

LACKLAND ISD 2026-2027 BENEFITS GUIDE

Open Enrollment Dates: August 6th - 14th



SCAN ME



Marissa Wenning
FFGA Benefit Advisor
210-380-0832
marissa.wenning@ffga.com

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

Yolanda Jackson,
Administrative Assistant/
Superintendent & HR Coordinator
210-357-5002 |
jackson.y@lacklandisd.net

Contents

- [EMPLOYEE BENEFITS CENTER](#)
- [HOW TO ENROLL](#)
- [BENEFIT ELIGIBILITY & COVERAGE](#)
- [MEDICAL](#)
- [DENTAL](#) - NEW PROVIDER THIS YEAR!
- [VISION](#) - NEW PROVIDER THIS YEAR!
- [FSA](#)
- [FSA RESOURCES](#)
- [TERM LIFE & AD&D](#)
- [PERMANENT LIFE INSURANCE](#)
- [LONG TERM SABILITY INSURANCE](#)
- [CANCER INSURANCE](#)
- [ACCIDENT ONLY INSURANCE](#)
- [HOSPITAL INDEMNITY INSURANCE](#)
- [CRITICAL ILLNESS INSURANCE](#)
- [RETIREMENT PLANS](#)
- [EMPLOYEE ASSISTANCE PROGRAM](#)
- [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!

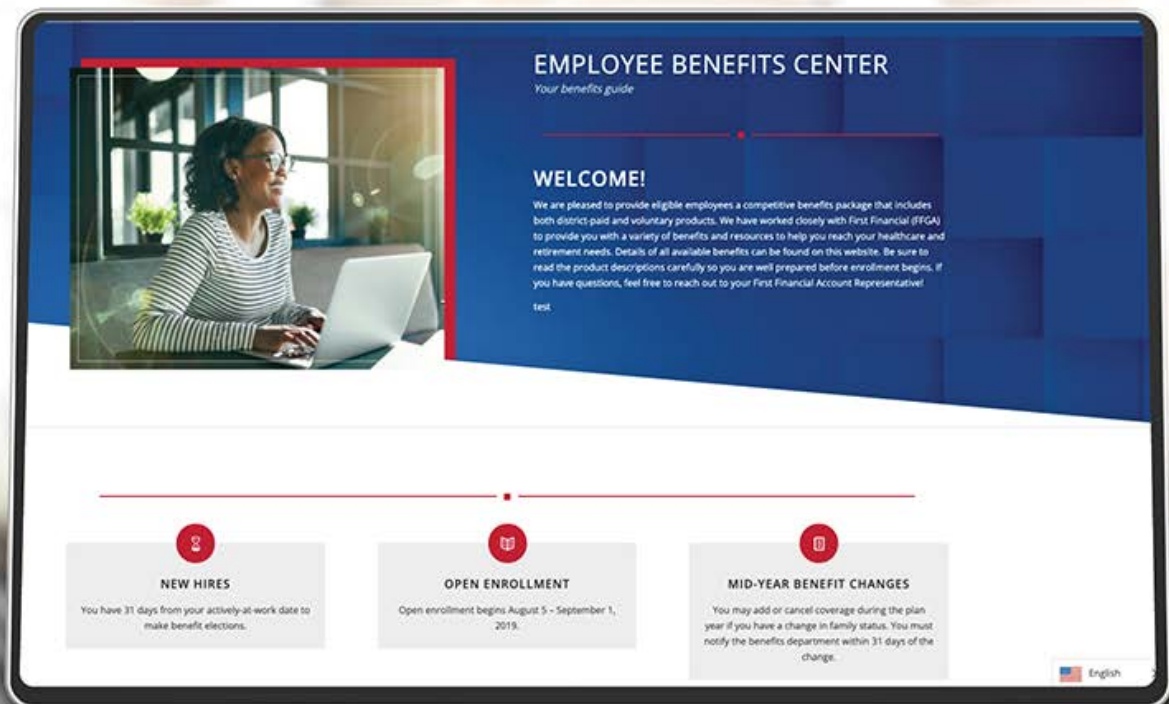
Lackland ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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 plan year!

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



How to Enroll

Benefits Enrollment



Marissa Wenning

Sr. Account Administrator
Central & South Texas Region
c 210-380-0832
Marissa.Wenning@ffga.com

New Employees

**IT'S TIME TO ENROLL IN
YOUR BENEFITS!**

*Use the QR code to schedule
your appointment today.*

SCAN ME



Existing Employees

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.

Online Enrollment

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

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.**

**LACKLAND INDEPENDENT SCHOOL DISTRICT
GROUP HEALTH, DENTAL AND GROUP TERM LIFE
2026-2027**

Type of Coverage	TRS ActiveCare Group Health Insurance	
District Contribution for participating employees = \$636.00 per month		
Primary Plan	Premium Amount	Employee Cost
Employee Only	\$499.00	\$0.00
Employee/Child(ren)	\$849.00	\$213.00
Employee/Spouse	\$1,348.00	\$712.00
Employee/Family	\$1,697.00	\$1,061.00
HD Plan (formerly HD 1)	Premium Amount	Employee Cost
Employee Only	\$515.00	\$0.00
Employee/Child(ren)	\$876.00	\$240.00
Employee/Spouse	\$1,391.00	\$755.00
Employee/Family	\$1,751.00	\$1,115.00
Primary+ (formerly Select)	Premium Amount	Employee Cost
Employee Only	\$586.00	\$0.00
Employee/Child(ren)	\$997.00	\$361.00
Employee/Spouse	\$1,524.00	\$888.00
Employee/Family	\$1,934.00	\$1,298.00
ActiveCare 2 (Closed to new enrollees)	Premium Amount	Employee Cost
Employee Only	\$1,013.00	\$377.00
Employee/Child(ren)	\$1,507.00	\$871.00
Employee/Spouse	\$2,402.00	\$1,766.00
Employee/Family	\$2,841.00	\$2,205.00
Employees that select the Primary Plan or HD Plan will receive \$100 per month (or \$1200/per year) and \$50 permonth (\$600/per year) for Primary+ deposited in a flexible spending account (FSA) if they elect Employee Only Coverage		
Name of Company	Cigna Dental	
Type of Coverage	Dental Insurance Plan	
District Contribution for participating employees = \$36.75 per month		
	Premium Amount	Employee Cost
Employee Only	\$36.75	\$0.00
Employee/Spouse	\$49.22	\$12.47
Employee/Child(ren)	\$54.03	\$17.28
Employee/Family	\$80.93	\$44.18
Name of Company	Blue Cross Blue Shield	
Type of Coverage	Group Term Life Insurance (\$40,000 benefit or less due to age band)	
District Contribution for participating employees = \$1.92 per month		
	Premium Amount	Employee Cost
Employee Only	\$1.92	\$0.00
Name of Company	AllOne Health formally Deer Oaks	
Type of Coverage	Employee Assistance Provider Services - Up to 6 free visits per year	
District Contribution for participating employees = \$2.61 per month		
	Premium Amount	Employee Cost
Employee Only	\$2.61	\$0.00
Note: Total District contribution for participating employees is noted below: Up to 677.28per month Annual Total \$8127.36		

Medical Coverage

TRS-ActiveCare



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

Blue Cross Blue Shield of Texas | <https://www.bcbstx.com/trsactivecare/> | 1-866-355-5999

TRS-ActiveCare Primary

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

TRS-ActiveCare HD

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

TRS-ActiveCare Primary +

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

TRS-ActiveCare 2 - Closed to New Enrollees

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

TRS-ActiveCare Plan Prescription Benefits

Express Scripts | <https://info.express-scripts.com/trsactivecare/> | 1-844-367-6108

When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through Express Scripts which gives you access to a large, national network of retail pharmacies.

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



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

How to Calculate Your Monthly Premium

- ➔ Total Monthly Premium
- ➔ Your Employer Contribution
- ➔ Your Premium

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

Being Healthy is Easy

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

*Eligibility rules may apply.
See the Annual Enrollment Guide for more details.

Mental Health

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

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

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$199	\$636	\$0	\$596	\$636	\$0	\$515	\$636	\$0
Employee and Spouse	\$1,348	\$636	\$712	\$1,524	\$636	\$688	\$1,391	\$636	\$755
Employee and Child(ren)	\$949	\$636	\$213	\$997	\$636	\$361	\$976	\$636	\$240
Employee and Family	\$1,697	\$636	\$1,011	\$1,834	\$636	\$1,298	\$1,731	\$636	\$1,115

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

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

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

Prescription Drugs	Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31 Day Supply/90 Day Supply)		\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)		You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$205 max)	You pay 25% after deductible
Non-preferred		You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31 Day Max)		You pay 30% after deductible; \$0 if SavingsSP eligible	You pay 20% after deductible (\$500 max); \$0 if SavingsSP eligible	You pay 20% after deductible
Call 1-844-367-8108 to see if your specialty medication is covered by SavingsSP				
Insulin Out-of-Pocket Costs		\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	You pay 25% after deductible

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

TRS-ActiveCare 2

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

Total Premium	Employer Contribution	Your Premium
\$1,013	\$592	\$377
\$2,402	\$592	\$1,766
\$1,507	\$592	\$871
\$2,841	\$592	\$2,205

In Network	Out of Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$22,700/\$47,400
No	

Tier 1: \$20 copay	You pay 40% after deductible
Tier 2: \$40 copay	
Tier 1: \$35 copay	You pay 40% after deductible
Tier 2: \$80 copay	

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

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

NEW

Dental Insurance



Cigna | www.cigna.com | 855-352-1604

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

Coverage Tier	Basic
Employee Only	\$0
Employee + Spouse	\$12.47
Employee + Children	\$17.28
Employee + Family	\$44.18

Cigna Healthcare Financial Exhibit for:
Lackland Independent School District - TX Residents DPPO



Effective Date: September 01, 2026

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

The percentages listed in the columns below represent Cigna's payment responsibilities for covered services.

Plan Design	Total Network**	Out-of-Network
PolicyYear Maximum		
(Class I, II, III Expenses)	\$1000, Class I Applies	\$1000, Class I Applies
PolicyYear Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses - Preventive&DiagnosticCare		
Oral Exams C lean ings Routine X-rays Fluoride Application Sea lants 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
ClassIIExpenses - BasicRestorativeCare		
Fillings (Amalgam and composite on all teeth) Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Ane s thetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Relines, Rebases, and Adjustments Repairs - Dentures Brush Biopsy	80%, After Deductible	80%, After Deductible
ClassIIIExpenses - MajorRestorative Care		
Repairs - Bridges, Crowns, and Inlays Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	50%, After Deductible	50%, After Deductible
ClassIVExpenses - Orthodontia		
Coverage for Eligible Children Only Lifetime Maximum	50%, No Ortho Deductible \$1000	50%, No Ortho Deductible \$1000
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	

NEW

Vision Insurance

EyeMed | www.eyemed.com | 888-581-3648

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	\$7.55
Employee + One	\$13.22
Employee + Family	\$19.64



Lackland Independent School District

Insight network

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES			
Exam	\$0 copay	\$10 copay	Up to \$40
Retinal imaging	Up to \$39	Up to \$39	Not covered
CONTACTS LENS FIT AND FOLLOW-UP			
Fit and Follow-up - Standard	Up to \$40;	Up to \$40;	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
FRAME			
Frame	\$0 copay; 20% off balance over \$180 allowance	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
STANDARD PLASTIC LENSES			
Single Vision	\$25 copay	\$25 copay	Up to \$30
Bifocal	\$25 copay	\$25 copay	Up to \$50
Trifocal/Lenticular	\$25 copay	\$25 copay	Up to \$70
Progressive - Standard	\$90 copay	\$90 copay	Up to \$50
Progressive - Premium Tier 1 - 3	\$110 - 135 copay	\$110 - 135 copay	Up to \$50
Progressive - Premium Tier 4	\$90 copay, 20% off retail price less \$120 allowance	\$90 copay, 20% off retail price less \$120 allowance	Up to \$50
LENS OPTIONS			
Anti Reflective Coating - Standard	\$45	\$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	\$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	20% off retail price	Not covered
Photochromic - Non-Glass	\$75	\$75	Not covered
Polycarbonate - Standard	\$40	\$40	Not covered
Polycarbonate - Std < 19 years of age	\$0 copay	\$0 copay	Up to \$20
Scratch Coating/Tint/UV Treatment	\$15	\$15	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
CONTACT LENSES			
Contacts - Conventional	\$0 copay; 15% off balance over \$180 allowance	\$0 copay; 15% off balance over \$130 allowance	Up to \$65
Contacts - Disposable	\$0 copay; 100% of balance over \$180 allowance	\$0 copay; 100% of balance over \$130 allowance	Up to \$65
Contacts - Medically Necessary	\$0 copay; paid-in-full	\$0 copay; paid-in-full	Up to \$300
ADDITIONAL GLASSES ALLOWANCE			
Glasses Allowance	40% off retail*; 100% of balance over \$100	40% off retail*; 100% of balance over \$50	Up to \$40
OTHER			
Hearing Care from Amplifon Network	Discounts on hearing aids; call 1.877.203.0675	Discounts on hearing aids; call 1.877.203.0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY – ADULTS	ALLOWED FREQUENCY – KIDS	
Exam	once every plan year	once every plan year	
Frame	once every plan year	once every plan year	
Lens	once every plan year	once every plan year	
Contact Lens	once every plan year	once every plan year	
Additional Glasses Allowance	once every plan year	once every plan year	
Plan allows member to receive frame and lens services or contacts.			

*Complete pair (frame & lens with or without lens options) purchase required to receive 40% discount. 20% discount applied if complete pair not purchased.

Log into eyemed.com/member to see all plans included with your benefits. EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses plano (non-prescription)lenses; plano (non-prescription) contact lenses; a pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company® of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Savings plus convenience plus choice

*PLUS Providers add another
layer of coverage*

*Staying in-network helps you save
money on eye exams, frames and
lenses. Visiting a PLUS Provider is
designed to help you save even
more. And since PLUS Providers are
already in our network, the
additional perks are built right into
your vision benefits.*

*No promo codes, no coupons, no
paperwork. The same vision
benefits, plus a little more savings.*

eye
Med



The choice is yours

*Find plenty of in-network eye doctors – including PLUS Providers
– on our Provider Locator. Just look for the PLUS.*

*Need extra assistance? Contact us at 1.866.939.3633
or visit eyemed.com.*

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS®

PEARLE
VISION

OPTICAL®

Flexible Spending Accounts

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

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

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

Medical FSA Highlights

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

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

FSA Resources

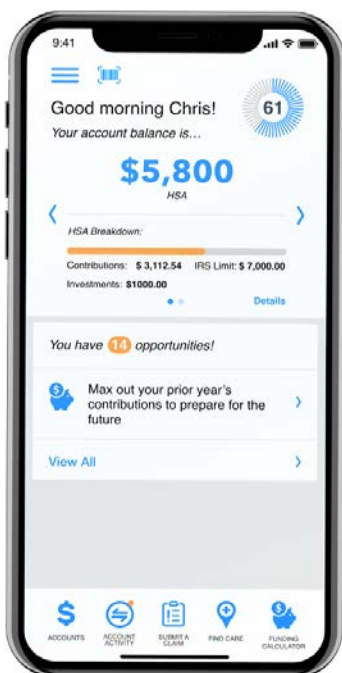
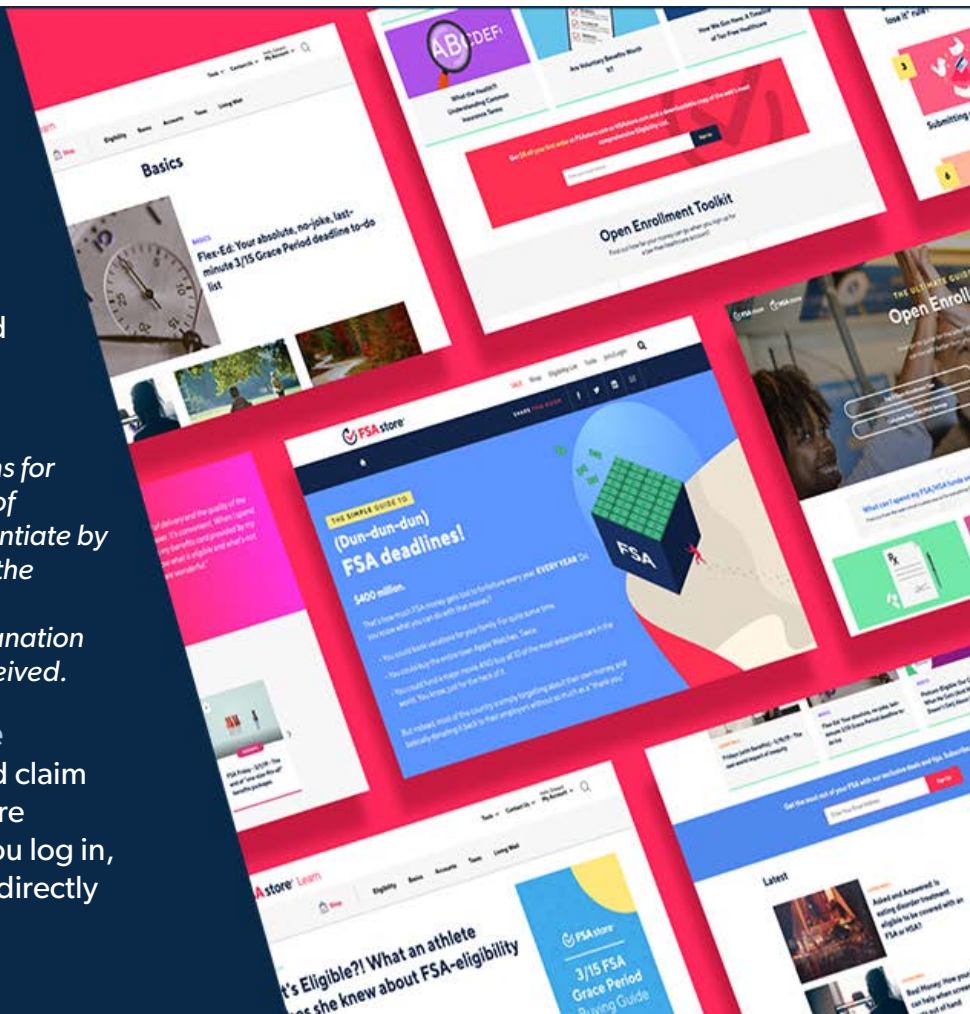
Benefits Card

The FFGA Benefits Card is available to all employees that participate in a 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.com | 877-442-4207

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$40,000 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.



Permanent Life Insurance



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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

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



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



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

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage". Form Series PRFNG-NI. Accelerated Death Benefit for Chronic Illness Rider Form series ULABR-CL. Accidental Death Benefit Form series ULCL-ADB.

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

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

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage". Form Series PRFNG-NI. Accelerated Death Benefit for Chronic Illness Rider Form series ULABR-CI. Accidental Death Benefit Form series ULCL-ADB.

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

Long Term Disability Insurance

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

Why Do I Need Disability Insurance?

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

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

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





Focus on Recovery, Not Expenses

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

Plan Highlights



Benefits are Payable Directly to You

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



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

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

Choose the Right Plan for You

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

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



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



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



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



Disability or disabled for the first 12 months of Disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

AF™ Long-Term Disability Income Insurance

Enhanced Plans

Marketed by:



AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your monthly compensation.

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

Benefit Policy Schedule (continued)

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

Cancer Insurance



American Fidelity | www.ameridcanfidelity.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.

Monthly Premiums	Age	Age	Age	Age
BASIC	18-40	41-50	51-60	61-70
Individual	\$16.30	\$23.60	\$32.60	\$44.20
Single Parent Family	\$24.40	\$35.20	\$48.70	\$65.90
Family	\$31.80	\$45.70	\$63.30	\$85.80

Monthly Premiums	Age	Age	Age	Age
ENHANCED	18-40	41-50	51-60	61-70
Individual	\$21.00	\$30.80	\$42.40	\$57.30
Single Parent Family	\$31.40	\$45.80	\$63.30	\$85.60
Family	\$40.80	\$59.50	\$82.30	\$111.30

Benefits

BENEFITS	BASIC	ENHANCED
SCREENING		
Diagnostic and Prevention Benefit (one per calendar year)	\$60	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$60	\$75
TREATMENT		
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (actual charges)	up to \$15,000	up to \$20,000
Medical Imaging Benefit (per image - max two per calendar year)	\$200	\$300
Hormone Therapy Benefit (per treatment - max 12 treatments per calendar year)	\$50	\$50
Administrative/Lab Work Benefit (per calendar month)	\$75	\$100
Blood, Plasma and Platelets Benefit (per day) (per calendar year max)	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit	
Bone Marrow/Stem Cell Transplant Benefit		
Autologous (patient-provided) (per calendar year)	\$1,000	\$1,500
Non-autologous (donor-provided) (per calendar year)	\$3,000	\$4,500
Donor Benefit	\$1,000 per donation	
Inpatient Special Nursing Services Benefit (per day)	\$150	\$150
Dread Disease Benefit (per day for the first 30 days, per Hospital confinement) (per day thereafter)	\$200 \$400	\$300 \$600
HOSPITALIZATION		
Hospital Confinement Benefit (per day for the first 30 days) (per day thereafter)	\$200 \$400	\$300 \$600
Drugs and Medicine Benefit	\$200	\$300
Hospital Confinement (per confinement)	\$50	\$50
Outpatient (per prescription - \$100 monthly max for basic; \$150 for enhanced)		
Attending Physician Benefit (per day)	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits)		
Hospital Confinement	\$200	\$300
Outpatient Services	\$200	\$300

BENEFITS	BASIC	ENHANCED
AMBULANCE, TRANSPORTATION AND LODGING		
Ambulance Benefit (per trip - max two trips any combination, per confinement) Ground Air	\$200 \$2,000	\$200 \$2,000
Transportation and Lodging Benefit (Patient and/or Family) Transportation (\$1,500 max per round trip - max 12 trips per calendar year) Outpatient/Family Lodging (per day up to 90 days, per calendar year)	Coach fare or 50 cents per mile by car	
	\$60	\$80
SURGICAL TREATMENT		
Surgical Benefit (unit dollar amount, per surgical unit) (max per operation)	\$30 \$3,000	\$40 \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)	\$400	\$600
Second and Third Surgical Opinion Benefit (per diagnosis)	\$300	\$300
CONTINUING CARE		
Prosthesis Benefit Non-Surgical (per device - one per site, lifetime max of three) Surgical Implantation (per device, includes surgical fee - one per site, lifetime max of two) Hair Prosthesis (once per life)	\$150 \$1,500 \$150	\$200 \$2,000 \$200
Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital confinement)	\$75	\$100
Physical or Speech Therapy Benefit (per visit any combination, up to four per calendar month - lifetime max of \$1,000)	\$25	\$25
Hospice Care Benefit (per day - \$13,500 lifetime max for basic; \$18,000 lifetime max for enhanced)	\$75	\$100
Home Health Care Benefit (per day for up to the same number of days of paid Hospital confinement)	\$75	\$100
Waiver of Premium (as long as the primary insured remains disabled)	After 90 continuous days of disability	

Refer to Plan Benefit Highlights for complete benefit descriptions and limits on the plan.

The premium and amount of benefits provided above vary based upon the plan selected.

Plan Benefit Highlights

MONTHLY PREMIUMS

BASIC	Age 18-40	Age 41-50	Age 51-60	Age 61-70
Individual	\$16.30	\$23.60	\$32.60	\$44.20
Single Parent Family	\$24.40	\$35.20	\$48.70	\$65.90
Family	\$31.80	\$45.70	\$63.30	\$85.80

ENHANCED	Age 18-40	Age 41-50	Age 51-60	Age 61-70
Individual	\$21.00	\$30.80	\$42.40	\$57.30
Single Parent Family	\$31.40	\$45.80	\$63.30	\$85.60
Family	\$40.80	\$59.50	\$82.30	\$111.30

Plan Benefit Highlights

Only Loss for Cancer: The policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

Cancer: A disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gammopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

All diagnoses of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pay the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

Diagnostic, Prevention and Cancer Screening Benefit: Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. Benefits will only be paid for tests performed after the 30-day period following the covered person's effective date of coverage. This benefit is available without a diagnosis of Cancer.

Cancer Screening Follow-Up Benefit: Payable for one invasive follow-up screening test needed due to an abnormal result from a covered screening test. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the surgical benefit.

Radiation/Chemotherapy/Immunotherapy Benefit: Pays the Actual Charges up to the maximum amount shown when radiation therapy, chemotherapy or immunotherapy is received as defined in the policy, per 12-month period. The 12-month period begins on the first day the covered radiation therapy, chemotherapy or immunotherapy is received. This benefit does not cover other procedures related to radiation/chemotherapy/immunotherapy. This benefit does not include any drugs/medicines covered under the drugs and medicine benefit or the hormone therapy benefit. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

Medical Imaging Benefit: Pays the indemnity amount for either an MRI, CT scan, CAT scan or PET scan when performed at the request of a physician.

Hormone Therapy Benefit: Drugs and medicines covered under the drugs and medicine benefit or the radiation/chemotherapy/immunotherapy benefit are not included. This benefit does not cover associated administrative processes.

Administrative/Lab Work Benefit: Pays when procedures related to radiation therapy/chemotherapy/immunotherapy treatment occur and benefits are payable during the same calendar month as the radiation therapy/chemotherapy/immunotherapy benefit.

Blood, Plasma and Platelets Benefit: Benefits for blood, plasma and platelets are only provided under this benefit. Laboratory processes and colony-stimulating factors are not covered.

Bone Marrow/Stem Cell Transplant Benefit: Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Hospital Confinement Benefit: Payable while confined to a Hospital for at least 18 continuous hours. A Hospital is not an institution, or part thereof, used as a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial care, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. This benefit is not payable for outpatient treatment.

Drugs and Medicine Benefit: Pays for anti-nausea and pain medication prescribed by a physician and administered while also receiving radiation therapy/chemotherapy/immunotherapy, a covered surgery or a bone marrow/stem cell transplant. It does not include associated administrative processes or drugs or medicines covered under the radiation therapy/chemotherapy/immunotherapy benefit or the hormone therapy benefit.

Attending Physician Benefit: Pays for one physician's visit per day when the services of a physician, other than a surgeon, are required while confined in a Hospital.

U.S. Government/Charity Hospital/HMO Benefit: Payable when an itemized list of services is not available due to confinement in a charity Hospital or a Hospital owned or operated by the U.S. government or covered under an HMO or diagnostic-related group where no charges are made for treatment of Cancer or a covered dread disease. This benefit will be paid in lieu of most benefits covered under this policy.

Ambulance Benefit: If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. The covered person must be admitted as an inpatient and Hospital-confined for at least 18 consecutive hours.

Transportation and Lodging Benefits: Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient/family lodging to receive radiation therapy, chemotherapy or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. If covered person receives treatment while hospital confined lodging and travel paid once per confinement. Travel must be within the United States or its territories. Pays for one mode of transportation per round trip.

Surgical Benefit: Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current physician's relative value table, by the unit dollar amount shown in the policy. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries and surgeries to implant a permanent prosthetic device, are not covered under this benefit. This benefit is payable for reconstructive breast surgery performed on a nondiseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed while covered under this policy. Reconstructive surgery to the nondiseased breast must occur within 24 months of the reconstructive surgery of the diseased breast.

Anesthesia Benefit: Services of an anesthesiologist for bone marrow transplants, skin Cancer or surgical prosthesis implantation are not covered.

Outpatient Hospital or Ambulatory Surgical Center Benefit: Surgical procedures for skin Cancer are not covered.

Accident Insurance

American Fidelity | www.americanfidelity.com | 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

MONTHLY PREMIUMS	BASIC	ENHANCED
Individual	\$19.90	\$26.10
Individual & Spouse	\$28.30	\$34.90
Individual & Chil(ren)	\$31.50	\$41.00
Family	\$39.90	\$49.80





Limited Benefit Accident Only Insurance

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

**AMERICAN
FIDELITY** 
a different opinion

Prepare for the unexpected.

Accidents* can happen to anyone. And even though you can't plan for an accident, you can help prepare for unexpected medical costs. **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident expenses.

EMERGENCY ACCIDENT**

Hypothetical Example¹

Twisted knee in the parking lot resulting in a torn meniscus and treatment is received within 72 hours.

	BASIC	ENHANCED
Accident Emergency Treatment	\$150	\$200
Accident Follow-Up Treatment (4 visits)	\$200	\$200
Physical Therapy (8 treatments)	\$200	\$200
Medical Imaging	\$200	\$200
X-Ray	\$50	\$100
Appliances	\$100	\$100
Surgical Facility	\$150	\$250
Torn Knee Cartilage Repair	\$500	\$500
Anesthesia	\$150	\$200
TOTAL	\$1,700	1,950

Annual
Wellness
Benefit**

BASIC

\$50

ENHANCED

\$75

Paid directly
to you!

Benefits for Policy and Enhancement Rider**

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

BASIC	PRIMARY	SPOUSE	CHILD
Common Carrier	\$50,000	\$50,000	\$25,000
Other Accident	\$15,000	\$15,000	\$7,500
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500
ENHANCED	PRIMARY	SPOUSE	CHILD
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000

¹Hypothetical example of a covered accident based on policy AD-03 and rider AMDI-25B Series.

***Accident** is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause.

ACCIDENT BENEFITS	BASIC	ENHANCED
-------------------	-------	----------

EMERGENCY ACCIDENT TREATMENT

Accident Emergency Treatment	\$150	\$200
Emergency Accident Follow-up Treatment (up to four treatments)	\$50	\$50

NON-EMERGENCY ACCIDENT TREATMENT

Non-Emergency Accident Initial Treatment	\$75	\$100
Non-Emergency Accident Follow-up Treatment (up to two treatments)	\$50	\$50

MEDICAL IMAGING

MRI, CT, CAT, PET, US	\$200	\$200
X-Rays	\$50	\$100

HOSPITAL CONFINEMENT

Hospital Admission	\$500	\$1,000
Intensive Care Unit (up to 15 days)	\$300	\$600
Hospital Confinement (up to 365 days)	\$100	\$200

AMBULANCE

Ground	\$300	\$300
Air	\$1,500	\$1,500

TREATMENT

Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250
Anesthesia	\$150	\$200

TRANSPORTATION BENEFITS

Transportation Patient only, per round trip for up to 3 round trips per calendar year	\$300	\$300
Family Member Lodging and Meals Per day per accident; up to 30 days per confinement	\$100	\$100

MONTHLY PREMIUMS For Policy And Benefit Enhancement Rider	BASIC	ENHANCED
Individual	\$19.90	\$26.10
Individual & Spouse	\$28.30	\$34.90
Individual & Child(ren)	\$31.50	\$41.00
Family	\$39.90	\$49.80

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS
--------------------------	---------------------

INJURY TREATMENT

Fractures Benefit Depending on open or closed reduction, bone involved, or chip fracture	\$25 to \$3,000
Dislocations Benefit Depending on open or closed reduction, with or without anesthesia and joint involved	\$25 to \$3,000
Internal Injuries Benefit Resulting in open abdominal or thoracic surgery	\$1,000
Tendons, Ligaments, and Rotator Cuff Benefit One tendon, ligament, or rotator cuff More than one tendon, ligament, or rotator cuff	\$500 \$750
2nd & 3rd Degree Burns Skin grafts are 25% of benefit	\$100 to \$10,000
Torn Knee Cartilage or Ruptured Disc Benefit	\$500
Eye Injury Benefit Injury with surgical repair, for one or both eyes Removal of foreign body by a physician, for one or both eyes	\$250 \$50
Emergency Dental Work Benefit Broken teeth repaired with crown Extraction of broken teeth (regardless of number)	\$150 \$50
Concussion Benefit	\$200
Lacerations Benefit Not requiring sutures Sutured lacerations up to two inches Sutured lacerations totaling two to six inches Sutured lacerations totaling over six inches	\$25 \$100 \$200 \$400
Appliances Benefit Crutches, leg braces, etc.	\$100
Physical Therapy Benefit Per treatment up to eight treatments	\$25
Prosthesis Benefit	\$500
Blood, Plasma, and Platelets Benefit	\$250
Exploratory Surgery without Surgical Repair Benefit	\$250
Paralysis Benefit: Paraplegia / Quadriplegia	\$5,000 / \$10,000

WELLNESS BENEFIT	BASIC	ENHANCED
------------------	-------	----------

WELLNESS

Annual Routine Physical Exam Requires a 12-month waiting period before use. One exam per policy per calendar year	\$50	\$75
---	------	------

Hospital Indemnity Insurance

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

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!

MONTHLY PREMIUMS	HIGH	LOW
Employee	\$28.22	\$16.46
Employee & Spouse	\$56.84	\$33.04
Employee & Chil(ren)	\$44.58	\$26.34
Family	\$73.20	\$42.92



Group Hospital Indemnity Insurance

Benefits Summary

(Benefit provisions may vary by state)

Hospitalization Benefits

Hospital Admission

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or because of a covered sickness. Not payable for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

Hospital Confinement

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or because of a covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.

Hospital Intensive Care

Payable for each day that an insured is confined in a hospital intensive care unit because of a covered accidental injury or because of a covered sickness. We will pay benefits for only one confinement in a hospital's intensive care unit at a time, even if it is caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness. If we pay benefits for confinement in a hospital's intensive care unit and an insured becomes confined to a hospital's intensive care unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

Intermediate Intensive Care Step-Down Unit

Payable for each day that an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury or because of a covered sickness. We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness. If we pay benefits for confinement in a hospital's intermediate intensive care step-down unit and an insured becomes confined to a hospital's intermediate intensive care step-down unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

Residents of Massachusetts are eligible for Hospital Admission, Hospital Confinement, Hospital Intensive Care, and Intermediate Intensive Care Step-Down Unit Benefits only.

Group Hospital Indemnity Insurance

Plan Benefits - High Plan

(Benefit provisions may vary by situs state)

Hospitalization Benefits - High	
Hospital Admission (per confinement) Once per covered sickness or accident per calendar year	\$2,000
Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident	\$200
Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$200
Intermediate Intensive Care Step-Down Unit (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$100

Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$28.22
Employee and Spouse	\$56.84
Employee and Child(ren)	\$44.58
Family	\$73.20

Plan Benefits - Low Plan

(Benefit provisions may vary by situs state)

Hospitalization Benefits - Low	
Hospital Admission (per confinement) Once per covered sickness or accident per calendar year	\$1,000
Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident	\$150
Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$150
Intermediate Intensive Care Step-Down Unit (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$75

Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$16.46
Employee and Spouse	\$33.04
Employee and Child(ren)	\$26.34
Family	\$42.92

Critical Illness Insurance

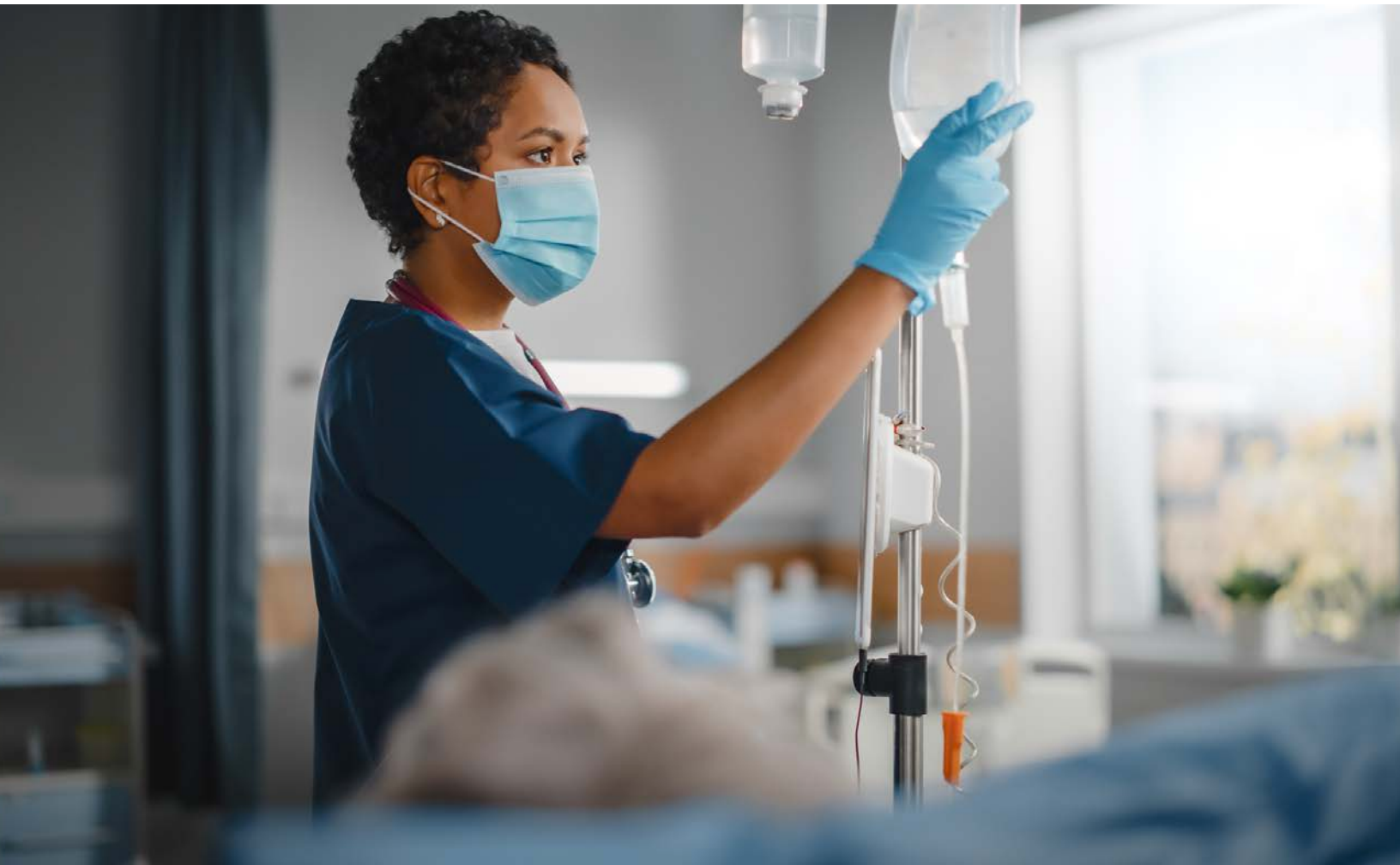
Aflac | www.aflacgroupinsurance.com | 800-433-3036

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.



Group Critical Illness Insurance

Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits	
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	100%
Major Organ Transplant*	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Type I Diabetes	100%
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Paralysis	100%

*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant

Cancer Benefits	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$1000 per calendar year
Metastatic Cancer	25%

Health Screening Benefit	
Health Screening (payable for employee and spouse only)	\$50
Health Screening (payable for dependent children)	100% of the Health Screening Amount
Payable per calendar year	1

Accident Benefits*	
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Paralysis	100%
Severe Burns	100%

*Benefits are payable for loss due to, caused by, and attributed to, a covered accident

Childhood Conditions Rider	
Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida	50% of employee benefit
Autism Spectrum Disorder	\$3,000

Progressive Diseases Rider	
Advanced Alzheimer's Disease	100%
Advanced Parkinson's Disease	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Sustained Multiple Sclerosis (MS)	100%
Chronic Obstructive Pulmonary Disease (COPD)	25%
Crohn's Disease	25%

Specified Diseases Rider	
Tier 1 – Adrenal Hypofunction (Addison's Disease), Cerebrospinal Meningitis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Lyme Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis	25%

Premium Rates

Employee Non-Tobacco Monthly Premiums										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.95	\$5.90	\$8.85	\$11.80	\$14.75	\$17.70	\$20.65	\$23.60	\$26.56	\$29.51
30-39	\$4.94	\$9.87	\$14.81	\$19.74	\$24.68	\$29.61	\$34.55	\$39.49	\$44.42	\$49.36
40-49	\$8.94	\$17.87	\$26.81	\$35.75	\$44.69	\$53.62	\$62.56	\$71.50	\$80.44	\$89.37
50-59	\$15.01	\$30.02	\$45.04	\$60.05	\$75.06	\$90.07	\$105.09	\$120.10	\$135.11	\$150.12
60+	\$26.80	\$53.60	\$80.41	\$107.21	\$134.01	\$160.81	\$187.62	\$214.42	\$241.22	\$268.02

Spouse Non-Tobacco Monthly Premiums										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.95	\$5.90	\$8.85	\$11.80	\$14.75	\$17.70	\$20.65	\$23.60	\$26.56	\$29.51
30-39	\$4.94	\$9.87	\$14.81	\$19.74	\$24.68	\$29.61	\$34.55	\$39.49	\$44.42	\$49.36
40-49	\$8.94	\$17.87	\$26.81	\$35.75	\$44.69	\$53.62	\$62.56	\$71.50	\$80.44	\$89.37
50-59	\$15.01	\$30.02	\$45.04	\$60.05	\$75.06	\$90.07	\$105.09	\$120.10	\$135.11	\$150.12
60+	\$26.80	\$53.60	\$80.41	\$107.21	\$134.01	\$160.81	\$187.62	\$214.42	\$241.22	\$268.02

Employee Tobacco Monthly Premiums										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.73	\$7.45	\$11.18	\$14.90	\$18.63	\$22.36	\$26.08	\$29.81	\$33.53	\$37.26
30-39	\$7.42	\$14.85	\$22.27	\$29.69	\$37.12	\$44.54	\$51.97	\$59.39	\$66.81	\$74.24
40-49	\$14.53	\$29.05	\$43.58	\$58.10	\$72.63	\$87.15	\$101.68	\$116.20	\$130.73	\$145.25
50-59	\$27.37	\$54.74	\$82.11	\$109.49	\$136.86	\$164.23	\$191.60	\$218.97	\$246.34	\$273.71
60+	\$48.29	\$96.58	\$144.86	\$193.15	\$241.44	\$289.73	\$338.01	\$386.30	\$434.59	\$482.88

Spouse Tobacco Monthly Premiums										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.73	\$7.45	\$11.18	\$14.90	\$18.63	\$22.36	\$26.08	\$29.81	\$33.53	\$37.26
30-39	\$7.42	\$14.85	\$22.27	\$29.69	\$37.12	\$44.54	\$51.97	\$59.39	\$66.81	\$74.24
40-49	\$14.53	\$29.05	\$43.58	\$58.10	\$72.63	\$87.15	\$101.68	\$116.20	\$130.73	\$145.25
50-59	\$27.37	\$54.74	\$82.11	\$109.49	\$136.86	\$164.23	\$191.60	\$218.97	\$246.34	\$273.71
60+	\$48.29	\$96.58	\$144.86	\$193.15	\$241.44	\$289.73	\$338.01	\$386.30	\$434.59	\$482.88

Voluntary Retirement Plans



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

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

2026

\$24,500

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

Employee Assistance Program

All One Health | www.allonehealth.com | 888-993-7650

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

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

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





Life comes with challenges.

Your Assistance Program is here to help.

Your Employee Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.



All services are free, confidential, and available to you and your family members.
This includes access to short-term counseling and the wide range of services listed below:



**Mental Health
Sessions**



**Life
Coaching**



**Financial
Consultation**



**Legal
Referrals**



**Work-Life
Resources**



**Medical
Advocacy**



Unlimited Resources, Always Available

Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.

Contact AllOne Health

Call: 888-993-7650

Visit: www.allonehealth.com/deeroaks

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?

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.

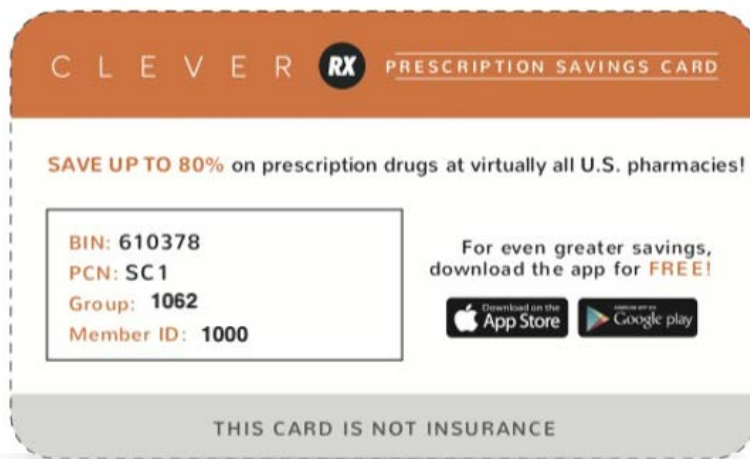
Let the experts at First Financial assist you through this process.

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

2460 Kenly Ave. | San Antonio, TX 78236
210-357-5000 | 210-357-5050
www.lacklandisd.net

Marissa Wenning
FFGA Benefit Advisor
210-380-0832
marissa.wenning@ffga.com

Product	Carrier	Website	Phone
Medical	Blue Cross Blue Shied	www.bcbstx.com/trsactivecare	866-355-5999
Dental	Cigna	www.cigna.com	855-352-1604
Vision	EyeMed	www.eyemed.com	866-939-3633
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
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Disability	American Fidelity	www.americanfidelity.com	800-654-8489
Cancer	American Fidelity	www.americanfidelity.com	800-654-8489
Accident	American Fidelity	www.americanfidelity.com	800-654-8489
Hospital Indemnity	Aflac	www.aflacgroupinsurance.com	800-433-3036
Critical Illness	Aflac	www.aflacgroupinsurance.com	800-433-3036
403(b) Retirement Plans	First Financial Administrator's, Inc.	www.ffga.com	800-523-8422, option 2
COBRA	First Financial Administrators, Inc.	www.ffga.com	800-523-8422
Medicare	FFMS	www.ffga.com/medicare-solutions	800-523-8422
Prescription Savings Plan	Clever RX	www.partner.cleverrx.com/ffga	800-974-3135