

RAYMONDVILLE ISD 2026-2027 BENEFITS GUIDE



SCAN ME



Nick Sullenger
Account Manager
(512) 707-9666
nick.sullenger@ffga.com

ffbenefits.ffga.com/raymondvilleisd

Raymondville ISD Benefits Office
(956) 424-9504
www.raymondvilleisd.org

Contents

- [EMPLOYEE BENEFITS CENTER](#)
- [HOW TO ENROLL](#)
- [BENEFIT ELIGIBILITY & COVERAGE](#)
- [SECTION 125 PLANS](#)
- [MEDICAL](#)
- [DENTAL](#)
- [VISION](#)
- [FSA](#)
- [FSA RESOURCES](#)
- [VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS](#)
 - [TERM LIFE & AD&D](#)
 - [TEXAS LIFE](#)
 - [DISABILITY INSURANCE](#)
 - [CANCER INSURANCE](#)
 - [CRITICAL ILLNESS INSURANCE](#)
 - [ACCIDENT ONLY INSURANCE](#)
 - [HOSPITAL GAP INSURANCE](#)
 - [HOSPITAL INDEMNITY INSURANCE](#)
 - [ACCIDENTAL DEATH & DISMEMBERMENT](#)
 - [TERM LIFE](#)
 - [WHOLE LIFE](#)
 - [MEDICAL TRANSPORT](#)
 - [VOLUNTARY RETIREMENT PLANS](#)
 - [FFINVEST](#)
 - [COBRA](#)
 - [MEDICARE](#)
 - [CLEVER RX](#)
- [BENEFIT CONTACT INFORMATION](#)

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!

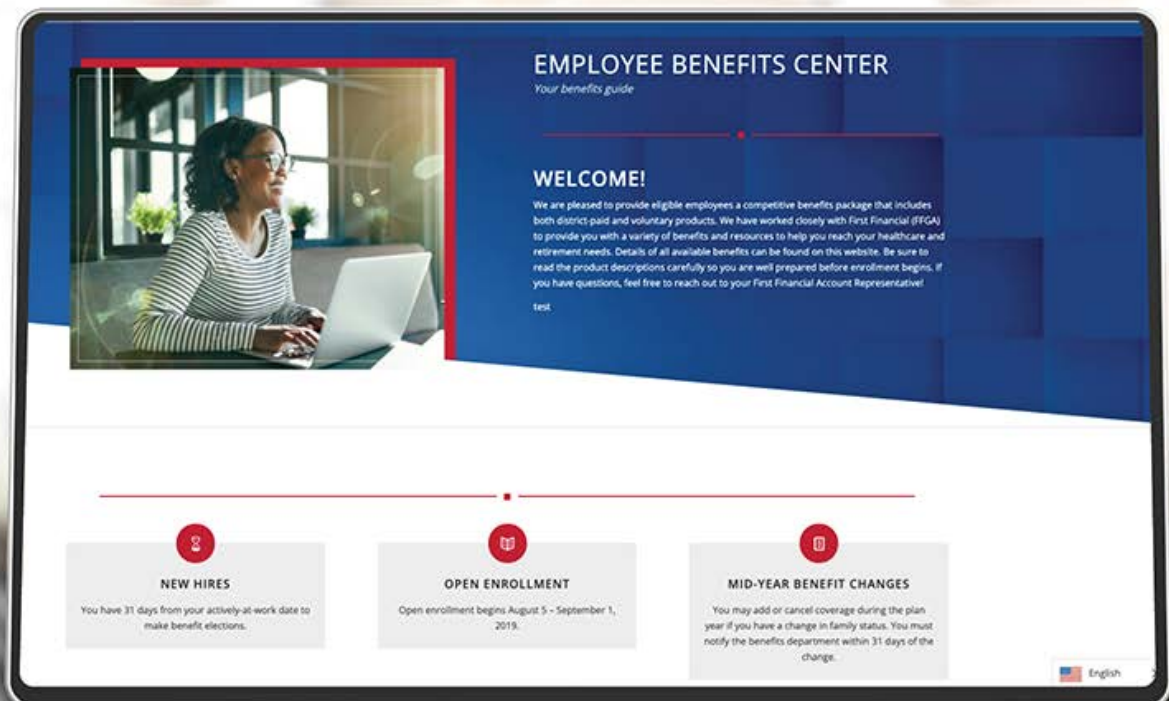
Raymondville ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

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



How to Enroll

Benefits Enrollment

On-Site Enrollment

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

Online Enrollment

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

Enroll Now

Username & Password

Username

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

Password

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

View Current Benefits

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

View/Add Dependents

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

Begin Elections

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

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

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

Existing Employees

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

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here’s How It Works

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

Is It Right For Me?

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

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

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

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

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

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

Medical Coverage

Plan Design	Partnership Plan	
	Coordinated Care	Uncoordinated Care
Individual/Family Deductible	\$0	1,000 individual / \$3,000 family
Coinsurance	\$0	20% coinsurance after deductible
Ind/Fam Out of Pocket	\$4,000 individual / \$8,000 family	\$4,000 individual / \$8,000 family
Network	RBP/HealthSmart/Cash Pay	RBP/HealthSmart/Cash Pay
PCP Required	Yes	No
PCP Referral to Specialist	Yes	No
Doctor Visits		
Preventive Care	No charge - plan pays 100%	No charge - plan pays 100%
Primary Care	No charge	\$35 copay (not subject to deductible)
Specialist	\$25 copay if care is coordinated	\$50 copay (not subject to deductible)
Virtual Health	\$10 Per Consultation	\$10 Per Consultation
Care Facilities		
Urgent Care	\$25 copay if care is coordinated	\$50 copay (not subject to deductible)
Emergency Care	\$250 copay	\$250 copay (not subject to deductible)
	No charge for professional services if care is coordinated; \$300 copay for facility	
Outpatient Surgery		20% coinsurance (after deductible)
Prescription Drug Benefits		
Drug Deductible	None	None
Days Supply	30 day	30 Day
Generics	\$10 copay	\$10 copay
Preferred Brand	\$50 copay	\$50 copay
Non-preferred Brand	Not covered/MAP	Not covered/MAP
Specialty	20% coinsurance (no deductible) MAP	20% coinsurance (no deductible) MAP

Dental Insurance

Plan Choices



Cigna | www.cigna.com | 800-997-1654

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		
	High	Low
Employee Only	\$43.14	\$27.73
Employee + Spouse	\$84.08	\$54.77
Employee + Children	\$90.69	\$60.30
Employee + Family	\$126.71	\$84.66

Cigna Healthcare Financial Exhibit for:
Raymondville ISD
LOW PLAN



This is a summary of benefits for your dental plan.

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Your DPPO** plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Plan Design	Total Cigna DPPO Network**	Out-of-Network
Calendar Year Maximum (Class I, II, III, IX Expenses)	Progressive Plan	
	Class I applies Year 1: \$750, Year 2: \$850 Year 3: \$950, Year 4: \$1050	Class I applies Year 1: \$750, Year 2: \$850 Year 3: \$950, Year 4: \$1050
Calendar Year Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency care to relieve pain (administrated at In Network coinsurance)	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Brush Biopsy	60%, After Deductible	60%, After Deductible
Class III Expenses - Major Restorative Care		
Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	40%, After Deductible	40%, After Deductible
Class IV Expenses - Orthodontia		
	Not Covered	Not Covered
Class IX Expenses - Implants		
Plan Calendar Year Max	40%, After Deductible \$750	40%, After Deductible \$750
Dental Plan Reimbursement Levels	Based on Contracted Fees	90th Percentile of Submitted Charges***
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
Student/Dependent Age	26/26	
Progression	Members progress to the next level by utilizing Class I services in the prior year.	

Cigna Healthcare Financial Exhibit for:
Raymondville ISD HIGH
PLAN



This is a summary of benefits for your dental plan.

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Your DPPO** plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Plan Design	Total Cigna DPPO Network**	Out-of-Network
Calendar Year Maximum (Class I, II, III, IX Expenses)	Progressive Plan Class I applies Year 1: \$1500, Year 2: \$1600 Year 3: \$1700, Year 4: \$1800	
Calendar Year Deductible Per Individual Per Family	\$50 \$150	\$50 \$150
Class I Expenses - Preventive & Diagnostic Care Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency care to relieve pain (administrated at In Network coinsurance)	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Brush Biopsy	80%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia Coverage for Eligible Children Only Lifetime Maximum	50%, No Ortho Deductible \$1500	50%, No Ortho Deductible \$1500
Class IX Expenses - Implants Plan Calendar Year Max	50%, After Deductible \$1500	50%, After Deductible \$1500
Dental Plan Reimbursement Levels	Based on Contracted Fees	90th Percentile of Submitted Charges***
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
Student/Dependent Age	26/26	
Progression	Members progress to the next level by utilizing Class I services in the prior year.	

Vision Insurance

The Standard | [The Standard - Vision](#) | 800-547-9515

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	
Employee Only	\$7.12
Employee + Spouse	\$12.14
Employee + Child(ren)	\$12.68
Employee + Family	\$19.28



Group Vision Insurance

Help protect your eye health with coverage for exams, glasses and contacts.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered vision care services. NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 1: Balanced Care Vision I Plan Summary

Effective Date: 10/1/2026

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$10 Exam	\$10 Exam
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Participant cost up to \$60	Not covered
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$150**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco and Walmart allowance will be the wholesale equivalent.

Lens Options (participant cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses		
Standard	\$55	Up to Lined Bifocal allowance.
Premium	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$33 adults	Not covered
Solid Plastic Dye	\$15 (except Pink I & II)	Not covered
Plastic Gradient Dye	\$17	Not covered
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	Not covered
Scratch Resistant Coating	\$17-\$33	Not covered
Anti-Reflective Coating	\$43-\$85	Not covered
Ultraviolet Coating	\$16	Not covered

*Lens Option participant costs vary by prescription, option chosen and retail locations.

Monthly Rates	
Employee Only (EE)	\$7.12
EE + Spouse	\$12.14
EE + Children	\$12.68
EE + Spouse & Children	\$19.28

Additional Balanced Care Vision I Choice Network Features	
Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Flexible Spending Accounts

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

Medical FSA

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

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

Medical FSA Highlights

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

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

FSA Resources

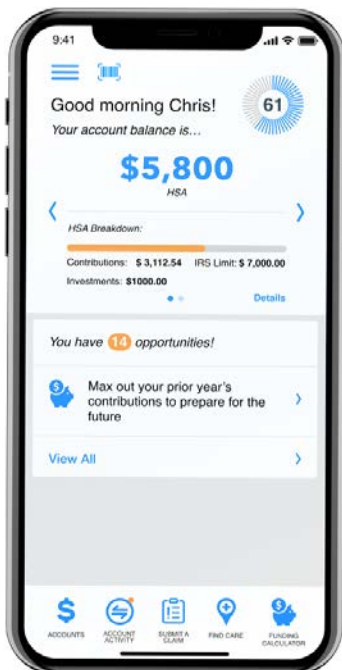
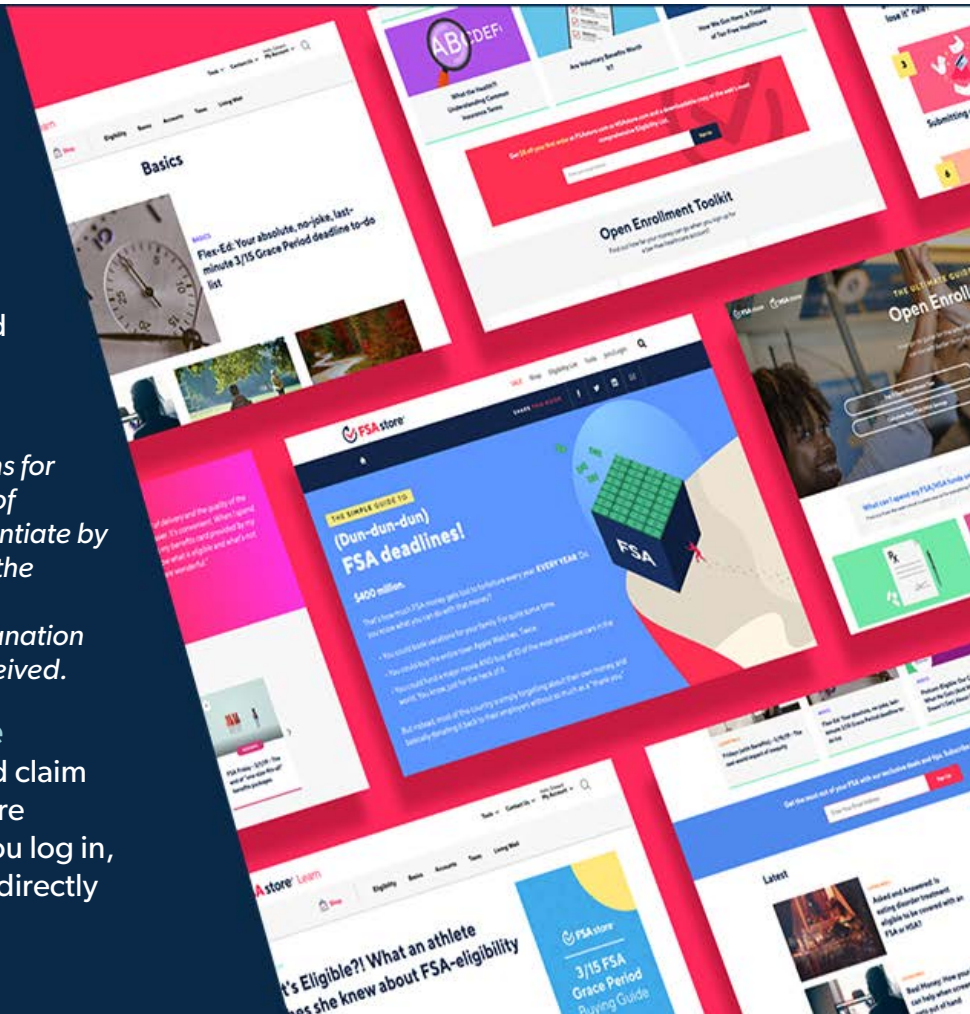
Benefits Card

The FFGA Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. 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.

The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to FFGA within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.

View Your Account Details Online

Sign up to view your account balance, find claim 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 Store

FFGA has partnered with the FSA Store to bring you an easy-to-use online store 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 store at <http://www.ffga.com/individuals/#stores> for more details and special deals.



Term Life & AD&D

Employer-Paid & Voluntary

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

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$10,000 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.





GROUP BENEFIT PROGRAM SUMMARY
For RAYMONDVILLE ISD / TEEBC TRUST F021842 - 326

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

EMPLOYER PAID BASIC GROUP TERM LIFE/AD&D

Eligibility	All Active Full Time Employees who regularly work 30 hours per week are eligible for insurance on the first of the month following their date of hire.
Group Term Life/AD&D Benefit: Paid by your Employer	\$10,000
Guarantee Issue Amount – Employee	\$10,000
Age Reduction Schedule	Life and AD&D benefits reduce by 35% at age 65, 50% of the original amount at age 70. Benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PROGRAM SUMMARY

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger of Same Hand	25%
Uniplegia	25%

* Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

Exclusions – Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that, directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof;
2. infections, except those from an accidental cut or wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. war or act of war;
6. travel or flight in any aircraft while a member of the crew;
7. commission of, or participation in a felony;
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician; or
9. intoxication as defined in the jurisdiction where the accident occurred;
10. participation in a riot.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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 retire¹



EASY TO PAY

Pay for it through convenient payroll deductions



NO EXAMS

Qualify by answering just 3 questions²



COVER DEPENDENTS

Cover your spouse, children and grandchildren³



TERMINAL ILLNESS BENEFIT

Get a living benefit if you become terminally ill⁴



CHRONIC ILLNESS BENEFIT

Cover care expenses if you become chronically ill, if selected⁵

TEXASLIFE
INSURANCE COMPANY

FFGA
Benefit Solutions Simplified



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 benefit¹⁰ 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 Rider⁴

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



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

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

CHILDREN AND GRANDCHILDREN (NON-TOBACCO) Accidental Death Benefit included for ages 17 and older. 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

Indicates Spouse Coverage Available

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

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

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

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

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

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

CHILDREN AND GRANDCHILDREN (TOBACCO)

Accidental Death Benefit included for ages 17 and older.

Grandchild coverage available through age 18.

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

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

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

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

25Mon-C-M FFGA 1007 (exp0227)

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 | [The Standard-Disability](#) | 800-547-9515

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?





Educator Options Voluntary Long Term Disability

Voluntary Long Term Disability 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. The Standard has developed this document to provide you with information about the optional coverage you may select through the Raymondville 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 Raymondville 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% 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 tables and guidelines presented in the Rates section of these coverage highlights. The monthly benefit amount must not exceed 66 2/3% 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% of your predisability earnings
Plan Minimum Monthly Benefit	10% of your LTD benefit before reduction by deductible income

- 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/765122>.

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: standard.com/disability/needs.

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% 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 means income you receive or are eligible to receive while LTD benefits are payable. Please refer to your group certificate for additional details. Deductible income may include, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or salary continuation, including donated amounts, paid to you by your employer
- 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
- 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, or SSNRA, or three years and six 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% 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 \$3,000 (66 2/3% 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	× 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 HR representative for additional information about the features and benefits below.

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 worksite modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a preapproved amount for some or all of the cost of the modification.
Employee Assistance Program	This includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues. This service is provided through an arrangement with a service provider who is not affiliated with The Standard.
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 times 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).
First Day Hospital Benefit	If you are hospital confined for at least four hours during the benefit waiting period, the following will apply: the remainder of your benefit waiting period will be waived, LTD benefits will become payable on the first day you are hospital confined, and your maximum benefit period will begin on the date your LTD benefits are payable. You are eligible for this benefit only if your elected benefit waiting period is fewer than 45 days. Hospital confined means you are admitted to a hospital as an inpatient and for which you are charged for room and board.
Family Care Expense Benefit	This applies when a disabled employee has returned to work and continues to receive LTD benefits. For 24 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- If applicable, with respect to insurance increases, you are not covered for the insurance increase if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period.

Preexisting Condition Provision

Preexisting Condition	For the first 90 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 90 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply. Benefit amounts subject to the preexisting condition exclusion will be excluded from payment.
------------------------------	--

A preexisting condition is a mental or physical condition:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Preexisting Condition Period	The 90-day period just before your insurance becomes effective or any insurance increases become effective
-------------------------------------	--

Specified Exclusion and Limitation Period	12 months
--	-----------

If your disability is subject to the preexisting condition limitation and you have been continuously insured under the group policy for:

Less than 12 months:	Your maximum benefit period is 90 days.
12 months or more and you elected to change your insurance during the preceding annual enrollment period by:	
a) Increasing your LTD benefit amount by more than \$300:	Your LTD benefit is equal to the amount of insurance for which you were insured under the group policy on the day before the last preceding annual enrollment period plus \$300, reduced by deductible income.
b) Decreasing your benefit waiting period by more than one level:	Your benefit waiting period equals the benefit waiting period which applied to the option under which you were insured on the day before the last preceding annual enrollment period.

Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20% of your indexed predisability earnings, but you elect not to work during the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If applicable, if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period
- If your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

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
4,000	333	200	7.60	6.96	5.44	4.48	3.80	2.80
6,000	500	300	11.40	10.44	8.16	6.72	5.70	4.20
8,000	667	400	15.20	13.92	10.88	8.96	7.60	5.60
10,000	833	500	19.00	17.40	13.60	11.20	9.50	7.00
12,000	1,000	600	22.80	20.88	16.32	13.44	11.40	8.40
14,000	1,167	700	26.60	24.36	19.04	15.68	13.30	9.80
16,000	1,333	800	30.40	27.84	21.76	17.92	15.20	11.20
18,000	1,500	900	34.20	31.32	24.48	20.16	17.10	12.60
20,000	1,667	1,000	38.00	34.80	27.20	22.40	19.00	14.00
22,000	1,833	1,100	41.80	38.28	29.92	24.64	20.90	15.40
24,000	2,000	1,200	45.60	41.76	32.64	26.88	22.80	16.80
26,000	2,167	1,300	49.40	45.24	35.36	29.12	24.70	18.20
28,000	2,333	1,400	53.20	48.72	38.08	31.36	26.60	19.60
30,000	2,500	1,500	57.00	52.20	40.80	33.60	28.50	21.00
32,000	2,667	1,600	60.80	55.68	43.52	35.84	30.40	22.40
34,000	2,833	1,700	64.60	59.16	46.24	38.08	32.30	23.80
36,000	3,000	1,800	68.40	62.64	48.96	40.32	34.20	25.20
38,000	3,167	1,900	72.20	66.12	51.68	42.56	36.10	26.60
40,000	3,333	2,000	76.00	69.60	54.40	44.80	38.00	28.00
42,000	3,500	2,100	79.80	73.08	57.12	47.04	39.90	29.40
44,000	3,667	2,200	83.60	76.56	59.84	49.28	41.80	30.80
46,000	3,833	2,300	87.40	80.04	62.56	51.52	43.70	32.20
48,000	4,000	2,400	91.20	83.52	65.28	53.76	45.60	33.60
50,000	4,167	2,500	95.00	87.00	68.00	56.00	47.50	35.00
52,000	4,333	2,600	98.80	90.48	70.72	58.24	49.40	36.40
54,000	4,500	2,700	102.60	93.96	73.44	60.48	51.30	37.80
56,000	4,667	2,800	106.40	97.44	76.16	62.72	53.20	39.20
58,000	4,833	2,900	110.20	100.92	78.88	64.96	55.10	40.60
60,000	5,000	3,000	114.00	104.40	81.60	67.20	57.00	42.00
62,000	5,167	3,100	117.80	107.88	84.32	69.44	58.90	43.40
64,000	5,333	3,200	121.60	111.36	87.04	71.68	60.80	44.80
66,000	5,500	3,300	125.40	114.84	89.76	73.92	62.70	46.20
68,000	5,667	3,400	129.20	118.32	92.48	76.16	64.60	47.60
70,000	5,833	3,500	133.00	121.80	95.20	78.40	66.50	49.00
72,000	6,000	3,600	136.80	125.28	97.92	80.64	68.40	50.40
74,000	6,167	3,700	140.60	128.76	100.64	82.88	70.30	51.80
76,000	6,333	3,800	144.40	132.24	103.36	85.12	72.20	53.20
78,000	6,500	3,900	148.20	135.72	106.08	87.36	74.10	54.60
80,000	6,667	4,000	152.00	139.20	108.80	89.60	76.00	56.00

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
82,000	6,833	4,100	155.80	142.68	111.52	91.84	77.90	57.40
84,000	7,000	4,200	159.60	146.16	114.24	94.08	79.80	58.80
86,000	7,167	4,300	163.40	149.64	116.96	96.32	81.70	60.20
88,000	7,333	4,400	167.20	153.12	119.68	98.56	83.60	61.60
90,000	7,500	4,500	171.00	156.60	122.40	100.80	85.50	63.00
92,000	7,667	4,600	174.80	160.08	125.12	103.04	87.40	64.40
94,000	7,833	4,700	178.60	163.56	127.84	105.28	89.30	65.80
96,000	8,000	4,800	182.40	167.04	130.56	107.52	91.20	67.20
98,000	8,167	4,900	186.20	170.52	133.28	109.76	93.10	68.60
100,000	8,333	5,000	190.00	174.00	136.00	112.00	95.00	70.00
102,000	8,500	5,100	193.80	177.48	138.72	114.24	96.90	71.40
104,000	8,667	5,200	197.60	180.96	141.44	116.48	98.80	72.80
106,000	8,833	5,300	201.40	184.44	144.16	118.72	100.70	74.20
108,000	9,000	5,400	205.20	187.92	146.88	120.96	102.60	75.60
110,000	9,167	5,500	209.00	191.40	149.60	123.20	104.50	77.00
112,000	9,333	5,600	212.80	194.88	152.32	125.44	106.40	78.40
114,000	9,500	5,700	216.60	198.36	155.04	127.68	108.30	79.80
116,000	9,667	5,800	220.40	201.84	157.76	129.92	110.20	81.20
118,000	9,833	5,900	224.20	205.32	160.48	132.16	112.10	82.60
120,000	10,000	6,000	228.00	208.80	163.20	134.40	114.00	84.00
122,000	10,167	6,100	231.80	212.28	165.92	136.64	115.90	85.40
124,000	10,333	6,200	235.60	215.76	168.64	138.88	117.80	86.80
126,000	10,500	6,300	239.40	219.24	171.36	141.12	119.70	88.20
128,000	10,667	6,400	243.20	222.72	174.08	143.36	121.60	89.60
130,000	10,833	6,500	247.00	226.20	176.80	145.60	123.50	91.00
132,000	11,000	6,600	250.80	229.68	179.52	147.84	125.40	92.40
134,000	11,167	6,700	254.60	233.16	182.24	150.08	127.30	93.80
136,000	11,333	6,800	258.40	236.64	184.96	152.32	129.20	95.20
138,000	11,500	6,900	262.20	240.12	187.68	154.56	131.10	96.60
140,000	11,667	7,000	266.00	243.60	190.40	156.80	133.00	98.00
142,000	11,833	7,100	269.80	247.08	193.12	159.04	134.90	99.40
144,000	12,000	7,200	273.60	250.56	195.84	161.28	136.80	100.80
146,000	12,167	7,300	277.40	254.04	198.56	163.52	138.70	102.20
148,000	12,333	7,400	281.20	257.52	201.28	165.76	140.60	103.60
150,000	12,500	7,500	285.00	261.00	204.00	168.00	142.50	105.00
152,000	12,667	7,600	288.80	264.48	206.72	170.24	144.40	106.40
154,000	12,833	7,700	292.60	267.96	209.44	172.48	146.30	107.80
156,000	13,000	7,800	296.40	271.44	212.16	174.72	148.20	109.20
158,000	13,167	7,900	300.20	274.92	214.88	176.96	150.10	110.60
160,000	13,500	8,000	304.00	278.40	217.60	179.20	152.00	112.00

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.



Group Cancer Insurance

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	\$200	\$300
Enhanced Plus: Per day, up to \$15,000 per calendar year		
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	\$500	\$1,500
Donor Provided Per calendar year	\$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	\$100	\$300
Day 31+	\$200	\$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	\$100	\$300
Enhanced Plus: Per day, up to \$54,000 lifetime max		
Inpatient Special Nursing Services Per day	\$100	\$300

BENEFITS	BASIC	ENHANCED PLUS
Dread Disease Per day while hospital confined Day 1-30	\$100	\$300
Day 31+	\$200	\$600
Donor	\$1,000/donation	
Drugs and Medicine Inpatient Per confinement	\$50	\$200
Outpatient \$50 per prescription up to maximum shown per calendar month	\$50	\$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	\$200	\$200
Air Per trip, up to 2 per confinement	\$2,000	\$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

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

Prepare For the Unexpected

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

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

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





Limited Benefit Critical Illness Insurance

with Cancer Benefit

**AMERICAN
FIDELITY** 
a different opinion

Surviving a critical illness may come at a high price.

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

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



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

How It Works

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

Features:

- Benefits paid directly to you, to be used however you see fit
- No required medical exams as part of the application process
- All benefit amounts are Guaranteed Issue, and benefit changes made at annual service review are Guaranteed Issue
- Coverage extended to dependent children at no additional cost
- Compatible with a Health Savings Account

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

HEALTH SCREENING BENEFIT

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

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

SCREENING BENEFIT
(per calendar year per covered person)

\$100

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

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

Plan Benefit Highlights

Schedule of Benefits

Depending on the plan selected by your employer, the following benefit amounts may be available. The employee and spouse benefit amounts can range from \$10,000 to \$50,000. Eligible children will be automatically covered at 25% of the employee's benefit amount at no additional cost. If elected, spousal benefit amounts will be 100% of the employee benefit amount.

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

EMPLOYEE MONTHLY PREMIUMS*

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
AGE	Uni-Nic	Uni-Nic	Uni-Nic	Uni-Nic	Uni-Nic
18-29	\$5.76	\$11.52	\$17.28	\$23.04	\$28.80
30-39	\$9.60	\$19.20	\$28.80	\$38.40	\$48.00
40-49	\$18.08	\$36.16	\$54.24	\$72.32	\$90.40
50-59	\$31.92	\$63.84	\$95.76	\$127.68	\$159.60
60 & Over	\$53.12	\$106.24	\$159.36	\$212.48	\$265.60

SPOUSE MONTHLY PREMIUMS*

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
AGE	Uni-Nic	Uni-Nic	Uni-Nic	Uni-Nic	Uni-Nic
18-29	\$4.80	\$9.60	\$14.40	\$19.20	\$24.00
30-39	\$9.60	\$19.20	\$28.80	\$38.40	\$48.00
40-49	\$20.40	\$40.80	\$61.20	\$81.60	\$102.00
50-59	\$38.08	\$76.16	\$114.24	\$152.32	\$190.40
60-69	\$64.96	\$129.92	\$194.88	\$259.84	\$324.80

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

Accident Insurance

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

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





Group Accident Insurance 24-Hour Coverage

Marketed by:



**AMERICAN
FIDELITY** 
a different opinion

Are you financially prepared for an accident?

Accidents happen all the time and are always unexpected. Even though you can't plan for an accident, you can help prepare for unexpected medical expenses. **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident costs.

ACCIDENTAL INJURY*

Hypothetical Example

A bad fall off a bicycle leads to a broken arm and head injury, resulting in a fractured radius and concussion. Treatment is received within three days.

	LEVEL 1	LEVEL 2	LEVEL 3
Initial Treatment	\$100	\$150	\$200
X-Rays (two different days)	\$100	\$200	\$300
Anesthesia	\$100	\$200	\$300
Hospital Admission (day one)	\$500	\$1,000	\$1,500
Hospital Confinement (days two through four)	\$300	\$600	\$900
Concussion	\$250	\$300	\$350
Open Reduction Radius Fracture Repair	\$600	\$800	\$1,000
Appliance – Arm Brace	\$100	\$150	\$200
Follow-Up Treatment (three visits)	\$150	\$150	\$150
TOTAL	\$2,200	\$3,550	\$4,900

ACCIDENT SCREENING BENEFIT*

This benefit is paid directly to you once per policy per calendar year and covers several tests, including, but not limited to:

- Routine Physical Exam
- Bone Density Screening
- Sports Physical Exam
- Stress Test

LEVEL 1	LEVEL 2	LEVEL 3
\$50	\$50	\$75

Plan Benefit Highlights*

ACCIDENTAL DEATH & DISMEMBERMENT

LEVEL 1	For Employee / Spouse	For Child
Common Carrier	\$50,000	\$25,000
Other Accident	\$20,000	\$10,000
Dismemberment	\$1,750 to \$25,000	\$875 to \$12,500
LEVEL 2	For Employee / Spouse	For Child
Common Carrier	\$100,000	\$50,000
Other Accident	\$40,000	\$20,000
Dismemberment	\$3,500 to \$50,000	\$1,750 to \$25,000
LEVEL 3	For Employee / Spouse	For Child
Common Carrier	\$150,000	\$75,000
Other Accident	\$60,000	\$30,000
Dismemberment	\$5,250 to \$75,000	\$2,625 to \$37,500

*The benefit amounts vary depending on the plan level selected at the time of application.

Plan Benefit Highlights

The benefit amounts vary depending on the plan level selected at the time of application.

BENEFITS	LEVEL 1	LEVEL 2	LEVEL 3
TREATMENTS			
Initial Treatment Up to four treatments per Calendar Year	\$100	\$150	\$200
Follow Up Treatment Up to four treatments per Covered Accident	\$50	\$50	\$100
MEDICAL IMAGING			
CT, CAT, MRI, PET, US, SPECT	\$100	\$150	\$200
X-Rays Up to two days	\$50	\$100	\$150
HOSPITAL			
ICU Admission	\$1,000	\$1,500	\$2,000
Hospital Admission	\$500	\$1,000	\$1,500
ICU Confinement Up to 30 days	\$200	\$400	\$600
Hospital Confinement Up to 365 days	\$100	\$200	\$300
Rehabilitation Up to 30 days	\$50	\$100	\$150
SURGICAL			
Internal Injuries Surgery Open abdominal/thoracic surgery	\$1,000	\$1,500	\$2,000
Exploratory Surgery	\$250	\$300	\$350
Tendons, Ligaments, and Rotator Cuff Surgery One tendon, ligament, or rotator cuff	\$400	\$400	\$400
More than one tendon, ligament, or rotator cuff	\$600	\$600	\$600
Ruptured Disc or Torn Knee Cartilage Surgery	\$500	\$500	\$500
Miscellaneous Surgery	\$200	\$200	\$200
Outpatient Hospital or Ambulatory Surgical Center	\$100	\$200	\$300
Anesthesia	\$100	\$200	\$300
AMBULANCE			
Ground/Water	\$500	\$500	\$500
Air	\$1,500	\$1,500	\$1,500
TRANSPORTATION, LODGING, AND MEALS			
Transportation Up to three round trips per Covered Accident	\$300	\$300	\$300
Family Member Lodging and Meals Per day of Covered Accident, up to 30 days combined	\$200	\$200	\$200

BENEFITS	LEVEL 1	LEVEL 2	LEVEL 3
INJURY TREATMENTS			
Fractures Depending on open or closed reduction and bone involved <i>Chip fracture (25% of closed reduction amount)</i>	\$112.50 to \$3,000	\$150 to \$4,000	\$225 to \$6,000
Dislocations Depending on open or closed reduction and joint involved <i>With local or no anesthesia (25% of closed reduction amount)</i>	\$112.50 to \$3,000	\$150 to \$4,000	\$225 to \$6,000
Lacerations (Depending on severity and length of laceration)	\$25-\$400	\$50-\$500	\$75-\$600
Severe Burns, 2nd & 3rd Degree Skin grafts are 50% of benefit	\$100 to \$10,000	\$100 to \$10,000	\$100 to \$10,000
ADDITIONAL BENEFITS			
Appliances Crutches, leg braces, etc.	\$100	\$150	\$200
Blood, Plasma, and Platelets	\$200	\$300	\$400
Concussion	\$250	\$300	\$350
Traumatic Brain Injury	\$500	\$1,000	\$1,500
Coma	\$5,000	\$10,000	\$15,000
Emergency Dental Work Broken teeth repaired with crown or extraction of a broken natural tooth	\$100	\$200	\$300
Epidural Pain Management	\$50	\$75	\$100
Eye Injury Injury with surgical repair or removal of foreign body by physician, for one or both eyes	\$200	\$250	\$300
Gunshot Wound	\$500	\$500	\$500
Paralysis Paraplegia/Uniplegia Quadriplegia	\$10,000 \$20,000	\$10,000 \$20,000	\$10,000 \$20,000
Physical, Occupational, or Speech Therapy Per day of treatment, up to eight days combined	\$25	\$25	\$25
Prosthesis Up to two devices	\$500	\$500	\$500
Organized Sports Benefit	Additional 25% of benefit payable	Additional 25% of benefit payable	Additional 25% of benefit payable
MONTHLY PREMIUMS			
Employee	\$6.98	\$9.60	\$13.66
Employee & Spouse	\$14.00	\$19.44	\$27.58
Employee & Child(ren)	\$21.62	\$30.20	\$42.60
Family	\$31.18	\$43.82	\$61.90

The premium and benefit amounts vary depending on the plan level selected at the time of application.

GAP Insurance



American Fidelity | www.americanfidelity.com | 800-662-1113(800) 654-8489

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

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

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



Be Prepared for Unexpected Expenses

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

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

Plan Highlights



Benefits Are Paid Directly to You

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



Inpatient and Outpatient Benefits

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



Physician's Office Benefits

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



Several Benefit Amounts Available

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

**AMERICAN
FIDELITY** 
a different opinion

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

How the Plan Works

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

Inpatient and Outpatient Benefits

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

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

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

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

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

Policy Benefits and Features

Inpatient Hospital Benefit

What it Covers:

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

How it Pays:

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

Maximum Reimbursement:

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

Length of Hospital Stay:

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

Outpatient Benefit

What it Covers:

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

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

Hospital GAP PLAN Choice® Insurance

Monthly Rates with Physician Office Visit Benefit

VOLUNTARY Plan Maximum

Inpatient	Basic Benefits				Enhanced Benefits				Enhanced Plus Benefits					
Rates	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$5,500	\$6,000	\$6,500	\$7,000	\$7,500
Under 55:														
Employee Only	\$21.60	\$26.60	\$31.60	\$35.70	\$49.10	\$54.40	\$58.60	\$62.70	\$77.80	\$79.90	\$83.10	\$86.20	\$89.40	\$92.50
Employee and Spouse	\$36.10	\$45.10	\$54.10	\$61.50	\$85.60	\$95.20	\$102.70	\$110.10	\$137.30	\$141.10	\$146.80	\$152.40	\$158.20	\$163.70
Employee and Children	\$32.60	\$40.60	\$48.60	\$55.20	\$76.60	\$85.10	\$91.80	\$98.40	\$122.60	\$125.90	\$131.00	\$136.00	\$141.10	\$146.10
Employee and Family	\$47.10	\$59.10	\$71.10	\$81.00	\$113.10	\$125.90	\$135.90	\$145.80	\$182.10	\$187.10	\$194.70	\$202.20	\$209.90	\$217.30
Ages 55-59:														
Employee Only	\$30.30	\$37.80	\$45.30	\$51.50	\$71.60	\$79.50	\$85.80	\$92.00	\$114.60	\$117.80	\$122.60	\$127.20	\$132.00	\$136.70
Employee and Spouse	\$51.80	\$65.30	\$78.80	\$89.90	\$126.10	\$140.30	\$151.70	\$162.80	\$203.50	\$209.30	\$217.90	\$226.20	\$234.80	\$243.30
Employee and Children	\$41.30	\$51.80	\$62.30	\$71.00	\$99.10	\$110.20	\$119.00	\$127.70	\$159.40	\$163.80	\$170.50	\$177.00	\$183.70	\$190.30
Employee and Family	\$62.80	\$79.30	\$95.80	\$109.40	\$153.60	\$171.00	\$184.90	\$198.50	\$248.30	\$255.30	\$265.80	\$276.00	\$286.50	\$296.90
Ages 60 and Over:														
Employee Only	\$47.70	\$60.20	\$72.70	\$83.00	\$116.50	\$129.70	\$140.20	\$150.50	\$188.20	\$193.50	\$201.50	\$209.20	\$217.20	\$225.00
Employee and Spouse	\$83.10	\$105.60	\$128.10	\$146.60	\$206.90	\$230.70	\$249.60	\$268.10	\$336.00	\$345.50	\$359.90	\$373.80	\$388.20	\$402.20
Employee and Children	\$58.70	\$74.20	\$89.70	\$102.50	\$144.00	\$160.40	\$173.40	\$186.20	\$233.00	\$239.50	\$249.40	\$259.00	\$268.90	\$278.60
Employee and Family	\$94.10	\$119.60	\$145.10	\$166.10	\$234.40	\$261.40	\$282.80	\$303.80	\$380.80	\$391.50	\$407.80	\$423.60	\$439.90	\$455.80

Outpatient	Basic Benefits		Enhanced Benefits		Enhanced Plus Benefits	
Emergency Room	\$50.00		\$100.00		\$150.00	
Diagnostic X-Ray & Lab	\$100.00		\$200.00		\$300.00	
Outpatient Surgery	\$400.00		\$800.00		\$1,200.00	

This is a supplemental limited benefit medical expense insurance policy. This product may contain limitations, exclusions, and waiting periods. This product is not intended for people who are eligible for Medicaid coverage. Pre-existing conditions will not be covered for the first 12 months from your effective date. This insert must be used in conjunction with AF-1074(FF) and any state-specific deviations thereof. Please refer to your certificate for complete details. Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile. Rates are guaranteed not to increase during the initial term period. However, they may increase upon renewal. For benefits, limitations, exclusions, and other provisions, please refer to the policy.

This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA.

Marketed by:



Underwritten and administered by:



Hospital Indemnity Insurance

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

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

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

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



Hospital Indemnity

MONTHLY RATES

	Employee Only	Employee & Spouse	Employee & Children	Full Family
Rates	\$25.25	\$43.88	\$37.00	\$60.35

BENEFITS

	All Eligible Employees
Hospital/ICU Admission	\$500 per admission to a max of 1 admission per year, per insured, max of 3 admissions, per year, per covered family
Hospital/ICU Confinement	\$100 per day to a max of 15 days per year, per insured
Emergency Room / Urgent Care Facility Treatment	\$100 / \$50 per day to a max of 1 day per year, per insured
Outpatient Surgical Category 1 / Category 2	\$500 / \$1000 per day of surgery to a max of 1 day per year, per insured
Doctor's Office Visit	\$25 per day to a max of 3 days per insured, per year, max of 5 days per year, per covered family
Dependent Age Limits	Child Birth to 26 years (26 if full time student)
Treatments Covered	Sickness and Injury
Treatment of Normal Pregnancy	Hospital Admission benefits are not payable for birth within first 9 months of coverage. See Plan Limitations & Exclusions section below for details.
Pre-Existing Condition Limitation	3 month look back period, 6 months treatment free/12 month exclusion period, Continuity of Coverage

PLAN HIGHLIGHTS

- Benefits are paid directly to the insured when they need it most and can be used however they choose: to help pay for out-of-pocket medical expenses like co-pays and deductibles or for non-medical expenses such as childcare, transportation.
- Portability allows the employee to take the coverage with them even if employment has ended. An insured must port Hospital Indemnity coverage prior to age 70.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements may apply.

- Employees over the age of 69 are not eligible to enroll in Hospital Indemnity coverage. After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.
- Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.
- Hospital Confinement & Hospital ICU confinement benefits are not payable on the same day. Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.
- Category 2 outpatient surgeries are paid at a higher benefit than category 1 outpatient surgeries based on the severity of the surgical procedure. For procedures not specifically listed in the certificate booklet, we will use the Current Procedural Terminology (CPT) Code provided by the Covered Person's Doctor and a current relative value scale to determine the category in which the procedure belongs.
- Spouse rate is based on employee's age bracket. Dependent insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or home confined. Coverage is postponed until the day after the date of his or her discharge from such facility or his or her home confinement ends.
- Hospital admission & confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.
- Waiver of premium is included with Hospital Indemnity coverage.
- File #2015-6724 Exp. 6/17
- Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- The policy has exclusions and limitations that may impact the eligibility for benefits.

Accidental Death & Dismemberment

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

A common misconception is that Accidental Death and Dismemberment insurance, or AD&D, is the same as life insurance. But that's not the case. The difference is that AD&D insurance covers you in the event you were to die due to an accident. It would also pay a benefit if you were severely injured due to an accident.

AD&D Highlights

- Full cost of coverage is paid for your employer through payroll deduction and will begin the first month following 30 days of employment, if you are actively employed at that time
- Affordable premiums
- Age-banded, which means your age plays a role in the amount of coverage you will receive



Group Voluntary AD&D Insurance Plan Design Summary for Raymondville ISD / TEEBC Trust F021842 – 326

Voluntary AD&D

	Employee Only Plan	Family Plan
Eligibility	All active full-time Employees who regularly work 30 hours per week are eligible for insurance on the first of the month following their date of hire.	All active full-time Employees (see EE Only Description); Spouse of Covered Employee; Children of Covered Employee to age 26
Employee Voluntary AD&D Benefit	Increments of \$10,000 to a maximum of \$500,000	
Family Plan Benefits (Pct of Covered Employee Benefit) (Spouse maximum of \$250,000 & Child Maximum of \$10,000)		Spouse Only: 50% Spouse w/Children: 40% Child Only: 15% Child w/Spouse: 10%
Age Reduction Schedule <i>Benefits are reduced by the percentage indicated and are calculated from the original amount at the attainment of the age shown.</i>	35% at age 65 50% at age 70	35% at age 65 50% at age 70

Additional AD&D Features

Seat Belt Benefit	10% - \$25,000	10% - \$25,000
Air Bag Benefit	5% - \$10,000	5% - \$10,000
Education Benefit	N/A	3% - \$3,000 per year Up to four years
Repatriation Benefit	\$5,000	\$5,000
Felonious Assault Benefit	10% - \$25,000	10% - \$25,000
Coma Benefit	1% - 11 months	1% - 11 months
Waiver of Premium	Included	Included

COSTS

Policyholder Contribution	0%	0%
	Employee Only	Family Plan
	Monthly Rate per \$1,000	Monthly Rate per \$1,000
	\$.03	\$.06

Exclusions and Limitations for Voluntary AD&D*

Dearborn National will not pay any benefit for a loss resulting from or caused by:

- Disease of the mind or body, and any medical or surgical treatment thereof
- Infection
- Suicide or attempted suicide
- Intentionally self-inflicted injury
- War
- Travel or flight in any aircraft while a member of the crew
- Under the influence of any narcotic
- Intoxication
- Participation in a riot

*Refer to the policy and certificate for other exclusions and limitations that may apply.

Life & AD&D Insurance



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

Life is precious. We take steps to insure our cars and homes but tend to fall short when it comes to insuring ourselves. A life insurance policy, combined with accidental death and dismemberment coverage, or AD&D, gives you comprehensive coverage so that you have peace of mind knowing your loved ones will be taken care of in the event of your death.

Life & AD&D Highlights

- Offers protection in the event you should die due to either natural causes or an accident.
- Benefits will be paid to the beneficiaries declared on your application.
- Covers a specific term for a predetermined benefit amount.
- Coverage would cease should employment end. However, you may be able to convert your plan to an individual policy within a certain number of days within you leaving employment.

Why Term Life Insurance

Life insurance is an important piece of a strong financial plan. While there is no complete replacement for the loss of a loved one, American Fidelity Assurance Company's Term Life Insurance can help protect your family in your absence. It provides short-term coverage at a competitive price. For those on a limited budget, Term Life Insurance can help fill temporary needs.



62% of adults in the United States have no individual life insurance.

LMRA: 2015 Insurance Barometer Study, April 2015.



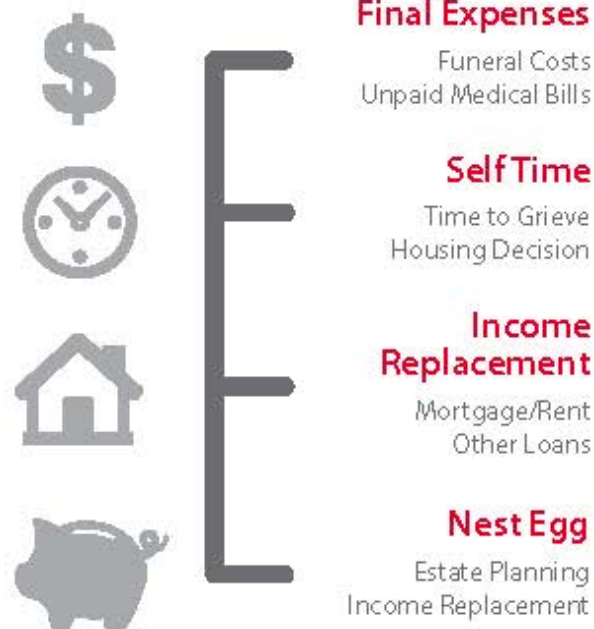
Did You Know?

Almost **2 out of 3** people say the life insurance they receive from their employer is not enough.

LMRA: 2014 Insurance Barometer Study, April 2014.

Why You Need Life Insurance

Consider the following expenses when choosing the right life insurance plan for you.



Life insurance provided by your employer is an important benefit. However, it may not be enough protection to provide for your loved ones.

A term life policy may help supplement your existing coverage and may assist in meeting financial demands, should you need it. Plus, this is an individual policy which means you own it and can take it with you to a different job or in retirement.

Medical Transport

Masa MTS | www.masamts.com | 954-334-8261

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

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

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



You can decide which MASA MTS plan will provide you with the ultimate peace of mind at an affordable rate when it comes to protecting your family from massive out-of-pocket ambulance charges.



MEMBERSHIP BENEFITS COMPARISON

DID YOU KNOW?

25 MILLION
PEOPLE

are sent to the emergency room through ground or air ambulance **every year**.



Insurance companies **may not** cover all air and ground ambulance expenses which can result in excessive bills.



\$5,000



\$60,000

MEMBERSHIP BENEFITS COMPARISON

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members' \$0 in out-of-pocket costs for emergency transport.

	EMERGENT PLUS MEMBERSHIP	PLATINUM MEMBERSHIP
Emergent Air Transportation	●	●
Emergent Ground Transportation	●	●
Non-Emergency Inter-Facility Transportation	●	●
Repatriation/ Recuperation	●	●
Escort Transportation		●
Visitor Transportation		●
Return Transportation		●
Mortal Remains Transportation		●
Minor Return		●
Organ Retrieval/ Organ Recipient Transportation		●
Vehicle Return		●
Pet Return		●
Worldwide Coverage		●
	\$14 /MONTH	\$39 /MONTH

Contact Your MASA MTS Representative, Jaran Floyd & Brice Calahan to learn more about membership plan options.

@ jfloyd@masamts.com / bcalahan@masamts.com

 (830) 377-8637 or (956) 252-6818

The information provided in this product sheet is for informational purposes only. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums vary depending on the benefits selected. Commercial Air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms and conditions please refer to the applicable member service agreement for your territory. MASA MTS products and services are not available where prohibited. For Florida residents, Medical Air Services Association of Florida, Inc. is doing business as MASA MTS and is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 operating in Florida at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. MASA Global, MASA MTS and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation.

Voluntary Retirement Plans



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

403(b) Retirement Plan

Research shows that Americans are living well past retirement years. Are you saving enough to be able to enjoy those years? A 403(b) plan can help you get there.

It's an IRS-approved retirement plan that allows you to set aside money on a pre-tax basis for your retirement. Contributions are conveniently made through payroll deduction, so money is moved from your paycheck into the account automatically. Plus, your employer may even match your contributions based on how much you put into the plan. Now is the time to take full advantage of this opportunity to maximize your retirement savings!

457(b) Retirement Plan

The 457(b) plan is an employer-sponsored voluntary retirement savings plan that allows you to save money for retirement on a tax-deferred or ROTH basis. One significant way the 457(b) differs from the 403(b) is that distributions are never subject to the 10 percent tax for early withdrawal.

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.



457(b) RETIREMENT PLAN



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

PLAN HIGHLIGHTS

Multiple Investment Options

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

ROTH (After-Tax) Option

Loan availability (subject to balance)

Rollovers/Transfers

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

No Front-End or Deferred Sales Charges



ENROLL ONLINE

Go to www.tcgservices.com

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

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

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

Vast Learning Center located at
www.tcgservices.com

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

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

COBRA

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

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

COBRA Highlights

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

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



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?

medicareolutions@ffga.com

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

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

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

Clever RX

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

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

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



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

Clever RX Highlights

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

Contact Information

419 FM 3168
Raymondville, TX 78580
956-689-8175
www.raymondvilleisd.org

Nick Sullenger, Account Manager
512-707-9666 | nick.sullenger@ffga.com

Product	Carrier	Website	Phone
Dental	Cigna	www.cigna.com	(800) 244-6244
Vision	The Standard	The Standard-Dental	(800) 547-9515
Flexible Spending Accounts	FFGA FSA Department	ffa.wealthcareportal.com/page/home	(866) 853-3539
Term Life & AD&D	Blue Cross Blue Shield	www.bcbstx.com/ancillary	(877) 442-4207
Permament Life Insurance	Texas Life	www.texaslife.com	(800) 283-9233
Disability	The Standard	The Standard - Disability	(800) 547-9515
Cancer	American Fidelity	www.americanfidelity.com	(800) 654-8489
Critical Illness	American Fidelity	www.americanfidelity.com	(800) 654-8489
Accident	American Fidelity	www.americanfidelity.com	(800) 654-8489
Hospital Gap	American Fidelity	www.americanfidelity.com	(800) 654-8489
Medical Transport	MASA MTS	www.masamts.com	(954) 334-8261

Contact Information

419 FM 3168
Raymondville, TX 78580
956-689-8175
www.raymondvilleisd.org

Nick Sullenger, Account Manager
512-706-9666 | nick.sullenger@ffga.com

Product	Carrier	Website	Phone
403(b) & 457(b) Retirement Plans	First Financial Administrators, Inc.	www.ffga.com retirement@ffga.com	(800) 523-8422, option 2
FFINVEST	TCG Services	www.tcgservices.com	(800) 943-9179
Hospital Indemnity	Guardian	www.guardianlife.com	(888) 482-7342
Accidental Death & Dismemberment	Blue Cross Blue Shield	www.bcbstx.com/ancillary	(877) 442-4207
Life & AD&D	American Fidelity	www.americanfidelity.com	(800) 662-1113
COBRA	First Financial Administrator's, Inc.	www.ffga.com	(800) 523-8422, option 4
Medicare	FFMS	www.ffga.com/medicare-solutions	(800) 523-8422
Prescription Drug Savings	Clever RX	www.partner.cleverrx.com/ffga	(800) 974-3135