ROCKPORT-FULTON ISD 2026-2027

BENEFITS GUIDE

SCAN ME

ffbenefits.ffga.com/rockportfultonisd

FFGA
Benefit Solutions *Simplified*

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

Leah Black
Benefits Specialist
361-790-2212
lblack@rfisd.us

Contents

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

Employee Benefits Center

A guide to your benefits!

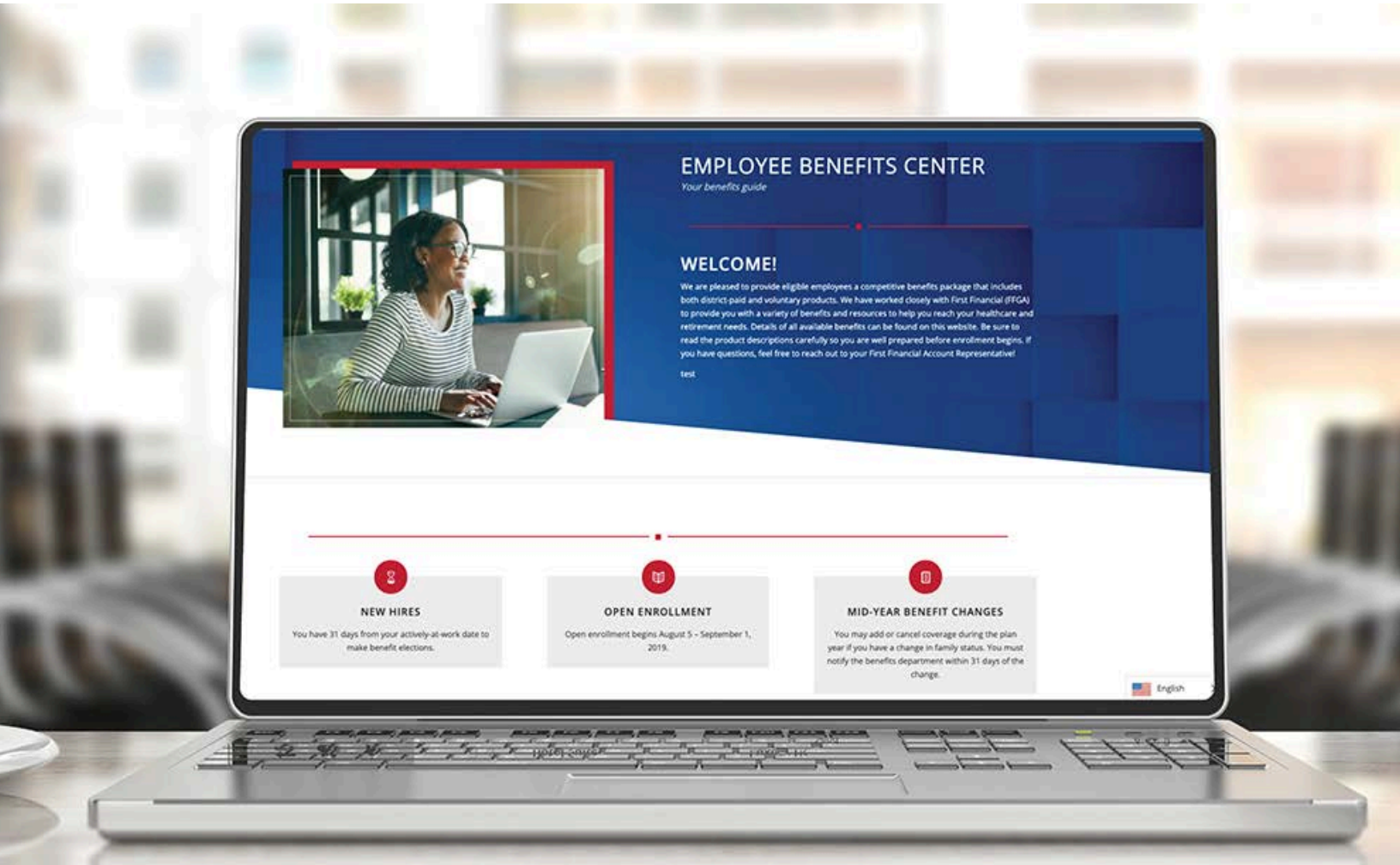
Rockport-Fulton ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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

SCAN ME!

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

https://ffbenefits.ffga.com/rockportfultonisd



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

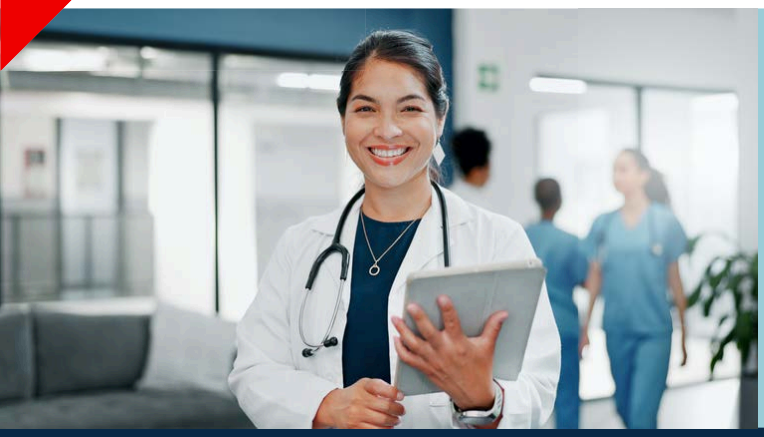
You could save $70 per month in taxes by paying for your benefits on a pre-tax basis!

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

NEW

Medical Coverage

UBC Medical Plan



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

Aetna Select | help@ubc-benefits.com | 1-833-576-2493

UBC MEDICAL PLAN

AETNA SELECT (OPEN ACCESS) NETWORK

- The Aetna Select (Open Access) Network provides you with access to quality healthcare professionsl nationwide to address your health concerns. These UBC plans offer a range of coverage options to best meet the needs of you and your family.

CHOICE AND CONTROL

The Aetna Select (Open Access) Network provides access to 1.1 million healthcare professionals and more than 6,700 hospital and facilities.

THE UBC MEDICAL PLANS PROVIDE:

- Aetna Select (Open Access) Network - Nationwide with over 1.1 million healthcare professionals
- Broad access to hospitals and facilities across the county
- No referral necessary to see a speciliast

RFISD Monthly Employee Premiums 2026-2027

$3,500 Deductible HSA	
Employee Only	$164.88
Employee + Spouse	$1,278.21
Employee + Child(ren)	$639.65
Employee + Family	$1,621.23

$2,750 Deductible	
Employee Only	$245.93
Employee + Spouse	$1,526.47
Employee + Child(ren)	$801.20
Employee + Family	$1,923.10

$2,250 Deductible	
Employee Only	$265.98
Employee + Spouse	$1,269.71
Employee + Child(ren)	$665.56
Employee + Family	$1,702.60

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UBC Medical Plans

$3,500 Deductible HSA

Rockport Fulton Independent School District
Effective Date: 09-01-2026
Aetna Open Access® Aetna Select℠
Aetna Funding Advantage
Qualified High Deductible Health Plan

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

PLAN FEATURES	IN-NETWORK
Benefit limitations - Some services or supplies have limits on them per year. There might be a maximum number of visits or days, or a dollar limit per year. In such cases, the benefit year begins on the day your plan coverage takes effect (unless otherwise noted). Refer to your plan documents to learn more.	
Deductible (per plan year)	$3,500 per Individual $7,000 per Family
You must first meet the deductible before the plan begins paying benefits, unless otherwise noted. The amount you pay (cost sharing) for some medical services does not count toward your deductible. Prescription drug costs count toward the deductible. Refer to your plan documents for details. Your family will have one deductible. You will meet it when the expenses of several family members add up to the family deductible. No one person will have to pay more than the individual deductible.	
Member coinsurance	You pay 30%
Applies to all expenses except as noted.	
Out-of-pocket limit (per plan year)	$8,050 per Individual $16,100 per Family
Pharmacy expenses count toward the out-of-pocket limit. In-network expenses include coinsurance/copays and deductibles. Your family will have one out-of-pocket limit. You will meet it when the expenses of several family members add up to the family out-of-pocket limit. No one person will have to pay more than the individual out-of-pocket limit amount.	
Lifetime maximum	
Unlimited except where otherwise indicated.	
Primary care physician selection	Encouraged
Referral requirement	Not required
Virtual care consultations - You can access covered services for virtual care visits from different kinds of providers in your network. Log on to **Aetna.com** to see a list of virtual care providers. You'll also find more about your options, including cost share amounts.	
CVS VIRTUAL CARE	**IN-NETWORK**
CVS Health Virtual Primary Care (VPC) - preventive care consultations	Covered 100%; no deductible
Includes screening and counseling services through CVS Health Virtual Primary Care for members age 18 and older; refer to Aetna.com for more information.	
CVS Health Virtual Primary Care (VPC) - consultations	Covered 100%; after deductible
Includes basic medical service consultations through CVS Health Virtual Primary Care for members age 18 and older; refer to Aetna.com for additional information.	
CVS Health Virtual Care (VC) - general medicine	Covered 100%; after deductible
CVS Health Virtual Care (VC) - mental health	Covered 100%; after deductible
PREVENTIVE CARE	**IN-NETWORK**
Routine adult physical exams/ immunizations	Covered 100%; no deductible
1 exam every 12 months until age 65, then 1 exam every 12 months age 65 and older	

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Routine well child exams/immunizations • 7 exams in the first 12 months • 3 exams from age 13 months to 24 months • 3 exams from age 25 months to 36 months • 1 exam every 12 months thereafter until age 22	Covered 100%; no deductible
Routine gynecological care exams 1 exam and pap smear per year, includes related fees.	Covered 100%; no deductible
Breast cancer screening Recommended: One per year for members age 40 and over	Covered 100%; no deductible
Women's health Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Also includes: contraceptive methods (ACA mandated contraceptives, including contraceptives and devices you can't get at a pharmacy), sterilization procedures (including tubal ligation), patient education and counseling. Limits may apply.	Covered 100%; no deductible
Pre-natal maternity	Covered 100%; no deductible
Routine digital rectal exam Recommended: For members age 40 and over	Covered 100%; no deductible
Prostate-specific antigen test Recommended: For members age 40 and over	Covered 100%; no deductible
Colorectal cancer screening Recommended: For members age 45 and over	Covered 100%; no deductible
Routine eye exams 1 routine exam per 24 months.	Covered 100%; no deductible
Routine hearing screening	Covered 100%; no deductible
PHYSICIAN SERVICES	**IN-NETWORK**
Office visits to primary care physician (PCP) Includes services of an internist, general physician, family practitioner or pediatrician.	30%; after deductible
Specialist office visits	30%; after deductible
Hearing exams 1 routine exam per 24 months.	30%; no deductible
Walk-in clinics Walk-in clinics are free-standing health care facilities. Sometimes they may be within a pharmacy, drug store, supermarket, or other retail store. They offer some limited medical care and services. Not walk-in clinics: Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices.	30%; after deductible
Allergy testing	Your cost sharing amount depends on the type of service and where you receive it.
Allergy injections	Your cost sharing amount depends on the type of service and where you receive it.

DIAGNOSTIC PROCEDURES	**IN-NETWORK**
Diagnostic x-ray (Other than complex imaging services) When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	30%; after deductible

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Diagnostic laboratory	30%; after deductible
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	
Diagnostic complex imaging	30%; after deductible
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	
EMERGENCY MEDICAL CARE	**IN-NETWORK**
Urgent care provider	30%; after deductible
Non-urgent use of urgent care provider	Not Covered
Emergency room	30%; after deductible
Non-emergency care in an emergency room	Not Covered
Emergency use of ambulance	30%; after deductible
Non-emergency use of ambulance	Not Covered
HOSPITAL CARE	**IN-NETWORK**
Inpatient coverage	30%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Inpatient maternity coverage (includes delivery and postpartum care)	30%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Outpatient hospital	30%; after deductible
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
Outpatient surgery - hospital	30%; after deductible
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
Outpatient surgery - freestanding facility	30%; after deductible
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
MENTAL HEALTH SERVICES	**IN-NETWORK**
Inpatient	30%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Mental health office visits	30%; after deductible
Other mental health services	30%; after deductible
When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
SUBSTANCE ABUSE	**IN-NETWORK**
Inpatient	30%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Residential treatment facility	30%; after deductible
When admitted into a facility, cost sharing amount counts toward all covered benefits received.	

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Substance abuse office visits	30%; after deductible
Other substance abuse services	30%; after deductible
When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
THERAPY SERVICES	**IN-NETWORK**
Spinal manipulation therapy	30%; after deductible
Limited to 20 visits per year	
Outpatient short-term rehabilitation	30%; after deductible
Limited to 60 visits per year	
Includes physical, occupational, and speech therapies	
Habilitative physical therapy	30%; after deductible
Habilitative occupational therapy	30%; after deductible
Habilitative speech therapy	30%; after deductible
Autism related physical therapy	30%; after deductible
Autism related occupational therapy	30%; after deductible
Autism related speech therapy	30%; after deductible
Autism related behavioral therapy	30%; after deductible
These benefits are combined with outpatient mental health visits	
Autism related applied behavior analysis	30%; after deductible
Your benefits for these services are the same as any other outpatient mental health other services benefit	
OTHER SERVICES	**IN-NETWORK**
Skilled nursing facility	30%; after deductible
Limited to 60 days per year	
When admitted into a facility, cost sharing amount counts toward all covered benefits received.	
Home health care	30%; after deductible
Limited to 60 visits per year	
Private duty nursing not included.	
Limited to three visits per day by staff from a home health care agency.	
Hospice care - inpatient	30%; after deductible
When admitted into a facility, cost sharing amount counts toward all covered benefits received.	
Hospice care - outpatient	30%; after deductible
When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
Private duty nursing	30%; after deductible
Limited to 70 eight hour shifts per year.	
We count each period of up to 8 hours as one private duty nursing shift.	
Durable medical equipment	30%; after deductible
Orthotics	30%; after deductible
Diabetic supplies	
• If not covered under the prescription drug benefit	You pay your PCP visit cost sharing amount
• If covered under the prescription drug benefit	Applicable prescription drug cost sharing amount applies
Infusion therapy - home/office	30%; after deductible

PLAN DESIGN & BENEFITS
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Infusion therapy - outpatient hospital/freestanding facility	30%; after deductible
Gene-based, Cellular, and other Innovative Therapies (GCIT™)	Your cost sharing amount depends on the type of service and where you receive it. 30%: after deductible for gene therapy drugs, if applicable In-network coverage is provided at GCIT™ designated facilities only.
Hearing aids $2500 maximum per 24 months to age 18	30%; after deductible
Transplants	30%; after deductible In-network coverage is only available at Institutes of Excellence (IOE) contracted facility.
Bariatric surgery	Not Covered
Acupuncture Limited to 10 visits per year	30%; after deductible
FAMILY PLANNING	**IN-NETWORK**
Basic infertility	Your cost sharing amount depends on the type of service and where you receive it.
You have coverage for artificial insemination and the diagnosis and treatment of the underlying cause of infertility.	
Advanced Reproductive Technology (ART)	Not Covered
Fertility preservation	Not Covered
Vasectomy	Your cost sharing amount depends on the type of service and where you receive it.
Tubal ligation	Covered 100%; no deductible
PHARMACY	**IN-NETWORK**
The full cost of the drug is applied to the deductible before any benefits are considered for payment under the pharmacy plan.	
Pharmacy plan type	Advanced Control Plan - Aetna
Prescription drug deductible	Prescription drug expenses apply to your medical deductible.
Preventive medications - We waive the deductible for certain preventive medications. For a full list of these drugs, go to your secure member site or ask your employer.	
Prescription drug out-of-pocket limit	Prescription drug expenses apply to your medical out-of-pocket limit.

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Preferred generic drugs	
Retail	$10 copay; after deductible
Mail order	$25 copay; after deductible
Preferred brand-name drugs	
Retail	$35 copay; after deductible
Mail order	$87.50 copay; after deductible
Non-preferred generic and brand-name drugs	
Retail	$70 copay; after deductible
Mail order	$175 copay; after deductible
Specialty drugs	
Preferred specialty	$200 copay; after deductible
Non-preferred specialty	$200 copay; after deductible
Pharmacy day supply and requirements	
Retail	You can get up to a 30-day supply from Aetna National Network
Mandatory maintenance choice	Maintenance drugs are prescriptions commonly used to treat conditions that require regular, daily use of medicines. If you take a maintenance drug, you can get two retail fills. Then you must fill a 31-90-day supply of the maintenance drug at CVS Caremark® Mail Service Pharmacy, a designated network pharmacy, or a CVS Pharmacy®. If you do not, you will need to pay 100% of the drug cost.
Opt Out	You must notify us if you want to continue to fill the medicine at a network retail pharmacy. Just call the number on the member ID card.
Specialty	You can get up to a 30-day supply of specialty drugs You must fill all specialty drugs through our preferred specialty pharmacy network. Advanced Control Formulary AFA List

Prescription drug plan also includes:
- Diabetic supplies
- $25 copay maximum per fill per 30 day supply for formulary insulin drugs; no deductible for formulary insulin drugs
- A limited list of over-the-counter medications when filled with a prescription

Family planning
- Oral fertility drugs included.
- Contraceptives covered up to a 12-month supply. Contraceptive copay strategy applies.

The following are covered 100% in-network:
- Oral chemotherapy drugs
- Seasonal vaccinations
- Preventive vaccinations
- Affordable Care Act (ACA) eligible preventive medications and contraceptives

Refer to **Aetna.com** for a complete list of eligible prescription drugs.

Precertification requirements
Some covered prescription drugs need approval from us before we will cover the drug. If you are currently taking one of these drugs when you switch to this plan, you may get one fill of your prescription within the first 90 days of starting the plan.
Some covered prescription drugs require step therapy before we cover them. With step therapy, you must first try one or more drugs before we will pay for drugs that require step therapy. If you are currently taking one of these drugs when you switch to this plan. you may get one fill of your prescription within the first 90 days of starting this plan.
To get the most up-to-date precertification requirements and a list of drugs that require step therapy, see your plan documents or go online to your member website.

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UBC Medical Plans

$2,750 Deductible HSA

Rockport Fulton Independent School District
Effective Date: 09-01-2026
Aetna Open Access® Aetna Select℠
Aetna Funding Advantage

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

PLAN FEATURES	IN-NETWORK
Benefit limitations - Some services or supplies have limits on them per year. There might be a maximum number of visits or days, or a dollar limit per year. In such cases, the benefit year begins on the day your plan coverage takes effect (unless otherwise noted). Refer to your plan documents to learn more.	
Deductible (per plan year)	$2,750 per Individual $5,500 per Family
You must first meet the deductible before the plan begins paying benefits, unless otherwise noted. The amount you pay (cost sharing) for some medical services does not count toward your deductible. Prescription drug costs do not count toward the deductible. Refer to your plan documents for details. Your family will have one deductible. You will meet it when the expenses of several family members add up to the family deductible. No one person will have to pay more than the individual deductible.	
Member coinsurance	You pay 30%
Applies to all expenses except as noted.	
Out-of-pocket limit (per plan year)	$9,000 per Individual $18,000 per Family
Pharmacy expenses count toward the out-of-pocket limit. In-network expenses include coinsurance/copays and deductibles. Your family will have one out-of-pocket limit. You will meet it when the expenses of several family members add up to the family out-of-pocket limit. No one person will have to pay more than the individual out-of-pocket limit amount.	
Lifetime maximum	
Unlimited except where otherwise indicated.	
Primary care physician selection	Encouraged
Referral requirement	Not required
Virtual care consultations - You can access covered services for virtual care visits from different kinds of providers in your network. Log on to **Aetna.com** to see a list of virtual care providers. You'll also find more about your options, including cost share amounts.	
CVS VIRTUAL CARE	**IN-NETWORK**
CVS Health Virtual Primary Care (VPC) - preventive care consultations	Covered 100%; no deductible
Includes screening and counseling services through CVS Health Virtual Primary Care for members age 18 and older; refer to Aetna.com for more information.	
CVS Health Virtual Primary Care (VPC) - consultations	Covered 100%; no deductible
Includes basic medical service consultations through CVS Health Virtual Primary Care for members age 18 and older; refer to Aetna.com for additional information.	
CVS Health Virtual Care (VC) - general medicine	Covered 100%; no deductible
CVS Health Virtual Care (VC) - mental health	Covered 100%; no deductible
PREVENTIVE CARE	**IN-NETWORK**
Routine adult physical exams/ immunizations	Covered 100%; no deductible
1 exam every 12 months until age 65, then 1 exam every 12 months age 65 and older	

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Routine well child exams/immunizations • 7 exams in the first 12 months • 3 exams from age 13 months to 24 months • 3 exams from age 25 months to 36 months • 1 exam every 12 months thereafter until age 22	Covered 100%; no deductible
Routine gynecological care exams 1 exam and pap smear per year, includes related fees.	Covered 100%; no deductible
Breast cancer screening Recommended: One per year for members age 40 and over	Covered 100%; no deductible
Women's health Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Also includes: contraceptive methods (ACA mandated contraceptives, including contraceptives and devices you can't get at a pharmacy), sterilization procedures (including tubal ligation), patient education and counseling. Limits may apply.	Covered 100%; no deductible
Pre-natal maternity	Covered 100%; no deductible
Routine digital rectal exam Recommended: For members age 40 and over	Covered 100%; no deductible
Prostate-specific antigen test Recommended: For members age 40 and over	Covered 100%; no deductible
Colorectal cancer screening Recommended: For members age 45 and over	Covered 100%; no deductible
Routine eye exams 1 routine exam per 24 months.	Covered 100%; no deductible
Routine hearing screening	Covered 100%; no deductible
PHYSICIAN SERVICES	**IN-NETWORK**
Office visits to primary care physician (PCP) Includes services of an internist, general physician, family practitioner or pediatrician.	$40 office visit copay; no deductible
Specialist office visits	$75 office visit copay; no deductible
Hearing exams 1 routine exam per 24 months.	$75 copay; no deductible
Walk-in clinics Walk-in clinics are free-standing health care facilities. Sometimes they may be within a pharmacy, drug store, supermarket, or other retail store. They offer some limited medical care and services. Not walk-in clinics: Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices.	$40 copay; no deductible
Allergy testing	Your cost sharing amount depends on the type of service and where you receive it.
Allergy injections	Your cost sharing amount depends on the type of service and where you receive it.
DIAGNOSTIC PROCEDURES	**IN-NETWORK**
Diagnostic x-ray (Other than complex imaging services) When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	30%; after deductible
Diagnostic laboratory When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	30%; after deductible

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Diagnostic complex imaging	30%; after deductible
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	
EMERGENCY MEDICAL CARE	**IN-NETWORK**
Urgent care provider	$100 office visit copay; no deductible
Non-urgent use of urgent care provider	Not Covered
Emergency room	30% after $500 copay; no deductible
Copay waived if admitted	
Non-emergency care in an emergency room	Not Covered
Emergency use of ambulance	30% after $200 copay; no deductible
Non-emergency use of ambulance	Not Covered
HOSPITAL CARE	**IN-NETWORK**
Inpatient coverage	30%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Inpatient maternity coverage (includes delivery and postpartum care)	30%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Outpatient hospital	30%; after deductible
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
Outpatient surgery - hospital	30%; after deductible
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
Outpatient surgery - freestanding facility	30%; after deductible
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
MENTAL HEALTH SERVICES	**IN-NETWORK**
Inpatient	30%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Mental health office visits	$75 copay; no deductible
Other mental health services	30%; after deductible
When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
SUBSTANCE ABUSE	**IN-NETWORK**
Inpatient	30%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Residential treatment facility	30%; after deductible
When admitted into a facility, cost sharing amount counts toward all covered benefits received.	
Substance abuse office visits	$75 copay; no deductible
Other substance abuse services	30%; after deductible
When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

THERAPY SERVICES	IN-NETWORK
Spinal manipulation therapy Limited to 20 visits per year	$75 copay; no deductible
Outpatient short-term rehabilitation Limited to 60 visits per year Includes physical, occupational, and speech therapies	$75 copay; no deductible
Habilitative physical therapy	30%; after deductible
Habilitative occupational therapy	30%; after deductible
Habilitative speech therapy	30%; after deductible
Autism related physical therapy	30%; after deductible
Autism related occupational therapy	30%; after deductible
Autism related speech therapy	30%; after deductible
Autism related behavioral therapy These benefits are combined with outpatient mental health visits	$75 copay; no deductible
Autism related applied behavior analysis Your benefits for these services are the same as any other outpatient mental health other services benefit	30%; after deductible
OTHER SERVICES	**IN-NETWORK**
Skilled nursing facility Limited to 60 days per year When admitted into a facility, cost sharing amount counts toward all covered benefits received.	30%; after deductible
Home health care Limited to 60 visits per year Private duty nursing not included. Limited to three visits per day by staff from a home health care agency.	30%; after deductible
Hospice care - inpatient When admitted into a facility, cost sharing amount counts toward all covered benefits received.	30%; after deductible
Hospice care - outpatient When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	30%; after deductible
Private duty nursing Limited to 70 eight hour shifts per year. We count each period of up to 8 hours as one private duty nursing shift.	30%; after deductible
Durable medical equipment	30%; after deductible
Orthotics	30%; after deductible
Diabetic supplies • If not covered under the prescription drug benefit • If covered under the prescription drug benefit	 You pay your PCP visit cost sharing amount Applicable prescription drug cost sharing amount applies
Infusion therapy - home/office	$75 copay; no deductible
Infusion therapy - outpatient hospital/freestanding facility	30%; after deductible
Gene-based, Cellular, and other Innovative Therapies (GCIT™)	Your cost sharing amount depends on the type of service and where you receive it. $75 copay; no deductible for gene therapy drugs, if applicable In-network coverage is provided at GCIT™ designated facilities only.

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Hearing aids $2500 maximum per 24 months to age 18	30%; after deductible
Transplants	30%; after deductible In-network coverage is only available at Institutes of Excellence (IOE) contracted facility.
Bariatric surgery	Not Covered
Acupuncture Limited to 10 visits per year	$40 copay; no deductible
FAMILY PLANNING	**IN-NETWORK**
Basic infertility You have coverage for artificial insemination and the diagnosis and treatment of the underlying cause of infertility.	Your cost sharing amount depends on the type of service and where you receive it.
Advanced Reproductive Technology (ART)	Not Covered
Fertility preservation	Not Covered
Vasectomy	Your cost sharing amount depends on the type of service and where you receive it.
Tubal ligation	Covered 100%; no deductible
PHARMACY	**IN-NETWORK**
Pharmacy plan type	Advanced Control Plan - Aetna
Prescription drug out-of-pocket limit	Prescription drug expenses apply to your medical out-of-pocket limit.
Preferred generic drugs	
Retail	$10 copay
Mail order	$25 copay
Preferred brand-name drugs	
Retail	$35 copay
Mail order	$87.50 copay
Non-preferred generic and brand-name drugs	
Retail	$70 copay
Mail order	$175 copay
Specialty drugs	
Preferred specialty	$200 copay
Non-preferred specialty	$200 copay
Pharmacy day supply and requirements	
Retail	You can get up to a 30-day supply from Aetna National Network
Mandatory maintenance choice	Maintenance drugs are prescriptions commonly used to treat conditions that require regular, daily use of medicines. If you take a maintenance drug, you can get two retail fills. Then you must fill a 31-90-day supply of the maintenance drug at CVS Caremark® Mail Service Pharmacy, a designated network pharmacy, or a CVS Pharmacy®. If you do not, you will need to pay 100% of the drug cost.
Opt Out	You must notify us if you want to continue to fill the medicine at a network retail pharmacy. Just call the number on the member ID card.
Specialty	You can get up to a 30-day supply of specialty drugs You must fill all specialty drugs through our preferred specialty pharmacy network. Advanced Control Formulary AFA List

aetna

UBC Medical Plans

$2,250 Deductible HSA

Rockport Fulton Independent School District
Effective Date: 09-01-2026
Aetna Open Access® Aetna Select℠
Aetna Funding Advantage

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

PLAN FEATURES	IN-NETWORK
Benefit limitations - Some services or supplies have limits on them per year. There might be a maximum number of visits or days, or a dollar limit per year. In such cases, the benefit year begins on the day your plan coverage takes effect (unless otherwise noted). Refer to your plan documents to learn more.	
Deductible (per plan year)	$2,250 per Individual $4,500 per Family
You must first meet the deductible before the plan begins paying benefits, unless otherwise noted. The amount you pay (cost sharing) for some medical services does not count toward your deductible. Prescription drug costs do not count toward the deductible. Refer to your plan documents for details. Your family will have one deductible. You will meet it when the expenses of several family members add up to the family deductible. No one person will have to pay more than the individual deductible.	
Member coinsurance	You pay 30%
Applies to all expenses except as noted.	
Out-of-pocket limit (per plan year)	$8,000 per Individual $16,000 per Family
Pharmacy expenses count toward the out-of-pocket limit. In-network expenses include coinsurance/copays and deductibles. Your family will have one out-of-pocket limit. You will meet it when the expenses of several family members add up to the family out-of-pocket limit. No one person will have to pay more than the individual out-of-pocket limit amount.	
Lifetime maximum	
Unlimited except where otherwise indicated.	
Primary care physician selection	Encouraged
Referral requirement	Not required
Virtual care consultations - You can access covered services for virtual care visits from different kinds of providers in your network. Log on to **Aetna.com** to see a list of virtual care providers. You'll also find more about your options, including cost share amounts.	
CVS VIRTUAL CARE	**IN-NETWORK**
CVS Health Virtual Primary Care (VPC) - preventive care consultations	Covered 100%; no deductible
Includes screening and counseling services through CVS Health Virtual Primary Care for members age 18 and older; refer to Aetna.com for more information.	
CVS Health Virtual Primary Care (VPC) - consultations	Covered 100%; no deductible
Includes basic medical service consultations through CVS Health Virtual Primary Care for members age 18 and older; refer to Aetna.com for additional information.	
CVS Health Virtual Care (VC) - general medicine	Covered 100%; no deductible
CVS Health Virtual Care (VC) - mental health	Covered 100%; no deductible
PREVENTIVE CARE	**IN-NETWORK**
Routine adult physical exams/ immunizations	Covered 100%; no deductible
1 exam every 12 months until age 65, then 1 exam every 12 months age 65 and older	

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Routine well child exams/immunizations • 7 exams in the first 12 months • 3 exams from age 13 months to 24 months • 3 exams from age 25 months to 36 months • 1 exam every 12 months thereafter until age 22	Covered 100%; no deductible
Routine gynecological care exams 1 exam and pap smear per year, includes related fees.	Covered 100%; no deductible
Breast cancer screening Recommended: One per year for members age 40 and over	Covered 100%; no deductible
Women's health Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Also includes: contraceptive methods (ACA mandated contraceptives, including contraceptives and devices you can't get at a pharmacy), sterilization procedures (including tubal ligation), patient education and counseling. Limits may apply.	Covered 100%; no deductible
Pre-natal maternity	Covered 100%; no deductible
Routine digital rectal exam Recommended: For members age 40 and over	Covered 100%; no deductible
Prostate-specific antigen test Recommended: For members age 40 and over	Covered 100%; no deductible
Colorectal cancer screening Recommended: For members age 45 and over	Covered 100%; no deductible
Routine eye exams 1 routine exam per 24 months.	Covered 100%; no deductible
Routine hearing screening	Covered 100%; no deductible
PHYSICIAN SERVICES	**IN-NETWORK**
Office visits to primary care physician (PCP) Includes services of an internist, general physician, family practitioner or pediatrician.	$40 office visit copay; no deductible
Specialist office visits	$75 office visit copay; no deductible
Hearing exams 1 routine exam per 24 months.	$75 copay; no deductible
Walk-in clinics Walk-in clinics are free-standing health care facilities. Sometimes they may be within a pharmacy, drug store, supermarket, or other retail store. They offer some limited medical care and services. Not walk-in clinics: Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices.	$40 copay; no deductible
Allergy testing	Your cost sharing amount depends on the type of service and where you receive it.
Allergy injections	Your cost sharing amount depends on the type of service and where you receive it.
DIAGNOSTIC PROCEDURES	**IN-NETWORK**
Diagnostic x-ray (Other than complex imaging services) When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	30%; after deductible
Diagnostic laboratory When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	30%; after deductible

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Diagnostic complex imaging	30%; after deductible
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	
EMERGENCY MEDICAL CARE	**IN-NETWORK**
Urgent care provider	$100 office visit copay; no deductible
Non-urgent use of urgent care provider	Not Covered
Emergency room	30% after $500 copay; no deductible
Copay waived if admitted	
Non-emergency care in an emergency room	Not Covered
Emergency use of ambulance	30% after $200 copay; no deductible
Non-emergency use of ambulance	Not Covered
HOSPITAL CARE	**IN-NETWORK**
Inpatient coverage	30%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Inpatient maternity coverage (includes delivery and postpartum care)	30%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Outpatient hospital	30%; after deductible
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
Outpatient surgery - hospital	30%; after deductible
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
Outpatient surgery - freestanding facility	30%; after deductible
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
MENTAL HEALTH SERVICES	**IN-NETWORK**
Inpatient	30%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Mental health office visits	$75 copay; no deductible
Other mental health services	30%; after deductible
When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
SUBSTANCE ABUSE	**IN-NETWORK**
Inpatient	30%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Residential treatment facility	30%; after deductible
When admitted into a facility, cost sharing amount counts toward all covered benefits received.	
Substance abuse office visits	$75 copay; no deductible
Other substance abuse services	30%; after deductible
When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

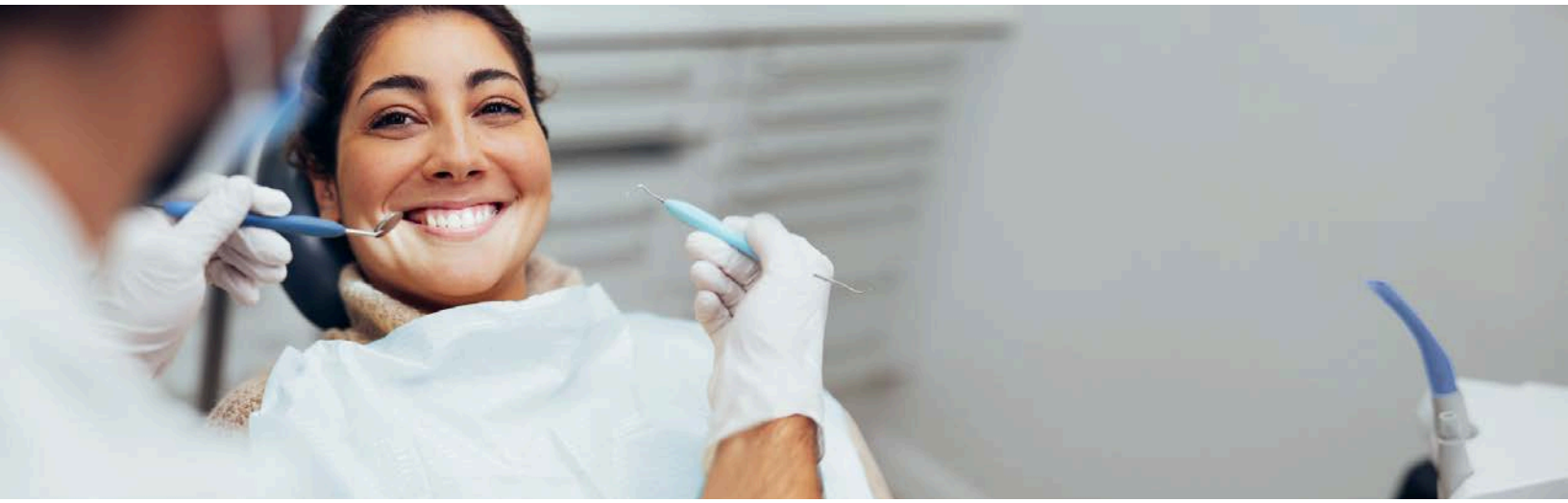
THERAPY SERVICES	IN-NETWORK
Spinal manipulation therapy Limited to 20 visits per year	$75 copay; no deductible
Outpatient short-term rehabilitation Limited to 60 visits per year Includes physical, occupational, and speech therapies	$75 copay; no deductible
Habilitative physical therapy	30%; after deductible
Habilitative occupational therapy	30%; after deductible
Habilitative speech therapy	30%; after deductible
Autism related physical therapy	30%; after deductible
Autism related occupational therapy	30%; after deductible
Autism related speech therapy	30%; after deductible
Autism related behavioral therapy These benefits are combined with outpatient mental health visits	$75 copay; no deductible
Autism related applied behavior analysis Your benefits for these services are the same as any other outpatient mental health other services benefit	30%; after deductible
OTHER SERVICES	**IN-NETWORK**
Skilled nursing facility Limited to 60 days per year When admitted into a facility, cost sharing amount counts toward all covered benefits received.	30%; after deductible
Home health care Limited to 60 visits per year Private duty nursing not included. Limited to three visits per day by staff from a home health care agency.	30%; after deductible
Hospice care - inpatient When admitted into a facility, cost sharing amount counts toward all covered benefits received.	30%; after deductible
Hospice care - outpatient When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	30%; after deductible
Private duty nursing Limited to 70 eight hour shifts per year. We count each period of up to 8 hours as one private duty nursing shift.	30%; after deductible
Durable medical equipment	30%; after deductible
Orthotics	30%; after deductible
Diabetic supplies • If not covered under the prescription drug benefit • If covered under the prescription drug benefit	 You pay your PCP visit cost sharing amount Applicable prescription drug cost sharing amount applies
Infusion therapy - home/office	$75 copay; no deductible
Infusion therapy - outpatient hospital/freestanding facility	30%; after deductible
Gene-based, Cellular, and other Innovative Therapies (GCIT™)	Your cost sharing amount depends on the type of service and where you receive it. $75 copay; no deductible for gene therapy drugs, if applicable In-network coverage is provided at GCIT™ designated facilities only.

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Hearing aids $2500 maximum per 24 months to age 18	30%; after deductible
Transplants	30%; after deductible In-network coverage is only available at Institutes of Excellence (IOE) contracted facility.
Bariatric surgery	Not Covered
Acupuncture Limited to 10 visits per year	$40 copay; no deductible
FAMILY PLANNING	**IN-NETWORK**
Basic infertility You have coverage for artificial insemination and the diagnosis and treatment of the underlying cause of infertility.	Your cost sharing amount depends on the type of service and where you receive it.
Advanced Reproductive Technology (ART)	Not Covered
Fertility preservation	Not Covered
Vasectomy	Your cost sharing amount depends on the type of service and where you receive it.
Tubal ligation	Covered 100%; no deductible
PHARMACY	**IN-NETWORK**
Pharmacy plan type	Advanced Control Plan - Aetna
Prescription drug out-of-pocket limit	Prescription drug expenses apply to your medical out-of-pocket limit.
Preferred generic drugs	
Retail	$10 copay
Mail order	$25 copay
Preferred brand-name drugs	
Retail	$35 copay
Mail order	$87.50 copay
Non-preferred generic and brand-name drugs	
Retail	$70 copay
Mail order	$175 copay
Specialty drugs	
Preferred specialty	$200 copay
Non-preferred specialty	$200 copay
Pharmacy day supply and requirements	
Retail	You can get up to a 30-day supply from Aetna National Network
Mandatory maintenance choice	Maintenance drugs are prescriptions commonly used to treat conditions that require regular, daily use of medicines. If you take a maintenance drug, you can get two retail fills. Then you must fill a 31-90-day supply of the maintenance drug at CVS Caremark® Mail Service Pharmacy, a designated network pharmacy, or a CVS Pharmacy®. If you do not, you will need to pay 100% of the drug cost.
Opt Out	You must notify us if you want to continue to fill the medicine at a network retail pharmacy. Just call the number on the member ID card.
Specialty	You can get up to a 30-day supply of specialty drugs You must fill all specialty drugs through our preferred specialty pharmacy network. Advanced Control Formulary AFA List

Dental Insurance

Plan Choices



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

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

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

Dental Monthly Premiums	
	Basic
Employee Only	$36.61
Employee + Family	$107.76

Rockport - Fulton ISD

Dental Highlight Sheet

Ameritas

Dental Plan Summary

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	$50/Calendar Year Type 2 & 3
	Waived Type 1
	$150/family
Maximum *(per person)*	$1,500 per calendar year
Allowance	90th U&C
Dental Rewards®	Included
Waiting Period	None
Annual Eye Exam	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum *(per person)*	$1,500
Waiting Period	None
Takeover Benefit	Initial Insureds & New Enrollees

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

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Fillings for Cavities	• Onlays
• Bitewing X-rays (1 per benefit period)	• Restorative Composites (anterior and posterior teeth)	• Crowns (1 in 5 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Simple Extractions	• Crown Repair
• Periapical X-rays	• Anesthesia	• Endodontics (nonsurgical)
• Cleaning (2 per benefit period)		• Endodontics (surgical)
• Fluoride for Children 15 and under (2 per benefit period)		• Periodontics (nonsurgical)
• Sealants (age 15 and under)		• Periodontics (surgical)
• Space Maintainers		• Denture Repair
		• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
		• Complex Extractions

Monthly Rates

Employee Only (EE)	$36.61
EE + Family	$107.76

Ameritas Information

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

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER,** then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553. Your provider network is Ameritas Classic and Plus Network.

Dental Network

In Texas, our network and plans are referred to as the Ameritas Dental Network.

Vision Insurance

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

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	$7.03
Employee + One	$12.04
Employee + Family	$18.72

Rockport - Fulton ISD

Eye Care Highlight Sheet

Ameritas

Vision Plan Summary

	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	Member cost up to $60	No benefit
Elective	Up to $130	Up to $105
Medically Necessary	Covered in full	Up to $210
Frame Allowance	$130**	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 (member 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	No benefit
Solid Plastic Dye	$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	$17	No benefit
Photochromatic Lenses (Glass & Plastic)	$31-$82	No benefit
Scratch Resistant Coating	$17-$33	No benefit
Anti-Reflective Coating	$43-$85	No benefit
Ultraviolet Coating	$16	No benefit

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

Monthly Rates

Employee Only (EE)	$7.03
EE + 1 Dependent	$12.04
EE + 2 or more Dependents	$18.72

Flexible Spending Accounts

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

Medical FSA

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

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

Medical FSA Highlights

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

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

Health Savings Account

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

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

Health Savings Account Highlights

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

Who Can Participate in an HSA?

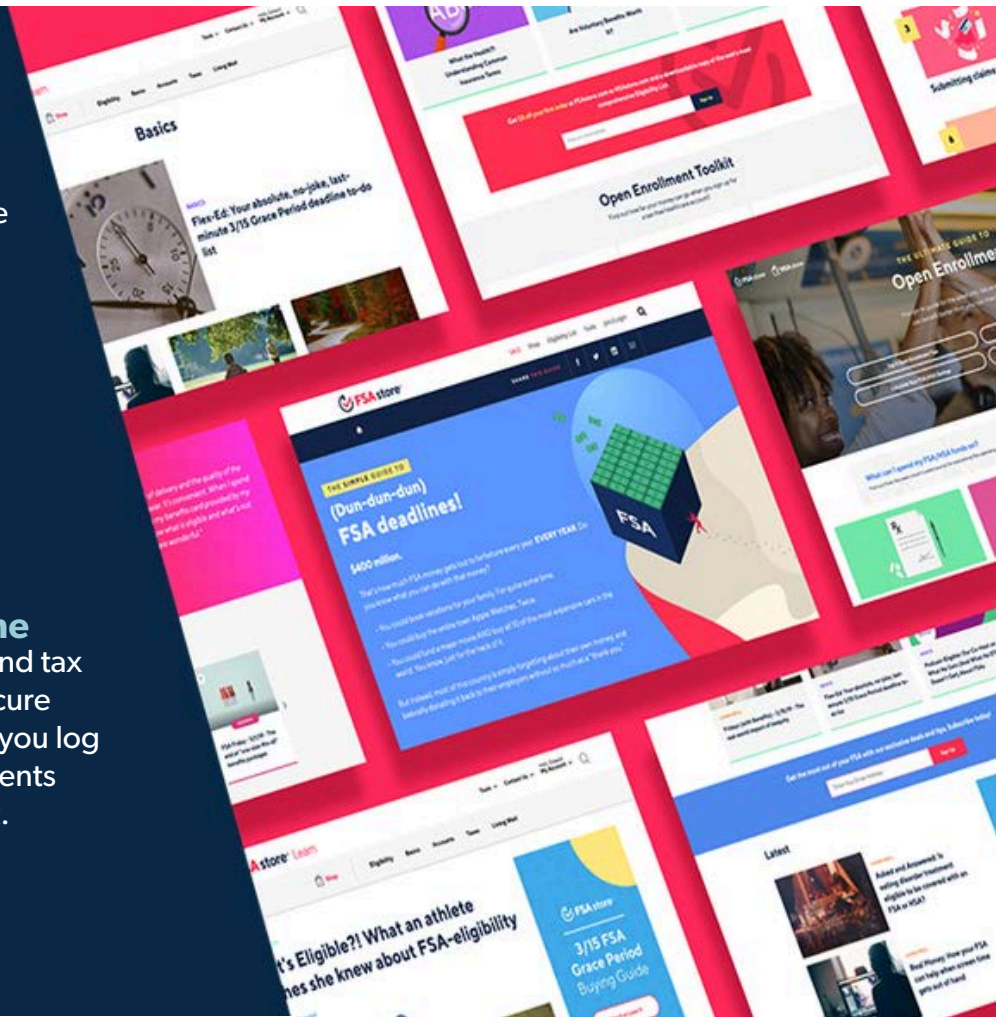
- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.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

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

FSA & HSA Resources

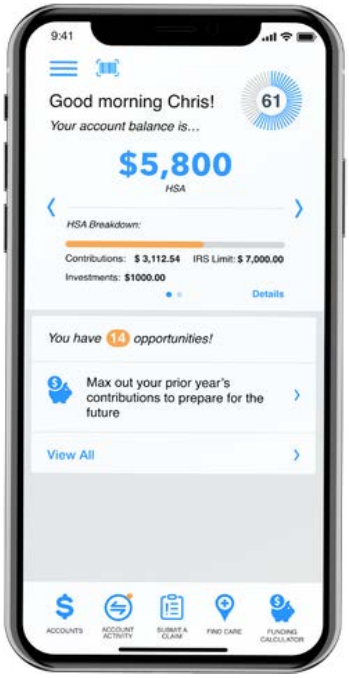
Benefits Card

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



View Your Account Details Online

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



FF Mobile Account App

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

FSA/HSA Store

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

FSA store® Everything Flex Spending.

HSA store® Health Saving, Simplified.

Term Life & AD&D

Employer-Paid & Voluntary

Blue Cross Blue 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 $20,000 policy. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

Voluntary Term Life Insurance

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

Texas Life

Permanent Life

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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

WOW!

VOLUNTARY PERMANENT LIFE INSURANCE YOU CAN KEEP

PURELIFE-PLUS

Highlights

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

EASY TO PAY
Pay for it through convenient payroll deductions

NO EXAMS
Qualify by answering just 3 questions[2]

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

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

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

TEXASLIFE INSURANCE COMPANY

FFGA Benefit Solutions Simplified

See last page for disclosures and footnotes

PURELIFE-PLUS

The Ideal Complement

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

No Exams Or Needles!

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

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

Product Features

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

Additional Benefits

Accidental Death Benefit Rider

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

Accelerated Death Benefit Due to Terminal Illness Rider[4]

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

Accelerated Death Benefit Due To Chronic Illness Rider

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

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

See last page for disclosures and footnotes

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

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

TEXASLIFE INSURANCE COMPANY

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages) $10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
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 $25,000	Premium $50,000	Guaranteed Period
15D-1	9.25	16.25	81
2-4	9.50	16.75	80
5-8	9.75	17.25	79
9-10	10.00	17.75	79
11-16	10.25	18.25	77
17-20	12.25	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	75

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

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

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

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

Indicates Spouse Coverage Available

25M011-C-M FFGA 1007 (exp0227)

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

TEXASLIFE INSURANCE COMPANY

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages) $10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
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

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

25M011-C-M FFGA 1007 (exp0227)

CHILDREN AND GRANDCHILDREN (TOBACCO)

Accidental Death Benefit included for ages 17 and older.

Grandchild coverage available through age 18.

Issue Age	Premium $25,000	Premium $50,000	Guaranteed Period
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

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

Why Do I Need Disability Insurance?

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

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

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

AF™ Long-Term Disability Income Insurance

ESC Regions 1, 2 & 3

Marketed by:

IFFGI
Benefit Solutions Simplified

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights

Benefits are Payable Directly to You

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

Customized to Meet Your Individual Needs

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

Return-to-Work Benefit

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

Choose the Right Plan for You

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

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

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

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

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

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed $66^{2/3}$% of your monthly compensation.

			Monthly Premiums					
Monthly Salary	**Monthly Disability Benefit**	**Accidental Death Benefit**	**Plan I (8th)**	**Plan II (15th)**	**Plan III (31st)**	**Plan IV (61st)**	**Plan V (91st)**	**Plan VI (151st)**
$300.00 - $449.99	$200.00	$20,000.00	$6.56	$5.60	$5.16	$2.84	$2.12	$1.36
$450.00 - $599.99	$300.00	$20,000.00	$9.84	$8.40	$7.74	$4.26	$3.18	$2.04
$600.00 - $749.99	$400.00	$20,000.00	$13.12	$11.20	$10.32	$5.68	$4.24	$2.72
$750.00 - $899.99	$500.00	$20,000.00	$16.40	$14.00	$12.90	$7.10	$5.30	$3.40
$900.00 - $1,049.99	$600.00	$20,000.00	$19.68	$16.80	$15.48	$8.52	$6.36	$4.08
$1,050.00 - $1,199.99	$700.00	$20,000.00	$22.96	$19.60	$18.06	$9.94	$7.42	$4.76
$1,200.00 - $1,349.99	$800.00	$20,000.00	$26.24	$22.40	$20.64	$11.36	$8.48	$5.44
$1,350.00 - $1,499.99	$900.00	$20,000.00	$29.52	$25.20	$23.22	$12.78	$9.54	$6.12
$1,500.00 - $1,649.99	$1,000.00	$20,000.00	$32.80	$28.00	$25.80	$14.20	$10.60	$6.80
$1,650.00 - $1,799.99	$1,100.00	$20,000.00	$36.08	$30.80	$28.38	$15.62	$11.66	$7.48
$1,800.00 - $1,949.99	$1,200.00	$20,000.00	$39.36	$33.60	$30.96	$17.04	$12.72	$8.16
$1,950.00 - $2,099.99	$1,300.00	$20,000.00	$42.64	$36.40	$33.54	$18.46	$13.78	$8.84
$2,100.00 - $2,249.99	$1,400.00	$20,000.00	$45.92	$39.20	$36.12	$19.88	$14.84	$9.52
$2,250.00 - $2,399.99	$1,500.00	$20,000.00	$49.20	$42.00	$38.70	$21.30	$15.90	$10.20
$2,400.00 - $2,549.99	$1,600.00	$20,000.00	$52.48	$44.80	$41.28	$22.72	$16.96	$10.88
$2,550.00 - $2,699.99	$1,700.00	$20,000.00	$55.76	$47.60	$43.86	$24.14	$18.02	$11.56
$2,700.00 - $2,849.99	$1,800.00	$20,000.00	$59.04	$50.40	$46.44	$25.56	$19.08	$12.24
$2,850.00 - $2,999.99	$1,900.00	$20,000.00	$62.32	$53.20	$49.02	$26.98	$20.14	$12.92
$3,000.00 - $3,149.99	$2,000.00	$20,000.00	$65.60	$56.00	$51.60	$28.40	$21.20	$13.60
$3,150.00 - $3,299.99	$2,100.00	$20,000.00	$68.88	$58.80	$54.18	$29.82	$22.26	$14.28
$3,300.00 - $3,449.99	$2,200.00	$20,000.00	$72.16	$61.60	$56.76	$31.24	$23.32	$14.96
$3,450.00 - $3,599.99	$2,300.00	$20,000.00	$75.44	$64.40	$59.34	$32.66	$24.38	$15.64
$3,600.00 - $3,749.99	$2,400.00	$20,000.00	$78.72	$67.20	$61.92	$34.08	$25.44	$16.32
$3,750.00 - $3,899.99	$2,500.00	$20,000.00	$82.00	$70.00	$64.50	$35.50	$26.50	$17.00
$3,900.00 - $4,049.99	$2,600.00	$20,000.00	$85.28	$72.80	$67.08	$36.92	$27.56	$17.68
$4,050.00 - $4,199.99	$2,700.00	$20,000.00	$88.56	$75.60	$69.66	$38.34	$28.62	$18.36
$4,200.00 - $4,349.99	$2,800.00	$20,000.00	$91.84	$78.40	$72.24	$39.76	$29.68	$19.04
$4,350.00 - $4,499.99	$2,900.00	$20,000.00	$95.12	$81.20	$74.82	$41.18	$30.74	$19.72
$4,500.00 - $4,649.99	$3,000.00	$20,000.00	$98.40	$84.00	$77.40	$42.60	$31.80	$20.40
$4,650.00 - $4,799.99	$3,100.00	$20,000.00	$101.68	$86.80	$79.98	$44.02	$32.86	$21.08
$4,800.00 - $4,949.99	$3,200.00	$20,000.00	$104.96	$89.60	$82.56	$45.44	$33.92	$21.76
$4,950.00 - $5,099.99	$3,300.00	$20,000.00	$108.24	$92.40	$85.14	$46.86	$34.98	$22.44
$5,100.00 - $5,249.99	$3,400.00	$20,000.00	$111.52	$95.20	$87.72	$48.28	$36.04	$23.12
$5,250.00 - $5,399.99	$3,500.00	$20,000.00	$114.80	$98.00	$90.30	$49.70	$37.10	$23.80
$5,400.00 - $5,549.99	$3,600.00	$20,000.00	$118.08	$100.80	$92.88	$51.12	$38.16	$24.48
$5,550.00 - $5,699.99	$3,700.00	$20,000.00	$121.36	$103.60	$95.46	$52.54	$39.22	$25.16
$5,700.00 - $5,849.99	$3,800.00	$20,000.00	$124.64	$106.40	$98.04	$53.96	$40.28	$25.84

Benefit Policy Schedule (continued)

			Monthly Premiums					
Monthly Salary	**Monthly Disability Benefit**	**Accidental Death Benefit**	**Plan I (8th)**	**Plan II (15th)**	**Plan III (31st)**	**Plan IV (61st)**	**Plan V (91st)**	**Plan VI (151st)**
$5,850.00 - $5,999.99	$3,900.00	$20,000.00	$127.92	$109.20	$100.62	$55.38	$41.34	$26.52
$6,000.00 - $6,149.99	$4,000.00	$20,000.00	$131.20	$112.00	$103.20	$56.80	$42.40	$27.20
$6,150.00 - $6,299.99	$4,100.00	$20,000.00	$134.48	$114.80	$105.78	$58.22	$43.46	$27.88
$6,300.00 - $6,449.99	$4,200.00	$20,000.00	$137.76	$117.60	$108.36	$59.64	$44.52	$28.56
$6,450.00 - $6,599.99	$4,300.00	$20,000.00	$141.04	$120.40	$110.94	$61.06	$45.58	$29.24
$6,600.00 - $6,749.99	$4,400.00	$20,000.00	$144.32	$123.20	$113.52	$62.48	$46.64	$29.92
$6,750.00 - $6,899.99	$4,500.00	$20,000.00	$147.60	$126.00	$116.10	$63.90	$47.70	$30.60
$6,900.00 - $7,049.99	$4,600.00	$20,000.00	$150.88	$128.80	$118.68	$65.32	$48.76	$31.28
$7,050.00 - $7,199.99	$4,700.00	$20,000.00	$154.16	$131.60	$121.26	$66.74	$49.82	$31.96
$7,200.00 - $7,349.99	$4,800.00	$20,000.00	$157.44	$134.40	$123.84	$68.16	$50.88	$32.64
$7,350.00 - $7,499.99	$4,900.00	$20,000.00	$160.72	$137.20	$126.42	$69.58	$51.94	$33.32
$7,500.00 - $7,649.99	$5,000.00	$20,000.00	$164.00	$140.00	$129.00	$71.00	$53.00	$34.00
$7,650.00 - $7,799.99	$5,100.00	$20,000.00	$167.28	$142.80	$131.58	$72.42	$54.06	$34.68
$7,800.00 - $7,949.99	$5,200.00	$20,000.00	$170.56	$145.60	$134.16	$73.84	$55.12	$35.36
$7,950.00 - $8,099.99	$5,300.00	$20,000.00	$173.84	$148.40	$136.74	$75.26	$56.18	$36.04
$8,100.00 - $8,249.99	$5,400.00	$20,000.00	$177.12	$151.20	$139.32	$76.68	$57.24	$36.72
$8,250.00 - $8,399.99	$5,500.00	$20,000.00	$180.40	$154.00	$141.90	$78.10	$58.30	$37.40
$8,400.00 - $8,549.99	$5,600.00	$20,000.00	$183.68	$156.80	$144.48	$79.52	$59.36	$38.08
$8,550.00 - $8,699.99	$5,700.00	$20,000.00	$186.96	$159.60	$147.06	$80.94	$60.42	$38.76
$8,700.00 - $8,849.99	$5,800.00	$20,000.00	$190.24	$162.40	$149.64	$82.36	$61.48	$39.44
$8,850.00 - $8,999.99	$5,900.00	$20,000.00	$193.52	$165.20	$152.22	$83.78	$62.54	$40.12
$9,000.00 - $9,149.99	$6,000.00	$20,000.00	$196.80	$168.00	$154.80	$85.20	$63.60	$40.80
$9,150.00 - $9,299.99	$6,100.00	$20,000.00	$200.08	$170.80	$157.38	$86.62	$64.66	$41.48
$9,300.00 - $9,449.99	$6,200.00	$20,000.00	$203.36	$173.60	$159.96	$88.04	$65.72	$42.16
$9,450.00 - $9,599.99	$6,300.00	$20,000.00	$206.64	$176.40	$162.54	$89.46	$66.78	$42.84
$9,600.00 - $9,749.99	$6,400.00	$20,000.00	$209.92	$179.20	$165.12	$90.88	$67.84	$43.52
$9,750.00 - $9,899.99	$6,500.00	$20,000.00	$213.20	$182.00	$167.70	$92.30	$68.90	$44.20
$9,900.00 - $10,049.99	$6,600.00	$20,000.00	$216.48	$184.80	$170.28	$93.72	$69.96	$44.88
$10,050.00 - $10,199.99	$6,700.00	$20,000.00	$219.76	$187.60	$172.86	$95.14	$71.02	$45.56
$10,200.00 - $10,349.99	$6,800.00	$20,000.00	$223.04	$190.40	$175.44	$96.56	$72.08	$46.24
$10,350.00 - $10,499.99	$6,900.00	$20,000.00	$226.32	$193.20	$178.02	$97.98	$73.14	$46.92
$10,500.00 - $10,649.99	$7,000.00	$20,000.00	$229.60	$196.00	$180.60	$99.40	$74.20	$47.60
$10,650.00 - $10,799.99	$7,100.00	$20,000.00	$232.88	$198.80	$183.18	$100.82	$75.26	$48.28
$10,800.00 - $10,949.99	$7,200.00	$20,000.00	$236.16	$201.60	$185.76	$102.24	$76.32	$48.96
$10,950.00 - $11,099.99	$7,300.00	$20,000.00	$239.44	$204.40	$188.34	$103.66	$77.38	$49.64
$11,100.00 - $11,249.99	$7,400.00	$20,000.00	$242.72	$207.20	$190.92	$105.08	$78.44	$50.32
$11,250.00 - $11,399.99	$7,500.00	$20,000.00	$246.00	$210.00	$193.50	$106.50	$79.50	$51.00

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

AF™ Long-Term Disability Income Insurance

ESC Regions 1, 2 & 3

Marketed by:

IFFGI
Benefit Solutions Simplified

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights

Benefits are Payable Directly to You

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

Customized to Meet Your Individual Needs

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

Return-to-Work Benefit

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

Choose the Right Plan for You

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

Plan I	On the 8th day	Plan IV	On the 61st day
Plan II	On the 15th day	Plan V	On the 91st day
Plan III	On the 31st day	Plan VI	On the 151st day

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

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

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

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

Benefit Policy Schedule

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

			Monthly Premiums					
Monthly Salary	**Monthly Disability Benefit**	**Accidental Death Benefit**	**Plan I (8th)**	**Plan II (15th)**	**Plan III (31st)**	**Plan IV (61st)**	**Plan V (91st)**	**Plan VI (151st)**
$286.00 - $428.99	$200.00	$20,000.00	$8.00	$7.28	$5.80	$4.92	$4.16	$3.12
$429.00 - $571.99	$300.00	$20,000.00	$12.00	$10.92	$8.70	$7.38	$6.24	$4.68
$572.00 - $714.99	$400.00	$20,000.00	$16.00	$14.56	$11.60	$9.84	$8.32	$6.24
$715.00 - $857.99	$500.00	$20,000.00	$20.00	$18.20	$14.50	$12.30	$10.40	$7.80
$858.00 - $999.99	$600.00	$20,000.00	$24.00	$21.84	$17.40	$14.76	$12.48	$9.36
$1,000.00 - $1,142.99	$700.00	$20,000.00	$28.00	$25.48	$20.30	$17.22	$14.56	$10.92
$1,143.00 - $1,285.99	$800.00	$20,000.00	$32.00	$29.12	$23.20	$19.68	$16.64	$12.48
$1,286.00 - $1,428.99	$900.00	$20,000.00	$36.00	$32.76	$26.10	$22.14	$18.72	$14.04
$1,429.00 - $1,571.99	$1,000.00	$20,000.00	$40.00	$36.40	$29.00	$24.60	$20.80	$15.60
$1,572.00 - $1,714.99	$1,100.00	$20,000.00	$44.00	$40.04	$31.90	$27.06	$22.88	$17.16
$1,715.00 - $1,857.99	$1,200.00	$20,000.00	$48.00	$43.68	$34.80	$29.52	$24.96	$18.72
$1,858.00 - $1,999.99	$1,300.00	$20,000.00	$52.00	$47.32	$37.70	$31.98	$27.04	$20.28
$2,000.00 - $2,142.99	$1,400.00	$20,000.00	$56.00	$50.96	$40.60	$34.44	$29.12	$21.84
$2,143.00 - $2,285.99	$1,500.00	$20,000.00	$60.00	$54.60	$43.50	$36.90	$31.20	$23.40
$2,286.00 - $2,428.99	$1,600.00	$20,000.00	$64.00	$58.24	$46.40	$39.36	$33.28	$24.96
$2,429.00 - $2,571.99	$1,700.00	$20,000.00	$68.00	$61.88	$49.30	$41.82	$35.36	$26.52
$2,572.00 - $2,714.99	$1,800.00	$20,000.00	$72.00	$65.52	$52.20	$44.28	$37.44	$28.08
$2,715.00 - $2,857.99	$1,900.00	$20,000.00	$76.00	$69.16	$55.10	$46.74	$39.52	$29.64
$2,858.00 - $2,999.99	$2,000.00	$20,000.00	$80.00	$72.80	$58.00	$49.20	$41.60	$31.20
$3,000.00 - $3,142.99	$2,100.00	$20,000.00	$84.00	$76.44	$60.90	$51.66	$43.68	$32.76
$3,143.00 - $3,285.99	$2,200.00	$20,000.00	$88.00	$80.08	$63.80	$54.12	$45.76	$34.32
$3,286.00 - $3,428.99	$2,300.00	$20,000.00	$92.00	$83.72	$66.70	$56.58	$47.84	$35.88
$3,429.00 - $3,571.99	$2,400.00	$20,000.00	$96.00	$87.36	$69.60	$59.04	$49.92	$37.44
$3,572.00 - $3,714.99	$2,500.00	$20,000.00	$100.00	$91.00	$72.50	$61.50	$52.00	$39.00
$3,715.00 - $3,857.99	$2,600.00	$20,000.00	$104.00	$94.64	$75.40	$63.96	$54.08	$40.56
$3,858.00 - $3,999.99	$2,700.00	$20,000.00	$108.00	$98.28	$78.30	$66.42	$56.16	$42.12
$4,000.00 - $4,142.99	$2,800.00	$20,000.00	$112.00	$101.92	$81.20	$68.88	$58.24	$43.68
$4,143.00 - $4,285.99	$2,900.00	$20,000.00	$116.00	$105.56	$84.10	$71.34	$60.32	$45.24
$4,286.00 - $4,428.99	$3,000.00	$20,000.00	$120.00	$109.20	$87.00	$73.80	$62.40	$46.80
$4,429.00 - $4,571.99	$3,100.00	$20,000.00	$124.00	$112.84	$89.90	$76.26	$64.48	$48.36
$4,572.00 - $4,714.99	$3,200.00	$20,000.00	$128.00	$116.48	$92.80	$78.72	$66.56	$49.92
$4,715.00 - $4,857.99	$3,300.00	$20,000.00	$132.00	$120.12	$95.70	$81.18	$68.64	$51.48
$4,858.00 - $4,999.99	$3,400.00	$20,000.00	$136.00	$123.76	$98.60	$83.64	$70.72	$53.04
$5,000.00 - $5,142.99	$3,500.00	$20,000.00	$140.00	$127.40	$101.50	$86.10	$72.80	$54.60
$5,143.00 - $5,285.99	$3,600.00	$20,000.00	$144.00	$131.04	$104.40	$88.56	$74.88	$56.16
$5,286.00 - $5,428.99	$3,700.00	$20,000.00	$148.00	$134.68	$107.30	$91.02	$76.96	$57.72
$5,429.00 - $5,571.99	$3,800.00	$20,000.00	$152.00	$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 (8th)**	**Plan II (15th)**	**Plan III (31st)**	**Plan IV (61st)**	**Plan V (91st)**	**Plan VI (151st)**
$5,572.00 - $5,714.99	$3,900.00	$20,000.00	$156.00	$141.96	$113.10	$95.94	$81.12	$60.84
$5,715.00 - $5,857.99	$4,000.00	$20,000.00	$160.00	$145.60	$116.00	$98.40	$83.20	$62.40
$5,858.00 - $5,999.99	$4,100.00	$20,000.00	$164.00	$149.24	$118.90	$100.86	$85.28	$63.96
$6,000.00 - $6,142.99	$4,200.00	$20,000.00	$168.00	$152.88	$121.80	$103.32	$87.36	$65.52
$6,143.00 - $6,285.99	$4,300.00	$20,000.00	$172.00	$156.52	$124.70	$105.78	$89.44	$67.08
$6,286.00 - $6,428.99	$4,400.00	$20,000.00	$176.00	$160.16	$127.60	$108.24	$91.52	$68.64
$6,429.00 - $6,571.99	$4,500.00	$20,000.00	$180.00	$163.80	$130.50	$110.70	$93.60	$70.20
$6,572.00 - $6,714.99	$4,600.00	$20,000.00	$184.00	$167.44	$133.40	$113.16	$95.68	$71.76
$6,715.00 - $6,857.99	$4,700.00	$20,000.00	$188.00	$171.08	$136.30	$115.62	$97.76	$73.32
$6,858.00 - $6,999.99	$4,800.00	$20,000.00	$192.00	$174.72	$139.20	$118.08	$99.84	$74.88
$7,000.00 - $7,142.99	$4,900.00	$20,000.00	$196.00	$178.36	$142.10	$120.54	$101.92	$76.44
$7,143.00 - $7,285.99	$5,000.00	$20,000.00	$200.00	$182.00	$145.00	$123.00	$104.00	$78.00
$7,286.00 - $7,428.99	$5,100.00	$20,000.00	$204.00	$185.64	$147.90	$125.46	$106.08	$79.56
$7,429.00 - $7,571.99	$5,200.00	$20,000.00	$208.00	$189.28	$150.80	$127.92	$108.16	$81.12
$7,572.00 - $7,714.99	$5,300.00	$20,000.00	$212.00	$192.92	$153.70	$130.38	$110.24	$82.68
$7,715.00 - $7,857.99	$5,400.00	$20,000.00	$216.00	$196.56	$156.60	$132.84	$112.32	$84.24
$7,858.00 - $7,999.99	$5,500.00	$20,000.00	$220.00	$200.20	$159.50	$135.30	$114.40	$85.80
$8,000.00 - $8,142.99	$5,600.00	$20,000.00	$224.00	$203.84	$162.40	$137.76	$116.48	$87.36
$8,143.00 - $8,285.99	$5,700.00	$20,000.00	$228.00	$207.48	$165.30	$140.22	$118.56	$88.92
$8,286.00 - $8,428.99	$5,800.00	$20,000.00	$232.00	$211.12	$168.20	$142.68	$120.64	$90.48
$8,429.00 - $8,571.99	$5,900.00	$20,000.00	$236.00	$214.76	$171.10	$145.14	$122.72	$92.04
$8,572.00 - $8,713.99	$6,000.00	$20,000.00	$240.00	$218.40	$174.00	$147.60	$124.80	$93.60
$8,714.00 - $8,856.99	$6,100.00	$20,000.00	$244.00	$222.04	$176.90	$150.06	$126.88	$95.16
$8,857.00 - $8,999.99	$6,200.00	$20,000.00	$248.00	$225.68	$179.80	$152.52	$128.96	$96.72
$9,000.00 - $9,142.99	$6,300.00	$20,000.00	$252.00	$229.32	$182.70	$154.98	$131.04	$98.28
$9,143.00 - $9,285.99	$6,400.00	$20,000.00	$256.00	$232.96	$185.60	$157.44	$133.12	$99.84
$9,286.00 - $9,428.99	$6,500.00	$20,000.00	$260.00	$236.60	$188.50	$159.90	$135.20	$101.40
$9,429.00 - $9,570.99	$6,600.00	$20,000.00	$264.00	$240.24	$191.40	$162.36	$137.28	$102.96
$9,571.00 - $9,713.99	$6,700.00	$20,000.00	$268.00	$243.88	$194.30	$164.82	$139.36	$104.52
$9,714.00 - $9,856.99	$6,800.00	$20,000.00	$272.00	$247.52	$197.20	$167.28	$141.44	$106.08
$9,857.00 - $9,999.99	$6,900.00	$20,000.00	$276.00	$251.16	$200.10	$169.74	$143.52	$107.64
$10,000.00 - $10,142.99	$7,000.00	$20,000.00	$280.00	$254.80	$203.00	$172.20	$145.60	$109.20
$10,143.00 - $10,285.99	$7,100.00	$20,000.00	$284.00	$258.44	$205.90	$174.66	$147.68	$110.76
$10,286.00 - $10,428.99	$7,200.00	$20,000.00	$288.00	$262.08	$208.80	$177.12	$149.76	$112.32
$10,429.00 - $10,570.99	$7,300.00	$20,000.00	$292.00	$265.72	$211.70	$179.58	$151.84	$113.88
$10,571.00 - $10,713.99	$7,400.00	$20,000.00	$296.00	$269.36	$214.60	$182.04	$153.92	$115.44
$10,714.00 - $10,856.99	$7,500.00	$20,000.00	$300.00	$273.00	$217.50	$184.50	$156.00	$117.00

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

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

AMERICAN FIDELITY
a different opinion

Focus on the fight.

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

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

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

American Cancer Society: Cancer Facts and Figures 2022, P4

Plan Benefit Highlights

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

Benefits designed to help cover costs.

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

Examples:

Diagnostic and Prevention

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

Travel Expenses

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

Plan Benefit Highlights

BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
Radiation Therapy/Chemotherapy/ Immunotherapy Actual charges per 12 month period	$10,000	$15,000	$15,000
Administrative/Lab Work Per calendar month	$50	$75	$75
Hormone Therapy Per treatment per calendar month up to a max of 12 per calendar year	$50	$50	$50
Experimental Treatment	Paid in the same manner and under the same maximums as any other treatment		
Blood, Plasma, and Platelets **Basic:** Per day, up to $10,000 per calendar year **Enhanced & Enhanced Plus:** Per day, up to $15,000 per calendar year	$200	$300	$300
Medical Imaging Per image up to 2 per calendar year	$200	$300	$300
Surgical	$20 surgical unit/ Max per operation: $2,000	$30 surgical unit/ Max per operation: $3,000	$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	$300
Outpatient Hospital or Ambulatory Surgical Center Per day of surgery	$200	$400	$600
Bone Marrow or Stem Cell Transplant **Patient Provided** Per calendar year **Donor Provided** Per calendar year	$500 $1,500	$1,000 $3,000	$1,500 $4,500
Prosthesis and Orthotic and Related Services **Surgical** 1 per site, lifetime max of 2 devices per covered person **Non-surgical** 1 per site, lifetime max of 3 devices per covered person **Hair Prosthesis** Once per life	$1,000 $100 $100	$1,500 $150 $150	$2,000 $200 $200
Hospital Confinement Per day **Day 1-30** **Day 31+**	$100 $200	$200 $400	$300 $600
U.S. Government/Charity Hospital Paid in lieu of most benefits per day Inpatient and outpatient	$100	$200	$300
Extended Care Facility Per day, up to the same number of days of paid hospital confinement	$100	$200	$300
Home Health Care Per day, up to the same number of days of paid hospital confinement	$100	$200	$300
Hospice Care **Basic:** Per day, up to $18,000 lifetime max **Enhanced:** Per day, up to $36,000 lifetime max **Enhanced Plus:** Per day, up to $54,000 lifetime max	$100	$200	$300
Inpatient Special Nursing Services Per day	$100	$200	$300

BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
Dread Disease Per day while hospital confined **Day 1-30** **Day 31+**	$100 $200	$200 $400	$300 $600
Donor	$1,000/donation		
Drugs and Medicine **Inpatient** Per confinement **Outpatient** $50 per prescription up to maximum shown per calendar month	$50 $50	$100 $50	$200 $100
Attending Physician While hospital confined, per day	$50	$50	$50
Transportation & Lodging (Patient & Family Member) **Transportation** $1,500 max per round trip, max 12 trips per calendar year **Lodging** Per day, up to 90 days per calendar year	Coach fare or $.50/mile by car $50	Coach fare or $.50/ mile by car $50	Coach fare or $.50/ mile by car $75
Ambulance **Ground** Per trip, up to 2 per confinement **Air** Per trip, up to 2 per confinement	$200 $2,000	$200 $2,000	$200 $2,000
Physical or Speech Therapy Per visit, up to 4 per calendar month, lifetime max of $1,000.	$50	$50	$50
Diagnostic and Prevention One per calendar year	$25	$50	$75
Cancer Screening Follow-Up One per calendar year	$25	$50	$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	$5,000
Heart Attack or Stroke Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	N/A	N/A	$5,000
Hospital Intensive Care Unit Per day, up to 30 days per confinement; benefits reduced 50% at age 70 **Ambulance**	$600 $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	ENHANCED PLUS
Individual	$15.80	$24.26	$31.62
Family	$26.86	$41.26	$53.80

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

Hospital Indemnity Insurance

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

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

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

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

Welcome addition

Aetna Hospital Indemnity Plan

Life happens fast. One minute you're thinking about having a baby — and the next you're driving to the hospital. You're nervous about the delivery and how much it's going to cost. Be better prepared for moments like these with the Aetna Hospital Indemnity Plan.

We pay *you* cash benefits

It's your money to spend

Our hospital indemnity plan pays you lump-sum cash benefits for a planned or an unplanned hospital stay. This includes stays due to an injury, surgery, an illness— or even delivering a baby. Use the money to help cover medical bills or everyday living expenses like daycare or groceries. The choice is yours. You can also sign up for direct deposit to get your benefits faster.

Our plan works with your health plan

We won't deny coverage based on your health. There are no doctor exams to take or medical questions to answer. And we pay you even if you have other insurance coverage. This means it pairs well with your major medical plan.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

aetna®

An Aetna Simplified Claims Experience™

To file a claim, it takes about 90 seconds or less. Just upload a PDF or picture of your medical bill. You can also complete a paper form and return it by mail or fax to Aetna® Voluntary Plans.

If your claim is approved, we'll mail you a check or deposit cash directly into your bank account.

Manage your plan online

After you become a member, register at **MyAetnaSupplemental.com** or on the **My Aetna Supplemental** app. Or simply scan the QR code. Use your personal email address to keep accessing your account and getting important reminders — even if you leave your company.

Our bundle of joy didn't cost us a bundle

"Hospital stays are costly, so we have the Aetna Hospital Indemnity Plan. After we delivered, I filed a claim online. The money was deposited quickly into our checking account. We used some of it towards our deductible. And the rest to buy a baby stroller. I wish we had this plan last year when I had surgery."*

— Louis and Carla*

*FOR CLAIM PROCESSING: Sometimes you may need to provide documentation if the benefit doesn't create a medical claim, or we need more details to process your claim.
*FOR COVERAGE LIMITATIONS: Benefits paid for a covered hospital stay that occurs on or after the coverage effective date.
*FOR MEMBER TESTIMONIAL: The above member story is for illustrative purposes and doesn't reflect events experienced by actual participants.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This is a hospital confinement indemnity plan. This plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members may have.

THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT.

Policies are insured by Aetna Life Insurance Company (Aetna). Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. Refer to **Aetna.com** for more information about Aetna plans.

Policy forms issued in Oklahoma include: AL VOL HPol-Hosp 01, AL VOL HCOC-Hosp 01.
Policy forms issued in Missouri include: AL VOL HPOL-Hosp 01.

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aetna®

BENEFIT SUMMARY

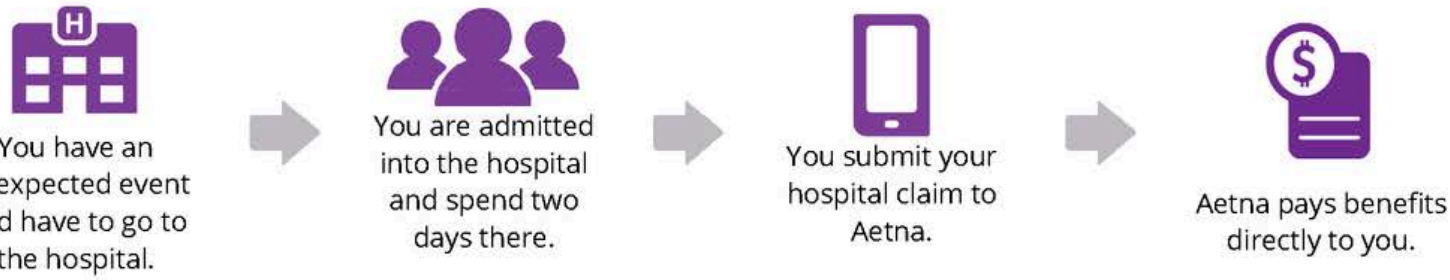
Rockport Fulton Independent School District

802915

Aetna Hospital Indemnity

Insurance plans are underwritten by Aetna Life Insurance Company.

Here's how the plan works:



Unless otherwise indicated, all benefits and limitations are per covered person.

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan with other fixed indemnity benefits. THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE PLANS ARE A SUPPLEMENT TO HEALTH INSURANCE AND ARE NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. These plans provide limited benefits. They pay fixed dollar benefits for covered services without regard to the health care provider's actual charges. These benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

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

This policy, alone, does not meet Massachusetts Minimum Creditable Coverage standards.

Inpatient Stays

Covered Benefit	Low	High
Hospital stay - Admission Provides a lump sum benefit for the initial day of your stay in a hospital. Observation unit stays longer than 24 hours will be payable under admission and daily stay benefits. *Maximum 2 stays per plan year; separated by 30 days in a row*	$1,000	$2,000
Hospital stay - Daily Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital. *Maximum 30 days per plan year*	$100	$200
Hospital stay - (ICU) Daily Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital. *Maximum 30 days per plan year*	$200	$400
Newborn routine care Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.	$100	$200
Observation unit Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury. *Maximum 1 day per plan year*	$100	$200
Substance abuse stay - Daily Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse. *Maximum 30 days per plan year*	$100	$200
Mental disorder stay - Daily Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders. *Maximum 30 days per plan year*	$100	$200
Rehabilitation unit stay - Daily Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury. *Maximum 30 days per plan year*	$50	$100

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

FFinvest

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

FFGA
Benefit Solutions Simplified

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
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: Medical, 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

619 N. Live Oak | Rockport, TX 78382
361-790-2212, ext. 8010 | 361-790-2302
www.rfisd.us

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

Product	Carrier	Website	Phone
Medical	UBC Aetna		833-576-2493
Dental	Ameritas	www.ameritas.com	800-487-5553
Vision	Ameritas	www.ameritas.com	800-487-5553
Flexible Spending/ Health Savings Accounts	FFGA FSA/HSA Department	ffa.wealthcareportal.com/page/home	866-853-3539
Term Life & AD&D	Blue Cross Blue Shield	www.bcbstx.com/ancillary	877-442-4207
Disability	American Fidelity	www.americanfidelity.com	800-654-8489
Cancer	American Fidelity	www.americanfidelity.com	800-654-8489
Hospital Indemnity	Aetna	www.aetna.com	800-607-3366
FFINVEST	TCG Services	www.tcgservices.com	800-943-9179
Medicare	FFMS	www.ffga.com/medicare-solutions	800-523-8422
COBRA	FFGA	www.cobrapoint.benaissance.com	800-523-8422, option 4
Prescription Drug Savings	Clever RX	www.partner.cleverrx.com/ffga	800-974-3135