

SOUTH TEXAS ISD 2026-2027 **BENEFITS GUIDE**



SCAN ME



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

Employee Benefits Center

A guide to your benefits!

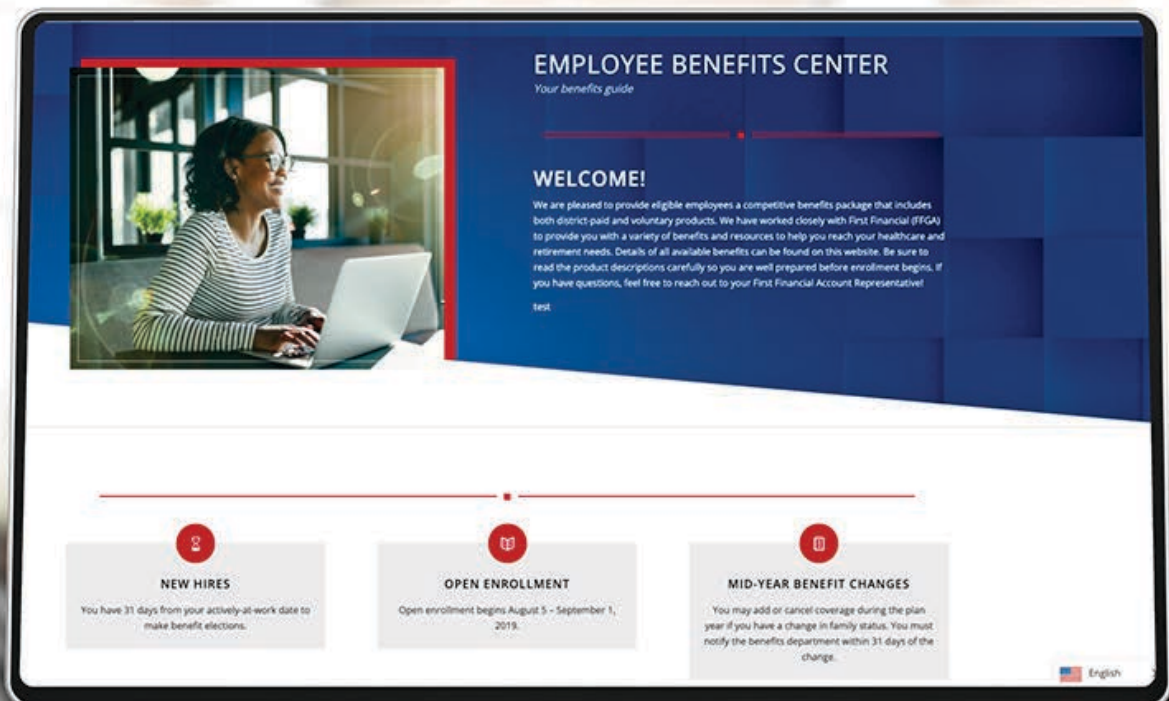
South Texas ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

ffbenefits.ffga.com/southtexasisd



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

Login

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.*



South Texas ISD Medical Plan Comparison (2026-2027)

Feature	HMO Plan	PPO Plan
Network Type	Statewide network (referrals required)	Nationwide network (no referrals needed)
Primary Care Physician (PCP)	Required	Not required
Deductible (Individual/Family)	\$1,200 / \$2,400	\$750/ \$1,500
Coinsurance	20% after deductible	20% after deductible
Out-of-Pocket Max (Ind./Fam.)	\$6,900 / \$13,800	\$5,000 / \$10,000
Office Visit Copay	\$15 PCP / \$70 Specialist	\$15 PCP / \$70 Specialist
Urgent Care	\$50	\$50
Emergency Care	20% after deductible	20% after deductible
Generic Prescription (30 day/90 day)	\$10/\$30	\$10/\$30
Preferred	\$40/\$120	\$40/\$120
Non-Preferred	\$65/\$195	\$65/\$195

Monthly Premiums	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Employee Cost	\$0.00	\$550.00	\$265.00	\$785.00
PPO Employee Cost	\$0.00	\$750.00	\$400.00	\$1,100.00

Dental Insurance

Plan Choices



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

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

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

Dental Monthly Premiums	
	Traditional Plus
Employee Only	Employer Paid
Employee + Family	\$58.62

Keep smiling

DPO



Save with DPO

Visit a dentist in the DPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a DPO dentist at deltadentalins.com.

Set up an online account

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

Check in without an ID card

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

Coordinate dual coverage

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

Understand transition of care

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

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a DPO dentist



DPO



NON-DPO

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

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

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

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

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

Benefit Highlights: DPO from Delta Dental

Plan Benefit Highlights for: South Texas Independent School District
Group Number: 24029

Effective Date: 9/1/2026

Benefits	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member / per family each calendar year	\$50/ \$150	\$50/ \$150	\$50/ \$150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
Maximums Per member each calendar year	\$1,500	\$1,500	\$1,500
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings	90%	90%	90%
Endodontics Root Canals	50%	50%	50%
Periodontics Surgical and Non-Surgical Periodontics	50%	50%	50%
Oral Surgery and Simple Extractions	50%	50%	50%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	50%	50%	50%
Implants Implant Services	50%	50%	50%
Orthodontic Services Dependent Children	50%	50%	50%
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime	\$1,000 Lifetime

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

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

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

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651 deltadentalins.com	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Vision Insurance

Eyetopia | www.eyetopia.org/member | 800-662-8264

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

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

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

Vision Monthly Premium		
	Standard	Gold
Employee Only	Employer Paid	\$10.00
Employee + One	\$9.00	\$29.00
Employee + Family	\$17.00	\$44.00



Eyetopia Benefits		
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.		
BENEFIT ONE ² (choose either one of the following 2 options every 12 months):	Allowance	Co-pay¹
1. Refractive Exam. One routine Vision Exam.	N/A	\$10.00
2. Coverage towards a medical eye exam copay or other services or materials. ²	\$45.00	None
BENEFIT TWO (Has four options: Glasses and Contact lenses or Medically Necessary glasses or Medically Necessary Contact Lenses or Refractive Surgery. Available every 12 months. ³		
Prescription Lenses ⁴	Allowance	Co-pay¹
CR-39 plastic single vision, bifocal, trifocal lenses.	N/A	\$20.00
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for up to \$199.	N/A	\$20.00
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for more than \$199.	\$200.00	\$20.00
• Polycarbonate material upgrade	N/A	\$25.00
• Polycarbonate material upgrade for child dependents (under age 26)	Covered	None
• Basic Coating (Ultraviolet Protection & Scratch Resistant Coating)	Covered	None
• Mid-Level Anti-Reflective Coatings that retail up to \$99.	Covered	None
• Premium Anti-Reflective Coatings that retail for \$100 or more copay not to exceed:	N/A	\$130.00
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.	N/A	\$105.00
• Tint (Solid or Gradient)	N/A	\$12.00
• Photochromatic or Polarized Lenses	N/A	\$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵	\$400.00	None
♦ Anti-Fatigue lenses.	Covered	\$20.00
♦ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance.	\$130	None
Contact Lenses: Allowance can be applied toward prescription contact lenses each eligibility period.		
♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶	\$150.00	\$0.00
♦ Medically necessary contact lenses - \$150.00 evaluation allowance and \$400.00 contact lens allowance. ⁷	\$550.00	None
Refractive Surgery Option. ⁸ In lieu of other materials options. A \$350.00 per eye allowance with contracted surgeons or a \$75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	\$350/eye \$75/eye	None

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may get both contact lenses and glasses every 12 months. You can opt for medically necessary glasses, medically necessary contact lenses or refractive surgery in lieu of glasses and contact lenses.

⁴ Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ Medically necessary spectacle lenses usually include a premium anti-reflective coating and an upgraded lens material as a bundled package, the allowance is applied to the entire bundle.

⁶ The contact lens allowance can be used in the same eligibility period as the spectacle allowances but cannot be exchanged for a second pair of glasses.

⁷ Total maximum benefit allowance is \$550.00. The Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia.

In-Network coverage is available through Participating Providers. Out of network services are not covered.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.



Find us on Facebook.com/eyetopiaivision

Employee: Paid by Employer
Employee +1: \$9.00
Family: \$17.00

Eyetopia Benefits

Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.

BENEFIT ONE ² (choose either one of the following 2 options every 12 months):	Allowance	Co-pay¹
1. Refractive Exam. One routine vision exam.	N/A	\$5.00
2. Coverage toward medical eye exam co-pay or other services or materials. ²	\$65.00	None
BENEFIT TWO (Has five options: Glasses and Contact lenses or Medically Necessary glasses or Medically Necessary Contact Lenses or Refractive Surgery or Hearing Aids. Available every 12 months. ³		
Prescription Lenses ^{3,4}	Allowance	Co-pay¹
Single Vision, Bi-focal or Tri-focal lenses	Covered	None
• Progressive (no line multifocal) lenses that retail for up to \$219.	Covered	None
• Progressive (no line multifocal) lenses that retail for more than \$219.	\$219.00	None
• Lens Materials: polycarbonate, Trivex®, 1.60 or 1.67 index plastic.	Covered	None
• Basic Coating (ultraviolet protection and scratch resistant coating)	Covered	None
• Mid-Level Anti-Reflective Coatings that retail up to \$99.	Covered	None
• Premium Anti-Reflective Coatings that retail for \$100 or more.	\$60.00	None
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.	N/A	\$50.00
• Tint (Solid and Gradient)	N/A	\$12.00
• Photochromic or polarized lens upgrade	N/A	\$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵	\$400.00	None
♦ Anti-Fatigue lenses.	Covered	None
♦ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance.	\$180.00	None
Contact Lenses. Allowance to be applied toward prescription contact lenses each eligibility period.		
♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶	\$300.00	None
♦ Medically necessary contact lenses - \$300.00 evaluation allowance and \$400.00 contact lens allowance. ⁷	\$700.00	None
2. Refractive Surgery Option⁸ in lieu of other materials options. A \$500.00 per eye allowance with contracted surgeons or a \$150.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	\$500/eye \$150/eye	None
3. Hearing Aid Option.⁹ If you do not use any other benefit options you can elect to apply your benefit toward hearing aids. Please see the attached Eartopia benefit forms. The benefit increases each year for 3 years if not used.	N/A	See Eartopia Forms

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may get both contact lenses and glasses every 12 months. You can opt for medically necessary glasses, medically necessary contact lenses, refractive surgery or hearing aids in lieu of glasses and contact lenses..

⁴ Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ Medically necessary spectacle lenses usually include a premium anti-reflective coating and an upgraded lens material as a bundled package, the allowance is applied to the entire bundle.

⁶ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁷ Total maximum benefit allowance is \$700.00. The Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

⁹ To access your hearing aid benefit, you can call AudioNet America directly at (586) 250-2731 or go to www.AudioNetAmerica.com to arrange for a hearing evaluation. Your copay will vary based on your choice of hearing aid and which year of three possible years you qualify for the benefit.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia plan. In-Network coverage is available through Participating Providers. Out of network services are not covered.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

Employee: \$10.00
Employee +1: \$29.00
Family: \$44.00

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.

FSA Resources

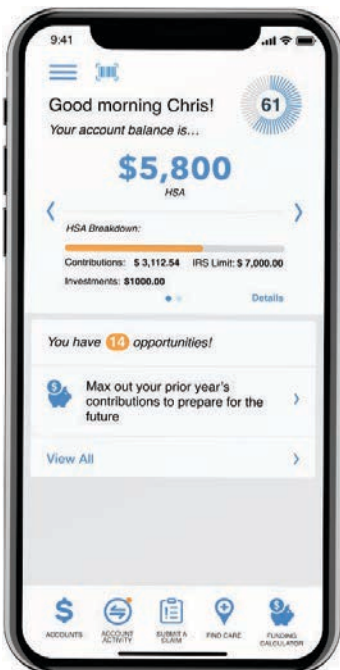
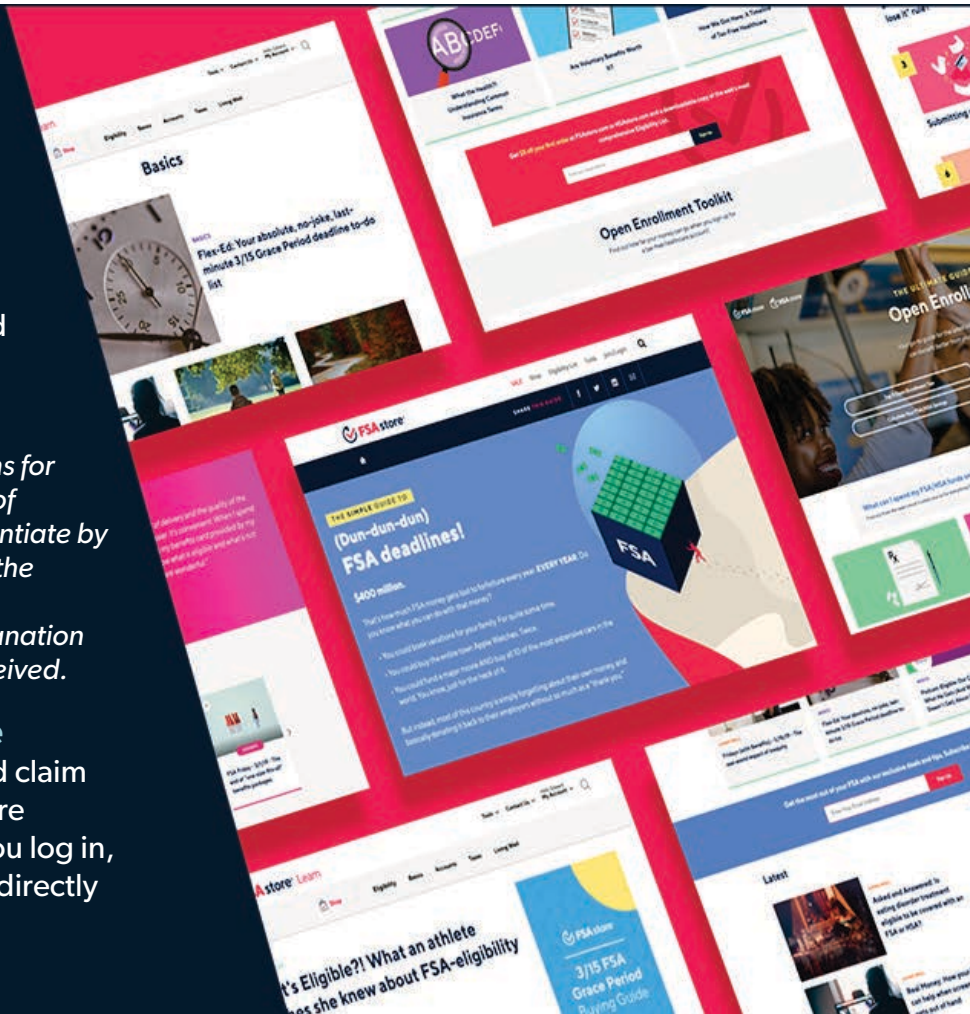
Benefits Card

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

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

View Your Account Details Online

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



FF Mobile Account App

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

FSA Store

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



Term Life & AD&D

Employer-Paid & Voluntary

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

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$50,000 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 retire¹



EASY TO PAY

Pay for it through convenient payroll deductions



NO EXAMS

Qualify by answering just 3 questions²



COVER DEPENDENTS

Cover your spouse, children and grandchildren³



TERMINAL ILLNESS BENEFIT

Get a living benefit if you become terminally ill⁴



CHRONIC ILLNESS BENEFIT

Cover care expenses if you become chronically ill, if selected⁵

TEXASLIFE
INSURANCE COMPANY

FFGA
Benefit Solutions Simplified



PURELIFE-PLUS

The Ideal Complement

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

No Exams Or Needles!

You can qualify by answering just 3 quick questions.²

During the last six months, has the proposed insured:

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

Product Features

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

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

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

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

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

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50-65	\$10,000 to \$100,000	50-60	\$10,000 to \$25,000	
66-70	\$10,000 to \$100,000	61-70	N/A	

Disability Insurance

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

Why Do I Need Disability Insurance?

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

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

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





Focus on Recovery, Not Expenses

How would you cover your everyday expenses if you experienced an Injury or Sickness and couldn't work for a period of time? AF™ **Short-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.

Choose the Right Plan for You

BENEFITS BEGIN

Plan I	On the 8th day of Disability due to a covered Injury or Sickness.	\$0.85*
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**The premium is per \$100 of covered monthly compensation.*

Disability Benefit

60% of your monthly compensation not to exceed: a maximum covered monthly compensation of \$12,500.00; and the amount for which premium is being paid. If applicable, your Disability Benefit will be reduced by Deductible Sources of Income.



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 means that you are unable to perform the material and substantial duties of your regular occupation.

Marketed by:



**AMERICAN
FIDELITY** 
a different opinion

Maximum Benefit Period

Benefits are payable up to 90 days for a covered Injury or Sickness.

When Coverage Begins

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

Physician Expense Benefit

Injury - \$150.00 per Injury

If you need personal treatment by a physician due to an Injury, we will pay the amount shown above provided no other claim has been paid under the policy. This benefit will be limited to 8 payments per calendar year.

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include: Other group Disability income; Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits; United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability; State Disability; Unemployment compensation; Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 30 calendar days from the date of Disability.

We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your certificate.

Minimum Disability Benefit

The Minimum Disability Benefit is 10% of the Monthly Disability Benefit or \$100.00, whichever is greater.

If You Are Disabled Due to a Covered Disability and Not Working

Your disability payment will be the lesser of: the Disability Benefit; or 60% of your monthly compensation less any deductible sources of income you receive or are entitled to receive. No Disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

- **Worksite Accommodation**

As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each Disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

Pre-Existing Condition Limitation

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the policy for 12 months. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician, for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

Policy Exclusions

The policy does not cover any loss, fatal or non-fatal, resulting from: Intentionally self-inflicted Injury while sane or insane; An act of war, declared or undeclared; Injury sustained or Sickness contracted while in the service of the armed forces of any country; Committing a felony; Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation.

The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this policy for any period during which you are entitled to Workers' Compensation benefits.

Your coverage may be extended for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.

Pre-Existing Conditions may apply.

This brochure highlights important features of the policy. Please refer to your certificate for complete details.



Underwritten and administered by:
American Fidelity Assurance Company
800-662-1113 • americanfidelity.com

SOUTH TEXAS ISD

Long-Term Disability Income Insurance

Plan Benefit Highlights

Eligibility

As defined by the policyholder or employer.

Benefits are Payable

Benefits are payable up to age 65 for a covered Injury or sickness. After age 65, the benefit period will be extended to the greater of 12 months or your Social Security Normal Retirement Age.

Disability Benefit

60% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of \$12,500; and the amount for which premium is being paid. If applicable, the insured's Disability Benefit will be reduced by Deductible Sources of Income.

Disability Benefit - 60% of Your Monthly Compensation		
Plan 1	On the 91st day of Disability due to a covered injury or Sickness.	*\$7.00

Accidental Death Benefit

A lump sum of \$10,000 will be paid to the designated beneficiary if you die as the direct result of an Injury within 90 days after the Injury.

Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of the insured's death their Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after disability payments have been received for 90 consecutive days. We will require proof annually that you remain disabled during that time.

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include: Other group disability income; Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits; United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability; State Disability; Unemployment compensation; Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 90 calendar days from the date of disability. We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your Certificate.

Minimum Disability Benefit

The Minimum Disability Benefit is 10% of the Monthly Disability Benefit or \$100.00, whichever is greater.

If You Are Disabled Due to a Covered Disability and Not Working

Your Disability payment will be the Disability Benefit described in the benefit schedule less any Deductible Sources of Income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

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.

Return To Work Incentives: Disabled and Working

If you are disabled and working, you may be eligible to continue to receive a percentage of your disability payment in addition to your disability earnings. If your disability earnings exceed 80% of your monthly compensation, payments will stop and your claim will end.

- **Family Care Benefit**

If you are disabled and working and have one or more eligible family members, you may be eligible for a family care benefit. This benefit is for expenses incurred up to 25% of your monthly disability benefit. Your disability earnings, gross disability benefit, and family care benefit cannot exceed 100% of your monthly compensation. Payment of this benefit ends when you cease to be eligible for benefits under the Disabled and Working provision of the policy.

- **Worksite Accommodation**

As a part of our claim's evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Mental Illness Limited Benefit

If you are disabled due to a mental illness, benefits will be provided for up to 2 years, not to exceed the maximum disability period.

Alcoholism and Drug Addiction Limited Benefit

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for injury or sickness, it will be covered the same as any other sickness.

Special Conditions Limited Benefit

If you are disabled due to special conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 2 years. Special conditions mean: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

Pre-Existing Condition Limitation

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the policy for 24 months. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician, for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 24 months.

An increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us.

Pre-existing condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition, or mental illness.

* Monthly Premium per Employee.

Cancer Insurance

Plan Options



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

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

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

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



Group Cancer Insurance

Focus on the fight.

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

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

Did You Know?

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

American Cancer Society: Cancer Facts and Figures 2022, P4

Plan Benefit Highlights

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

Benefits designed to help cover costs.

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

Examples:



Diagnostic and Prevention

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



Travel Expenses

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

Plan Benefit Highlights

BENEFITS	BASIC	ENHANCED	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	\$200	\$300	\$300
Enhanced Plus: Per day, up to \$15,000 per calendar year			
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	\$500	\$1,000	\$1,500
Donor Provided Per calendar year	\$1,500	\$3,000	\$4,500
Prosthesis and Orthotic and Related Services	\$1,000	\$1,500	\$2,000
Surgical 1 per site, lifetime max of 2 devices per covered person	\$100	\$150	\$200
Non-surgical 1 per site, lifetime max of 3 devices per covered person			
Hair Prosthesis Once per life	\$100	\$150	\$200
Hospital Confinement Per day			
Day 1-30	\$100	\$200	\$300
Day 31+	\$200	\$400	\$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	\$100	\$200	\$300
Enhanced Plus: Per day, up to \$54,000 lifetime max			
Inpatient Special Nursing Services Per day	\$100	\$200	\$300

BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
Dread Disease Per day while hospital confined			
Day 1-30	\$100	\$200	\$300
Day 31+	\$200	\$400	\$600
Donor	\$1,000/donation		
Drugs and Medicine			
Inpatient Per confinement	\$50	\$100	\$200
Outpatient \$50 per prescription up to maximum shown per calendar month	\$50	\$50	\$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	Coach fare or \$.50/mile by car	Coach fare or \$.50/mile by car	Coach fare or \$.50/mile by car
Lodging Per day, up to 90 days per calendar year	\$50	\$50	\$75
Ambulance			
Ground Per trip, up to 2 per confinement	\$200	\$200	\$200
Air Per trip, up to 2 per confinement	\$2,000	\$2,000	\$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	\$5,000	\$5,000
Hospital Intensive Care Unit Per day, up to 30 days per confinement; benefits reduced 50% at age 70		\$600	
Ambulance		\$100	

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

MONTHLY PREMIUMS	BASIC	ENHANCED	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.

Critical Illness Insurance

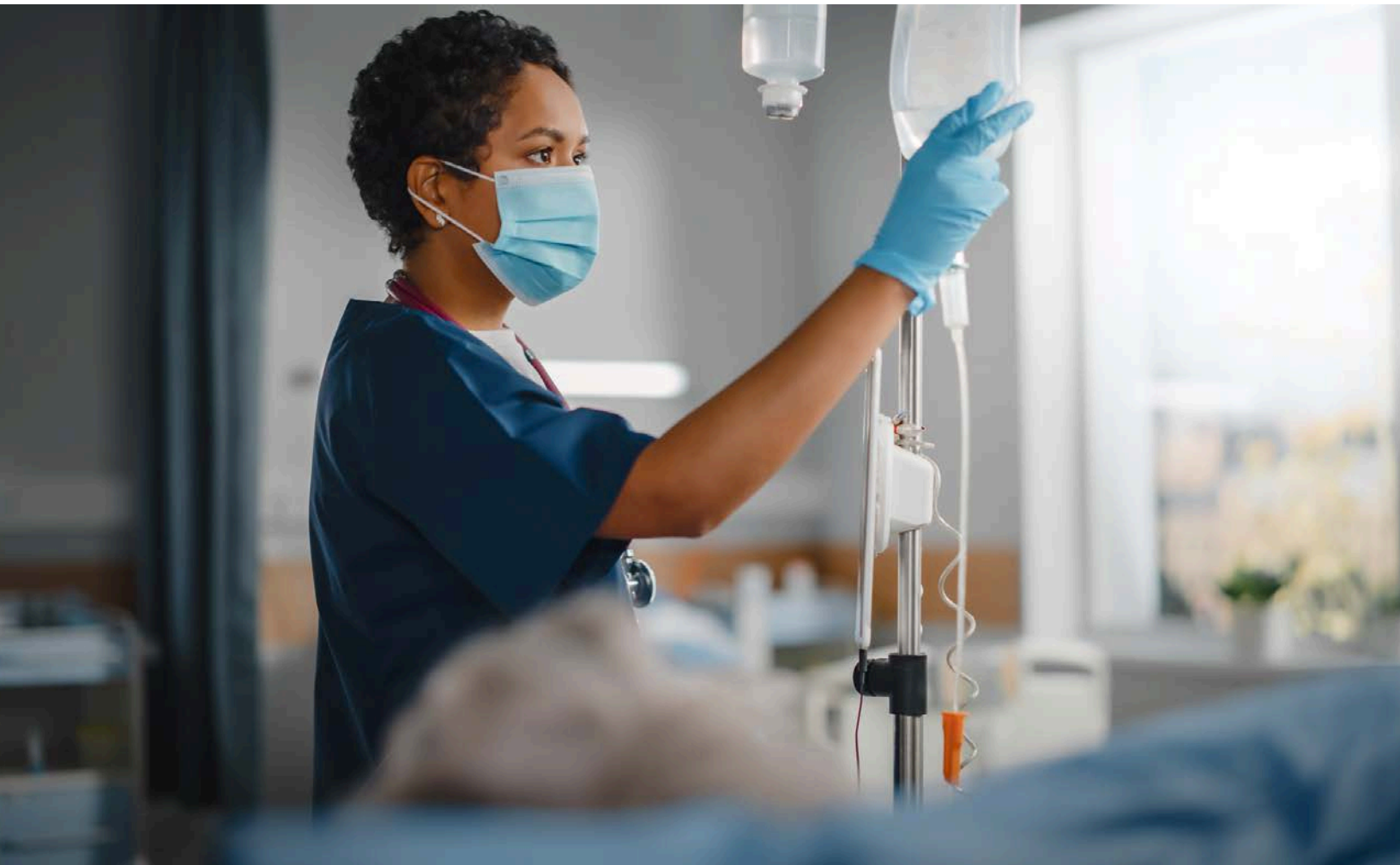
MetLife | www.metlife.com/critical-illness-insurance | 800-632-5433

Prepare For the Unexpected

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

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

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



Critical Illness Insurance

South Texas ISD

Benefits you can use as you see fit, such as to help cover expenses that are not covered by your medical plan.

Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	Increments of \$5,000 to \$50,000	Coverage is guaranteed provided you are actively at work. ¹
Spouse/Domestic Partner ²	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹
Dependent Child(ren) ³	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹

Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit**⁴ for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits.

Please refer to the table below for the percentage benefit payable for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Autism Spectrum Disorder Category		
Autism Spectrum Disorder <i>payable for a covered person (adult or child) for a diagnosis of any severity</i>	25% of Benefit Amount	NONE
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	100% of Initial Benefit, but not less than \$250
Coronary Artery Disease Category		
Coronary Artery Bypass Graft (CABG) - <i>where surgery involving either a median sternotomy or minimally invasive procedure is performed</i>	25% of Benefit Amount	100% of Initial Benefit
Coronary Angioplasty (Percutaneous Coronary Intervention)	5% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	NONE



Critical Illness Insurance

Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Congenital Heart Disease (for which Surgery has been recommended for treatment)	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	25% of Benefit Amount	NONE
Infectious Disease Category		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days.</i>		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	NONE
Diphtheria	25% of Benefit Amount	100% of Initial Benefit
Encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire's Disease	25% of Benefit Amount	100% of Initial Benefit
Malaria	25% of Benefit Amount	100% of Initial Benefit
Necrotizing Fasciitis	25% of Benefit Amount	100% of Initial Benefit
Osteomyelitis	25% of Benefit Amount	NONE
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	100% of Initial Benefit
Tuberculosis	25% of Benefit Amount	100% of Initial Benefit
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit
Major Organ Transplant Category		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	100% of Initial Benefit
Occupational Exposure Category		
Occupational Hepatitis or Occupational HIV	100% of Benefit Amount	NONE
Progressive Disease Category		
Adrenal Hypofunction (Addison's Disease)	100% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE

Critical Illness Insurance

Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit
Transient Ischemic Attack	25% of Benefit Amount	100% of Initial Benefit
Vascular Disease Category		
Aneurysm <i>Abdominal Aortic or Thoracic Aortic Aneurysm; Carotid, Cerebral or Renal Aneurysm (Ruptured or Dissecting)</i>	100% of Benefit Amount	100% of Initial Benefit
Pulmonary Embolism	100% of Benefit Amount	100% of Initial Benefit

* Notes Regarding Covered Conditions

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Infectious Disease Covered Condition Category – For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for a consecutive number of days as specified in the certificate.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
 - Coma
 - Congenital Heart Disease (for which Surgery has been recommended for treatment)
 - Coronary Angioplasty
 - Loss of: Ability to Speak; Hearing; or Sight
 - Paralysis
 - Severe Burn

Health Screening Benefit

MetLife will provide an annual benefit of \$100 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in all states.

Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$30,000.

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Initial Benefit payment of \$30,000 or 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of \$30,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of \$30,000 or 100%

This example is for illustrative purposes only. The MetLife Critical Illness Insurance Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

Critical Illness Insurance

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage through your employer.

Q. Who is eligible to enroll for this critical illness coverage?

A. You are eligible to enroll yourself and your eligible family members!⁵ You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my critical illness coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.⁶ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Insurance Rates

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Monthly Premium per \$1,000 of Coverage

Age	Employee	Spouse
<25	\$0.68	\$0.68
25–29	\$0.75	\$0.75
30–34	\$0.86	\$0.86
35–39	\$1.01	\$1.01
40–44	\$1.22	\$1.22
45–49	\$1.53	\$1.53
50–54	\$1.97	\$1.97
55–59	\$2.57	\$2.57
60–64	\$3.51	\$3.51
65–69	\$4.97	\$4.97
70–74	\$7.39	\$7.39
75+	\$7.39	\$7.39

Eligible Dependent Children are covered at no additional charge.

Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.

Hospital Indemnity Insurance

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

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

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

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



AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.

It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Successor Insured Benefit



How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$2,000) and Hospital Confinement (\$200 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Benefits Overview

	BENEFIT AMOUNT
HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).	\$2,000
HOSPITAL CONFINEMENT per day (maximum of 5 days per confinement for each covered sickness or accident for each insured) Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.	\$200
SUCCESSOR INSURED BENEFIT If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.	

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

LIMITATIONS AND EXCLUSIONS

State references refer to the state of your group and not your resident state.

We will not pay for loss due to:

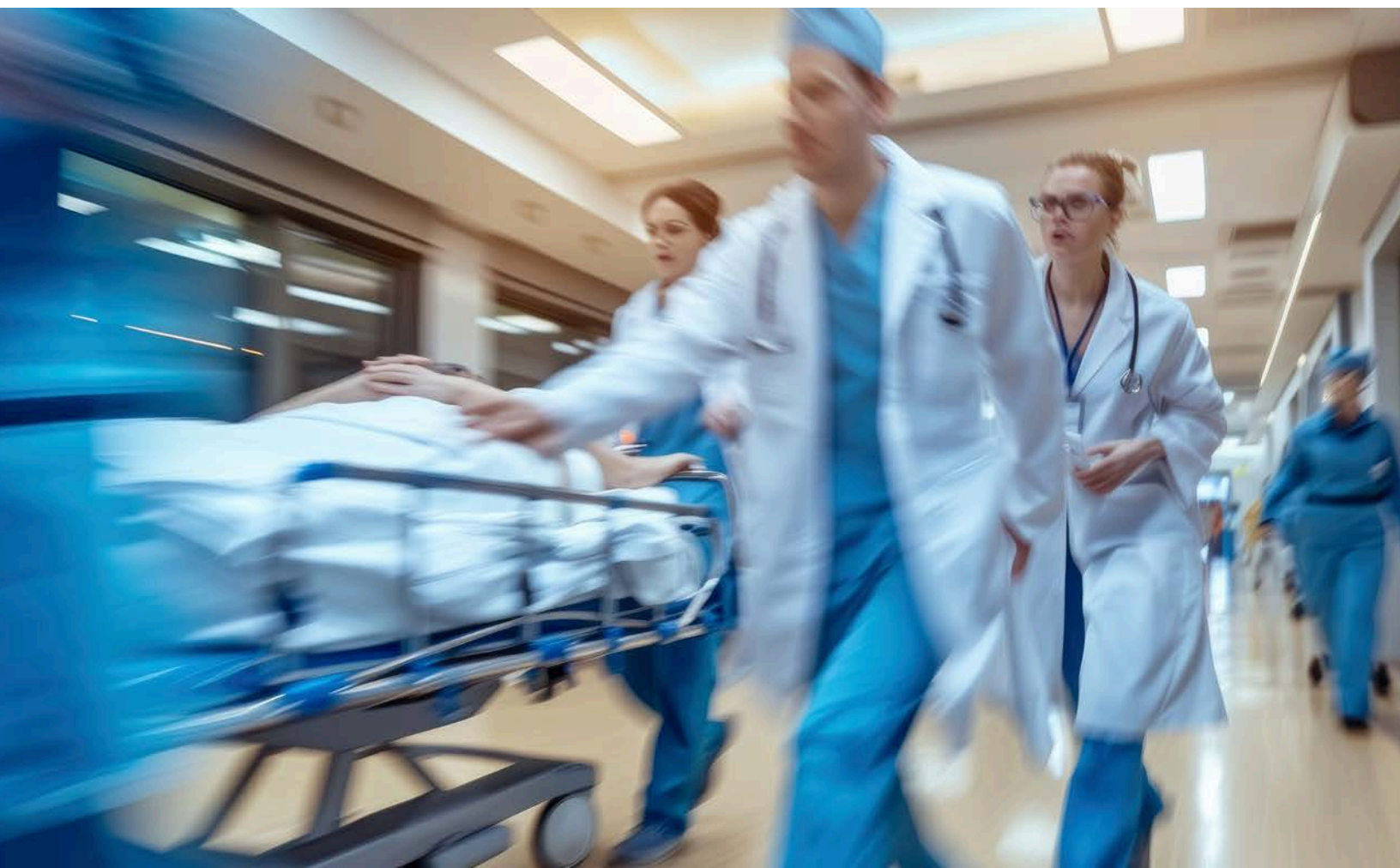
- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation (In North Carolina, active participation) in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
 - In Connecticut: a riot is not excluded.
 - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
 - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
 - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
 - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
 - In Vermont: injuring or attempting to injure oneself intentionally, while sane.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
 - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
 - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
 - In South Dakota: voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
 - In Arizona: this exclusion does not apply.
 - In South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
 - In Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
 - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
 - Congenital defects in newborns.

Accident Insurance

Allstate | www.allstatebenefits.com | 800-521-3535

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit





Allstate. BENEFITS

Protection for accidental
injuries on- and off-the-job,
24 hours a day

Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.

Practical benefits for everyday living.®

*Please refer to the Exclusions and Limitations section of this brochure. †National Safety Council, Injury Facts®, 2019 Edition

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW

DID YOU KNOW ?

The number of injuries suffered by workers in one year, both on- and off-the-job, includes:¹

ON-THE-JOB (in millions)



Work
4.4

OFF-THE-JOB (in millions)



Home
25.0



Non-Auto
12.6



Auto
4.3

Offered to the employees of:

South Texas ISD

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFIT		PLAN 1	PLAN 2
Initial Hospital Confinement (pays once/year)		\$1,000	\$1,500
Daily Hospital Confinement (pays daily)		\$200	\$300
Intensive Care (pays daily)		\$400	\$600
RIDER BENEFITS		PLAN 1	PLAN 2
Accident Treatment & Urgent Care Rider			
Ambulance	Ground	\$100	\$300
	Air	\$300	\$900
Accident Physician's Treatment		\$50	\$150
X-ray		\$100	\$300
Urgent Care		\$50	\$150
Dislocation/Fracture Rider ¹		\$4,000	\$8,000
Emergency Room Services Rider		\$100	\$300
Accidental Death ¹ , Dismemberment ¹ and Functional Loss ¹ Rider			
Common Carrier (fare-paying passenger)		\$20,000	\$60,000
		\$50,000	\$150,000
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Accident Follow-Up Treatment (pays daily)		N/A	\$50
Lacerations		N/A	\$50
Burns	< 15% body surface	N/A	\$100
	15% or more	N/A	\$500
Skin Graft (% of Burns Benefit)		N/A	50%
Brain Injury Diagnosis		N/A	\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		N/A	\$50
Paralysis (pays once)	Paraplegia	N/A	\$7,500
	Quadriplegia	N/A	\$15,000
Coma with Respiratory Assistance		N/A	\$10,000
Open Abdominal or Thoracic Surgery		N/A	\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	N/A	\$500
	Exploratory	N/A	\$150
Ruptured Spinal Disc Surgery		N/A	\$500
Eye Surgery		N/A	\$100
General Anesthesia		N/A	\$100
Blood and Plasma		N/A	\$300
Appliance		N/A	\$125
Medical Supplies		N/A	\$5.00
Medicine		N/A	\$5.00
Prosthesis	1 device	N/A	\$500
	2 or more devices	N/A	\$1,000
Physical, Occupational or Speech Therapy (pays daily)		N/A	\$30
Rehabilitation Unit (pays daily)		N/A	\$100
Non-Local Transportation		N/A	\$250
Family Member Lodging (pays daily)		N/A	\$100
Post-Accident Transportation (pays once/year)		N/A	\$200
Broken Tooth		N/A	\$100
Residence/Vehicle Modification		N/A	\$500
Pain Management (Epidural Injection)		N/A	\$50
Miscellaneous Outpatient Surgery		N/A	\$100

*Each benefit pays the amount shown. ¹Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

Offered to the employees of:
South Texas ISD

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$6.27	\$10.83	\$14.84	\$16.84

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$15.91	\$27.49	\$36.23	\$43.09

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Injury Benefit Schedule is on reverse

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$4,000	\$8,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$1,600	\$3,200
Wrist joint	\$1,400	\$2,800
Elbow joint	\$1,200	\$2,400
Shoulder joint	\$800	\$1,600
Bone or bones of the hand [^] , collarbone	\$600	\$1,200
Two or more fingers or toes	\$280	\$560
One finger or toe	\$120	\$240
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis ⁺⁺	\$4,000	\$8,000
Skull ⁺⁺	\$3,800	\$7,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$4,400
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$3,200
Foot ⁺⁺ , hand or wrist ⁺⁺	\$1,400	\$2,800
Lower jaw ⁺⁺	\$800	\$1,600
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$1,200
One rib, finger or toe, coccyx	\$280	\$560
LOSS	PLAN 1	PLAN 2
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$20,000	\$60,000
One eye, hand, arm, foot, or leg	\$10,000	\$30,000
One or more entire toes or fingers	\$2,000	\$6,000

[^]Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ⁺⁺Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

FOR HOME OFFICE USE ONLY - GVAP6

Opt 1 - 2.0U Base; 2.0U D/F 100%CH; 1.0U AUC; 1.0U ERS; 1.0U ADD; 24 Hour

Opt 2 - 3.0U Base; 4.0U D/F 100%CH; 3.0U AUC; 3.0U ERS; 3.0U ADD; 1.0U BER; 24 Hour

ABQ V 01.08.2021 RE V 06.03.2020



For use in enrollments situated in: TX. This rate insert is part of the approved brochure for South Texas ISD and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than April 28, 2024. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2021 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

Identity Theft Protection

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

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

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

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



iLOCK360

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

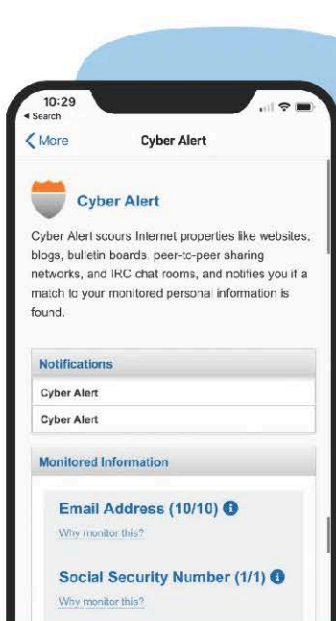


39 seconds is how often cyber-attacks occur

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

17% increase in data breaches 2022 to 2023

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



Defend

Your personal information is monitored 24 / 7 / 365



Protect

Alerts inform you of potential threats for immediate action



Restore

iLOCK360 does the work to restore your identity

Sign up during enrollment

For educator pricing

Coverage plan	Essential	Elite
Employee	\$6.95	\$11.95
Employee + Family	\$13.95	\$22.95

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

Learn more about the protections that iLOCK360 offers:

iLOCK360

Plan features	Service description	Essential	Elite
Identity theft resolution services			
Full-Service Identity Theft Restoration & Lost Wallet Protection MOST VALUABLE SERVICE. Dependable help that's just a phone call away!	If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will work on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with. Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.	 	 
\$1M Identity Theft Insurance	If you incur expenses associated with your identity theft recovery, you will be covered with \$1M reimbursement (\$10 deductible). Covered costs include: • Lost wages or income • Attorney and legal fees • Expenses incurred for refiling of loans, grants and other lines of credit • Costs of childcare and/or elderly care incurred as a result of identity restoration		
Comprehensive identity monitoring			
CyberAlert™ monitors: • one Social Security Number • two Phone Numbers • two Email Addresses • five Credit/Debit Cards • two Medical ID Numbers • five Bank Accounts • one Drivers License Number • one Passport	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	 	 
Change of Address Monitoring	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected in the USPS National Change of Address (NCOA) Registry.		
Payday Loan Monitoring	High-interest, easy-to-obtain payday loans can negatively impact your credit score. Alerts you if a non-credit loan was opened in your name at a payday/quick cash loan provider.		
Social Security Number Trace	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.	 	 
Medical ID Monitoring	If your Medical ID number is found compromised by CyberAlert™, a Restoration Specialist can help you report it as fraud.		
Court/Criminal Records Monitoring	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth		
Credit monitoring services			
Bank Account Takeover & Credit Card Application Monitoring	Notifies you when your Social Security number and personal information have been used to apply for or open a new bank or credit card account; or if changes have been made to your existing bank account - such as an attempt to add a new account holder.		
Daily Monitoring of Experian Credit	Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
Daily Monitoring of all 3 Credit Bureaus	Provides higher-level credit protection with monitoring from all three credit bureaus: Experian, Equifax & TransUnion. You receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
ScoreTracker	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.		
3-Bureau Credit Score & Report	Provides you with access to your credit score and report reported by each credit bureau - Experian, Equifax & TransUnion. These are reported once a year.		
Experian Positive Activity Notifications	Alerts you when positive activity is reported on your Experian credit file, a key indicator that your credit may be improving.		
Experian Score Variance Alerts	Receive alerts when your Experian credit score increases or decreases by a certain amount, changes risk level/score rank, or reaches a target score value.		
Advanced tools			
Sex Offender Alerts	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area.		
Social Media Monitoring	Receive notifications if the content you share on social media could pose a privacy or reputational risk. With Family coverage, you can monitor your child's social media presence.		
Solicitation Reduction	Limit access to the amount of personal information that is public to reduce your exposure to fraud and declutter your mailbox and phone line. Also, opt-out of direct marketing campaigns including utilizing the National Do Not Call Registry.		

 adults
  Children to age 18
  adults
  Children to age 18

Medical Transport

MASA | www.masamts.com | 954-334-8261

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

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

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



EMERGENT PLUS MEMBERSHIP BENEFITS

\$14 per month

Emergent Air Transportation



In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Emergent Ground Transportation



In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Non-Emergent Inter-Facility Transportation



In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergent air or ground transportation between medical facilities. Please see your Member Services Agreement for the complete terms, conditions, and limitations of this benefit.

Repatriation/Recuperation



In the event that a Member is hospitalized more than 100-miles from their home, Members have access to air or ground medical transportation into a medical facility closer to Member's home for the purposes of recuperation. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Did You Know?

16-Million people are sent to the emergency room through a ground or air ambulance every year.*

Insurance companies typically **DO NOT** cover all air and ground ambulance expenses which can result in a bill in excess of \$60,000.

Emergent
Ground Ambulance
transports can cost
as much as

\$5,000



Non-Emergent
Air Medical
transports can cost
more than

\$20,000



Emergent
Air Ambulance
transports often cost
more than

\$60,000



MASA MTS PROVIDES ULTIMATE PEACE OF MIND

Trust MASA MTS to provide you and your family peace of mind against the financial burden of medical transport bills by enrolling in a MASA MTS membership at an affordable **GROUP RATE**.

*SOURCE: National Hospital Ambulatory Medical Care Survey

The descriptions of the services offered by MASA are for marketing purposes only and do not represent the terms and conditions contained within each applicable Member Services Agreement. Please review the applicable Member Services Agreement for the completed terms and conditions of any service offered by MASA.

PLATINUM MEMBERSHIP BENEFITS

\$39 per month

Emergent Air Transportation



In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Emergent Ground Transportation



In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Non-Emergent Inter-Facility Transportation



In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergent air or ground transportation between medical facilities. Please see your Member Services Agreement for the complete terms, conditions, and limitations of this benefit.

Repatriation/Recuperation



In the event that a Member is hospitalized more than 100-miles from their home, Members have access to air or ground medical transportation into a medical facility closer to Member's home for the purposes of recuperation. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Return Transportation



In the event the Member is hospitalized more than 100-miles away from home for more than 24-hours, Member has access to return transportation, upon their release, to the commercial airport nearest their home. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Escort Transportation



In the event that Member requires medical transportation, Member may elect to have a family member or friend accompany them during the medical transportation. This benefit is limited to the availability of space within the vehicle, giving due priority to medical personnel and equipment. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Visitor Transportation



In the event that Member is hospitalized more than 100-miles away from home for more than 7-days (consecutively), Member may elect to have a family member or friend transported (by commercial airline) to join them while they recover. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Mortal Remains Transportation



In the event the Member dies more than 100-miles from home, MASA shall pay (on behalf of the Member's estate) the airway bill associated with the return of the Member's mortal remains. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Minor Return



In the event that Member requires the use of one or more of the member transportation benefits and (as a result of such benefit) a minor child (who is in the Member's custody) is left unattended, the minor child shall have access to return transportation (by commercial airline) to the commercial airport nearest the minor child's home. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Organ Retrieval/Organ Recipient



In the event of an organ transplant procedure, MASA will arrange for the transportation of Member or the transplant organ to the site of the transplant. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Vehicle Return



In the event that Member requires the use of one or more of the member transportation benefits and (as a result of such benefit), Member may elect to have MASA transport Member's ground vehicle to Member's home or rental return location. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Pet Return



In the event that Member requires the use of one or more of the member transportation benefits and (as a result of such benefit), Member may elect to have MASA transport Member's pet to Member's home. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Worldwide Coverage



Worldwide Coverage: Contingent on 10-day prior notice of travel to MASA, Member has world-wide access to Non-Emergent Air Transport, Repatriation/Recuperation, Return Transportation, Escort Transportation, Visitor Transportation, and Mortal Remains Transportation. Coverage is limited to trips of 90-days or less. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Find your MASA membership

Empower your emergency care decisions

When every second counts, MASA plans give you the confidence to respond quickly without hesitation. Explore the benefits below, and choose the plan that gives you peace of mind when life takes an unexpected turn.

	Emergent Plus	Emergent Premier	Platinum
Emergency Ground Ambulance Transport Protection	● ²	● ²	● ²
Emergency Air Ambulance Transport Protection	\$20k max per claim ²	\$20k max per claim ²	● ²
Hospital to Hospital Ground Ambulance Transport Protection	● ²	● ²	● ²
Hospital to Hospital Air Ambulance Transport Protection	\$20k max per claim ²	\$20k max per claim ²	● ²
Repatriation to Hospital Near Home Transport	● ²	● ³	● ⁴
Emergency Water Ambulance Transport Protection – NEW!	---	\$2,500 max per claim ³	\$2,500 max per claim ³
Treat and No Transport – NEW!	---	\$500 max per claim, limit 2 per year ¹	\$500 max per claim, limit 2 per year ¹
Minor Return Transport Protection	---	\$2,500 max per claim ³	\$2,500 max per claim ³
Pet Return Transport Protection	---	\$2,500 max per claim ³	\$2,500 max per claim ³
Sick While Away From Home Expense Protection	---	\$5k max, limit 2 pp per year ⁴	---
Post-Admission Continued Care Transport Protection	---	\$500 max pp ¹	---
Patient Return Transport	---	---	● ⁴
Companion Emergency Transport Protection	---	---	● ³
Hospital Visitor Air Transport	---	---	● ³
Vehicle & RV Return	---	---	● ³
Organ Retrieval Transport	---	---	● ¹
Organ Recipient Transport	---	---	● ¹
Mortal Remains Return Transport	---	---	● ⁴

Coverage territories

1: United States | 2: United States and Canada | 3: United States, Canada, Mexico, and the Caribbean | 4: Worldwide: to include any region with the exclusion of Antarctica and not prohibited by U.S. law or U.S. travel advisories. Contingent upon ten (10) day notice of travel

Disclaimer

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not guarantee coverage and do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums, benefits, and coverage vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: <https://info.masaglobal.com/disclaimers>

TeleHealth



RECURO | www.recurohealth.com | 855.6RECURO

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

Board Certified physicians will diagnose your illness, recommend treatment, and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They can treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!

Easy, Convenient, Affordable

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

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



Phone
Call



Online
Portal



Mobile
App

Healthcare that makes sense

Type of Visit	Average Cost
Primary Care	\$100
Urgent Care	\$150
Emergency Room	\$1400
RECURO HEALTH \$0	



2013 Medical Expenditure Panel Survey / MEPS

Common Conditions Treated

- | | |
|---------------|----------------------|
| ✓ Acid Reflux | ✓ Bladder Infection |
| ✓ Allergies | ✓ Rashes |
| ✓ Asthma | ✓ Sinus Conditions |
| ✓ Nausea | ✓ Sore Throat |
| ✓ Bronchitis | ✓ Thyroid Conditions |
| ✓ Cold & Flu | ✓ UTIs |
| ✓ Infections | ✓ And More... |



Call 1.855.6RECURO



Visit www.recurohealth.com

Disclaimer: Recuro services are for non-emergency conditions only. Recuro does not replace the primary care physician, services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV) and does not guarantee that a prescription will be written. For updated full disclosures, please visit www.recurohealth.com



COBRA

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

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

COBRA Highlights

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

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



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

7001 E. Expressway 83
Mercedes, TX 78570
956-565-2454
www.stisd.net

Nick Sullenger, Account Manager
956-998-8117 / nick.sullenger@ffga.com

Product	Carrier	Website	Phone
Medical	Blue Cross Blue Shield	www.bcbstx.com	(800) 521-2227
Dental	Delta Dental	www.deltadental.com	(800) 521-2651
Vision	Eyetopia	www.eyetopia.org/member	800-662-8264
Flexible Spending Accounts	FFGA FSA Department	ffa.wealthcareportal	(866) 853-3539
Term Life & AD&D	BCBS	www.bcbstx.com/ancillary	(877) 442-4207
Permanent Life Insurance	Texas Life	www.texaslife.com	(800) 283-9233
Disability	American Fidelity	www.americanfidelity.com	(800) 654-8489
Cancer Insurance	American Fidelity	www.americanfidelity.com	(800) 654-8489
Critical Illness	MetLife	https://www.metlife.com/insurance/accident-health/critical-illness-insurance/	(800) 638-5433
Hospital Indemnity	Aflac	www.aflacgroupinsurance.com	(800) 433-3036
Accident	Allstate	www.allstatebenefits.com	(800) 521-3535
Identity Theft	i-Lock 360	www.ilock360.com	(855) 287-8888
Medical Transport	MASA	www.masamts.com	(954) 334-8261
Telehealth	RECURO	www.recurohealth.com	(855) 6RECURO

Contact Information

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