings Account Highlights

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

Who Can Participate in an HSA?

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

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

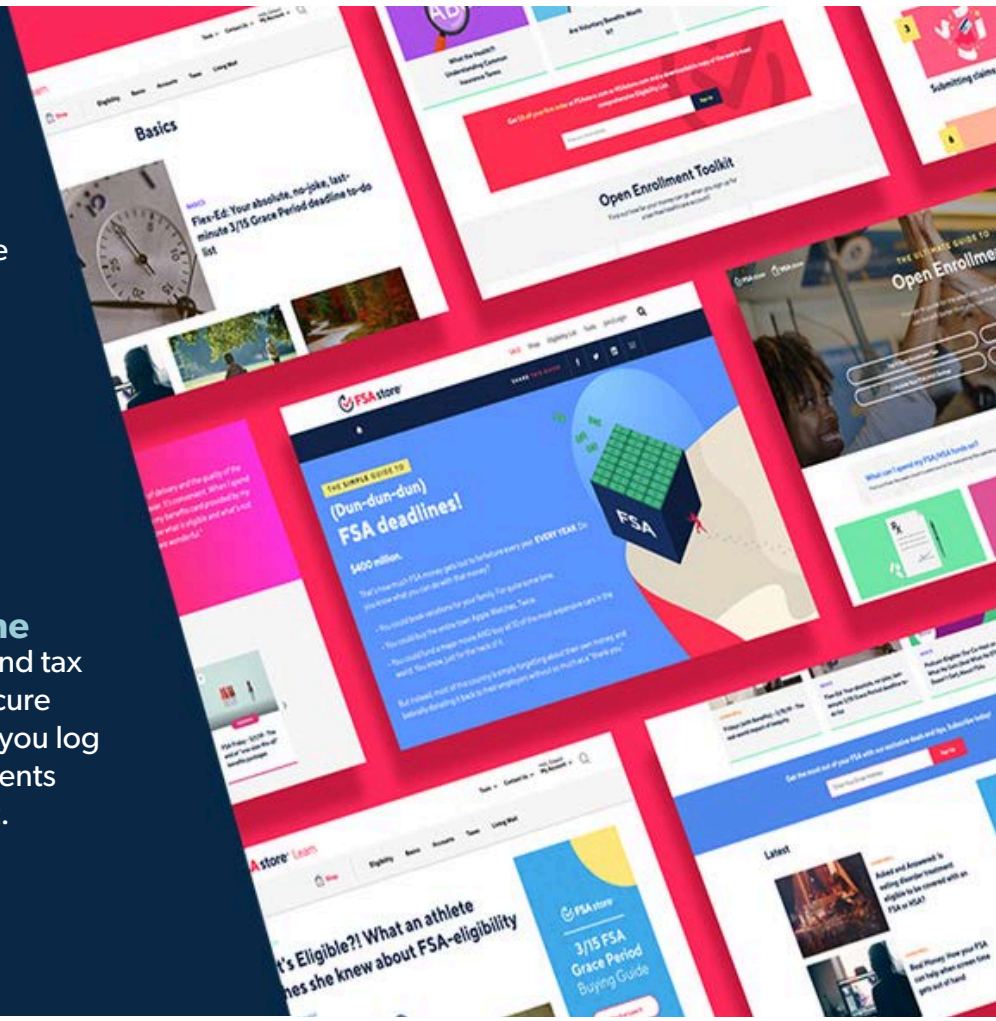
FSA & HSA Resources

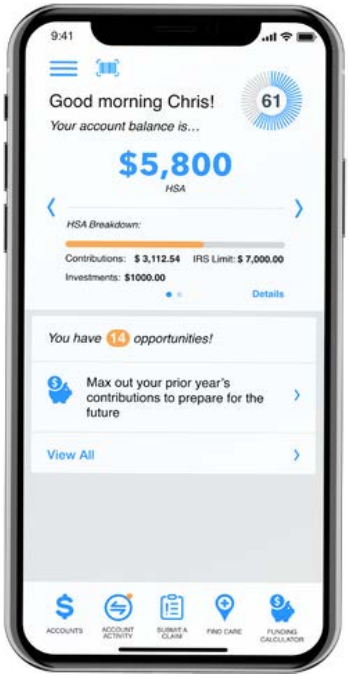
Benefits Card

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

View Your Account Details Online

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





FF Mobile Account App

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

FSA/HSA Store

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

FSA store® Everything Flex Spending.

HSA store® Health Saving, Simplified.

Term Life & AD&D

Employer-Paid & Voluntary

The Standard | www.standard.com | 800-628-8600

Employer-Paid Term Life Insurance

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

Voluntary Term Life Insurance

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

Standard Insurance Company
Flour Bluff Independent School District
Group Policy #172938
Effective Date September 1, 2024

Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Flour Bluff Independent School District.

Eligibility

Definition of a Member	You are a member if you are a regular employee of Flour Bluff Independent School District and actively working at least 20 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows or coincides with the date you become a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is $20,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 50 percent at age 70.

Other Basic Life Features and Services

- Accelerated Death Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Family Benefits Package
- Helmet Benefit
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Flour Bluff Independent School District. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Flour Bluff Independent School District may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 22165-D-TX-172938 (8/24)
7652121-1197167

Standard Insurance Company
Flour Bluff Independent School District
Group Policy #172938

Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).

This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die

About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance		
How Much Can I Apply For? Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 8 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage.	For You:	**$10,000 – $500,000** in increments of **$10,000**
	For Your Spouse:	**$5,000 – $250,000** in increments of **$5,000**
	For Your Child(ren):	**$10,000**
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions. To apply for an amount over the guarantee issue, visit **https://myeoi.standard.com/172938** to complete and submit a medical history statement online.	For You:	Up to **$200,000**
	For Your Spouse:	Up to **$50,000**

AD&D Insurance The benefit is paid if you or your dependents are seriously injured or pass away as a result of a covered accident.		
What Does My AD&D Benefit Provide? Note: You cannot buy more coverage for your spouse or child(ren) than you buy for yourself.	For You:	The AD&D insurance coverage amount matches what you elect for Additional Life insurance.
	For Your Spouse:	The AD&D insurance coverage amount matches what you elect for Dependent Life insurance.
	For Your Child(ren):	The AD&D insurance coverage amount matches what you elect for Dependent Life insurance.
Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.		

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

Additional Feature

Life Insurance	
Accelerated Death Benefit	If you become terminally ill, you may be eligible to receive up to 80 percent of your combined Basic and Additional Life benefit to a maximum of $500,000.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at **www.standard.com/life/needs**.

How Much Your Coverage Costs

Your Basic Life insurance is paid for by Flour Bluff Independent School District. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:

_____ ÷ 1000 = _____ x _____ = _____

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

Enter your rate from the rate table.

This amount is an estimate of how much you would pay each month.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Dependent Life with AD&D coverage for your child(ren), your monthly rate is $0.12 per $1,000, no matter how many children you're covering. Your monthly AD&D rate of $0.02 per $1,000 is included.

Age (as of September 1)	Your Rate* (Per $1,000 of Total Coverage)	Your Spouse's Rate** (Per $1,000 of Total Coverage)
<25	$0.08	$0.08
25–29	$0.09	$0.09
30–34	$0.11	$0.11
35–39	$0.13	$0.13
40–44	$0.18	$0.18
45–49	$0.28	$0.28
50–54	$0.44	$0.44
55–59	$0.70	$0.70
60–64	$0.87	$0.87
65–69	$1.49	$1.49
70–74	$2.37	$2.37
75+	$3.64	$3.64

*Includes a monthly AD&D rate of $0.02 per $1,000 of AD&D benefit.
**Includes a monthly AD&D rate of $0.02 per $1,000 of AD&D benefit for your spouse.

Texas Life

Permanent Life

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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

WOW!

VOLUNTARY PERMANENT LIFE INSURANCE YOU CAN KEEP

PURELIFE-PLUS

Highlights

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

EASY TO PAY
Pay for it through convenient payroll deductions

NO EXAMS
Qualify by answering just 3 questions[2]

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

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

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

TEXASLIFE INSURANCE COMPANY

FFGA Benefit Solutions Simplified

See last page for disclosures and footnotes

PURELIFE-PLUS

The Ideal Complement

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

No Exams Or Needles!

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

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

Product Features

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

Additional Benefits

Accidental Death Benefit Rider

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

Accelerated Death Benefit Due to Terminal Illness Rider[4]

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

Accelerated Death Benefit Due To Chronic Illness Rider

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

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

See last page for disclosures and footnotes

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

MONTHLY NON-TOBACCO PREMIUMS
EMPLOYEE & SPOUSE *with Accidental Death & Chronic Illness Riders*

TEXASLIFE INSURANCE COMPANY

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

Non-Tobacco

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

Indicates Spouse Coverage Available

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

MONTHLY TOBACCO PREMIUMS
EMPLOYEE & SPOUSE *with Accidental Death & Chronic Illness Riders*

TEXASLIFE INSURANCE COMPANY

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

Tobacco

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)

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

Disability Insurance

The Standard | www.standard.com | 800-628-8600

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?

Standard Insurance Company
Educator Options Voluntary Long Term Disability Coverage Highlights
Flour Bluff Independent School District

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through Flour Bluff Independent School District.

Eligibility Requirements

Policy	• A minimum number of eligible employees must apply and qualify for the proposed plan before Educator Options Voluntary LTD coverage can become effective
Employee	• A regular employee of Flour Bluff Independent School District • Actively working at least 20 hours each week • A citizen or resident of the United States or Canada • Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
Premium	• You pay 100 percent of the premium for this coverage through easy payroll deduction

Benefit Amount

Benefit Amount	You may select a monthly benefit amount in $100 increments, based on the table and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly predisability earnings. The minimum monthly amount you may elect is $200.
Plan Maximum Monthly Benefit	The lesser of $8,000 or 66 2/3 percent of your predisability earnings
Plan Minimum Monthly Benefit	25 percent of your LTD benefit before reduction by deductible income

Note:

- If you do not apply for this coverage within 31 days after becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.
- Reinstatements are subject to medical underwriting approval. To submit a medical history statement online, visit: https://myeoi.standard.com/172938.

Disability Needs Calculator

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: http://www.standard.com/calculators/dineeds.html

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding the requirements that must be satisfied for your insurance to become effective.

Understanding Your Plan Design

Benefit Waiting Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The benefit waiting period options associated with your plan include:

Accidental Injury	Other Disabilities
7 days	7 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days

Own Occupation Definition of Disability

For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Any Occupation Definition of Disability

After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

Deductible Income

Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Maximum Benefit Period

The maximum period for which benefits are payable is shown in the table below:

If you become disabled before age 62, LTD benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Benefit Calculation

Example

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of $100, from a minimum of $200 to a maximum of the lesser of $8,000 or 66 2/3 percent of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are $4,500, you may select any dollar amount (in $100 increments) between $200 and $2,700 (66 2/3 percent of predisability earnings). In the example below, assume you elected the maximum benefit amount of $3,000, and you now receive a monthly Social Security disability benefit of $1,200 and a monthly retirement benefit of $900. Your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	$4,500
Maximum benefit percentage	X 66 2/3%
Maximum benefit amount	$3,000
Less Social Security disability benefit	-$1,200
Less retirement benefit	-$900
Amount of LTD benefit	**$900**

Additional Features

Please see your human resources representative for additional information about the features and benefits below.

24 Hour Coverage

24-hour LTD plans provide coverage for disabilities occurring on or off the job.

Rehabilitation Plan

If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.

Reasonable Accommodation Expense Benefit

If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.

Rehabilitation Incentive Benefit

If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional benefit equal to 10 percent of your predisability earnings. When added to any other amount you receive from The Standard, your total benefit cannot exceed the maximum benefit allowed by the policy.

Employee Assistance Program

Includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues.

Survivors Benefit

If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three time your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).

Maximum Benefit Period: To Age 65								
Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			7/7	14/14	30/30	60/60	90/90	180/180
3,600	300	200	5.20	5.60	4.16	3.80	2.84	2.16
5,400	450	300	7.80	8.40	6.24	5.70	4.26	3.24
7,200	600	400	10.40	11.20	8.32	7.60	5.68	4.32
9,000	750	500	13.00	14.00	10.40	9.50	7.10	5.40
10,800	900	600	15.60	16.80	12.48	11.40	8.52	6.48
12,600	1,050	700	18.20	19.60	14.56	13.30	9.94	7.56
14,400	1,200	800	20.80	22.40	16.64	15.20	11.36	8.64
16,200	1,350	900	23.40	25.20	18.72	17.10	12.78	9.72
18,000	1,500	1,000	26.00	28.00	20.80	19.00	14.20	10.80
19,800	1,650	1,100	28.60	30.80	22.88	20.90	15.62	11.88
21,600	1,800	1,200	31.20	33.60	24.96	22.80	17.04	12.96
23,400	1,950	1,300	33.80	36.40	27.04	24.70	18.46	14.04
25,200	2,100	1,400	36.40	39.20	29.12	26.60	19.88	15.12
27,000	2,250	1,500	39.00	42.00	31.20	28.50	21.30	16.20
28,800	2,400	1,600	41.60	44.80	33.28	30.40	22.72	17.28
30,600	2,550	1,700	44.20	47.60	35.36	32.30	24.14	18.36
32,400	2,700	1,800	46.80	50.40	37.44	34.20	25.56	19.44
34,200	2,850	1,900	49.40	53.20	39.52	36.10	26.98	20.52
36,000	3,000	2,000	52.00	56.00	41.60	38.00	28.40	21.60
37,800	3,150	2,100	54.60	58.80	43.68	39.90	29.82	22.68
39,600	3,300	2,200	57.20	61.60	45.76	41.80	31.24	23.76
41,400	3,450	2,300	59.80	64.40	47.84	43.70	32.66	24.84
43,200	3,600	2,400	62.40	67.20	49.92	45.60	34.08	25.92
45,000	3,750	2,500	65.00	70.00	52.00	47.50	35.50	27.00
46,800	3,900	2,600	67.60	72.80	54.08	49.40	36.92	28.08
48,600	4,050	2,700	70.20	75.60	56.16	51.30	38.34	29.16
50,400	4,200	2,800	72.80	78.40	58.24	53.20	39.76	30.24
52,200	4,350	2,900	75.40	81.20	60.32	55.10	41.18	31.32
54,000	4,500	3,000	78.00	84.00	62.40	57.00	42.60	32.40
55,800	4,650	3,100	80.60	86.80	64.48	58.90	44.02	33.48
57,600	4,800	3,200	83.20	89.60	66.56	60.80	45.44	34.56
59,400	4,950	3,300	85.80	92.40	68.64	62.70	46.86	35.64
61,200	5,100	3,400	88.40	95.20	70.72	64.60	48.28	36.72
63,000	5,250	3,500	91.00	98.00	72.80	66.50	49.70	37.80
64,800	5,400	3,600	93.60	100.80	74.88	68.40	51.12	38.88
66,600	5,550	3,700	96.20	103.60	76.96	70.30	52.54	39.96
68,400	5,700	3,800	98.80	106.40	79.04	72.20	53.96	41.04
70,200	5,850	3,900	101.40	109.20	81.12	74.10	55.38	42.12
72,000	6,000	4,000	104.00	112.00	83.20	76.00	56.80	43.20
73,800	6,150	4,100	106.60	114.80	85.28	77.90	58.22	44.28

Maximum Benefit Period: To Age 65								
Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			0/7	14/14	30/30	60/60	90/90	180/180
75,600	6,300	4,200	109.20	117.60	87.36	79.80	59.64	45.36
77,400	6,450	4,300	111.80	120.40	89.44	81.70	61.06	46.44
79,200	6,600	4,400	114.40	123.20	91.52	83.60	62.48	47.52
81,000	6,750	4,500	117.00	126.00	93.60	85.50	63.90	48.60
82,800	6,900	4,600	119.60	128.80	95.68	87.40	65.32	49.68
84,600	7,050	4,700	122.20	131.60	97.76	89.30	66.74	50.76
86,400	7,200	4,800	124.80	134.40	99.84	91.20	68.16	51.84
88,200	7,350	4,900	127.40	137.20	101.92	93.10	69.58	52.92
90,000	7,500	5,000	130.00	140.00	104.00	95.00	71.00	54.00
91,800	7,650	5,100	132.60	142.80	106.08	96.90	72.42	55.08
93,600	7,800	5,200	135.20	145.60	108.16	98.80	73.84	56.16
95,400	7,950	5,300	137.80	148.40	110.24	100.70	75.26	57.24
97,200	8,100	5,400	140.40	151.20	112.32	102.60	76.68	58.32
99,000	8,250	5,500	143.00	154.00	114.40	104.50	78.10	59.40
100,800	8,400	5,600	145.60	156.80	116.48	106.40	79.52	60.48
102,600	8,550	5,700	148.20	159.60	118.56	108.30	80.94	61.56
104,400	8,700	5,800	150.80	162.40	120.64	110.20	82.36	62.64
106,200	8,850	5,900	153.40	165.20	122.72	112.10	83.78	63.72
108,000	9,000	6,000	156.00	168.00	124.80	114.00	85.20	64.80
109,800	9,150	6,100	158.60	170.80	126.88	115.90	86.62	65.88
111,600	9,300	6,200	161.20	173.60	128.96	117.80	88.04	66.96
113,400	9,450	6,300	163.80	176.40	131.04	119.70	89.46	68.04
115,200	9,600	6,400	166.40	179.20	133.12	121.60	90.88	69.12
117,000	9,750	6,500	169.00	182.00	135.20	123.50	92.30	70.20
118,800	9,900	6,600	171.60	184.80	137.28	125.40	93.72	71.28
120,600	10,050	6,700	174.20	187.60	139.36	127.30	95.14	72.36
122,400	10,200	6,800	176.80	190.40	141.44	129.20	96.56	73.44
124,200	10,350	6,900	179.40	193.20	143.52	131.10	97.98	74.52
126,000	10,500	7,000	182.00	196.00	145.60	133.00	99.40	75.60
127,800	10,650	7,100	184.60	198.80	147.68	134.90	100.82	76.68
129,600	10,800	7,200	187.20	201.60	149.76	136.80	102.24	77.76
131,400	10,950	7,300	189.80	204.40	151.84	138.70	103.66	78.84
133,200	11,100	7,400	192.40	207.20	153.92	140.60	105.08	79.92
135,000	11,250	7,500	195.00	210.00	156.00	142.50	106.50	81.00
136,800	11,400	7,600	197.60	212.80	158.08	144.40	107.92	82.08
138,600	11,550	7,700	200.20	215.60	160.16	146.30	109.34	83.16
140,400	11,700	7,800	202.80	218.40	162.24	148.20	110.76	84.24
142,200	11,850	7,900	205.40	221.20	164.32	150.10	112.18	85.32
144,000	12,000	8,000	208.00	224.00	166.40	152.00	113.60	86.40

Cancer Insurance

Plan Options

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

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

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

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

Cancer Insurance		
Monthly Premium	**Plan 2**	**Plan 4**
Employee	$15.80	$31.62
Employee + Family	$26.86	$53.80

Group Cancer Insurance

AMERICAN FIDELITY
a different opinion

Focus on the fight.

A cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat cancer, more and more people are beating the disease. However, with these advances also comes the continuing rise in the cost of cancer treatment.

Limited Benefit Group Cancer Insurance offers a solution to help you and your family focus on fighting the disease.

Did You Know?

New cancer cases in America are diagnosed at the rate of about 5,255 per day.

American Cancer Society: Cancer Facts and Figures 2022, P4

Plan Benefit Highlights

- **Helps cover expenses**
  for cancer treatment, transportation, hospitalization and more.
- **Benefits are paid directly to you**
  to be used however you see fit.
- **Portable to take with you**
  even if you leave employment.
- **Coverage options are available**
  for you, your spouse and your children under age 26.

Benefits designed to help cover costs.

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, **Group Cancer Insurance** may help pay for costs not covered by your primary medical insurance.

Examples:

Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for quick processing.

Travel Expenses

This benefit may help pay for qualified transportation and lodging for the patient and family.

Plan Benefit Highlights

BENEFITS	BASIC	ENHANCED PLUS
Radiation Therapy/Chemotherapy/ Immunotherapy Actual charges per 12 month period	$10,000	$15,000
Administrative/Lab Work Per calendar month	$50	$75
Hormone Therapy Per treatment per calendar month up to a max of 12 per calendar year	$50	$50
Experimental Treatment	Paid in the same manner and under the same maximums as any other treatment	
Blood, Plasma, and Platelets **Basic:** Per day, up to $10,000 per calendar year **Enhanced Plus:** Per day, up to $15,000 per calendar year	$200	$300
Medical Imaging Per image up to 2 per calendar year	$200	$300
Surgical	$20 surgical unit/ Max per operation: $2,000	$40 surgical unit/ Max per operation: $4,000
Anesthesia	25% of the amount paid for covered surgery	
Second and Third Surgical Opinion Per diagnosis	$300	$300
Outpatient Hospital or Ambulatory Surgical Center Per day of surgery	$200	$600
Bone Marrow or Stem Cell Transplant **Patient Provided** Per calendar year **Donor Provided** Per calendar year	$500 $1,500	$1,500 $4,500
Prosthesis and Orthotic and Related Services	$1,000	$2,000
Surgical 1 per site, lifetime max of 2 devices per covered person	$100	$200
Non-surgical 1 per site, lifetime max of 3 devices per covered person	$100	$200
Hair Prosthesis Once per life		
Hospital Confinement Per day **Day 1-30** **Day 31+**	$100 $200	$300 $600
U.S. Government/Charity Hospital Paid in lieu of most benefits per day Inpatient and outpatient	$100	$300
Extended Care Facility Per day, up to the same number of days of paid hospital confinement	$100	$300
Home Health Care Per day, up to the same number of days of paid hospital confinement	$100	$300
Hospice Care **Basic:** Per day, up to $18,000 lifetime max **Enhanced Plus:** Per day, up to $54,000 lifetime max	$100	$300
Inpatient Special Nursing Services Per day	$100	$300

BENEFITS	BASIC	ENHANCED PLUS
Dread Disease Per day while hospital confined **Day 1-30** **Day 31+**	$100 $200	$300 $600
Donor	$1,000/donation	
Drugs and Medicine **Inpatient** Per confinement **Outpatient** $50 per prescription up to maximum shown per calendar month	$50 $50	$200 $100
Attending Physician While hospital confined, per day	$50	$50
Transportation & Lodging (Patient & Family Member) **Transportation** $1,500 max per round trip, max 12 trips per calendar year	Coach fare or $.50/ mile by car	Coach fare or $.50/ mile by car
Lodging Per day, up to 90 days per calendar year	$50	$75
Ambulance **Ground** Per trip, up to 2 per confinement **Air** Per trip, up to 2 per confinement	$200 $2,000	$200 $2,000
Physical or Speech Therapy Per visit, up to 4 per calendar month, lifetime max of $1,000.	$50	$50
Diagnostic and Prevention One per calendar year	$25	$75
Cancer Screening Follow-Up One per calendar year	$25	$75
Waiver of Premium Employee only	After 90 days of continuous disability	
Internal Cancer Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	$2,500	$5,000
Heart Attack or Stroke Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	N/A	$5,000
Hospital Intensive Care Unit Per day, up to 30 days per confinement; benefits reduced 50% at age 70		$600
Ambulance		$100

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to the following pages for more complete descriptions and limits to this plan.

MONTHLY PREMIUMS	BASIC	ENHANCED PLUS
Individual	$15.80	$31.62
Family	$26.86	$53.80

The premium and benefit amounts vary depending upon the plan selected.

Critical Illness Insurance

Aetna | www.aetna.com | 800-607-3366

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.

By your side

Aetna® Critical Illness Plan

Be prepared for what happens next

Critical illness coverage can keep you focused on your health when it matters most. This is extra coverage to help ease financial worries during a stressful time.

What is the Aetna Critical Illness Plan?

The Aetna Critical Illness Plan pays benefits when a doctor diagnoses you with a covered serious illness or condition. For instance, a heart attack, stroke, cancer and more.* You can use the benefits to help pay out-of-pocket medical costs. Or you can use the benefits for everyday expenses.

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But those plans usually don't cover all of the medical costs or unexpected out-of-pocket expenses that can come with a serious illness.

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

How can you use the cash benefits?

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

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

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

Easy to use

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

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96844.

*Refer to your plan documents to see all covered illnesses under the plan.

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Critical illness plan

Face amount

Coverage by member	Percentage	Low	High
Your — face amount	100%	$10,000	$20,000
Spouse — percent of employee face amount or benefit amount	50%	$5,000	$10,000
Child(ren) — percent of employee face amount or benefit amount	50%	$5,000	$10,000

Note: The face amount is the maximum benefit a plan pays for a covered diagnosis for a member. Your benefits are based on a percentage of the face amount, or a specific dollar amount, as shown. Your dependents' benefits are based on a percentage of your benefits. See the plan documents for complete details, including limitations and exclusions that apply.

Critical illness benefits — autoimmune

Covered benefit	Percentage of face amount
Addison's disease *(adrenal hypofunction)*	100%
Lupus	100%
Multiple sclerosis	100%
Myasthenia gravis	100%
Muscular dystrophy	100%

Critical illness benefits — childhood conditions

Covered benefit	Percentage of face amount
Cerebral palsy	100%
Cleft lip or cleft palate	100%
Congenital heart defect	100%
Cystic fibrosis	100%
Down syndrome	100%
Sickle cell anemia	100%
Spina bifida	100%

Note: All childhood conditions must be diagnosed after live birth and before the age of 6.

Critical illness benefits — chronic condition

Covered benefit	Percentage of face amount
Diabetes — Type I	100%
Primary sclerosing cholangitis *(PSC)*	25%
Systemic sclerosis *(scleroderma)*	25%

Note: Diabetes benefits are subject to a 1 benefit per lifetime maximum.

Critical illness plan

Critical illness benefits — infectious disease

Covered benefit	Percentage of face amount
Cholera	25%
Coronavirus	25%
Creutzfeldt-Jakob disease	25%
Diphtheria	25%
Ebola	25%
Encephalitis	25%
Hepatitis — occupational	100%
Human immunodeficiency virus (HIV) - occupational	25%
Legionnaire's disease	25%
Lyme disease	25%
Malaria	25%
Meningitis — amebic, bacterial, fungal, parasitic, viral	25%
Methicillin-resistant staphylococcus aureus *(MRSA)*	25%
Necrotizing fasciitis	25%
Osteomyelitis	25%
Pneumonia	25%
Poliomyelitis	25%
Rabies	25%
Rocky mountain spotted fever *(RMSF)*	25%
Septic shock and Severe sepsis	25%
Tetanus	25%
Tuberculosis *(TB)*	25%
Tularemia	25%
Typhoid Fever	25%
Variant influenza virus *(swine flu in humans)*	25%

Note: Infectious disease benefits are available 1 per disease, per year, per person.

Note: Coronavirus, Creutzfeldt-Jakob disease, Ebola, pneumonia, septic shock and severe sepsis, and variant influenza virus (swine flu in humans) benefits require a hospital stay of **at least 5 days** to be eligible for benefits.

Critical illness plan

Critical illness benefits — neurological *(brain)*

Covered benefit	Percentage of face amount
Advanced dementia	25%
Amyotrophic lateral sclerosis *(ALS)*	100%
Alzheimer's disease	100%
Benign brain or spinal cord tumor	100%
Coma *(non-induced)*	100%
Huntington's disease	100%
Parkinson's disease	100%
Persistent vegetative state *(PVS)*	100%
Ruptured aneurysm	50%
Stroke	100%
Transient ischemic attack *(TIA)*	25%

Note: Maximum 1 TIA diagnosis per lifetime.

Critical illness benefits — other

Covered benefit	Percentage of face amount
Acute respiratory distress syndrome *(ARDS)*	100%
Aplastic anemia	25%
Bone marrow transplant (Include autologous)	100%
End-stage renal or kidney failure	100%
Hemophilia	100%
Idiopathic pulmonary fibrosis	100%
Loss of hearing	100%
Loss of sight *(blindness)*	100%
Loss of speech	100%
Major organ failure *(heart, liver, lung(s), or pancreas)*	100%
Paralysis — quadriplegia	100%
Paralysis — triplegia	100%
Paralysis — paraplegia	100%
Paralysis — hemiplegia	100%
Paralysis — diplegia	100%
Paralysis — monoplegia	100%
Sarcoidosis	25%
Burns *(third degree)*	100%

Note: Maximum 1 bone marrow transplant per lifetime.
Note: Sarcoidosis requires a hospital stay of at least 5 days to be eligible for benefits.

Critical illness plan

Critical illness benefits — vascular (*heart*)

Covered benefit	Percentage of face amount
Coronary artery condition requiring bypass surgery	50%
Heart attack *(myocardial infarction)*	100%
Heart arrhythmia	25%
Sudden cardiac arrest	50%

Note: Maximum 1 sudden cardiac arrest diagnosis per lifetime.

Critical illness plan features

Covered benefit	Percentage of face amount
Subsequent *(other)* critical illness diagnosis	100%
Recurrence *(same)* critical illness diagnosis	100%

Note: Recurrence *(same)* illness diagnoses must occur at least 90 days after initial diagnosis.

Additional plan benefits

Covered benefit	Benefit amount
Waiver of premium	Included

Critical illness plan

Additional plan benefits

Covered benefit	Benefit amount
Health screening benefit Pays once per plan year, per member for one of the preventive tests listed below. Note: Your plan year may not be based on the calendar year.	$50

Covered health screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Breast MRI
- Breast ultrasound
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Infectious disease testing
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is an eligible health screening benefit.

Aetna Critical Illness Plan rates

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

Rates are based on your (the subscriber's) age and tobacco usage.

Non-tobacco rates

Low plan face amount: $10,000

Age	You only	You + spouse	You + children	You + family
<25	$2.82	$4.93	$2.82	$4.93
25-29	$3.40	$6.01	$3.40	$6.01
30-34	$4.12	$7.34	$4.12	$7.34
35-39	$5.27	$9.43	$5.27	$9.43
40-44	$6.80	$12.00	$6.80	$12.00
45-49	$7.11	$13.45	$7.11	$13.45
50-54	$8.67	$16.01	$8.67	$16.01
55-59	$9.56	$17.88	$9.56	$17.88
60-64	$11.39	$20.73	$11.39	$20.73
65-69	$13.33	$22.29	$13.33	$22.29
70+	$14.85	$28.60	$14.85	$28.60

High plan face amount: $20,000

Age	You only	You + spouse	You + children	You + family
<25	$5.25	$8.86	$5.25	$8.86
25-29	$6.29	$10.77	$6.29	$10.77
30-34	$7.61	$13.18	$7.61	$13.18
35-39	$9.72	$17.03	$9.72	$17.03
40-44	$12.65	$22.02	$12.65	$22.02
45-49	$13.26	$24.93	$13.26	$24.93
50-54	$16.37	$30.05	$16.37	$30.05
55-59	$18.28	$34.04	$18.28	$34.04
60-64	$22.06	$40.01	$22.06	$40.01
65-69	$26.14	$43.52	$26.14	$43.52
70+	$29.28	$56.36	$29.28	$56.36

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Tobacco rates

Low plan face amount: $10,000

Age	You only	You + spouse	You + children	You + family
<25	$3.70	$6.50	$3.70	$6.50
25-29	$4.59	$8.22	$4.59	$8.22
30-34	$5.52	$10.16	$5.52	$10.16
35-39	$7.24	$13.42	$7.24	$13.42
40-44	$9.79	$17.88	$9.79	$17.88
45-49	$10.42	$20.72	$10.42	$20.72
50-54	$13.53	$25.81	$13.53	$25.81
55-59	$15.06	$29.28	$15.06	$29.28
60-64	$18.59	$34.85	$18.59	$34.85
65-69	$22.48	$37.88	$22.48	$37.88
70+	$24.46	$48.82	$24.46	$48.82

High plan face amount: $20,000

Age	You only	You + spouse	You + children	You + family
<25	$7.01	$11.99	$7.01	$11.99
25-29	$8.68	$15.18	$8.68	$15.18
30-34	$10.41	$18.83	$10.41	$18.83
35-39	$13.66	$25.01	$13.66	$25.01
40-44	$18.65	$33.78	$18.65	$33.78
45-49	$19.87	$39.48	$19.87	$39.48
50-54	$26.11	$49.64	$26.11	$49.64
55-59	$29.27	$56.85	$29.27	$56.85
60-64	$36.46	$68.26	$36.46	$68.26
65-69	$44.43	$74.69	$44.43	$74.69
70+	$48.50	$96.82	$48.50	$96.82

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Accident Insurance

Aetna | www.aetna.com | 800-607-3366

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

Cover your bases

Aetna® Accident Plan

Prepare for the unexpected

Would you be financially ready if you had an accidental injury? The Aetna Accident Plan can help supplement your medical coverage.

What is the Aetna Accident Plan?

The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and more serious injuries. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

How is this different from a major medical plan?

Medical plans pay ***doctors and hospitals*** directly for treatment related to your care. But these plans usually don't cover 100 percent of the costs until you meet deductibles and co-insurance, and you have to come up with the rest. Medical plans also don't cover other expenses health events might impact, like day care, rent and more, if you're out of work.

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

How can you use the cash benefits?

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

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

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

Easy to use

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

Accident insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96842, AL HPOL-VOL Acc01.

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Accident plan

Initial care

Covered Benefit	Low	High
Ground ambulance	$300	$450
Air ambulance	$1,500	$2,000
Max trips per accident, air and ground combined	*1*	*1*
Emergency room/Hospital	$175	$225
Physician's office/Urgent care facility	$175	$225
Walk-in clinic/Telemedicine	$50	$50
Max visits for all places of service per accident	*1*	*1*
Max visits for all places of service per plan year	*3*	*3*
X-ray	$75	$100
Lab	$75	$100
Medical Imaging	$200	$225

Follow-up care

Covered benefit	Low	High
Emergency room/Hospital	$75	$100
Physician's office/Urgent care facility	$75	$100
Walk-in clinic/Telemedicine	$25	$25
Max visits for all places of service per accident	*4*	*4*
Max visits for all places of service per plan year	*12*	*12*
Major appliances	$750	$1,000
Minor appliances	$150	$150
Maximum appliances per accident, major & minor combined	*1*	*1*
Chiropractic treatment/Alternative therapy	$35	$35
Max combined visits per accident	*10*	*10*
Max combined visits per plan year	*30*	*30*
Pain management *(epidural anesthesia)*	$150	$150
Prescription drugs	$10	$10
One prosthetic device/Artificial limb	$1,500	$1,500
Multiple prosthetic devices/Artificial limbs	$3,000	$3,000
Max prosthetic benefits per accident	*1*	*1*
Repair or replace *(percentage of Prosthetic device/ Artificial limb benefit amount)*	25%	25%
Max repair or replace per plan year	*1*	*1*
Therapy services	$35	$35
Max therapy services per accident	*10*	*10*
Max therapy visit per plan year	*30*	*30*

Note: Major appliances include: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair.
Note: Minor appliances include: Brace, cane, crutches, walker, walking boot, other medical devices to aid in physical movement.

Accident plan

Hospital care

Hospital and all other stays related to a covered accident.

Covered benefit	Low	High
Non-ICU hospital admission *(initial day)*	$1,250	$1,500
ICU hospital admission *(initial day)*	$2,500	$3,000
Non-ICU hospital stay — daily	$250	$300
Step down intensive care unit hospital stay— daily	$450	$450
ICU hospital stay — daily	$500	$600
Max days per accident (combined for all stays due to the same accident)	*365*	*365*
Rehabilitation unit stay — daily	$165	$175
Max days for rehabilitation stay per accident	*30*	*30*
Observation unit *(one day per plan year)*	$100	$100

Note: Hospital daily stay begins on day 2, and all daily stays (except rehabilitation) add up to a maximum combined 365 days per person, per accident.

Surgical care

Covered benefit	Low	High
Blood/Plasma/Platelets	$500	$500
Eye injury — surgical repair	$400	$450
Eye injury — removal of foreign object	$300	$350
Surgery *(without repair)* — arthroscopic or exploratory	$200	$200
Cranial, open abdominal & *thoracic (surgery with repair)*	$2,000	$2,000
Hernia *(surgery with repair)*	$300	$300
Ruptured disc *(surgery with repair)*	$1,000	$1,000
Tendon/Ligament/Rotator cuff — single repair *(surgery with repair)*	$1,000	$1,000
Tendon/Ligament/Rotator cuff — multiple repairs *(surgery with repair)*	$2,000	$2,000
Torn knee cartilage *(surgery with repair)*	$1,000	$1,000
Inpatient surgery *(non-specified with repair)*	$300	$300
Outpatient surgery *(non-specified with repair)*	$300	$300
Max benefits per accident, combined for all surgery (with and without repair)	*2*	*2*

Note: Surgical benefits must be related to a covered accident.

Lodging/Transportation

Covered benefit	Low	High
Lodging	$200	$200
Max days per accident	*30*	*30*
Transportation	$350	$350
Max trips per accident	*1*	*1*

Note: Lodging and transportation must be related to a covered accident, and member, or companion must travel over 50 miles from home for care.

Accident plan

Dislocations- closed reduction *(non-surgical)*

Covered benefit	Low	High
Hip	$6,000	$7,500
Knee	$3,000	$5,000
Ankle — bone or bones of the foot other than toes	$1,500	$2,500
Collarbone — sternoclavicular	$1,200	$1,250
Lower jaw	$1,200	$1,250
Shoulder — glenohumeral	$1,200	$1,250
Elbow	$1,200	$1,250
Wrist	$1,200	$1,250
Bone or bones of the hand other than fingers	$1,200	$1,250
Collarbone — acromioclavicular and separation	$300	$375
Rib	$300	$375
One toe or one finger	$300	$375
Partial dislocation *(percentage of named dislocation)*	25%	25%
Max dislocations per accident	*3*	*3*

Note: Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.

Fractures- closed reduction *(non-surgical)*

Covered benefit	Low	High
Skull except bones of the face or nose, depressed	$8,000	$9,000
Skull except bones of the face or nose, non-depressed	$8,000	$9,000
Hip or thigh *(femur)*	$3,000	$7,500
Vertebrae — excluding vertebral processes	$2,000	$3,000
Pelvis — including ilium, ischium, pubis, acetabulum except coccyx	$2,000	$3,000
Leg — tibia and/or fibula malleolus	$2,000	$3,000
Bones of the face or nose except mandible or maxilla	$1,200	$1,250
Upper Jaw, maxilla *(except alveolar process)*	$1,200	$1,250
Upper arm between elbow and shoulder *(humerus)*	$1,200	$1,250
Lower jaw, mandible *(except alveolar process)*	$1,200	$1,250
Collarbone *(clavicle, sternum)*	$1,200	$1,250
Shoulder blade *(scapula)*	$1,200	$1,250
Vertebral process	$1,200	$1,250
Forearm *(radius and/or ulna)*	$900	$1,250
Kneecap *(patella)*	$900	$1,250
Hand/foot *(except fingers, toes)*	$900	$1,250
Ankle/wrist	$900	$1,250
Rib	$450	$375
Coccyx	$450	$375
Finger, toe	$450	$375
Chip fracture	25%	25%
Max fractures per accident	*3*	*3*

Note: Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.

Accident plan

Accidental death

Covered benefit	Low	High
Employee	$100,000	$100,000
Covered dependent spouse	$50,000	$50,000
Covered dependent children	$50,000	$50,000

Accidental death common carrier

Covered benefit	Low	High
Employee	$200,000	$200,000
Covered dependent spouse	$100,000	$100,000
Covered dependent children	$100,000	$100,000

Note: Accidental death common carrier benefit pays when you or a covered dependent have an accidental injury as a fare paying passenger on a public airline, railroad, bus line, taxicab, etc. that results in death.

Accidental dismemberment

Covered benefit	Low	High
Loss of arm	$10,000	$10,000
Loss of hand	$10,000	$10,000
Loss of leg	$10,000	$10,000
Loss of foot	$10,000	$10,000
Loss of sight	$10,000	$10,000
Loss of ability to speak	$20,000	$20,000
Loss of hearing	$10,000	$10,000
Max dismemberments per accident (non-finger, toe)	*2*	*2*
Loss of finger	$1,000	$1,000
Loss of toe	$1,000	$1,000
Max dismemberments per accident (finger, toe)	*4*	*4*

Paralysis *(complete, total & permanent loss)*

Covered benefit	Low	High
Quadriplegia	$20,000	$20,000
Triplegia	$15,000	$15,000
Paraplegia	$10,000	$10,000
Hemiplegia	$10,000	$10,000
Diplegia	$10,000	$10,000
Monoplegia	$5,000	$5,000

Accident plan

Other benefits

Covered benefit	Low	High
Home and vehicle alteration	$1,500	$1,500
Animal bite treatment — tetanus shot	$100	$100
Animal bite treatment — anti-venom shot	$200	$200
Animal bite treatment — rabies shot	$300	$300
Brain injury — concussion/mild traumatic brain injury	$250	$300
Brain injury — moderate/severe traumatic brain injury	$600	$750
Burn — second degree burn *(greater than 5% of total body surface)*	$1,500	$1,500
Burn — third degree burn *(less than 5% of total body surface)*	$2,250	$2,250
Burn — third degree burn *(between 5% and 10% of total body surface)*	$9,000	$9,000
Burn — third degree burn *(greater than 10% of total body surface)*	$27,000	$27,000
Burn skin graft *(percentage of the named burn benefit)*	50% of Burn	50% of Burn
Coma *(non-induced)*	$20,000	$20,000
Persistent vegetative state *(PVS)*	$20,000	$20,000
Coma *(induced)*	$250	$250
Dental extractions	$100	$100
Dental crown	$300	$300
Gunshot wound	$2,000	$2,000
Laceration without stitches	$50	$50
Laceration with stitches *(less than 7.5cm)*	$75	$75
Laceration with stitches *(between 7.6cm and 20cm)*	$300	$300
Laceration with stitches *(greater than 20cm)*	$600	$600
Posttraumatic stress disorder *(PTSD)*	$500	$500
Service dog	$1,500	$1,500
Waiver of premium	Included	Included

Note: Max 10 days per accident for coma/PVS benefits.
Note: Posttraumatic stress disorder benefit is limited to 1 per person, per lifetime.
Note: Service dog benefit is limited to 1 dog, per lifetime.

Other benefits

Organized sports benefit

The **organized sports benefit** pays an additional **25** percent of benefits if a covered member is injured while participating as a registered member of an organized sporting activity.

Note: Organized sport benefit excludes the following benefits:

- Accidental death
- Accidental death common carrier
- Gunshot wound
- Service dog
- Burn skin graft
- Animal bite
- Burn

Aetna Accident Plan rates

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

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	$7.44	$14.70	$17.80	$21.25

Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	$9.51	$18.98	$20.25	$29.51

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Hospital Indemnity Insurance

Aetna | www.aetna.com | 800-607-3366

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!

Less stress

Aetna® Hospital Indemnity Plan

Be prepared for what lies ahead

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

What is the Aetna Hospital Indemnity Plan?

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

How is this different from a major medical plan?

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

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

How can you use the cash benefits?

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

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

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

Easy to use

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

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

aetna®

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Hospital indemnity plan

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

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

Inpatient benefits

Covered benefit	Low	High
Hospital admission — non-ICU *(initial day)*	$500	$1,000
Hospital daily stay — non-ICU	$100	$100
Hospital daily stay — ICU	$200	$200
Substance abuse daily stay	$25	$25
Mental disorder daily stay	$25	$25
Waiver of premium	Included	Included

Note for hospital admission benefits: No max admissions per plan year. Admissions must be separated by at least 30 days in a row.

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

Newborn benefits

Covered benefit for newborn	Low	High
Newborn routine care	$50	$100

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

Additional benefits

Covered benefit	Low	High
Hospital admission – ICU *(initial day)*	$1,000	$2,000

Note for ICU admission benefits: No max admissions per plan year. Admissions must be separated by at least 30 days in a row. This pays instead of, not in addition to, the benefits for non-ICU hospital admission benefits.

Aetna Hospital Indemnity Plan rates

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

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	$9.26	$23.09	$12.60	$24.21

Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	$15.07	$36.97	$20.25	$39.25

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Identity Theft Protection

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

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

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

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

iLOCK360

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

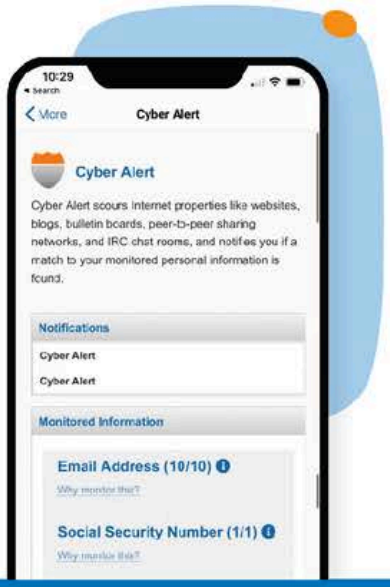
39 seconds is how often cyber-attacks to occur

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

17% increase in data breaches 2022 to 2023

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

How iLOCK360 helps



Defend

Your personal information is monitored 24 / 7 / 365

Protect

Alerts inform you of potential threats for immediate action

Restore

iLOCK360 does the work to restore your identity

Take advantage of special **EDUCATOR PRICING** during open enrollment!

Monthly payroll deduction

Coverage plan	Basic	Plus	Premium
Employee	District-Paid	$8	$15
Employee + Spouse		$15	$22
Employee + Children		$13	$20
Employee + Family		$20	$27

*Plans with children include coverage for up to 10 Children under the age of 18.

Protect your identity **TODAY!**

Please note: A valid email address is required for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Consider utilizing an email address that you check regularly. • Account activation & setup of monitored elements is required upon the start of your new benefit plan year.

Learn more about the protections that iLOCK360 offers:

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

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

403(b) Retirement Plans

TCG Services | www.tcgservices.com | 800-943-9179

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.

How a 403(b) Works

Employees enroll and participate through their employer. Contributions to a 403(b) are made on a pre-tax basis through a Salary Reduction Agreement. This is an arrangement where the participating employee agrees to take a reduction in salary. The amount by which the salary is reduced is directed to investments offered through the employer and selected by the employee. These contributions are called elective deferrals and are excluded from the employee's taxable income. Contributions grow tax-deferred until the time of retirement when withdrawals are taxed as ordinary income.

Benefits

- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan.
- Receive periodic account statements

Contribution Limits	
2025	**2026**
$23,500	$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.

Employee Assistance Program

Resources for Living | www.resourcesforliving.com | 888-866-4827

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

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

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

Anytime support

Resources for Living
To access services:
1-888-866-4827, TTY: 711 / resourcesforliving.com
Username: FBISD / Access code: EAP

Flour Bluff ISD

Resources for Living is an employer-sponsored program, available at no cost to you and all members of your household. Children living away from home can access services up to age 26.

Services are confidential and available 24 hours a day, 7 days a week.

Emotional wellbeing support

You can access up to 6 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face-to-face, online with televideo or by phone. Services are free and confidential. We're always here to help with a wide range of issues including:

- Anxiety
- Relationship support
- Depression
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Self-esteem and personal development
- Substance misuse and more

Daily life assistance

Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Care for older adults
- Caregiver support
- School and financial aid research
- Special needs
- Pet care
- Community resources/ basic needs
- Home repair and improvement
- Summer programs for kids
- Household services and more

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Resources *for* Living®

Legal services

You can get a free 30-minute consultation with a participating attorney for each new legal topic. Some of the areas of law and issues covered include:

- Family or domestic law
- Civil and criminal law
- Wills and estate planning
- Real estate and more

If you opt for services beyond the initial consultation you can get a 25 percent discount. You also have free access to legal documents and forms on your member website.

*Services must be related to the employee or an eligible household member. Exclusions include work-related and lack of merit issues. Discount does not include flat legal fees, contingency fees and plan mediator services.

Financial services

Simply call for a free 30-minute phone consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions

You can get a 25 percent discount on standard tax preparation services. You also have access to financial articles, calculators and a financial assessment on your member website.

*Services must be for financial matters related to the employee or an eligible household member.

Online resources

Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Videos and podcasts
- Articles, blogs and self-assessments
- Mobile app
- Child and adult care provider search tool
- Live and on-demand webinars and more

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

Mind Companion Self-care

You have access to evidence-based support tools to help manage depression, anxiety, stress, substance misuse and more.

Additional services

Identity theft services — One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

For legal disclaimers, visit **rfl.com/Disclaimers**.

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Resources *for* Living®

COBRA

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

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

COBRA Highlights

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

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

Medicare & Age 65

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

Questions to Consider Before Retiring

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

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

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

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

Contact Information

2505 Waldron Road | Flour Bluff, TX 78418
361-694-9000

Edelia Trevino, Account Manager
361-779-1041 | edelia.trevino@ffga.com

Product	Carrier	Website	Phone
Medical	Aetna	www.aetna.com	800-607-3366
Dental	Delta Dental	www.deltadental.com	800-877-7195
Vision	Davis	www.davisvision.com	877-923-2847
Flexible Spending Accounts	FFGA FSA Department	ffa.wealthcareportal.com/page/home	866-853-3539
Health Savings Accounts	FFGA HSA Department	ffa.wealthcareportal.com/page/home	866-853-3539
Term Life & AD&D	The Standard	www.standard.com/individuals-families/workplace-benefits/life-and-add	800-628-8600
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Disability	The Standard	www.standard.com/individuals-families/workplace-benefits/disability	800-368-2859
Cancer	American Fidelity	www.americanfidelity.com	800-654-8489
Critical Illness	Aetna	www.aetna.com	800-607-3366
Accident	Aetna	www.aetna.com	800-607-3366
Hospital Indemnity	Aetna	www.aetna.com	800-607-3366
Identity Theft Protection	iLock 360	www.ilock360.com	855-287-8888

Contact Information

2505 Waldron Road | Flour Bluff, TX 78418
361-694-9000

Edelia Trevino, Account Manager
361-779-1041 | edelia.trevino@ffga.com

Product	Carrier	Website	Phone
403(b) Retirement Plan	TCG Administrators	www.tcgservices.com	800-943-9179
Employee Assistnace Program	Resources for Living	www.resourcesforliving.com	888-866-4827
COBRA	First Financial Administrators, Inc.	www.ffga.com	800-523-8422, option 4
Medicare	FFMS	www.ffga.com/medicare-solutions	800-523-8422